CPD profile

1.1 Profession: Dietitian –Lead Diabetes Specialist Dietitian (DSD) Band 7
1.2 CPD number:

2. Summary of recent work/practice
My role is to lead on the development and delivery of a specialised nutrition and dietetic service in the field of diabetes to the area covered by the local primary care trust. I am also responsible for the management and supervision of the band 6 Diabetes Specialist Dietitian.
As I have a clinical and management role my service users include patients, those I supervise and other health care professionals I work with on various management/strategic level meetings.
Over the last two years my post has altered to include shared supervision of three other people (not directly related to diabetes). Additionally I now have some budgeting responsibilities in terms of maintaining the travel and training budgets (decisions regarding these budgets are taken at team leader meetings to ensure transparency of decision-making and equality between the teams).

149 words
(Maximum 500 words)

3. Personal statement

Standards 1 and 2

I have met standard 1 to support the different aspects of my job role these are collated in brief detail as a list (ref 1). I have also devised a matrix form, which can be altered to fit the KSF outline of any individual, to record which KSF areas each numbered piece of work provides evidence for. I recently amended this to include standards 2, 3 and 4 for the HCPC as well (ref 2) in order to make sure I could easily identify how I meet all of the criteria I am legally required to do so.

To meet standard 2 I have undertaken a variety of CPD activities. These include:

- developing the KSF matrix as a tool to help myself and other members of my department to record our progress in an easy to use, ‘at a glance’ format. I initially found my KSF folder hard to manage as I had nothing to give me an overall picture as to how I was progressing and gathering evidence. I found after discussion with my colleagues that many of them were struggling with the same issue. I have since shared this with the BDA;
- undertaking training about giving difficult feedback (which I felt very uncomfortable with) to others to develop my skills as a supervisor;
- attending a training course identified during my annual appraisal;

- giving a talk to a group of pharmacists about diet and diabetes to ensure they are giving their clients up-to-date and accurate information.

Standards 3 and 4

Example 1: KSF/HCPC matrix

My colleagues were worried about how they could meet all of the KSF elements and found keeping of track of evidence very confusing. I developed the KSF/HCPC matrix to link CPD, the KSF and the HCPC standards. I did this to make it easier and less time consuming for both myself and my colleagues to identify and collate evidence for our KSF/HCPC portfolios. We were keen to have only one portfolio that covered both KSF and HCPC to ensure that all evidence was kept together and to reduce the amount of time that individuals needed to complete this work. This has been very effective and has saved time in our department and reduced the stress levels amongst our staff. I supported my colleagues in using the matrix and have also shared this piece of work with the BDA so that my wider profession could benefit from it too.

This activity has helped me to gain more understanding of the KSF process and the HCPC standards so that I fully understand what is expected of me and can fulfil these requirements. I also have a greater understanding of who my service users are and how my activities benefit them. It has also benefited my colleagues by helping them to choose and organise their evidence for both KSF and HCPC.

Example 2: Training to give difficult feedback to others

In my role as a supervisor I identified a training need by recognising I found it difficult to give negative feedback to the staff I supervise. It's relatively easy to tell people they have done well and although I have given difficult feedback to students in the past none of it was anywhere near as difficult as some of the issues I needed to handle whilst supervising dietitians.

I sought out and attended an in-house 'giving difficult feedback' course, which consisted of two half day sessions two weeks apart. It involved small group work and role-playing different scenarios. The skills learned could be practised in the intervening fortnight. One of the main things I realised about myself is that I usually plan what needs to be covered and not how I am going to do it. As a result of this course I have made a particular effort since then to think about how, as well as what, needs to be done to achieve the desired outcome. I have found this has helped, even with giving positive feedback.

These skills are easy to use with both colleagues and patients. By planning my feedback I can ensure it has the desired affect and will help people to maintain motivation when they are struggling to do so. Appropriate feedback can also help them to gain insight into their behaviour and thereby decide what the best behaviour change strategy would be for them. A specific example is when I had to give some positive feedback about aspects of a colleague's working style to a very self-depreciating person. By using my plan I was able to avoid being side-tracked by her modesty and references to her weak points. This meant that she was able to able to properly accept the praise and I was pleased that I had got my point across fully.

Example 3: Attending DAFNE carbohydrate counting study day

I and the lead diabetes nurse were keen to re-develop the carbohydrate counting service. Unfortunately when I trained as a dietitian carbohydrate counting was out of fashion and I was only taught about healthy eating and carbohydrate portion control. I taught myself how to teach carbohydrate counting and learned alongside my first patients (who were fully informed about the situation). I therefore felt that it was important that our colleagues had specific practical training that would equip us to teach carbohydrate counting to our patients and that we would all have been trained in the same way. As many of our patients were eligible to attend DAFNE (Dose Adjustment For Normal Eating) at our local hospital trust we were very keen to make sure we would be trained to give compatible advice.

I carried out the training at the DAFNE carbohydrate counting study day. I used a patient-centred approach and based my teaching on experiential learning. I encouraged the participants to put together their own ‘crib list’ of the foods they ate and the amount of carbohydrate in their usual portion size. As I am not very good at maths I used as simple an equation as possible to teach my patients how to calculate the amount of carbohydrate in a portion. We used lots of food packets to practise on together so they were confident to do it at home and I was confident they were able to calculate the carbohydrate amounts accurately. On attending the course I was relieved to find that I had been doing it ‘right’. This gave me a huge confidence boost and meant that I was able to confidently support my dietetic and nursing colleagues in putting their new learning into practice.

Example 4: Talk to pharmacists about diet and diabetes

I have worked with Diabetes UK North West on their conference steering committee to help organise their annual regional care conference. Following a conference we had some feedback from pharmacists asking for more basic information about diabetes for their profession. The administration team undertook a scoping exercise which found the majority wanted to know basic information about what diabetes is, what simple advice to give about diet and exercise, and information about drugs and what to watch for. I agreed to cover what is diabetes and the lifestyle section and asked a colleague from my trust to talk about drugs. This ensured the pharmacists would be giving up-to-date advice in line with current evidence based dietetic practice, also reducing the chances of their clients receiving conflicting advice regarding diet and lifestyle.

My reflective piece details what I learnt from this, but in summary presenting a session for Diabetes UK was a really big step for me as previously I had been too nervous and not confident enough. Even though it really boosted my confidence I am still not sure if I would be confident enough to speak at a conference, but perhaps I would be able to lead a workshop in future and use that to further build my confidence. It has also helped me to be more confident when discussing care plans with doctors (particularly when I am trying to persuade them to change their practice).

1344 words
(Maximum 1500 words)

Standard 5

4. Summary of supporting evidence submitted

Evidence number	Brief description of evidence	Number of pages, or description of evidence format	CPD standards that this evidence relates to
Ref 1	List of all CPD activities undertaken in the last 2 years	1 page	Standard 1
Ref 2 and Example 1	KSF/HCPC matrix	1 page	Standards 2, 3 and 4
Example 2	Reflective piece about giving feedback	2 pages	Standards 2, 3 and 4
Example 3	Copy of certificate from external training day	1 pages	Standards 2, 3 and 4
Example 4	Reflective piece about the provision of a teaching session for local pharmacists for Diabetes UK North West	2 pages	Standards 2, 3 and 4