

**MSc in Clinical Nutrition and Dietetics**

**FORM E Reflective Diary**

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| **Student name: Student number:****Date:** |

Your reflection can be submitted in writing or as an audible recording. Regardless, it must contain 6 aspects as outlined in the Gibbs model below.

**Gibb’s model of reflection**

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**AT LEAST ONE REFLECTION NEEDS TO BE COMPLETED ON YOUR EXPERIENCE OF OBTAINING FEEDBACK FROM SERVICE USERS USING THE CARE MEASURE.**

**Reflection (to be discussed with Practice Tutor and/or Practice Educator as appropriate):**

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**Word Limit 1500**