Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin

Reflective Self-Evaluation – sample 1

Date ___ / ___ / ___ **Week** ____ of 10

Summarise the key proficiencies that you attempted in recent days and which form the basis of this RSE.

1.10: Recognises the limits of practice and seeks help appropriately

2.3b: Acts in the best interests of service users at all times

5.4: Identifies the priority actions required to advance practice

Select the domain(s) to which these proficiencies principally belong.

☒ Professional Autonomy and Accountability ☒ Communication, Collaborative Practice, and Teamworking

☐ Knowledge and Skills ☐ Safety and Quality ☒ Professional Development

Reflect on your application of these proficiencies in recent days, making reference to:

1. Situation(s) in which you demonstrated the proficiencies;
2. Perception of performance in the situation(s) outlined;
3. Learnings from the experience; and,
4. One published source of information to ground your RSE in the evidence base.

Patient was a 5-year-old male with fussy eating and growth concerns on a background of Excessive Cerebral Deficiency Syndrome (with CTD) and accompanied by his mother to our clinic.

Despite attempts to distract him with various toys in the clinic room, he was intent on playing with the hot water tap and repeatedly opening/closing the door. It quickly became obvious that the consultation would be unproductive unless he was occupied away from the clinic room. My PE asked his mother if it would be helpful for me to occupy him in the waiting area, and she agreed to this.

Upon bringing him to the waiting area, it became clear that he had speech deficit, so I was unsure if he could fully understand what I was saying to him. He did not want to engage with any of the toys, but he was drawn towards playing with the chairs with wheels and the phone. He checked in with his mother every so often and it was eventually clear that the consultation was going to run over time. I did notice how he communicated with his mother, and so I knew that clapping hands meant that he was asking for something. I had to prevent him from leaving the department on several occasions and I wondered how much physical contact, if any, was appropriate when trying to guide a child away from a particular area when (a) he was not my child (b) he did not have a parent present in the same space. At the end of the hour, I was exhausted and out of ideas and I also felt that at that point it was appropriate to return to the clinic room.

It was disappointing to miss the consultation as the clinics are opportunities for learning and he had an unusual metabolic disorder. However, it was unlikely that I would have learned much in the hour if it had been as chaotic as I had anticipated. Had I been taking the consultation on my own it is likely that I (a) would not have gotten half as much information as needed as both his mother and I would have been distracted or (b) the session would have to have been rearranged. It also highlights that consultations may not go as planned for many reasons and the ability to think on the spot, roll with it or know when to call it a

day is hugely important.

I looked up information on how to better respond to the speech, language, and communication skills of children and came across the NHS Cambridgeshire and Peterborough Speech and Language Therapy Toolkit: Speech and Language Therapy Toolkit | CPFT NHS Trust. There are sections on reluctant talkers and stammering that I found useful, especially as the resources are clear and short 1-or 2-pagers.

Reluctant talkers are likely to be common in practice, whether there are wider communication issues or not. Advice that I took from this guide is to encourage and reward all attempts at communication, to include smiling, nodding, and eye contact. The advice to react neutrally and to not make a big deal when a child does use their voice, is reasonable and helpful for rapport-building. Finally, not putting a child on the spot and allowing them to communicate in a way that does not involve directly and verbally answering questions (e.g., pointing or drawing) is something that will make the whole consultation more relaxed and tailored to the needs of the child.

A guide on stammering is also available on this website. The advice to maintain eye contact if they are stammering, avoid interrupting or finishing their sentences, and to reduce the number of questions I ask so there is a less frantic pace to the consultation, is helpful. It notes that about 5% of children have a stammer, so I will come across this in practice at some point.

What actions will you take over the next 1-2 weeks to advance your practice on foot of this RSE?

Revise the wider determinants of health behaviours, so that I better consider the factors that affect how a family implements a dietary intervention. This should help me to create more tailored and realistic plans.

Supervising Dietitian: Record any additional observations on student progress.

A consultation like this gives insight into what parents are dealing with every day and how difficult that can be. Dietary interventions that make family life easier may be more appropriate than specific health-focused interventions. Reassuring mum can be the most successful outcome when there is a lot of anxiety. This was also a good example of how it is difficult to know exactly what to expect with a new referral to clinic.

Your point on physical contact shows good awareness of the principles of safeguarding and safe contact with patients. Noticing that you were out of ideas, had reached the limits of your practice, and needed to return to the clinic room is also positive in terms of safe practice, well done.

Student signature _____ **Print name** _____

Supervising Dietitian signature _____

Print name _____

CORU registration number DI_____