

**PEER ASSISTED LEARNING ACTIVITY: ORIENTATION TO CATERING SYSTEMS**

**Aim:** To understand the catering system within the identified setting.

**Objectives:** After completion the learner should be able to;

* Name all menus available within the setting
* Identify where the nutritional supplements are stored
* Identify the person responsible for ordering of nutritional supplements
* List any items not on the menu, that are available to service users e.g. between-meal snacks, beverages
* Describe the provision in place for modified consistency meals
* Describe the process of food provision from the kitchen to the service user
* Describe the process for ordering meals for diets not catered for by the menus within the setting
* Describe the difference between the regular menu and the high energy/protein menu
* Name the person who is responsible for the provision of special diets
* Appreciate the role of healthcare providers regarding feeding within the setting / providing assistance to those service users who need it

**Process:**

* This PAL activity is designed to help learners become familiar with the setting’s catering system and meal service.
* As well as visiting wards within the setting, learners will have an opportunity to visit the catering department. During this time learners should gather information to complete the table below.
* The supervising dietitian will then facilitate a general discussion with the learners about what was learnt, highlighting any missing information and enabling learners to reflect and formulate an action plan to develop their knowledge and relevant professional capabilities further.

**Time scale:**

One half day. The general discussion with the dietitian will take place at an agreed time, soon afterwards

The information sheet developed during this activity can then be used throughout the placement.

**Placement capabilities demonstrated:** To be completed by supervising dietitian

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | K1 | C1 | P1 | P2 |
| Insert 🗸 (yes, met this time), NI (needs improvement) or  NA (not applicable) |  |  |  |  |
| Supervisor’s signature: Date: | | | | |

|  |  |
| --- | --- |
| **Comments** | |
| What different types of menus are provided for service users within the setting? |  |
| What catering system is used within the setting? – describe it |  |
| Is there facility to have any off-menu options for service users, including snacks? |  |
| What are the meals times on the wards? |  |
| When do the meals get delivered to the wards for each of the meals? |  |
| Who serves the food to the service users? |  |
| Where are the nutritional supplements stored? |  |
| Whose responsibility is it to order the nutritional supplements for the wards? |  |
| Whose responsibility is it to assist those service users on the ward, who need help with feeding? |  |

Updated 26.11.2021