



# Advanced APD (AdvAPD) Credential Application Guide

## Preparing the application

- The Advanced Practitioner credential (AdvAPD) provides formal recognition of APDs who are **currently** practising at an advanced level. Members who practice across the diversity of dietetics settings are encouraged to apply.
- When applying for Advanced practitioner status applicants need to demonstrate that they have developed their skills and applied **advanced level** skills in their practice over the last five years. Applicants need to show their continuing development as a professional and demonstrate their growing skills as a dietitian.
- It is very important that applicants read the entire application guide and AdvAPD policy carefully before commencing the application.
- This application guide shows the Advanced APD competency standards and the performance criteria for Advanced Practice, and includes examples of evidence that can be used to demonstrate that the applicant meets competence.
- In completing the application portfolio, it is advisable to start by considering and noting down all the tasks and activities that the applicant can use in their response. This will involve a detailed self-analysis of their CV and should include examples across all of the competency standards and performance criteria.
- Then the applicant should consider the outcome or impact of their involvement in these tasks. This will start to help articulate their breadth and depth of practice and influence.
- Each of the outcomes should then be aligned with the most appropriate competency standard, and performance criteria. These need to be noted in the application.
- Applicants are advised that 100% of the seven performance criteria need to be demonstrated under each competency standard to be successful. It is important to ensure all criteria have been listed next to the relevant example.
  - You can use the checklist on page 10 of this guide to ensure all criteria have been included
- Performance criteria must be numbered based on the competency standard (1-4) followed by the number of the criteria (1-7) e.g. 1.5, 2.7 etc.
- Performance criteria must be listed in numerical order under each standard.
- One task/activity example may have more than one performance criteria assigned to it.
- While dot points may be useful for presenting some information, a well-considered paragraph that responds specifically to the competency standard is the preferred format.
- Responses to the competency standards should be in a narrative format and should not exceed a maximum word count of 3500. Responses should include the timeframe in which the activity occurred.

- The evidence guide provided is not an exhaustive list of examples and applicants are encouraged to consider examples in the context of their own practice. A wide range of activities is strongly encouraged.
- Prior knowledge of the activities of the applicant cannot be considered as part of the assessment. Applications should be developed with the assumption that the assessors do not know of their work history or achievements.
- All applicants are strongly encouraged to seek advice from an existing Advanced Practitioner or a mentor to help complete the application. Applicants are encouraged to prepare drafts with Advanced Practitioner or mentor assistance to ensure that the performance criteria are being met and that the full attributes of the applicant are being described.
- Preparing an application can take time, often over many months. At least 20 hours' input will be required to complete the portfolio and collate the evidentiary material.
- There are support materials on DINER.
- All applicants are asked to sign that the information in their application is true and correct.

## Application Submission

Applicants must ensure that all parts of the application, including referee reports, are submitted in full. Applications will not be assessed unless all components are received together. Applicants must submit:

- Application portfolio (completed template) with signed coversheet
- Evidentiary material as attachments
- Current CV
- Two references (at least one an APD, preferably an Advanced APD)

Applicants must send one electronic copy (PDF with bookmarks) of their full application to DAA. An electronic copy will be kept on file by DAA upon completion of the assessment. To assist the assessors in reading the large volumes of material, applicants are asked to clearly mark all documents and number appendices. Please include page numbers.

100% of performance criteria must be accounted for under each competency standard, with examples of tasks, activities and outcomes. Use the checklist on page 10 as a guide.

The CV forms an integral part of assessable evidence towards the application. Assessors will use the CV to cross reference the activities, tasks and outcomes to assist in determining if each criterion was met. The CV must be no longer than 3 pages.

Choices of referees are integral to support the application. Ideally one referee should be an Advanced APD and both referees should be able to comment on performance at a higher level. The referee should be someone who also works at a higher level (not necessarily a supervisor).

Evidentiary material should be presented as numbered attachments, and include examples of different styles of writing e.g. evaluation reports, business plans. It does not need to include PowerPoint presentations, whole journal articles or letters of invite. Evidentiary material attachments should not exceed 25 pages. One piece of evidence can represent more than one example, across different performance criteria and/or competency standards, if appropriate.

**Please include this page with your application**

## **Advanced APD (AdvAPD) Credential Application Form and Coversheet**

DAA No:

Name:

Applicant's signature:

Date:

I have supplied a bookmarked PDF version of my application which includes:

- Application portfolio (completed template)
- Evidentiary material as attachments
- Current CV
- Two references (at least one an APD, preferably an Advanced APD)

**Please return completed form and documents to:**

Credentialing Dietitian [credentialing@daa.asn.au](mailto:credentialing@daa.asn.au)

or post USB to

Credentialing Dietitian, Dietitians Association of Australia

1/8 Phipps Close DEAKIN ACT 2600

**By 31<sup>st</sup> January or 30 June annually**

## Table 1: Advanced Practitioner Competency Standards

There are seven performance criteria which underpin each of the four competency standards. Leadership should be demonstrated within each of the four competency standards.

<b>Advanced Accredited Practising Dietitians Competency Standards</b>	<b>Demonstrates Leadership</b>			
	Develops <b>innovative</b> methods and approaches	<b>Inspires</b> and motivates others	Demonstrates <b>impact</b> on health and nutrition outcomes and/or services	Exerts significant <b>influence</b>
	<p><b>Performance Criteria for Advanced Practice</b></p> <ol style="list-style-type: none"> <li>1. Advances the profession of nutrition and dietetics</li> <li>2. Engages in personal and professional development of self and of others</li> <li>3. Effectively implements change</li> <li>4. Evaluates and disseminates practice and evaluation, research or quality improvement outcomes widely</li> <li>5. Engages in quality learning and teaching, training/supervision</li> <li>6. Recognised as an expert resource and advocate</li> <li>7. Manages complex problems effectively in ways that enhance outcomes while navigating service requirements and stakeholder relationships</li> </ol>			
<b>National Competency Standards for Dietitians</b>	Practises professionally	Positively influences the health of individuals, groups and/or populations to achieve nutrition outcomes	Applies critical thinking and integrates evidence into practice	Collaborates with clients and stakeholders

## Table 2: Definition of Key Terms

The following table defines each of the competency standards.

Develops <b>innovative</b> methods and approaches	<b>Inspires</b> and motivate others	Demonstrates <b>impact</b> on health and nutrition outcomes and/or services	Exerts significant <b>influence</b>
<p><i>Develop:</i> To create (something) over a period of time.</p> <p><i>Innovative:</i> introducing new ideas; original and creative in thinking.</p> <p><i>Method:</i> a particular procedure for accomplishing or approaching something, especially a systematic or established one.</p> <p><i>Approach:</i> a way of dealing with a situation or problem.</p>	<p><i>Inspire:</i> fill (someone) with the urge or ability to do or feel something, especially to do something creative.</p> <p><i>Motivate:</i> provide (someone) with a reason for doing something.</p>	<p><i>Demonstrate:</i> clearly show the existence or truth of (something) by giving proof or evidence.</p> <p><i>Impact:</i> have an effect upon</p> <p><i>Outcome:</i> the way a thing turns out; a consequence.</p> <p><i>Service:</i> a system supplying a need.</p>	<p><i>Exerts:</i> to cause (force, effort, etc.) to have an effect or to be felt</p> <p><i>Influence:</i> the capacity to have an effect on the character, development, or behaviour of someone or something, or the effect itself.</p>

## Performance Criteria Examples

The following section outlines the level of evidence required to demonstrate achievement of each performance criteria under the four competency standards. Please note, these are suggestions only and you do not need to include to any or all of these examples.

Majority of the examples outlined in the below table can fall under multiple I's, depending on the nature of the example and the type of evidence provided.

INNOVATE	INSPIRES	IMPACT	INFLUENCE
<ul style="list-style-type: none"> <li>• Something new or a new way of doing things, e.g.:               <ul style="list-style-type: none"> <li>▪ Technology</li> <li>▪ Procedures</li> <li>▪ New way of practice</li> <li>▪ New way of thinking</li> <li>▪ New way of training or teaching (e.g. students or staff)</li> </ul> </li> <li>• Obtaining successful funding</li> <li>• Undertaking research</li> <li>• QI projects</li> </ul>	<ul style="list-style-type: none"> <li>• Participating in mentoring/teaching/supervision (&amp; how have you inspired them to achieve something)</li> <li>• Testimonials</li> <li>• Award/formal recognition</li> <li>• Research</li> <li>• Inspiring change in someone else/group (e.g. through education or training)</li> <li>• Leading teams</li> </ul>	<ul style="list-style-type: none"> <li>• Publications (IF)</li> <li>• Implementation of a policy</li> <li>• Instigating a change in someone else/group</li> <li>• Procedural changes</li> <li>• Changing a service delivery—outcome measures etc.</li> <li>• Funding</li> <li>• QI projects</li> <li>• Development of manuals/guidelines/resources etc.</li> </ul>	<ul style="list-style-type: none"> <li>• Policy writing</li> <li>• Development of manuals/guidelines/resources etc.</li> <li>• Representation or holding position on a committee etc.</li> <li>• Successful funding</li> <li>• Successful creation of new position</li> <li>• Advocacy</li> <li>• Working in the media</li> <li>• Leading teams</li> <li>• QI Projects</li> </ul>

### Some more specific ideas of evidence that may be provided are outlined below: 1. Develops innovative methods and approaches

- Provide your best example of a significant innovative activity (where you have led the development) and describe: How it was developed, how it was implemented, how it was evaluated. (1)
- Provide a summary of your research/evaluation skill development over the last 5 years (e.g. CPD) and how you have used these skills. e.g. Describe the development of publications, program evaluation, service development activities and attendance at formal training in research/evaluation. (2)
- Provide a summary of the processes you use to be aware of key trends that impact on nutrition and dietetics. e.g. Development of reviews, development of publications, attendance at key workshops/conference. (2)
- Provide your best example of a significant contribution to change processes either in the workplace or in volunteer activities e.g. Re-orientation of services/organisations, introduction of new approaches. (3)

- Provide a summary of research/evaluation activities undertaken and note the research/evaluation methodology involved e.g. Pre and post-test studies, Focus groups, Surveys/questionnaires, RCT's. (4)
- Provide a summary of innovative educational techniques you have used in your educational activities. e.g. Use of peer assisted learning, problem based learning or use of innovative technologies. Describe how these different approaches met the learning objectives of the group/individual. (5)
- Provide one example of where an educational program has been specifically designed to meet specific learning needs e.g. Program for food service staff – using small group/interactive education techniques. Program for nurses – using self-directed learning. (5)
- Provide a summary of leadership positions within the workplace, on committees or working parties. Provide at least one example of where this collaboration led to the development of an innovative method or approach. (6)
- Provide an example of a planning document you have developed with explicit resource requirements and implementation timelines. (7)

## **2. Inspires and motivates others**

- Provide a summary of your team leadership activities and your best example where your leadership has inspired the team to achieve significant outcomes. e.g. Development of strategic plans, chairing of significant committees (note committee outcomes). (1)
- Provide a summary of your mentoring activities both formal and informal. (2)
- Provide at least one example of how you have implemented contemporary performance management techniques to develop and motivate staff or other team members. e.g. Documented feedback from staff or employer on your management performance, listing of team member achievements directly related to support you have given and how their achievements were measured. (2)
- Provide a summary of evaluation conducted on your team leadership/professional supervision skills and any changes made as the result of feedback. (3)
- Provide a summary of how you have encouraged and supported a colleague(s) to participate in research/evaluation activities. (4)
- Provide a summary of your professional supervision activities (as opposed to mentoring) and describe models of professional supervision you have used. e.g. Involvement with buddy systems or structured supervision and the outcomes of these activities. (5)
- Description of leadership style and outline key leadership activities in nutrition and dietetics. e.g. Mentoring activities, supervision of students studying for higher awards (PhD). (6)
- Provide the best example of where your leadership/team skills led to the resolution of a conflict situation. e.g. How you resolved a conflict situation between departments, with other stakeholders or between colleagues. (7)

### **3. Demonstrates impact on health and nutrition outcomes and/or services**

- Provide an example of reviews – e.g. literature review, needs assessment activities or practice guideline development including a description of the process of evidence collection and utilisation. (1)
- Provide an overview of applications you have made for grants, scholarships or project funding to undertake projects to meet workplace and/or personal priorities. Please note any successful applications and how your skills in this area have developed over time. (1)
- Provide one example of involvement in the development of evidence based material e.g. Involvement in dietetic practice guidelines development groups, hospital policies, public health policies, standards/guidelines for private practice. (1)
- Describe strategies used to reflect on practice e.g. use of mentor/coach, workplace evaluation of performance or peer review. Provide one example of a change to practice you have made as a result of your reflective practice. (2)
- Provide an overview of service/program improvements you have achieved as an outcome of a well-planned process. (3)
- Provide a summary of the outcome of the reviews and service/organisation/program improvements e.g. Business cases, reports, change to services/programs. (3)
- Provide a summary of recent review activities undertaken in your practice setting. e.g. Details of quality assurance activities you have managed. (4)
- Provide at least one example of a high level report to a manager, funding body or client. (4)
- Provide examples of research/evaluation activities you have undertaken in the practice situation and outcomes that have been achieved. (4)
- Provide a summary of evaluation techniques you have used on project/business/service plans and the outcomes of these evaluations. (4)
- Provide a summary of recent examples of review or evaluation material you have produced. e.g. peer review activities, workplace review reports. (4)
- Provide your best example of evaluation you have undertaken on at a high level educational activity. e.g. Describe the results of training program evaluation or presentation evaluation. (5)
- Provide a list of membership of organisations or participation in networks (e.g. work or volunteer committees, interest groups, professional associations). Provide at least one example of where this collaboration has helped to achieve an important professional outcome. (6)
- Provide a recent example of a process of risk identification and management that you were responsible for. e.g. For nutrition services (e.g. protocols for clients with dysphagia), workplace occupational health and safety, financial management or workforce areas. (7)

- Provide one example of where you have negotiated a mutually beneficial outcome e.g. Negotiation of significant service change, business deals or major public health policy changes. (7)

#### 4. Exerts significant influence

- Provide a summary of significant contributions made. e.g. List presentations at conferences/workshops, publications developed or list of representation roles. (1)
- Provide a summary of materials you have produced (or have played a significant role in producing) to promote nutrition issues e.g. Practice guidelines, conference presentations, media articles or interviews or organisational reports. (1)
- Provide your best example of where you actively promoted /used high professional standards for a service/activity. e.g. Incorporation of evidence based practice into service provision or leading high-level processes to improve standards. Awards for high standards of professional service should be noted. (1)
- Provide a summary of APD learning goals over the last five years and discuss briefly how learning outcomes have been achieved and show how your professional development has occurred. (2)
- Provide a summary of legislation/regulatory issues that you have considered as part of your work activities or incorporated into policies and procedures. (3)
- Provide an overview of your best example of recent courses/programs/in-services you have developed for professional groups or other staff. Provide a summary of evaluation conducted on these programs and any changes made as the result of feedback. (3)
- Provide a summary of oral and written communications made for key research/evaluation activities. e.g. List presentations and publications, internal or external to your organisation/practice. (4)
- Provide examples of educational/training activities you have provided (at an advanced level) to several different target audiences (e.g. Dietitians, students or other health professionals). (5)
- Provide a summary of leadership positions within the workplace, on committees or working parties. List current positions and positions recently held. (6)
- Provide a summary of your scope of influence as a dietitian with examples of: Invitations to participate in forum, panels, workshops, Presentations at meetings/conferences (professional), Presentations at meetings/conferences (community). (6)
- Provide a summary of how you use your critical evaluation skills when dealing with the impact of social, commercial and environmental issues on nutrition. Provide one or two examples to demonstrate this, e.g. Involvement in high-level policy development or representation of dietetics in a multidisciplinary environment. (7)
- Provide a summary of strategic collaborative activities you have undertaken and their outcomes E.g. Work with nursing staff to implement nutrition screening throughout service, work with the Department of Education to improve nutrition content in school curriculum. (7)

## Checklist

Complete this checklist as you progress through your application, to ensure 100% of performance criteria have been included under each competency standard.

<b>Performance criteria</b>	<b>1. Innovate</b>	<b>2. Inspires</b>	<b>3. Impact</b>	<b>4. Influence</b>
1. Advances the profession of nutrition and dietetics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Engages in personal and professional development of self and of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Effectively implements change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Evaluates and disseminates practice and evaluation, research or quality improvement outcomes widely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Engages in quality learning and teaching, training/supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Recognised as an expert resource and advocate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Manages complex problems effectively in ways that enhance outcomes while navigating service requirements and stakeholder relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



### Table 3: Performance Criteria practical examples

The following sample application outlines practical examples that can be used to demonstrate performance criteria under the four competency standards. In the AdvAPD application, examples should be listed separately under the four different competency standards and in numerical order. Some of these examples may be suitable to address other performance criteria, and this has been indicated in brackets at the end of the example. **Please note, this example does not demonstrate 100% of the seven performance criteria under each competency standard. Remember that all performance criteria must be addressed under each competency standard in your application.**

#### Provide an overview of how you demonstrate advanced practice: (maximum 250 words)

In 250 words or less, summarise your key attributes. Examples could include:

- I have nearly 15 years of Dietetics experiences in clinical, food service and public health. This provides a broad understanding of dietitian contribution to the community and scientific knowledge.
- I have demonstrated strong commitment in research, including leading several researches and being a support/mentor for my colleagues.
- I have demonstrated leadership skills in improving overall care provision in the hospital through my role as the HOD of Dietetics, and inspiring my colleagues and students to be a better clinician and advocate for Dietetics.
- I have a strong interest in developing staff and students, and I have dedicated my time and effort in improving the student placement program at XX Hospital and the content of the lectures.
- To be a role model to my colleagues, I am constantly thriving to be a better clinician and manager. I have completed a Master of Health Service Management in 2015
- My PhD research is on identifying competency of Allied Health Managers. Despite this topic is broader than Dietetics, I believe my research will contribute to a better understanding of how Dietetics fits in the acute hospital settings and what competencies are required for managers in advocating for our profession.

## Competency Standard 1: Develops innovative methods and approaches

Performance Criteria:	Activity and Outcome	Evidence Attachment:
1.3	<p>Lets Talk Tucker : Hunter New England Health has an extremely high proportion of aboriginal people. Evidence shows aboriginal people respond better to health messages and services delivered by members of their own community. In my role as Senior Dietitian I been able to work with the dietitians and aboriginal health workers in Northern HNELHD to write Lets Talk Tucker , a 19 topic nutrition manual designed for Aboriginal health workers to use with their local communities . The manual was written following an extensive literature search which showed there were minimal resources available that addressed nutrition across the life cycle for aboriginal people. It is divided into 3 sections ,the research behind the condition, AHEO basic fact sheets and tools for use with the community. I was successful in obtaining an aboriginal health seeding grant of \$19000 to develop, print and launch the manuals and then a \$6000 grant from the National Heart Foundation to purchase cooking equipment and create cooking kits for each site to continue to provide nutrition education as a partnership between dietetics and aboriginal health. There has been interest from other LHDs across NSW to purchase LTT and this is being explored at the moment. Evaluation has shown extensive uptake by local health workers with a number of new partnerships between local AHEOS and dietitians being formed following the release of Lets Talk Tucker.</p>	
1.6	<p>I have been involved in various research in oncology. They all contributed to changes to practice at a local level and future research idea.</p> <ul style="list-style-type: none"> <li>• In 2014, I have participated a multi-centre research on “use of dietary-related complementary and alternative medicine in cancer patients undergoing chemotherapy”. Liverpool Hospital is the major teaching hospital in South Western Sydney LHD (SWSLHD) and Liverpool has more than 50% of the population from CALD backgrounds. This research aimed to increase our understanding of the prevalence of dietary related CAM used in our patient group. The result showed there was a higher prevalence of CAM used among Asian population. This study is currently in the process of publication. This research showed there is a need to explore further about the belief of CAM used among our CALD background.</li> <li>• In 2015, I have conducted a retrospective audit of nutrition management for oesophageal cancer patients having treatment at Liverpool hospital. In addition to nutrition management and outcomes, clinical outcomes, such as completion of radiotherapy, hospital admission and survival rate were also collected. The result showed there was a lack of consistency in commencement of enteral nutrition among oesophageal cancer patients at</li> </ul>	

<p>1.7</p>	<p>Liverpool hospital. This result of this research has been shared and published in various forums, such as Journal of Nutrition and Dietetics (online version Sep 2016), Clinical Oncology Society of Australia conference in Hobart (2015). The result has been discussed with oncologists and a pathway has been agreed on and implemented since 2016. Post implementation evaluation has been planned in end of 2018.</p> <p>This research also showed patients from CALD background have more weight loss as compared with their counterpart.</p> <ul style="list-style-type: none"> <li>• In 2012, I have conducted a retrospective audit on compliance with nutrition recommendation among Head and neck cancer patients. The aim was to identify the prevalence of non-compliance and the impact on weight loss. The other key aim was to identify characteristics that were related to non-compliance. The result showed patients from CALD background were more likely to be non-compliance with dietary recommendations. The result of this research has been presented in Clinical Oncology Society of Australia conference in Adelaide (2013).</li> </ul> <p>The above three researches have all identified that patients from CALD background performed poorly as compared with their Caucasian counterparts. Since Australia, especially Sydney, has a high proportion of CALD background population, this is important to research on ways to improve communication with patients from CALD background and how to better assist them in a culturally appropriate and sensitive manner. This lead to the planning of further research which will include interviewing CALD patients and aim to identify the perception between food, culture and cancer. The research is currently at literature review phase and feasibility analysis phase.</p> <p>I was responsible for clinical education for dietitian and dietetics students from 2010 to 2016 at Liverpool Hospital (NSW). With my experiences in supervision and teaching, I have developed a series of initiatives in facilitating effective learning.</p> <ul style="list-style-type: none"> <li>• I am responsible for facilitating Oncology lecture of Dietetics course at UOW. In the last two years, I have incorporated problem-based learning theory to develop students' skills in clinical reasoning. This included       <ol style="list-style-type: none"> <li>1. Pre-lecture tutorial: this aims to develop student skills in data interpretation and taking initiative in identifying some common terminology. Through the tutorial, students develop skill in linking available data</li> <li>2. The lecture has been structured to reflect the learning from the case and take the student through the clinical reasoning process, in addition to the knowledge around nutrition therapy and medical terminology on oncology</li> <li>3. Practical strategies of oncology intervention have been taught through clinical example and scenario. This aims to increase student understanding about the application of those strategies</li> </ol> </li> </ul>	
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	<ul style="list-style-type: none"> <li>I have been involved in developing UOW simulation practice in 2014 and 2015 – I was the first group of clinical educators who assisted the university in preparing the case study. I have utilised my clinical experiences being in the oncology/haematology ward – I have developed a tutorial which includes scenario that students often have not experienced, e.g. how to deal with very unwell patients, and how to communicate with patients who experience ongoing nausea and vomiting. This provides student practical experiences in hospital settings before their placement. Through debriefing, I also used the opportunity to share with student about patient-centre care and how to express empathy.</li> </ul> <p>Being the clinical educator for UOW, in preparing for student placement, I have also developed various pre-placement tutorials which aim to develop their basic nutrition therapy skills, such as developing meal plans with specific requirement for diabetes, hyperkalaemia, texture-modified and financial constraint. In recent years, I have also included scenario such as “explaining refeeding syndrome to medical staff” and “explaining diabetes to patients”. These all aim to utilise creative and innovative way in developing students skills and knowledge in medical nutrition therapy and communication with other stakeholders.</p>	
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<b>Competency Standard 2: Inspires and motivates others</b>		
<b>Performance Criteria:</b>	<b>Activity and Outcome</b>	<b>Evidence Attachment:</b>
<p>2.1</p> <p>2.2</p> <p>2.4</p>	<p>Performance reviews were not a regular occurrence when I commenced in the management role. I developed a compulsory annual review cycle where I supported the team to reflect on their practice. Although this was met with some resistance initially, it was eventually seen as a good opportunity to reflect and plan – ultimately helping to lift team morale and performance. This further progressed to a review of team direction and development of an annual planning day. The ultimate outcome here was to raise profile of the unit across the broader organisation. This included a regular unit report that went to hospital senior management. (3.4)</p> <p>I have run a private practice for the last five years. Key achievements here include:</p> <ul style="list-style-type: none"> <li>Development of an electronic referral system using business development funds awarded via competitive process, which was acknowledged through DAA president’s award for innovation</li> </ul>	<p>Attach X: Planning day summary and/or unit report summary</p> <p>Attach X: Clinical</p>

2.7	<ul style="list-style-type: none"> <li>Evaluation of clinical outcomes in practice and then used this information to develop targeted conversations with local GPs.</li> </ul> <p>Outcome in practice was</p> <ol style="list-style-type: none"> <li>Increased skills in grant submission for successful outcome</li> <li>Increased referrals to the practice</li> <li>Increased awareness of dietetic services, advocating for the profession. Invited speaker at GP conference (3.1, 3.4)</li> </ol> <p>Pre-existing staffing conflicts and negative behaviours existed when I commenced in my current position in January 2013. Between then and June, I organised/facilitated a series of meetings to establish and separate professional and workload issue to behavioural issues. Ultimately, with the assistance of the office manager, performance and disciplinary procedures were required to resolve the situation. Although difficult, this process has resulted in a more harmonious workplace and a stronger team and allowed me to reflect on some of the challenges that leadership brings.</p>	outcomes summary
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### Competency Standard 3: Demonstrates **impact** on health and nutrition outcomes and/or services

Performance Criteria:	Activity and Outcome	Evidence Attachment:
3.1	<p>In 2013, The nutrition department observed that a large number of supplements were not being consumed by patients. An audit showed that the supplements provided at meal time were more likely to come back unopened than those provided at morning and afternoon tea time. Investigations showed that patients who received their supplements at morning tea and afternoon tea were provided with assistance to open their supplements, whereas at lunch time no assistance was provided. Discussions were held with food delivery staff to see if assistance could be provided at meal times. Timing did not allow for this, and nursing staff were unable to assist. Therefore, the Nutrition Department provided supplements to patients who had difficulty opening their packaging at morning and afternoon tea time. Compliance with supplement consumption increased from 50% to 85% and wastage reduced from 50% to 20%. (4.1)</p>	<p>Attach X: QI report Attach X: Meeting notes with nursing &amp; food service staff, Nutrition</p>

<p><b>3.4</b></p>	<p>In 2015, I developed an evaluation portfolio. I have used the following strategies to evaluate different programs</p> <ul style="list-style-type: none"> <li>• Clinical Audit</li> <li>• Clinical review</li> <li>• Surveys</li> <li>• World café focus groups</li> </ul> <p>Outcomes include:</p> <ul style="list-style-type: none"> <li>• Audit program – reviewed 10 clinical records for each staff member and identified areas of improvement across the department.</li> <li>• Focus groups showed the new service model was not meeting client requirements, therefore changes were made.</li> <li>• Clinical review – review of care of patients along with departmental discussion showed that there were gaps in the clinical practice guidelines and diet sheets from the department.</li> </ul> <p>Surveys were used to assess patient satisfaction with food services.</p>	<p>Department/ food service procedures.</p> <p>Attach X: Audit report</p>
<p><b>3.4</b></p>	<p>As a community dietitian I noticed that I was seeing a large number of clients individually for weight loss. I also had a wait list of 6 weeks. I reviewed the evidence for the most effective service model for weight management which showed regular interaction that could use a variety of interactions such as face to face, group, and telephone and email contact. Based on the literature review, I revised my service model and commenced a group session introducing concepts of weight management and healthy eating. I then developed a service model that included a group session, followed by an individual session and regular ongoing follow up. My wait list reduced to a 2-week wait. The new service model had a high patient satisfaction. Average weight loss for patients was 3kg over 6 months and eating patterns that reflected the dietary guidelines. (3.1)</p>	<p>Attach X: Report x (Literature review, service model, evaluation results)</p>

## Competency Standard 4: Exerts significant influence

Performance Criteria:	Activity and Outcome	Evidence Attachment:
4.2	In November 2014 I was awarded an Honorary Appointment at University of Technology (UTS) demonstrating my commitment to ongoing learning. My involvement with the university and engagement in teaching responsibilities has enabled me to facilitate an appreciation of nutrition in nursing based disciplines. A focus on evidence based practice and relevant scope of the multidisciplinary team has ensured that the dietitian's role and responsibility is clear, as is the role of other team members in relation to this.	Attach X: Honorary appointment letter
4.3	Using information from a survey conducted by the ACT DAA Branch regarding evaluation of CPD events, the committee developed a CPD program for 2014 that included a broader range of clinical updates delivered via webinar and face to face. Evaluations of this year's programs showed that people were happy with the approach we took. The program delivered 6 different CPD activities that met the learning goals of a lot of the Branch/ IG, and the programs presented were all evidence based. Evaluation showed that 85% of branch was happy with the CPD activities that they attended.	Attach X: Program outline Attach X: Evaluation report
4.6	Between 2013 and 2015, As Chair of ACT DAA Branch, I used a collaborative leadership style to lead the executive team for the ACT Branch. The branch executive team of 8 people functioned effectively as a group. Everyone participated in the meetings, and undertook their role to a high level. This committee used survey methodology to evaluate the CPD activities run in 2013. Analysis of the survey showed that there was demand for some CPD that was specific to clinical management and that mixed delivery methods such as webinars would be helpful to facilitate attendance. (2.6)	Attach X: DAA certificate of appreciation Attach X: Example of survey conducted and analysis of results



## Application Flowchart

