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DEFINING PROFESSIONALISM FOR DIETETIC EDUCATION

By

Diane L. Golzynski

A DISSERTATION

**Submitted to
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ABSTRACT

DEFINING PROFESSIONALISM FOR DIETETIC EDUCATION

By

Diane L. Golzynski

Being professional within a field of study involves a large collection of behaviors and attitudes. Without a thorough definition of professionalism that includes specific trigger behaviors of which to be cognizant, educators attempting to address professionalism will be leaving much of their work to simple chance. This research project utilized an on-line Delphi process to gather input from a group of leaders and futurists in the field of dietetics identified through a snowball technique. This group began with an open-ended question regarding the definition of professionalism for the field of dietetics. Data were then collected and categorized, and through a series of three more Delphi rounds, the categories and behavioral definitions were further refined to encompass the larger umbrella of professionalism. This procedure yielded a final list of ten categories, each with operational definitions. Finally, the subjects were asked when professionalism became a reality in their own lives. With the knowledge that the formal educational setting is the most influential time for the development of professionalism, curriculum recommendations that address professionalism within the dietetic curriculum can be developed. Previous work by Rodriguez and colleagues (2000) was coupled with suggestions for professionalism improvement made by the subject pool to enhance behavioral objectives for the dietetic curriculum.

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CHAPTER 1

INTRODUCTION

The Problem

Professionalism is generally defined as “the conduct, aims, or qualities that characterize or mark a profession or a professional person” (Merriam-Webster, 2001). However, it is much more difficult to define and identify the specific conduct or qualities that outline professional behavior as it relates to professionalism. For the field of dietetics, Rodriguez, Robinson, and Martin organized the term “professional conduct” to encompass “the wide range of attitudes, behaviors and characteristics that encompass professionalism” (2000). In addition, Payne-Palacio and Canter (2000) emphasize that professionalism is “showing respect and concern for people, being knowledgeable and keeping current with the latest research in one’s area of practice, adherence to the strictest ethical standards, and commitment to the profession.” (p. 101)

Many professional organizations, including The American Dietetic Association (ADA), provide their members with a Code of Ethics. These standards of professional conduct give guidance to members in terms of ethical and moral behavior, honesty, integrity, fairness, altruism, and compassion (The American Dietetic Association, 1999). Yet, the dietetic educator is still short of the ability to identify specific professional behavior and its development within the structured dietetic curriculum. These personal characteristics, albeit more specific than the general definition of professionalism presented earlier, are still difficult to assess

and are only a small piece of the professionalism puzzle. Therefore, it is difficult to determine if behavior standards such as these are being taught, exhibited, and practiced within the structured educational setting where one learns how to become an entry-level Registered Dietitian (RD) or Dietetic Technician, Registered (DTR). To further compound this problem, a lack of research in this area leaves a void in the ability to specifically define what professional behaviors are in addition to exploring their development within a dietetic curriculum. An educator's own expectations for the teaching and learning of professional behaviors may not match those of his/her colleagues or those of the very students that he/she serves. Because of this, educators are left to make ungrounded assumptions on where, or even if, professional behavior development is taking place within the dietetic curriculum.

Rodriguez and colleagues attempted to begin laying the foundation to define professional behavior for the field of dietetics with their article: "Teaching the ABCs of Professionalism" (2000). In this article, the authors referenced a citywide preceptor meeting that took place during spring, 2000. During this meeting, a professional conduct model and teaching guidelines were developed for the Jacksonville (Florida) Dietetic Interns based on roundtable discussions with the internship preceptors; see Figure 1 for the model. This research coupled with the work of Rodriguez et al. attempts to establish a working definition of professionalism for the field of dietetics.

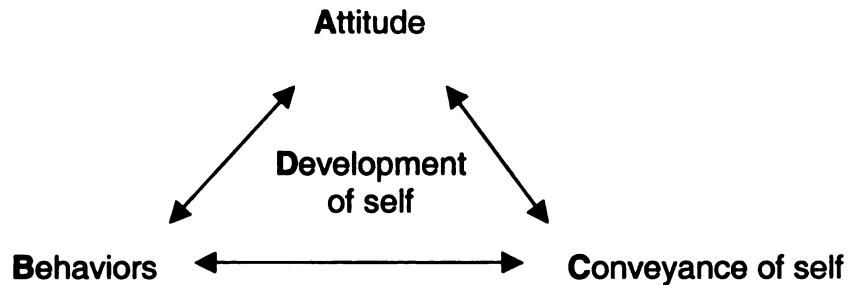


Figure 1. The ABCs of Professionalism (Rodriguez, Robinson & Martin, 2000).

Problem Statement

Dietetic educators have access to general definitions of professionalism, a Code of Ethics, and a professional conduct model, and yet are still left with a void of information regarding specific behavior expectations. Without this specific information, curricular development efforts meant to be inclusive of professional behavior expectations can only be cursory.

Purpose of this Research

As a result, this research aims to define and specify professional behaviors for dietetic practitioners. In the broader context, how do the leaders and futurists in the field of dietetics define professional behavior? Is there a specific, identifiable point in one's career where the concept of professional behavior becomes a reality for the Dietetic Practitioner? By knowing this information and further expanding upon the professionalism definition in the future, dietetic educators can better design the undergraduate curriculum and related learning experiences to encompass a nationally representative definition

of professional behavior. It must be noted that professional behavior development is an extremely complex and personal issue that is difficult to identify and measure. In order to best serve the students and move them toward professional success, dietetic curricula should include specific learning modalities for professional behavior development. These curricula may best serve the student when based upon a nationally representative definition of professionalism for the field of dietetics. This psychosocial element should not be left to “chance” within any curriculum that aims to serve in the complete development of the entry-level dietitian/diet technician.

Research Objectives

1. To assemble a nationally dispersed group of leaders and futurists in the field of dietetics using the snowball technique.
2. To determine if the administration of the Delphi technique via the Internet is a reasonable alternative to the traditional paper-and-pencil administration technique.
3. To utilize the newly developed definition of professionalism for specific dietetic education recommendations.
4. To include a recommendation that has a component of when the dietetic practitioner becomes aware that professional behavior is a vital component of professional activities.

Significance of the Study

As we begin the twenty-first century, many dietetic education programs across the country are looking for new and innovative ways to teach their curricular material. With little theoretical research in this area, the most logical starting point is to define professional behaviors required of the dietetic professional. By identifying the point in time in which professional behavior becomes a conscious reality for the dietetic practitioner, recommendations can be made that specifically target the inclusion of professional behavior development into the dietetic curriculum or internship. When educators can move beyond an era of taking professional behavior development for granted, they can better prepare their students to be the entry-level dietitians/diet technicians that they purport their students to be.

Limitations of the Study

As stated earlier, professional behavior development is an extremely complex and personal issue that is difficult to identify and measure. As a result, the defining of professionalism in this research is only the first step in a series of research projects. This one research project cannot possibly include all of the nuances that make up the broad realm of professionalism. In addition, professionalism is a subject that can take on slightly different meanings for different people, different professional areas of study, different times in a person's life, and different events in the world surrounding the person involved. Therefore, although the aim is to provide a more specific definition than has been

attempted by others, no definition can be entirely inclusive of all these aspects, at all times. In addition the subjects involved in helping to develop this definition will only be a small cross-sectional sample of the entire membership in the profession of dietetics.

Definitions

American Dietetic Association (ADA): The U.S.'s largest organization of practitioners specializing in health as it relates to diet/nutrition/food.

Commission on Accreditation for Dietetic Education (CADE): A subgroup of the ADA that specializes in the accreditation of dietetic education programs.

Delphi Technique: A sequential process of idea solicitation, generation, and summary through carefully designed questionnaires. All questionnaires are developed from data that have been summarized from the previous questionnaire. The number of rounds of questionnaires developed and administered to a group of subjects varies based on the research project's objectives (Linstone & Turoff, 1975).

Dietetic Educator: A practitioner who specializes in the education of future dietetic practitioners, such as school faculty or internship preceptors.

- Dietetic Practitioner:** Those working in and professionally certified as a professional within the profession of dietetics.
- Dietetic Technician, Registered (DTR):** A practitioner who has completed an accredited undergraduate program, a specified number of supervised practice hours (fewer than those required of the RD), and has successfully completed the national registration examination given by the commission on dietetic registration, the credentialing agency for the American Dietetic Association. The Dietetic Technician, Registered must complete a required number of continuing education credits in order to maintain the DTR status.
- Field of Dietetics:** A specialized field of work/study involving food and health issues related to diet and nutrition.
- Internship Preceptor:** A practitioner who specializes in the education of future dietetic practitioners by supervising work hours during the supervised practice experience.
- Registered Dietitian (RD):** A practitioner who has completed an accredited undergraduate program, a specified number of supervised practice hours, and has successfully completed the national registration examination given by the commission on dietetic registration, the credentialing agency for the American Dietetic

Association. The Registered Dietitian must complete a required number of continuing education credits in order to maintain the RD status.

Snowball Technique: A research method utilized to gather a group of potential subjects by requesting everyone within a smaller group to recommend others, then repeating this process with each new name added to the list of potential subjects until the desired number of subjects is reached.

CHAPTER 2

REVIEW OF THE LITERATURE

Introduction

Without a normative definition, it is difficult to achieve productive dialogue or consensus regarding the connotations, complexities, and nuances associated with professionalism (Swick, 2000). “One needs a normative definition that is precise and inclusive, and that can be utilized by a wide variety of groups.” (p. 613) Other professions, such as medicine and dentistry, have spent more time on the issue of professionalism than has the field of dietetics, but still relatively less time compared to other issues. It is important to recognize that certain characteristics help to define professionalism for all specialties but that (Swick, 2000) the key may not be in a dictionary definition of professionalism.

Regardless of the field, it is generally accepted that a profession includes a well-defined body of knowledge, completion of a structured course of study, examination and certification or licensure, and oversight by some kind of regulatory agency, which has disciplinary powers (Sallot, Cameron, and Lariscy, 1998). Other criteria include intellectualism, a code of ethics, a comprehensive self-governing organization, greater emphasis on public service than self-interests such as profits, performance of a unique and essential service based on a substantial body of knowledge, broad autonomy, and having practitioners guided by altruism (Wright as referenced in Sallot, Cameron, Lariscy, 1998). Presented here will be what is known currently about professionalism within the

field of dietetics and other professions, and how professionalism is taught within such curricula.

The Field of Dietetics

The Commission on Accreditation for Dietetics Education (CADE) of the American Dietetic Association (ADA) mandates that all dietetic education programs undertake continuous program improvement in order to earn program accreditation (Haessig & La Potin, 2000). In addition, undergraduate programs find themselves in a constant state of flux in an effort to provide an innovative curriculum for students that meets the ADA Standards of Education. These standards set forth specific Foundation Knowledge and Skills requirements that baccalaureate dietetic education programs must meet (Commission of Accreditation/Approval for Dietetic Education, 1997).

Potential dietetic practitioners gain knowledge and skills through structured didactic educational experiences, mentoring, and progression through a series of modeling experiences prior to entering the workforce (Brakke et al., 1998). At the conclusion of the appropriate undergraduate program, students who wish to become a Registered Dietitian (RD) or Dietetic Technician, Registered (DTR) must complete a required number of supervised practice hours and related instruction called the Dietetic Internship or Dietetic Technician Program. It is during the Dietetic Internship or Dietetic Technician Program that students are expected to make the final transitions necessary to become an entry-level dietitian/diet technician. It is only upon completion of the supervised

practice hours that students are eligible to sit for the national registration examination to obtain the credential of RD or DTR. With these credentials, the individual is recognized as a nutrition expert who is qualified to disseminate nutrition knowledge to the public. But one could argue having attained the characteristics essential to being called a professional.

Payne-Palacio and Canter (2000) assert that with the title of professional comes a defined set of expectations including showing respect, caring, and concern for people, being knowledgeable and keeping current with the latest research in one's area of practice, being well groomed, adhering to the strictest ethical standards, and demonstrating a commitment to the profession which includes membership in professional societies. By accepting membership into a professional society such as the American Dietetic Association, credentialed practitioners agree to abide by the strict ethical standards outlined in the ADA's Code of Ethics. Specific behaviors listed in the Code of Ethics include conducting oneself with honesty, integrity, and fairness (The American Dietetic Association, 1999). In addition, Rodriguez and colleagues (2000) encompass the following four elements into their definition of professionalism: attitude, behavior, the conveyance of self, and the development of self. Attitude and behavior deal with one's conduct and disposition as defined by Merriam-Webster's dictionary (2001). Conveyance of self is communication through appearance and actions, and a plan for individual self-improvement is reflected in the category, development of self. In addition to the Code of Ethics, the ADA publishes Standards of Professional Practice for Dietetics Professionals, which

are broad statements describing minimum expectations that a dietetic professional may choose to follow that are specific to their practice settings (Brakke et al., 1998). For all dietetic professionals, the change from structured monitoring during the formal education process should shift to self-monitoring after entrance into professional practice. Therefore the individual dietetic practitioner is the starting point of ADA's mission to serve the public (Brakke et al.) as seen in these standards.

Professionalism in Other Fields

Medicine.

Similar to the field of dietetics, students in medical school are believed to be taught the knowledge, skills, and attitudes required of competent physicians. But are they being taught professionalism? Professionalism is an ongoing, self-reflective process that involves habits of thinking, feeling, and proper behaviors. As a regulatory agency, the American Board of Internal Medicine (1995) defines professionalism as comprising “those attitudes and behaviors that sustain the interests of the patient above one’s own self-interest. Professionalism entails altruism, accountability, commitment to excellence, duty and commitment to service, honor, and respect for others.” (p. 9) Swick (2000) defines professionalism as having nine behaviors that must be exhibited by a physician in order to be considered a medical professional. These nine behaviors are:

1. Physicians subordinate their own interests to the interests of others.
2. Physicians adhere to high ethical and moral standards.

3. Physicians respond to societal needs, and their behaviors reflect a social contract with the communities served.
4. Physicians evince core humanistic values, including honesty and integrity, caring and compassion, altruism and empathy, respect for others, and trustworthiness.
5. Physicians exercise accountability for themselves and for their colleagues.
6. Physicians demonstrate a continuing commitment to excellence.
7. Physicians exhibit a commitment to scholarship and to advancing their field.
8. Physicians deal with high levels of complexity and uncertainty.
9. Physicians reflect upon their actions and decisions. (p. 613)

At the Northeastern Ohio Universities College of Medicine, a Professional Development Assessment Form was created that contained eight categories for professionalism: reliability and responsibility, honesty/integrity, maturity, respect for others, critique, altruism, interpersonal skills, and psychological/chemical impairment (Gibson, Coldwell, and Kiewit, 2000). Arnold, Blank, Race and Cipparrone (1998) identified that other than this, little research has been done within the medical literature that explores ways to measure professional attitudes and behaviors. However, Ginsburg and colleagues (2000) recognize that even the evaluation of behaviors that is done, is often inadequate.

Teaching.

True professionalism for teachers was defined by Spady and Schwahn (1999) as a mixture of: competence and values, talent and integrity, principles and performance, contribution rather than wants, learning rather than knowing, and openness rather than opinion. "Genuine professionals never lose sight of the beliefs and principles that define how they think, who they are, and what they do." (p. 27) Their view of professionalism involves 10 principles: connection, future focusing, inquiry, clarity, inclusiveness, accountability, improvement, win-win, alignment, and contribution. Morehead (1998) found that most teachers encounter difficulties and possibly are released from their teaching contracts – not because of an inability to teach, but rather because of a problem with meeting the professional expectations of being a teacher, such as being a role model, community activities, interpersonal relations, etc. In this discussion with 60 school administrators concerning the professionalism of teachers, the administrators found it unsettling to work with teachers who demanded certain behaviors of others but lacked the ability to demonstrate the behaviors themselves. Included with this list of professional behaviors were a positive attitude/friendliness, being a good professional teacher/role model, relationships with other professionals/non-teaching staff, attendance/punctuality and dress, and confidentiality/discretion, with the most common mistakes of beginning teachers being related to the use of inappropriate language.

Occupational Therapy.

Fidler (1996) puts forth the following requirements for the occupational therapist exhibiting professionalism: regard for the dynamics of human relationships and interpersonal skills, an integration of attitudes, beliefs, and values that reflect personal integrity, empathetic regard for others, a sense of responsibility to contribute to the welfare of others, and a respect for different points of view. In addition, it is noted that an individual's professional development goes beyond the discipline related knowledge and technology, and stretches into personal development of professionalism standards. Kasar & Muscari (2000) believe that professional behavior development begins during the formal educational process with specific individualized growth, development, and progression throughout this process. They provide an eight stage conceptual model for professionalism development in the Occupational Therapy student: beginning student, senior student, new graduate – orientation stage, graduate – novice stage, role identification stage, collaborative stage, proficient stage, and reflective stage. Each stage has a separate and distinct timeframe and requires learning opportunities for professional behaviors and careful nurturing by educators and clinical supervisors.

Teaching Professionalism Within a Curriculum

Professionalism is best not left to chance, but rather addressed within a full-spectrum curriculum that fosters students' engagement with specific content and integrated experiences all based within the knowledge, skills, and methods

central to medical education (Wear and Castellani, 2000). Bowman (1998) believes that professionalism is tacked on to the end of other courses, ignored entirely, or offered only as optional courses. Traditional medical residency programs have given little attention to how values, behaviors, and attitudes are cultivated (Markakis, Beckman, Suchman, & Frankel, 2000). Ginsburg and colleagues (2000) state, "There appears to be an unrealistic expectation that students will arrive at medical school lacking in knowledge and skills but with a full complement of appropriate behaviors that require no further attention." (p. S7) The traditional approach to solving this is to identify and define the attitudes and concepts related to professionalism but the methods are so abstract and definitions are idealized to the point that discussions tend to revolve around people rather than behaviors, implying that professionalism represents a set of stable traits. Ginsburg and colleagues continue by stating "we are doing a disservice to our students by not providing explicit feedback in this domain, thereby missing valuable opportunities to bring about awareness and improvement." (p. S6) However, it is identified that supervisors may be reluctant to provide negative feedback regarding unprofessional behavior, in addition to the difficulty inherent to identifying and verifying the behavior. Learning professional behaviors requires practice, experience, role mentorship, and evaluative feedback (Kasar and Muscari, 2000). This feedback has inherent problems when faculty are providing the assessment, but Ginsburg and colleagues assert that assessment of professional behaviors by peers may provide a solution to this problem as peer contact is often frequent and close.

One key way to develop professional behaviors in students identified by Crist (1986) is through modeling during the fieldwork experience. Hira (1996) challenges this by asserting that the teaching of these concepts should not be limited to vocational/business courses or to practicum/internship experiences but rather should start early (as early as middle school) and should be a part of all courses. To support this, Hira cites studies that provide evidence of the family environment in early childhood as being the most important influence on one's moral and ethical makeup (Haberstram as referenced in Hira, 1996). "Educators must reaffirm the importance of basic values such as responsibility, honesty, promise keeping, free expression, and nonviolence" due to the fact that teachers of all courses serve as role models for their students. (p. 7) Teachers need to be moral agents that constantly role model such behaviors as honesty, a sense of justice, and caring throughout the educational process (Campbell, 1997). Campbell holds strongly to the notion that this process cannot be left to chance but must be deliberately developed during the education of teachers, specifically. In agreement with this, Odom (1997) asserts that dental faculty have an obligation to set standards for expected professional behaviors, to reward positive behaviors, and to reinforce positive behaviors in the event they are compromised. Faculty must guide and reinforce academic integrity and professional behavior as well as provide ethics instruction. Odom (1997) believes that dental schools need to consider ways to reduce stress, as this can have a direct impact on ethical and professional behaviors demonstrated by over-stressed students. It is believed that this is a long-term commitment to

promoting professionalism, and not something that should be set-aside after a few years. Clear expectations should be established and faculty must act as role models (Beemsterboer, 1997). With clear educational goals that are learner-centered, professionalism can support the attainment of professional values, and feedback regarding these behaviors is less likely to go unnoticed or be devalued by the stressed learner. At the University of California, San Francisco, clear criteria for assessing professionalism during clinical experiences are published that assert these attributes as being just as important as the discipline's knowledge and skills (Loeser and Papadakis, 2000).

Undergraduate dietetic education programs, Dietetic Internships, and Dietetic Technician Programs find themselves under increasing pressure from their host institutions to achieve increased accountability with regard to student learning and conduct. Programs must assess quality by asking such questions as: "How do we know that students are learning what we think they are? And how do we know that our program is meeting community needs?" (Haessig & La Potin, 2000). Following the guidance of Rodriguez and colleagues (2000), professional behavior can be informally taught through modeling in addition to a structured approach that is designed to increase students' sensitivity to the impact of professional behaviors, and help them identify and develop the behaviors and ethics that increase their chances for professional success.

Dietetic educators need to be able to assure that the innovative curricula they are designing meet the learning needs of their students. However, educators must not forget the influence of the informal settings on the

culmination of student learning. Informal contact with undergraduate faculty and Dietetic Internship Directors outside of the classroom, involvement in student clubs, membership in professional associations, and attendance at professional meetings helps to enrich and balance the education and learning experience for the student (Payne-Palacio & Canter, 2000).

Within the medical curriculum, Wear and Castellani (2000) state that teaching professionalism cannot be left to chance but rather be integrated with content, significantly engaging students in the process of becoming a fully functioning professional. Curricula such as that outlined by Faulkner and McCurdy (2000) support the thought that medical schools have a duty to teach social responsibility and professionalism within their curricula.

“The development of professionalism has different curricular implications, with different assumptions about how to move students from here to there. It invariably asks us to examine the curriculum in light of the following questions: What is the nature of the knowledge that all students, regardless of their career goals, are expected to learn in medical education, and what values are embedded in this knowledge? How does this knowledge relate to compassionate, communicative, and socially responsible doctoring? If it does not, what knowledge is associated with these habits, and where and how should this knowledgeable appear in the medical curriculum?” (Wear and Castellani, 2000). (p. 603)

Haessig and La Potin (2000) term this as outcomes assessment and point to an important CADE mandate which asserts that dietetic educators move

beyond simple documentation of knowledge and competency and begin to address improvement in teaching and learning. By affirming that content and learning experiences provide the desired impact on student learning, faculty can then suggest further changes and teaching methods to enhance that learning. "Articulating outcome measures for student expectations and making them measurable are essential components to the assessment process." (p. 4)

Summary

How we handle ourselves in the workplace, including: doing your job conscientiously, fulfilling your contract or job description, coming to work on time and maintaining a business attitude and demeanor, and holding yourself to high standards of character and behavior, comprises a small part of the complex role of professionalism (Carroll, 2001). For some, professionalism traits may be easy to recognize but much more difficult to define (Swick, 2000). "Future efforts at understanding professionalism, and future methods of evaluating professionalism, must focus on behaviors rather than personality traits or vague concepts of character" (Ginsburg et al., 2000). For the profession of dietetics, a team approach is required, each member of the team being a true professional: concerned, knowledgeable, respectful, caring, ethical, committed to the profession, and active in the professional organization (Payne-Palacio and Canter, 2000).

CHAPTER 3

METHODOLOGY

Introduction

The need for this research was determined through personal reflection on teaching and learning in the undergraduate dietetic curriculum, personal communication with dietetic educators nationwide, and through a literature review that revealed a lack of significant previous research on professionalism and professional behavior development specific to the profession of dietetics. Utilizing the ideas initiated by Rodriguez and colleagues (2000) in Jacksonville (Florida), an attempt was made to conduct this research with a larger, more nationally disbursed sample of leaders and futurists within the profession of dietetics. Therefore, the research objectives were focused on defining desired professional behaviors for the dietetic professional; identifying a point in time in which professional behavior becomes a reality for many dietetic practitioners; and identifying areas within the dietetic profession where professional behavior development can be improved. In addition, the Delphi Technique would be administered via the Internet, a research method that has not been reported in the literature to date. Human subjects approval was obtained from the University Committee on Research Involving Human Subjects at Michigan State University prior to beginning this research (see Appendix A).

Subjects

Potential participants were identified using the snowball technique, see figure 2. An electronic mail message was sent to two long-term dietetic educators at Michigan State University. These two educators, chosen because of their understanding of the field of dietetics, were each asked to identify three to four dietetic professionals that they considered to be leaders and futurists in the field of dietetics. Each of these were then sent an electronic mail that asked them to identify three to four more people with the same criteria, see Appendix B. Each request maintained a ten-day deadline for submission of names as potential participants for the study.

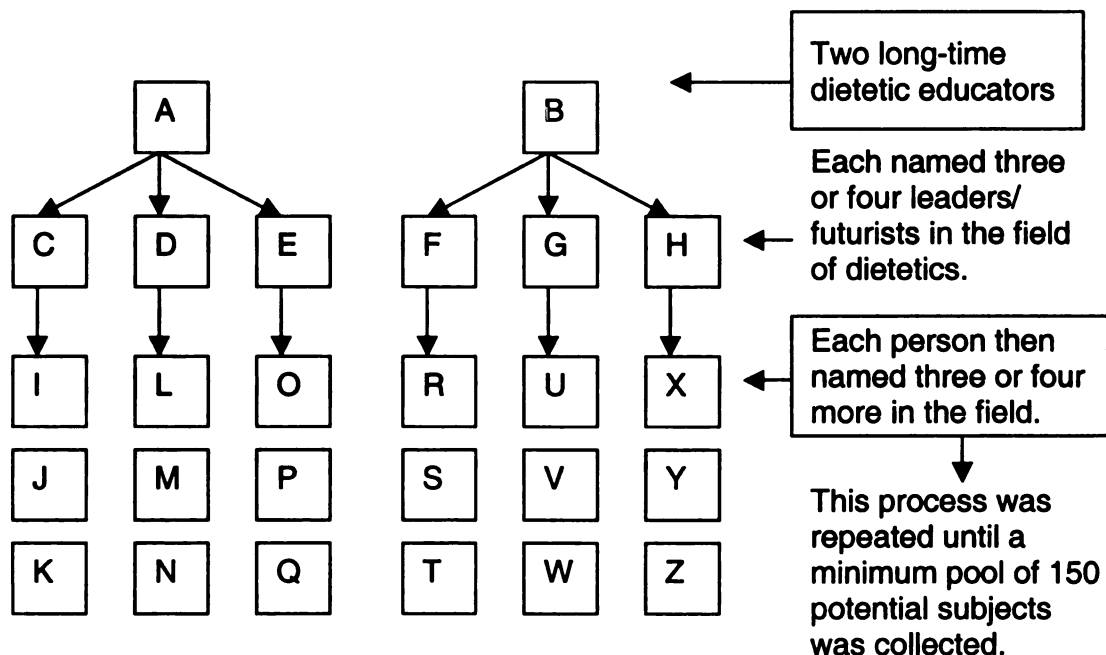


Figure 2. Snowball technique used for identifying potential subjects.

Delbecq, Van de Ven, and Gustafson (1975) report that a Delphi can be done with as few participants as 10 or as many as several hundred. It was determined that the more participants added, the better chance for an increased understanding of professionalism for the field of Dietetics and therefore no less than 150 names would be gathered via the snowball technique. Consequently, the request for submission of names was repeated with each new name submitted until the minimum of 150 was reached. However, since the 10-day deadline had not expired for all of those contacted for submission of names, new names continued to be submitted until the final deadline had passed. As a result, a total of 221 names were submitted as possible participants in this research study.

Introduction to the Delphi Technique

The Delphi Technique was first used in the early 1950s to estimate the probable effects of an atomic bombing of the United States (Linstone & Turoff, 1975). The Delphi technique is primarily concerned with matching opinions from a broad “advice community” of experts. “The Delphi Technique is a method for the systematic solicitation and collation of judgments on a particular topic through a set of carefully designed sequential questionnaires interspersed with summarized information and feedback of opinions derived from earlier responses” (Delbecq, Van de Ven, & Gustafson, 1975, p. 10). The Delphi Method was chosen for this particular research study due to the broad complexity of the issue; the need to represent the collective opinions of a diverse

group of leaders in the field; and a lack of a formal definition and measurement parameters of professional behavior provided by previous research in this area.

“The Delphi process appears to provide the individual with the greatest degree of individuality or freedom from restrictions on his expressions” (Linstone & Turoff, 1975, p. 7). This Delphi characteristic was particularly important to this research effort due to the already identified complexity associated with professionalism. It was believed that subjects needed a setting in which they would not be inhibited in saying what they wished on a topic that may contain personal issues.

Delbecq and colleagues (1975) identified the following characteristics of the Delphi Technique that facilitate or inhibit the decision-making performance:

Strengths.

1. Writing ideas without face-to-face contact produces a large quantity of ideas.
2. Writing responses, versus verbal responses, forces thinking of the complexity of the problem and leads to high quality in the ideas.
3. Respondents are blind to the responses of others allowing for freedom from conformity pressures.
4. The technique is uniquely valuable for obtaining responses from participants who are geographically dispersed.
5. There is inherent flexibility in that respondents can participate at a time most convenient to them. (p. 34-35)

Limitations.

1. Possible feeling of detachment by respondents due to the lack of social-emotional rewards.
2. Possible communication and interpretation differences due to the lack of verbal communication.
3. The majority-rule procedure that identifies group priorities does not lend itself to conflict resolution. Incompatible ideas are handled simply by pooling and are often lost within the final summaries. (p. 90)

Characteristics of the Delphi Method for This Research

This work attempted to add a small, modern twist to the conventional Delphi as outlined by Linstone & Turoff (1975). The conventional Delphi Technique utilizes paper-and pencil questionnaires sent to a large respondent group. For this study questionnaires were offered via the Internet for submission by the participant pool from August 2001 through October 2001. All respondents answered each round of the Delphi separately. See Figure 3 for a pictorial description of this research project.

As a measure of reliability, all rounds of the Delphi method were pilot tested with graduate students to check for clarity and comprehension prior to beginning the next round. Feedback from the pilot testing was used to modify the questionnaires as needed. Content validity was measured through the research committee developing the content of the first questionnaire. The respondent group drove all subsequent questionnaire development.

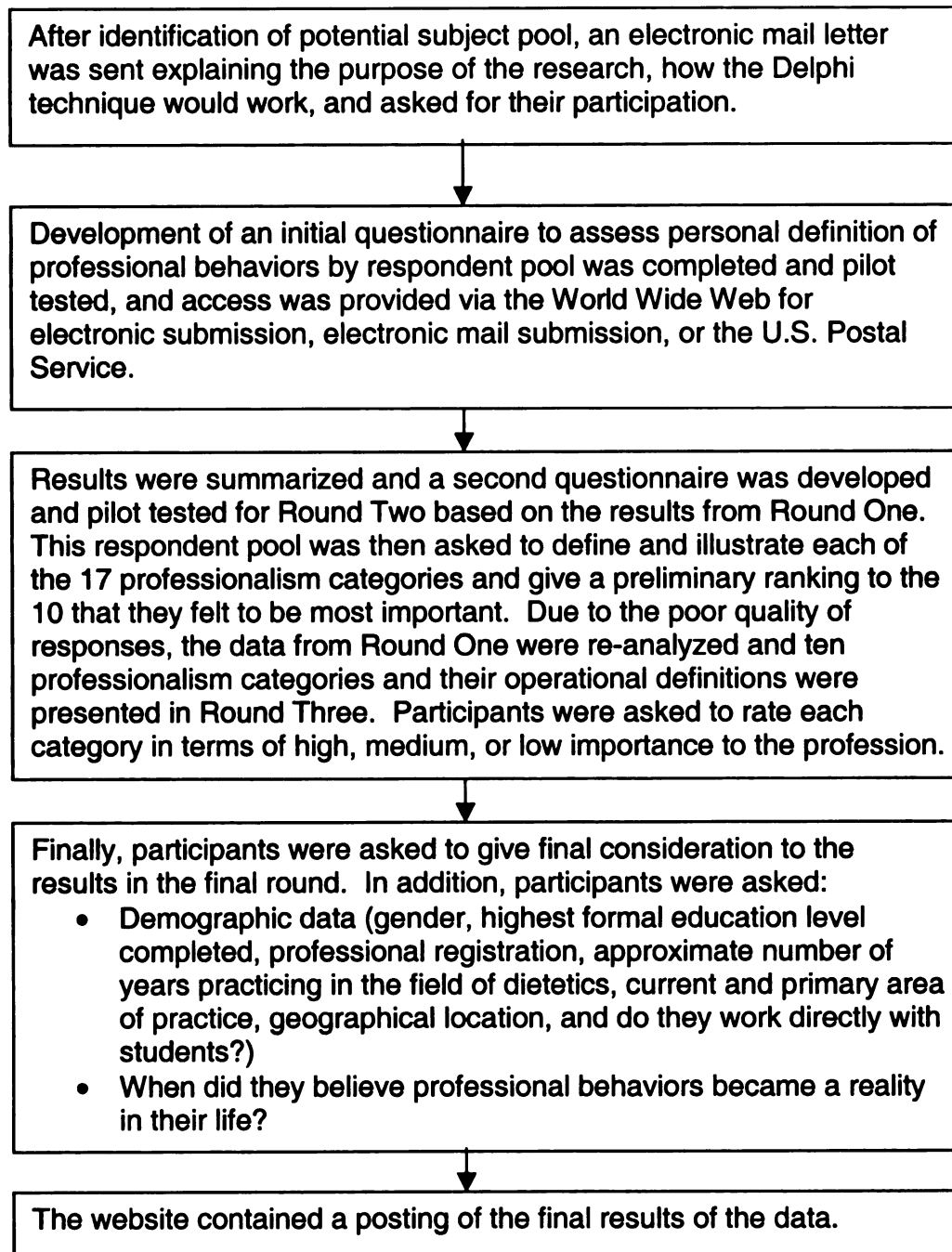


Figure 3. Modified Delphi method for this research study.

Round One

An Internet Service Provider was contacted to host the website. Appropriate fees were paid and the site was functional within 24 hours. The Round One questionnaire was posted to the website www.dieteticprofessionalism.net. See Appendix C for the Round One questionnaire.

Those on the list of potential subjects were contacted via personal electronic mail to ask for their participation in a study utilizing the Delphi method, see Appendix D. Participants were given 10 working days to provide their responses. A reminder electronic mail note was sent three days before the deadline, see Appendix E.

Problems that occurred during Round One include: 1. Two days prior to the first deadline, the server maintained by the ISP stopped working causing the website not to work for participants, therefore the deadline was extended by one week; 2. The website remained nonfunctional for five days, however when it was working again, the ability to submit responses no longer existed; 3. Therefore, the Internet Service Provider was changed and those who had not submitted were sent an electronic mail apologizing for the inconvenience and instructing them to submit responses via electronic mail to the researcher until the new website was functional, in time for Round Two, see Appendix F.

Data Collection and Analysis of Round One

As electronic submissions were received, the responses were printed and immediately deleted from the server. The printout of the response was then cut at the point where the participant's name was listed. The piece of paper with the response was filed for later analysis. The piece of paper with the participant's name was filed separately so that the respondent would be included in Round Two.

Data were recorded and maintained utilizing a Microsoft Excel spreadsheet. Seventy-four responses were categorized according to similar traits and professionalism categories began to be identified. As these categories emerged, they were recorded and used to further analyze the responses as more responses were submitted. Once all responses were categorized, categories were combined as appropriate to eliminate duplication and to clarify the wording of each category. In an effort to trim time and workload for participants, categories were consolidated as much as possible without losing meaning. A total of 17 professionalism categories remained and were used for Round Two.

Round Two

After the first sets of responses were submitted, and the results summarized, a new questionnaire was developed for the respondent group (n=74) based upon the results, see Appendix G. The respondent group was sent an electronic mail letter requesting their assistance with Round Two and directing them to the new website www.dieteticprofessionalism2.net, see Appendix H.

Subjects were given the choice of an electronic submission via the Internet, an electronic mail submission, via the Internet with an attachment, or submission via the U.S. Postal Service. All of the respondents chose to submit electronically via the Internet. Respondents were asked to define and illustrate each of the 17 Professionalism categories, then give a preliminary ranking to the 10 that they felt were most important. Participants were given 10 working days to provide their responses. A reminder electronic mail note was sent three days before the deadline, see Appendix I.

During the data collection phase of Round Two, it became clear that the data returned were poor in quality and not appropriate for the research objectives. As a result, it was determined that the best route would be to return to the Round One data and create a new questionnaire, termed Round Three, and to disregard the data returned for Round Two. See Chapter 5 for a complete discussion regarding the reason for doing this.

Repeat of Data Analysis for Round Three

Responses from Round One were printed onto one side of a 4x6 inch index card. Three copies of these cards were printed and distributed to three independent raters, see Appendix J. The independent raters were instructed to categorize the cards into 10 categories and then create their own title and operational definition of each category. As the piles of cards were returned, the card piles were combined as much as possible, using the titles given as well as the similarities of the cards within each pile. The piles were then organized in

order of the most agreement, all three raters had a similar title and operational definition, to the least agreement. Ten categories with titles and operational definitions were created as determined by the independent raters. To compensate the independent raters for their time, each rater was given \$15.00 in gift certificates to a local coffee shop or bookstore.

Round Three

The subsequent responding group from Round Two (n=49) was then given the opportunity to rate the ten categories and operational definitions as Round Three, see Appendix K. Respondents were asked for their participation and to rate each category as low, medium, or high in terms of their perception of importance to the profession of dietetics, see Appendix L. Respondents were also instructed to provide further comments regarding the categories as they so desired. Participants were given 10 working days to provide their responses. A reminder electronic mail note was sent three days before the deadline, see Appendix M.

Data Collection and Analysis of Round Three

Data returned were maintained on a Microsoft Excel spreadsheet, see Appendix N for Round Three data. Due to the low, medium, and high rankings provided by the respondents a numerical value of 1, 2, and 3 respectively was assigned to each professionalism category and counting of responses for each category was completed. A mean value was determined. The operational

definitions of the categories were clarified and strengthened based on comments provided by respondents. Finally, the categories were listed in descending order of mean rankings.

Two respondents sent electronic mail comments stating a concern over the “medium” category showing on the website as the category that was already checked. Although the “radio button” moved to the specific category they chose, these two respondents felt that the data would be skewed due to this initial button being present. However, due to the limitations of the web authoring program used in creating the website, Adobe PageMill 3.0, one of the radio buttons had to be checked in order for the buttons to work at all. Checkboxes were not an option because they allowed for more than one choice to be checked at one time, where radio buttons allowed for only one option to be checked. In addition, drop-down boxes were not an acceptable option as these may have caused more confusion. As a result, the radio button was the best way to collect the data and it was determined that this “auto choice” drawback was an acceptable risk.

Round Four

In Round Four, respondents (n=42) were asked for their participation, see Appendix O and to rate how well they believed the profession of dietetics is currently meeting the operational definitions for each category above expectations, on target, or below expectations, see Appendix P for the Round Four questionnaire. If the category was rated as “below expectations”, the respondent was asked to provide suggestions for improvement.

For this research, the final round of the Delphi method was expanded to include the gathering of demographic data:

1. Gender (male, female);
2. Highest formal education level completed (bachelors, masters, doctoral);
3. Registration (RD, DTR);
4. Approximate number of years practicing in the field of dietetics;
5. Current and primary area of practice (clinical, foodservice, school faculty, consultant, community/public health, other);
6. Geographical location (Northeastern United States (U.S.), Southeastern U.S., Midwestern U.S., Southwestern U.S., Northwestern U.S., Western U.S., other);
7. Do you currently work directly with students (undergraduate, graduate, or interns)? (yes, no); and
8. When did you first become aware of professionalism in your own life?

Participants were given 10 working days to provide their responses. A reminder electronic mail note was sent three days before the deadline, see Appendix Q.

Data Collection and Analysis of Round Four

The responses for Round Four (n=35) were maintained on a Microsoft Excel spreadsheet, see Appendix R for the data. Within two days, thank you e-mails were sent to those who completed the final round, see Appendix S.

Final Posting of Results

Respondents were notified via electronic mail when final results of this research study were posted on the study's website www.dieteticprofessionalism2.net. See Table 1 for a complete tabulation of response rates.

Table 1. Response rates for each round of this research project.

<u>Round</u>	<u>Number Contacted</u>	<u>Number Responding</u>	<u>Response Rate</u>
1	180	74	41.11%
2	74	49	66.22%
3	49	42	85.71%
4	42	35	83.33%

CHAPTER 4

RESULTS

Introduction

This research attempted to address the following research objectives:

1. To assemble a nationally dispersed group of leaders and futurists in the field of dietetics using the snowball technique.
2. To determine if the administration of the Delphi technique via the Internet is a reasonable alternative to the traditional paper-and-pencil administration technique.
3. To utilize the newly developed definition of professionalism for specific dietetic education recommendations.
4. To include a recommendation that has a component of when the dietetic practitioner becomes aware that professional behavior is a vital component of professional activities.

Results presented here are categorized according to the corresponding research objective and numerical results are rounded to the nearest percent. See appropriate table for exact percentages. Raw data can be found in the appendices.

Objective One

The snowball method was used for gathering a group of potential subjects for this research. A total of 138 identified leaders/futurists in the field of dietetics

were contacted requesting their participation in the snowball technique. Sixty-two responded and submitted a total of 221 names for the potential subject pool, of which 81% could be used (n=180). See Appendix T for a pictorial description of the response to the snowball technique.

Objective Two

Objective two involved the administration of the Delphi technique using the Internet rather than the traditional paper-and-pencil administration method. For every Delphi round, participants were given the opportunity to submit their responses via the Internet or to print the questionnaire and submit via the U.S. Postal Service. All respondents chose to submit electronically.

During Round One, the website became nonfunctional two days prior to the deadline. Due to the problems that occurred with the website, participants were offered the opportunity to submit their responses via electronic mail attachments to the researcher until the new website was functional, twelve (16%) took advantage of this opportunity.

Round One.

Round One asked participants to define professionalism, as it relates to professional conduct for the field of dietetics. Of the 180 potential participants contacted for Round One, 74 completed the task (41%). Responses were categorized and 17 professionalism categories were determined from the data. These 17 categories were determined by the grouping of similar responses. For example, the category, adhering to ADA's code of ethics, contained such

responses as “adheres to ethical and moral standards”, “adheres to the code of professional conduct for the profession”, and “adherence to the code of ethics for the profession of dietetics” whereas the category, maintains a commitment to excellence in the profession, contained such responses as “respecting and representing the profession as a whole”, “respect for the mission and values of the profession”, and “deliberate enthusiastic and passionate act of commitment and responsibility for a chosen profession”. See Table 2 for a complete listing of the categories and the associated responses. These 17 categories were provided to the subjects in Round Two.

Table 2. Seventeen professionalism categories determined from Round One.

Professionalism Category	Associated responses from Round One data
1. How one approaches their work.	
	low maintenance work style that results in high quality work with little supervision
	behaviors needed for effectiveness in a work environment
	if you want to be viewed as a professional, cannot work like an hourly employee and watch the clock
	consistency of conduct in a work/job setting which complements national accrediting body's mission/goals
	planning, implementing and evaluating your work
	encompasses job performance
	conducts self in a business manner
	doing more than just a job
	conscientious adherence to the values, policies, and rules of one's workplace as well as faithfully carrying out responsibilities delineated in one's job description

Table 2 (cont'd).

	hardworking
	a career, not just a job
	not a 9-5 attitude, nor does it mean you sleep in your office
	conscientious preparation for and carrying out of one's professional duties and responsibilities
	taking pride in one's work, no matter what it is
	a professional does not simply work a 9-5 job
	conduct work which is honest, reliable, accurate, and up to date
	values her expertise and expects fair pay for services rendered
	skilled in planning and organization of work and projects
	Other professionals (MDs, PTs, etc) do not watch the clock and often have more respect
	the manner in which one presented oneself in practice
	more than just doing a job and getting paid; how we do the job and how we conduct ourselves while providing the service
	going the extra mile
	timeframes in work
	adheres to policies and procedures set forth by employer
	business-like manner
	developing a business sense
2. Adhering to ADA's Code of Ethics.	
	moral and ethical beliefs are an indication of your professional integrity
	adhering to licensure requirements of the state, if applicable
	ethics/integrity
	acts in an ethical manner
	adheres to and ascribes to the ethical conduct code set forth by ADA and its sister organizations
	adhering to a code of ethics and standards of practice established by the profession as well as personal standards

Table 2 (cont'd).

	standing up to high ethical values - doing the right thing!
	adherence to the Code of Ethics for the Profession of Dietetics
	adheres to the code of professional conduct for the profession
	ethical conduct
	meeting the code of ethics and standards of professional performance of ADA
	personal ethics and morals
	follows the ADA Code of Conduct
	following the Standards of Professional Practice in the performance of work, adhering to the Code of Ethics
	adheres to ethical and moral standards
	adherence to impeccable ethical constructs - especially as it applies to making profit off of nutrition based products and advice
	ethical work behavior
	conduct that complies with the ADA Code of Ethics
	ethical use of the proficiency and skills in our practice of dietetics
	abiding by the ADA Code of Ethics and Standards of Practice at all times.
	act ethically and with integrity
	adhering to the ADA Code of Ethics and scope of practice and having integrity
	moral and ethical standards of practice that include honesty, loyalty, follow through, respect, and quality of effort
	ethical at all costs
	conduct the work in an ethical and competent manner
	code of ethics serves as the base for defining professional conduct
	follows the Code of Ethics
	show good work ethics
	ethical

Table 2 (cont'd).

	requires one to follow the code of ethics as defined by the ADA and personally follow a high standard of morals and values
	ethical in work
	practicing according to the Code of Ethics for the Profession of Dietetics as well as the guidelines outlined in the Standards of Practice
	personal and work ethic adhered to by dietetics practitioners in all their work
	doing it all in accordance with the code of ethics of the ADA
	ethical, honest behavior
	set of conducts that ensure all member of the profession behave in similar and ethical ways
	demonstrates ethical, productive, quality practice
	adhering to the ADA Code of Ethics and application of other ethical standards for practice in ones field of specialization
	abiding by the Code of Ethics of the ADA
	mandates ethical behavior
3. Treating others with respect.	
	nonjudgmental
	listening and being open-minded
	providing service objectively and without bias
	recognizes and respects differences
	In all cases, others are treated with integrity, honesty, and respect, including self respect
	maintains respect and support for other nutrition professionals, allied health professional, and the consumer
	objectivity and fairness
	unbiased manner
	respect for individuals
	the respect that I have for myself, others
	respect for the rights and dignity of others
	respect is provided to all human contact
	respect diversity
	sincere acceptance of others, with regard to race, creed, sexual orientation, or economic status

Table 2 (cont'd).

	respect
	inclusive and not derogatory to others
	respecting the wisdom and experience of those who have been in the field for a long time
	values a science-based and a culturally competent approach
	Whether working with patients/clients, staff or administrators, educational and cultural diversity requires careful listening skills and honest, objective responses
	culturally sensitive
	respects others ideas and thoughts
	showing respect for divergent opinions and willing engage in uncomfortable dialogues (exploring opposing points of view can give us a greater perspective and understanding)
	supports peers and patients in a respectful manner
	practicing with a respect for others - clients, patients, coworkers, supervisors, subordinates
	respect for others (clients, coworkers)
	recognizing nutrition diversity needs as appropriate
4. The attitude one conveys to others.	
	demeanor
	courteous
	if there is a problem, the true professional will find a way to solve things and not just complain
	providing a level of service/practice which matches what you believe to be right and ethical
	ability to listen and react to input
	conclusions are drawn based on fact and nothing else
	acts as coach or facilitator, not domineering or dictating to clients, not crossing the line between professional and personal relationship
	being the best you can be and doing the best in all situations
	graciousness, good social skills, and above all good manners, which seem to be lacking in some "professionals" today

Table 2 (cont'd).

	how you present yourself to the world and the respect you gain by your overall behavior which makes one successful
	dedication of spirit (a positive attitude to make things the best they can be) to the art and science of nutrition and dietetics
	mandates that personal food preferences and biases are not included in the presentation of the facts
	efficient
	dedicated
	intuitive and reflective
	disagreements are about ideas or facts, not personalities or individual needs
	behavior needs to conform to accepted norms both in own professions and in others similar to ours
	defends decisions
	actively searches for new opportunities, turning challenges into opportunities
	if work needs to be done, do it!
	the attitudes that I project externally, as well as internally, my willingness to listen, to share
	The behavior may vary according to work settings, knowledge, and confidence in oneself
	how one thinks, feels, and acts
	appears approachable and helpful
	confident
	way of thinking
	way of acting
	pleasantness
	helpful
	pleasant
	actions and reactions
	positive thinker
	positive, proactive, and constructive in attitude and behavior
	conduct, qualities, and goals
	manner in which a person behaves
	the way we treat others
	responds appropriately under stress and to criticism
	courteous

Table 2 (cont'd).

	not only be concerned with own conduct, but with conduct of others in profession
	attitude and conduct during professional encounters
5. How one physically presents themselves.	
	poise
	voice modulation
	appropriate business attire is essential to project a professional image to the public
	proper physical and moral fitness
	characteristics that promote credibility and build respect among peers
	appearance
	the visual side includes dress and how a dietitian presents the profession
	the care I give my body with my life style choices such as healthy eating and being physically active, my character, appropriateness of dress for the situation, the manner in which I carry myself
	practices sound nutrition in his/her personal life
	setting an example by practicing what one preaches
	A professional lives a life that is exemplary of the practices they profess
	while considerable discussion over what constitutes acceptable attire, hair, and body piercing; including body rings and tattoos, has been engaged in, the professional person strives for an appearance that does not make others uncomfortable
	neat and clean - does not cause employer, colleagues, or patient/client to be uncomfortable
	dress has become more casual - more home like
	practicing what I preach, including maintaining my appearance so as to demonstrate this
	stylish
	personal presentation that is moderated and respected by the mainstream
	approach toward others and your profession
	think and act globally
	role models of good health and nutrition
	how you present yourself

Table 2 (cont'd).

	appropriate presentation of professional, physical, and social self and the ability to adjust such to the setting
6. Effectively communicating with others.	
	work well with co-workers in both written and oral communication
	ability to communicate at a diversity of levels
	ability to articulate (orally and in writing) ideas, outcomes, clearly and in a meaningful way
	communicate consistently
	being able to communicate
	have good communication skills
	communicate with respect
	communicating in a thoughtful, polite, and appropriate level for the client
	effective communication and interpersonal skills
7. Functioning as a part of a team.	
	interdisciplinary team collaboration and trust
	assisting co-workers/peers as needed
	acknowledging other professionals with knowledge regarding food and nutrition
	understands goals of others and works with them to meet common goals
	recently I have realized the importance of being non-political as a part of professionalism
	being supportive of other dietitians
	not to isolate yourself into dietetics only - but to work with other health professionals to implement nutrition standards to teach other professionals the role of dietitians
	cooperation is essential
	considers natural resources as well as human and financial resources in decisions
	works across disciplines
	collegiality
	attempts to work well with others

Table 2 (cont'd).

	partner fairly, justly, without wanting something in return, without desiring selfish gain
	works with others to manage limited resources; creative in use of resources
	recognize and support other dietetic professionals in their endeavors
	able to work with others in difficult circumstances as well as easy situations
	recognize the value and contributions of each team member
	professional conduct is displayed by one who can participate as part of a team or group of people, coming from all different backgrounds, and can review items together for what they are
8. Acting responsibly.	
	commitment to safe practice
	assumes responsibility for actions
	responsible professional behavior
	behaving in a responsible manner
	assumption of responsibility for critical tasks such as patient care and patient care outcomes
	accept responsibility for actions and programs
	practicing in a responsible fashion with the utmost integrity
9. Maintains a commitment to excellence in the profession.	
	attention to detail
	excellence
	sets excellence as a minimum standard and helps others achieve the same standard
	awareness of ones areas of expertise
	shows value to patients/clients
	deliberate enthusiastic and passionate act of commitment and responsibility for a chosen profession
	supports the mission of the profession and helps the profession achieve its vision

Table 2 (cont'd).

	dedication to the science and art of nutrition and dietetics
	you cannot sit by and watch the parade, you have to join in and contribute to the growth and development of the profession
	supporting the core values of the dietetics profession
	professional conduct considered appropriate to the situation for someone in a given profession
	respect for the mission and values of the profession
	uphold the dignity and honor of dietetics as a profession by thoughts, words, and actions
	participation in public policy by exercising one's right to vote and by influencing legislation that affects the profession on dietetics
	form a network of alliances to support you and for whom you provide support on professional and personal issues, cannot operate in a vacuum
	involves a commitment to the profession
	respecting and representing the profession as a whole
	committed to the profession
	hard decisions for professionals to stay in positions they do not like (and run the risk of not doing them well) and therefore lower the bar for all in the dietetics profession. This lowers the public's trust in dietetics as a credible profession.
	embracing the mission of ADA
	commitment to be an excellent representative of one's profession
	promotes the broader field of dietetics and nutrition science rather than personal views on controversial issues (alternative med, supplements, etc)
	believe in the profession and support the ADA mission to promote optimal nutrition and well-being for all people
	supporting standards of the profession of dietetics
	willingness to engage in professional service activities
	dedication to the highest standards of conduct, expression, knowledge, and volunteerism
	passion for the field
	credible

Table 2 (cont'd).

	my passion for dietetics, and commitment to do my part, in whatever capacity presents itself to continue to move our profession forward
	working within acceptable framework to change or modify the standards of the profession
	working to maintain a positive image for dietetic professionals
	promoting the profession to consumers and other healthcare providers
	part of a profession (occupation requiring advanced training)
	keeping an open mind when I hear "new/latest/best ever/etc" diet/nutrition ideas espoused until I have time to evaluate them against valid research
	pledges allegiance to a recognized, specialized practice
10. Showing leadership.	
	regarded by others as a leader and mentor
	being involved in formulating solutions to issues
	volunteering to promote the professional association which directs the practice of the profession
	volunteers within the professional association and within other associations/groups or provides volunteer service to promote global nutrition well-being
	being active in some way (local, state, or national level) in professional organizations that advance the field of dietetics and the dietetic professional
	becomes a role model for the career and for students completing coursework for nutrition and nutrition-related degrees
	participation in professional groups
	participating in profession at local, state, or national levels to enhance profession and keep it on cutting edge
	participating in local, state, and/or national association activities
	being actively involved in the professional organization
	involved in professional activities

Table 2 (cont'd).

	a member of the ADA
	contributing to professional organization in some way
	involvement in professional organizations
	works to further the profession;
	being actively involved in our professional association, both locally and nationally by attending continuing education meetings, serving on committees, etc
	working to advance the profession at the local, state, national and/or international levels
	adding voice to others with similar interests to move profession ahead
	leadership
11. Having a customer-centered philosophy.	
	concerned for the individuals served, both from patient/organization perspectives
	consideration of peers and clients needs
	reflects value for human and material resources
	prioritize to meet the needs of your clients - colleagues, students, patients, other healthcare professionals, and administration
	you are there to make a difference for your patients, co-workers, and administrators
	meets needs of client/customer
	humanistic
	dedication to and advocacy for your clients and patients
	thoughtfulness
	provide the best services we can individually
	not economically influenced
	Implies that one puts the good and the benefits of others before their own self-interest
	individualizing services as appropriate
	putting responsibility ahead of ones self interest
	concerned about the welfare of others
	committed to the clients we serve
	thoughtful and tactful input for meetings and planning
	focuses on patient/client/customer needs

Table 2 (cont'd).

	act in the interest of the profession and the other people we serve, rather than our individual self interest
	sets aside personal agendas for a bigger concept or a more important idea
	less focus on "what's in it for me" and more on "how can I help the patient/client"
	performed in a manner to best meet the needs of the customer
	applying information taking into consideration the patient/client's situation
12. Maintaining confidentiality.	
	maintaining confidentiality on the job
	being respectful of clients - complying with confidentiality
	respecting client confidentiality
	confidentiality is kept in check
	confidential with patient/client information
13. Being honest.	
	being honest but not offensive
	honesty and integrity
	honesty/integrity
	A true professional is honest, thorough, and consistent
	honesty
	honesty and integrity
	practicing with honesty, integrity, and fairness
	elements of character that include honesty, loyalty, understanding
	integrity
	having integrity and being reliable
	integrity in which we provide service, in dealing with our clients and other healthcare providers
	honest in the services provided
	unquestionable integrity and honesty as promote health and well being of people
	integrity
	honesty, integrity, and fairness

Table 2 (cont'd).

	in order to be acknowledged as nutrition expert and leading source of food/nutrition services, must conduct self with honesty and integrity
14. Providing trustworthy information.	
	trustworthy
	reliable
	follow-through with commitments
	uses a scientific base of information to make informed recommendations and decisions that affect patient/client
	gives advice based on the best science available
	will do things right (accurate, fair, strong ethical code, unbiased)
	competent performance earns the dietetic professional respect from colleagues and patients
	provides accurate, scientific, up to date information
	to ensure public health, safety, well-being, to do not harm, and to acquire and maintain public trust
	provides accurate and reliable information for decision making
	we all ultimately are responsible for maintaining the consumer's trust and well being.
	decisions are objective and based on current evidence
	placing the professional's and consumer's right for accurate, balanced information before your desire for monetary gain
	providing information/facts about food and nutrition based on scientific facts
	rely on scientific principles when providing information to the public and to patients/clients
	interprets controversial issues in a nonbiased way
15. Maintaining current knowledge in an area of practice.	
	following the principles of practice of relevance to ones position

Table 2 (cont'd).

	knowledge in your area of expertise
	remaining current with principles of practice
	keeping current with latest research and consumer trends
	dietetic professionals demonstrate competency in their area of practice by keeping abreast of evidence-based nutritional care
	keeping professional knowledge current and cutting edge
	uses research to advance practice
	encompasses continuing education
	providing nutrition services that are based on up-to-date scientifically based information
	providing current, research based state of the art nutritional care and/or food services to clients
	leader in identifying new trends
	using acceptable standards of care
	education/lifelong learning
	broad awareness of nutrition and food issues as well as external conditions that impact nutrition (labeling, regulations, science)
	continuous learning and skill development
	dedication of mind (life-long learning)
	practices continued self-development
	It is a person who uses their nutrition and general knowledge, skills, and judgment to support, develop, and enhance the health and well-being of others and to instigate and encourage the pursuit of new knowledge and skills
	continues personal education for currency and relevancy of knowledge/practice
	professional is responsible for maintaining their own professional competence
	uses continuous quality improvement methods in practice
	knowledgeable
	demonstrates goals, results, outcome orientation, striving for continuous achievement and self-development
	staying on top of the latest technology and business skills (having email, web page, etc)

Table 2 (cont'd).

	basing my advise on the latest reputable medical nutrition therapy research as reported in the major medical journals
	constant active learner
	committed to continuing education
	being knowledgeable about one's field
	ensuring individual professional development and continuing education
	lifelong learner - continuous education to improve knowledge and skills
	keeps up-to-date with the latest information available
	daily commitment to learning, to not just keeping up with our profession, but staying one step ahead of the needs
	keeping up-to-date on the science of nutrition
	having a professional development plan that involves keeping knowledge and skills current through lifelong learning
	staying on top of the latest science behind nutrition
	staying abreast of current trends, issues, and thinking within the dietetics profession
	maintains current knowledge as directed by the Standards of Professional Practice
	knowledge of the profession
	maintains an awareness of changes in health care - responds to those changes proactively
	demonstrates progressive, current expertise, skills in chosen area of practice
	each individuals professional development remains current on science and practice
	keep up with current information
	keep up to date on current information
	practicing using scientific principles and current information
	Learn the cost of doing business esp. in structured environments such as hospitals/long term care
	integrating evidenced based nutrition science with the art of counseling, educating, guiding, and/or feeding as appropriate
	appropriate depth of knowledge in their area of practice

Table 2 (cont'd).

	commitment to only suggest advice that works and speaks out against quackery/fraud
	understanding the science of nutrition
	continue to truly educate ourselves in the advances in healthcare, nutrition, foodservice, dietetics - not just meet continuing education requirements
	adherence to evidence based approaches to define appropriate interventions, recommendation and practice
	includes life-long continuing education and personal development to ensure readiness to practice based on cutting edge principles, new scientific discoveries, and up to date technologies
	ability to evaluate and apply technical information to and in a wide range of settings
	practice based on scientific principles
	knowledgeable
	capable and skilled in the field of dietetics
	critical thinking is essential (i.e. the ability to locate facts about a topic, evaluate their quality, and apply to new situations)
	trying new ways; breaking stereotypes and paradigms
	being open to new ideas and new ways of doing things
	there may be many ways of addressing certain issues, which a professional can see and critique accordingly
	concurrent openness to the possibilities of new approaches and concepts that may eventually be accepted following rigorous research
	thinking outside of the box
	staying current and well-informed in ones chosen area of practice
	endeavor to remain current in the knowledge and skills that potentates the ability of society to understand nutrition information
	being as knowledgeable as possible about nutrition/mnt so that presents factual/accurate assessment of nutritional health to a person
	expansion and refinement of skills
	high level decision making

Table 2 (cont'd).

	strives to continuously improve his/her knowledge and skills
	make decisions/solve problems is the essence of professionalism
	appropriate depth of knowledge
	competent in your area of practice
	completes the required study
	assumes a thorough knowledge of the science (facts) and art (application) of facts and information related to nutrition and dietetics
	has content knowledge
	knowledge
16. Providing referrals when necessary.	
	responsibility to the public one serves
	ability to admit to oneself and others when one doesn't have all the answers, knowing where to find them, or when to make appropriate referrals
	accepting responsibility to act in manner that is appropriate, accurate, a model for others to follow
	If one is not competent in an area, they will not make recommendations but refer to a subject matter expert
	practicing within the scope of dietetics practice and making referrals when necessary to other health care professionals
	you know what you know and what you don't know - you know when to fold them and defer to those with the knowledge/skill
	teach others in a non condescending way what you know
	accountable
	accountability
	personal responsibility and accountability for competence
	knowing when to refer on" when asked for specifics about a topic in an area that I'm not proficient in
	knowing where to go for additional information
	refer to others when appropriate
	collaborates with others when needed

Table 2 (cont'd).

	knowing where the boundary lines are if working in a clinical setting
	recognizes the limits of her knowledge and qualifications
	humility in terms of what we don't know about nutrition and individual variation in responses to nutritional intake
	when little evidence exists, the dietitian is clear about the basis of decisions
17. Accepting the responsibility to mentor others.	
	participates in the development of the next generation of professionals
	practices service and mentorship
	conducts outcomes research to improve practices
	conducting research or disseminating knowledge through peer-review journals, professional newsletters, or other avenues
	shares with others in the profession, community and even with the media
	sharing of knowledge, understandings, and ideas with colleagues, students, and the public in order for us to all advance together - not "hoarding" ideas
	encompasses sharing experiences and expertise with students, colleagues, other healthcare professionals and clients
	bringing along new generations of nutrition practitioners
	dedication of body (volunteering to share time and expertise)
	willingness to share ideas and experiences
	shares knowledge/skills with others
	shares academic and practice information without personal gain
	provides service to others
	teacher - working with other dietetic professionals and students to help them achieve the knowledge and skills you possess
	serving as a role model not only in our profession, but in our world as a whole

Table 2 (cont'd).

	shares ideas
	sharing ideas and expertise with others
	mentoring those entering the profession
	encouraging new dietetics graduates to be involved
	participating in career fairs to promote dietetics as a career to today's youth
	contributing to nutrition education of public
	promotes nutrition when appropriate
	commitment to providing the public with thoughtful, well reasoned information that will meet the standard of "first, do no harm"
	ensuring the provision of quality, research-based services (in any area of practice)
	strategic in planning for future
	contributes to the effective nutritional lifestyle of all clients
	True professionals provide critical, as well as "nice to know" information that can potentially enhance or improve lives
Other (not included in categories)	professionalism and being a professional is synonymous
	Just because JCAHO or OBRA standards exist does not prove our value to clients
	We have tremendous competition now in the field of nutrition. We need to show how we can provide more value than others
	some of the rules may be written in a code of ethics and others are more subjective and determined by the individuals experience and personal goals
	competition is inherent to business but a professional does not seek competition but looks for new and expanding business opportunities
	It embodies judgment, conduct, practices, habits, ethical decision making and perceptions that promote positive outcomes for all of society as well as for individuals
	For me, professionalism is about the total person, it can't be easily separated into categories
	respect for tangible and nontangible goods such as property or practices/protocols

Table 2 (cont'd).

	if I can meet these standards in my daily walk, I will be offering the dietetics profession an individual who cares about life, health, people, knowledge, growth, future,
	at one point of practice, it seems that professionalism was more the manner in which one presented oneself in practice. There was a lot of emphasis put on getting dietitians out of the white 3/4 length sleeve nursing uniform (dress not pants) and into three piece suits in order to improve the professional perception of the dietitian in healthcare. Did we look and act professional? which also seemed to mean did we look more like doctors than foodservice workers?
	My observation is that people are only as good as their "likes." If they like to do something, they are good at it and this reinforces their continuance of the task/performance, and they get better at what they do best. If you do not like some task/role/function, you generally do not do it well.
	the customer always pays - willingly through the purchase of products and services and perhaps less willingly through taxes that support government programs and institutional research and education. The ultimate source of all funding is the same-the consumer. The channels through which the money reaches the professional practitioner may vary

Round Two.

Seventy-four participants were provided with the information for Round Two and asked to provide clarification for each category as well as give a preliminary ranking to the top 10 categories in terms of importance to the profession of dietetics. Forty-nine of the 74 subjects responded to Round Two (62%). Data were determined to be of poor quality and not appropriate to the identified research objectives. Therefore, these data were eliminated in all further analysis. See chapter 5 for a discussion regarding this decision.

Round Three.

Three independent raters were asked to divide the index cards containing the round one data into ten separate categories and give each category a title and operational definition. Then, the thirty categories were combined according to similarities in titles and cards within each pile. The result was ten categories: leadership, service to the public, professional image, effective communication, subject competence, professional ethics, professional dedication, inherent work ethic, personal qualities, and working with others. See Table 3 for the operational definition related to each category title. The responding group from Round Two (n=49) was then given the opportunity to evaluate these ten categories and operational definitions in Round Three, 42 responded (86%).

Table 3. Ten titles with operational definitions from Round One data.

<u>Title</u>	<u>Operational Definition</u>
Leadership	Contributing one's talents beyond simple participation when needed.
Service to the Public	Commitment to providing the public with thoughtful, well-reasoned information.
Professional Image	Portraying the appropriate physical image and demeanor to others.
Effective Communication	Expressing clear and concise knowledge.
Subject Competence	Using continuing education to maintain and provide accurate, scientific, and up-to-date information.
Professional Ethics	Being responsible for upholding the ADA Code of Ethics.
Professional Dedication	Working to further the profession by lending support to, and accepting support from, others within the profession.
Inherent Work Ethic	Working within the profession with disregard for monetary gain.
Personal Qualities	Maintaining basic personal values (such as: courtesy, credibility, confidence, etc.) and good citizenship.
Working with Others	Maintaining positive relationships with others including those outside of the profession.

See Table 4 for a summary of the results of Round Three. See Appendix N for summary of all comments provided by respondents. One category title was modified (Professional Responsibility to Professional Dedication) as a result of these comments. Other definitions were further refined based on the comments.

Table 4. Round Three results.

<u>Title</u>	<u>Operational Definition</u>	<u>N</u>			<u>Mean ± SD</u>
		<u>High</u>	<u>Medium</u>	<u>Low</u>	
Subject Competence	Using continuing education to maintain and provide accurate, scientific, and up-to-date information.	38	4	0	2.9 ± 0.3
Effective Communication	Expressing clear and concise knowledge.	37	5	0	2.9 ± 0.3
Leadership	Contributing one's talents beyond simple participation when needed.	34	8	0	2.8 ± 0.4
Professional Ethics	Being responsible for upholding the ADA Code of Ethics.	32	10	0	2.8 ± 0.4
Working with Others	Maintaining positive relationships with others including those outside of the profession.	27	14	1	2.6 ± 0.5
Service to the Public	Commitment to providing the public with thoughtful, well-reasoned information.	26	14	2	2.6 ± 0.6
Professional Dedication	Working to further the profession by lending support to, and accepting support from, others within the profession.	22	19	1	2.5 ± 0.6

Table 4 (cont'd).

Personal Qualities	Maintaining basic personal values (such as: courtesy, credibility, confidence, etc.) and good citizenship.	22	19	1	2.5 ± 0.6
Professional Image	Portraying the appropriate physical image and demeanor to others.	13	25	3	2.3 ± 0.6
Inherent Work Ethic	Working within the profession with disregard for monetary gain.	8	16	18	1.8 ± 0.8

Round Four.

The final categories were listed from highest mean value to lowest from Round Three data. For Round Four, 42 participants were provided with the on-line questionnaire and 35 responded (83%). The questionnaire asked respondents to rank how well they feel the Profession of Dietetics is doing for each category (above expectations, on target, below expectations). If any particular category was rated as “below expectations”, respondents were asked to suggest ways in which the profession can improve in that area (see appendix P for the complete list of suggestions/comments provided). See Table 5 for a summary of the results of Round Four regarding how the Profession of Dietetics is doing for each category. One category, Inherent Work Ethic, was eliminated from Round Four due to the low rankings from Round Three. See Chapter 5 for a discussion regarding this decision.

Table 5. Round Four results.

<u>Title</u>	<u>Operational Definition</u>	<u>n</u>		
		<u>Above Expectations</u>	<u>On Target</u>	<u>Below Expectations</u>
Subject Competence	Using continuing education, both formal and informal, to maintain and provide accurate, scientific, and up-to-date information.	2	28	5
Effective Communication	Listening to your audience and expressing clear and concise knowledge, which is appropriate for, and understood by, the audience.	5	17	13
Leadership	Contributing one's talent and strengths to influence activities, which promote goal achievement.	1	22	12
Professional Ethics	Being responsible for upholding and behaving within the ADA Code of Ethics.	4	27	4
Working with Others	Maintaining positive relationships with others including those outside of the profession.	6	19	10
Service to the Public	Commitment to providing the public with thoughtful, well-reasoned, and scientifically accurate information.	8	18	9

Table 5 (cont'd).

Professional Responsibility	Working to further the profession by lending support to, and accepting support from, others within the profession.	6	18	11
Personal Qualities	Maintaining basic personal values (such as: courtesy, credibility, confidence, respect, etc.) and good citizenship.	11	24	0
Professional Image	Portraying to others the appropriate physical image and demeanor, which is acceptable within the work environment.	0	29	6

In addition to the Round Four information on how the Profession of Dietetics is doing, participants were asked to provide demographic data. The final group of participants (n=35) was mostly female (n=33; 94%), Registered Dietitians (n=33; 94%), with a Master's degree (n=24; 69%), having worked in the field of dietetics for an average of 25 years (range=10-42). A variety of work settings were represented with school faculty (n=12; 34%) and other (n=8; 23%) being the most prevalent. Most (n=25; 71%) of the respondents currently work with students (either undergraduate, graduate, or interns) in their current positions. Most respondents were from the Western U.S. (n=15; 43%; Northwestern, n=1 (3%) and Southwestern, n=5 (14%) included) with the Midwestern U.S. (n=12; 34%) and Eastern U.S. (n=8; 23%; Northeastern, n=6

(17%) and Southeastern, n=2 (6%) combined) being well represented. See Table 6 for complete demographic information.

Table 6. Summary of demographic information for final group of subjects.

<u>Category</u>	<u>Options</u>	<u>n</u>	<u>%</u>
Gender	Male	2	5.71
	Female	33	94.29
Highest formal education level completed	Bachelors	2	5.71
	Masters	24	68.57
	PhD	9	25.71
Registration	RD	33	94.29
	DTR	2	5.71
Approximate number of years practicing in the field of dietetics	Open ended	Mean=25.06	Range=10-42 years
Current and primary area of practice	Clinical	6	17.14
	Foodservice	2	5.71
	School faculty	12	34.29
	Consultant	3	8.57
	Community/public health	3	8.57
	Other	8	22.86
Do you currently work directly with students?	Yes	25	71.43
	No	10	28.57

The final definition of professionalism defined by this group of subjects is provided in Table 7. It includes the professionalism categories subject competence, effective communication, leadership, professional ethics, working with others, service to the public, professional responsibility, personal qualities, and professional image. Each category also has an operational definition that empowers the dietetic educator to identify specific behaviors relating to professionalism for the field of dietetics.

Table 7. Final definition of professionalism.

<u>Title</u>	<u>Operational Definition</u>
Subject Competence	Using continuing education, both formal and informal, to maintain and provide accurate, scientific, and up-to-date information.
Effective Communication	Listening to your audience and expressing clear and concise knowledge, which is appropriate for, and understood by, the audience.
Leadership	Contributing one's talent and strengths to influence activities, which promote goal achievement.
Professional Ethics	Being responsible for upholding and behaving within the ADA Code of Ethics.
Working with Others	Maintaining positive relationships with others including those outside of the profession.
Service to the Public	Commitment to providing the public with thoughtful, well-reasoned, and scientifically accurate information.
Professional Responsibility	Working to further the profession by lending support to, and accepting support from, others within the profession.
Personal Qualities	Maintaining basic personal values (such as: courtesy, credibility, confidence, respect, etc.) and good citizenship.
Professional Image	Portraying to others the appropriate physical image and demeanor, which is acceptable within the work environment.

Objective Three

Objective three was to utilize this final definition of professionalism to assist in making specific dietetic education recommendations. Therefore, the recommendations for improvement from Round Four were compared with the structured approach for teaching professionalism offered by Rodriguez and colleagues (2000). For example, both Rodriguez and colleagues and this research project had categories titled leadership. Under this category, Rodriguez and colleagues suggested that educators promote the benefits of membership to a professional organization and encourage participation to a professional

meeting whereas the suggestions for improvement obtained from this project suggested that there is a need to encourage professionals to be more giving of their time and talents to the national association. See Table 8 for the complete comparison of the structured approach to teaching professionalism and the suggestions for improvement offered by this participant group and Appendix P for the complete list of suggestions for improvement.

Table 8. Comparison of the structured approach and suggestions for improvement.

Structured Approach to Teaching Professionalism by Rodriguez and Colleagues (2000)		This Research Project	
<u>Topic</u>	<u>Context</u>	<u>Category</u>	<u>Summary of the Recommendations for Improvement</u>
Lifelong learning.	Have students update the Professional Development 2001 document.	Subject Competence	The Professional Development Portfolio helps to address this issue, but we need to focus more on the accurate and scientific part.
n/a ¹	n/a ¹	Effective Communication	Must provide clear, concise, and understandable messages while listening to the client.
Leadership.	Promote the benefits of membership to a professional organization and encourage participation to a professional meeting.	Leadership	Need to encourage professionals to be more giving of their time and talents to the national association.

Table 8 (cont'd).

The ADA Code of Ethics.	Introduce the ADA Code of Ethics in Basic Nutrition when discussing seeing a nutrition professional for a weight loss plan.	Professional Ethics	Know what the code says and hold others accountable to it.
Fairness and assertiveness.	Lead roundtable discussions and critical analysis of territoriality among the health professionals at a specific facility.	Working with Others	Need to spend more time on teamwork and development of relationships with others outside the profession in order to promote feelings of job security.
n/a ¹	n/a ¹	Service to the Public	Need to effectively communicate through the media and avoid the lure of alternative therapies for which there is not enough training and guidance.
Being a team player and dependability.	Discuss the responsibilities of Student Club members and significance of follow through in the context of the planned activities.	Professional Responsibility	Need to be more supportive of others within the profession and spend time role-modeling desired outcomes.
The elements of professionalism.	Have students in the Community Nutrition course list the characteristics of a competent nutrition professional.	Personal Qualities	n/a ¹
n/a ¹	n/a ¹	Professional Image	Dressing like a professional. ²

¹not applicable as no information is available for this category

²What is not included here are the opinions on body weight due to a dichotomy of opinions received, some (n=2) stated a need to achieve and maintain normal or ideal body weight while others (n=2) expressed concern that physical image and size acceptance are important philosophies regarding an individual's weight that play into this definition.

Objective Four

During Round Four, participants were asked to identify a point in time when professionalism became a reality to them. Many (n=25; 71%) identified their time in a formal educational setting (high school, college, or dietetic internship) as this critical period of professional development. Others (n=6; 17%) identified their time as a professional working in the field as this critical period. See Table 9 for a complete list of the awareness comments.

Table 9. Awareness comments.

I wasn't really aware of the broad picture of professionalism in my career until about 5 years into my career. I started volunteering for the local dietetic association and the leaders there influenced me and projected professionalism and the meaning of it to me.
as an undergraduate student
First year of college
as an undergraduate student
as an undergraduate student in professional courses
My father is a physician in a small town. His dedication to life long learning and the compassionate caring for his patients exemplifies professionalism. As a young child, I understood that a job that was worth doing was worth doing well and that service to humanity is the best work of all. these may be cliches, but when I grew up, they were "house rules."
during baccalaureate training
senior year of High School
as soon as I started to volunteer where I work.
As a child, observing my father
WHAT!?!
When I got divorced and realized I needed to upgrade my work to support myself and 3 children. This is when I took professionalism seriously.
from the time I was in college.
During my internship.
During my internship.

Table 9 (cont'd).

From Dr. Karen Kubena, RD at Texas A&M University. Dr. Kubena was and has been the most professional individual I've met in our Dietetics Profession.
In my undergraduate program this was stressed. The way you present yourself is the way you will be perceived.
My graduate advisor was wonderful in promoting local dietetic association membership.
As a dietetic trainee
This was ingrained in me in my dietetic internship over 35 years ago.
I think over the past 15 years when I began doing more public presentations
In graduate school, 1965!
In high school - through the example of several women who were role models (home economics teacher; chemistry teacher; dietitian at local hospital; dietitian at a university. They showcased what/who I wanted to be.
in school
The first day on my job after college.
When I was an undergraduate; it was included throughout our curriculum.
During my internship.
During my internship. My internship director was an excellent professional role model.
Graduate school-a very dynamic and supportive Masters Advisor who pushed professional responsibility.
When I entered the field of dietetics.
As a student, when I received a scholarship from my professional group.
during my undergraduate education
It has been a gradual evolution, which probably began in undergraduate classes and continued through my internship, work experience, masters degree, & volunteer experiences with ADA nationally, statewide and locally.
Growing up as a child
During my internship, I was first exposed to professionalism. However, it wasn't until my second job with the Dairy Council of California that professionalism became ingrained.

Summary

The Delphi method provides the researcher with an opportunity to obtain large amounts of data for the issue at hand. In this research, four Delphi rounds were administered via the Internet to define professionalism, determine a point in

time in which personal professional behavior becomes a reality, and to make recommendations for future curricular development to include professionalism education. Round Two was unsuccessful at meeting the aforementioned research objectives and was, therefore, eliminated from any data analysis. Further discussion regarding this decision can be found in Chapter 5. Data from Rounds Three and Four provided a rich beginning to exploring a point in time in which professionalism becomes a conscious reality for the practicing RD or DTR and for looking at suggestions for future improvement. In addition, the demographic data regarding this sample of respondents indicate a group of long-term dietetic educators, which may be used to further refine any future curriculum recommendations regarding the inclusion of professionalism in the dietetic curriculum.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

Introduction

This research project attempted to define professionalism, identify a point in time in which personal professional behavior becomes a reality, and make curricular recommendations for addressing professionalism within the structured dietetic curriculum by using an on-line Delphi Technique. Four on-line surveys were developed using the research committee (first questionnaire) and the data provided by the respondent group (second, third, and fourth questionnaires). Conclusions and recommendations for further research are presented here according to the corresponding objective.

Objective One Conclusions

The snowball method and Delphi technique were useful for identifying and gathering data from a geographically dispersed group. The subjects of this research were identified by a small number of their peers as national leaders and futurists. This subjective evaluation by a small number of people has the potential to bias the results, as those chosen to participate in the research were not randomly chosen from a nationally representative population sample of the profession. Participants may also have felt obligated to participate (rather than fully choosing to participate based on one's own accord) due to the perceived honor of being identified by a peer as a leader or futurist.

A total of 138 people were contacted via electronic mail during the snowball technique. Sixty-two of these responded with submission of more names of leaders and futurists in the field of dietetics. Some potential reasons for the 45% response rate include the following: 1. The snowball technique was conducted during the end of the month of July and the beginning of August, a popular time for vacations; 2. July and August are also times in which some educators are not working due to a contract that does not span 12 months; 3. Some respondents may have felt that it was unethical to provide contact information for their peers and therefore did not submit names for the potential subject list; 4. Some respondents may have been too busy to participate or submit names at that time; and 5. Some respondents may not have been interested in participating or submitting names.

Forty-one names that were submitted had to be removed from the potential participant list due to the following reasons: 1. The inability to contact the person via electronic mail either due to not having an electronic mail account, the account not working at the time of contact, or the electronic mail address given not being correct; or 2. The person suggesting participants submitted more than four names. In this case, the following happened: 1. The first four names on the list were added to the master list of potential subjects; 2. If any of the first four were already on the list, that name was then replaced with the next name from the submitted list until four unique names had been submitted and accepted; 3. If any names remained on the submitted list, these names were placed on a separate list of extras, to be contacted if needed. In a two cases, the

request to submit names to the researcher was not followed. Instead, the person to whom the request was made forwarded the electronic mail to their potential list of subjects on their own, without contacting the researcher to do so. In this case, the first four who responded to the researcher were included in the potential subject pool and any extras were placed on the extras list.

It was particularly surprising that the subject pool did not represent more of the prominent elected leaders of the national association's membership. This may have been due to these people being "obvious" choices for inclusion, therefore those providing names through the snowball method did not include these names, or those supplying the names do not feel that these elected leaders are taking the profession of dietetics in the direction of their choice. In addition, it is possible that this could be due to the overall general membership of the American Dietetic Association not being aware of who holds elected positions or how they were elected into those positions.

Delbecq and colleagues (1975) state: "Our experience indicates that few new ideas are generated within a homogeneous group once the size exceeds thirty well-chosen participants." (p. 89) These research findings support this as the quality of responses and the overall response rate improved greatly once the group size (originally set to be 150 minimum) was trimmed to a more manageable size via self-selection of the respondents. The respondents who completed the entire project were a group of highly motivated individuals who were committed to the task. As one respondent stated, "A great project – valuable study. You are to be commended."

Objective Two Conclusions

One unique method utilized in this study was to communicate through electronic mail and provide all questionnaires to the subjects via the Internet. Electronic mail as a primary mode of communication was effective for having asynchronous communication between the researcher and the subject, however it also removed affiliation with each other through personal interaction. This can be a positive experience for those who are busy and wish to participate only at a time in which it is convenient for their schedule. It can also be a negative if the subject is a person whose personal preference is to have face-to-face interaction when participating in a research project. For this particular project, the asynchronous communication helped to accomplish the objective that the experience be completed online.

Utilizing on-line questionnaires helped to alleviate some of the monetary costs associated with traditional paper-and-pencil Delphi's although a small amount of the cost savings were spent on paying the ISP for the Internet hosting of the website. Some self-selection of subjects was likely to occur through the use of the World Wide Web for submission of each round of the Delphi due both to reliable access to the Internet and to comfort levels using the Internet, although efforts were made to minimize this by offering the ability to submit using the U.S. Postal Service and/or electronic mail attachments. However, it is important to note that self-selection may also occur through the paper-and-pencil process of administration.

The problem that occurred with the ISP is a potentially unavoidable problem that cannot be controlled. The original ISP was highly recommended as a company with quick and reliable service. The problem encountered was a result of a company-wide upgrade to equipment that coincidentally happened at the same time as this research project. During this period, the ISP posted dates and times that the migration would be complete. However the dates and times continued to change until it reached the point that the need to change ISP's was clear.

Objective Three Conclusions

This research provided an initial attempt at a nationally representative definition of professionalism. The Delphi technique provides for a wealth of data from which to work. Unfortunately, due to the limitations of this being a single research project, much more work needs to be done with this definition in order to fully represent this truly complex issue. It is noted that this current definition is not representative of the entire population of dietetic professionals but rather representative of this small group of individuals who are identifiably self-selective in nature. This work does give further credence to the work of Rodriguez and colleagues (2000) and moves their work out into a more national scope.

A limitation to the interpretation of the results comes from the elimination of the Round Two data. During the data collection phase of round two, it was determined that the data being returned were of poor quality and not appropriate for the research objectives. In the Round Two questionnaire, respondents were

being asked to describe and illustrate categories without definitions or examples of these categories. Respondent's comments included "too many similar definitions here", "WRONG to rate categories in this manner", and "difficult to prioritize due to similarities in definitions". In addition, five respondents reported that the questionnaire was taking too much time to complete, (well over 30 minutes), and therefore they chose not to continue in the study. Due to these responses, it was determined that all data from this round should be disregarded and the research should instead, move forward to round three using a new analysis of the round one data. By moving on to Round Three, it was felt that a good portion of the research objectives could still be accomplished.

Another potential problem occurred when the category, Inherent Work Ethic, was removed from the final questionnaire. At the time of the questionnaire's development, it was felt that the category should be eliminated due to the low responses regarding the category's importance. However, upon further analysis, this was determined to be an error and the category should have remained. The problems with the "without monetary gain" portion of this category should be explored further in future research.

This research supported the complexity and personal nature of the professionalism issue. For example with the personal image category, it was difficult to summarize every part of this category due to the conflicting views regarding the professional's weight. One comment stating, "nothing is more disturbing than an obese dietitian advising a person on weight control" would be negated by the next comment stating, "this statement is simply scary—given the

current Eating Disorder epidemic . . . why is the ADA so fixated on physical image AND is there scientific evidence to underscore a positive relationship with physical image and an ability to be a professional?" At times, it also seemed like the respondent was contradicting themselves within their own statement: "I strongly object to the "physical image" component to this statement and feel that this could be considered discriminatory. What about the "size acceptance" philosophy? I personally am of normal weight." The words "physical appearance" were chosen by the independent raters and included Round One statements regarding dress, body piercing/tattoos, nail polish, etc. but the interpretation of "physical appearance" in subsequent rounds seemed to focus more on physical size rather than appearance. This is representative of a limiting factor of the Delphi method – the inability to fully represent all opinions and explore all discrepancies.

Rodriguez and colleagues (2000) began with a small, local group of internship preceptors to identify behaviors and make curricular recommendations for teaching the expected behaviors involved with professionalism. Rather than reinventing this wheel, this research aimed to take this to the national level and create a definition that can further advance curricular recommendations. As such, recommendations came from the recommendations for improvement given in round four. These recommendations are only the first in a long line of future research that must be completed prior to the recommendations being appropriate for implementation within a dietetic curriculum.

Objective Four Conclusions

Although not as complex an issue as the umbrella of professionalism, the request for a point in time in which professional behavior becomes a reality provided a variety of responses. As expected, most discovered professionalism during formal schooling, which speaks to the specific need to address professionalism within the structured dietetic curriculum. In addition, some identified specific individuals who helped shape the development of professional behaviors within the respondent. These individuals, whether parents, instructors, or mentors, all provide an important link to the development of professional behaviors for students. This research confirmed that by knowing that most of these subjects developed a professional behavior reality during their time in the formal education setting educators should be focusing on this time period for teaching professional behaviors.

Recommendations for Further Research.

Further research could be done on how the general membership of the ADA feels regarding the elected leadership and the direction in which the association is headed or on how familiar the general membership is with the current/immediate past elected leadership, what they stand for, and what they are specifically doing for the profession while in office. It would be interesting to know how the people who are in elected positions got elected – was it because of name recognition or proven effectiveness while in an elected position? Or was

it simply because so few people voted that those voting are the sole determinants of who is in the elected position?

In addition, further research utilizing on-line survey instruments would benefit from the use of a web-authoring program that did not force a radio button to be checked at all times. This would help to eliminate any question regarding the skewing of final results due to the checked radio button. Additionally, it would have been beneficial to explain the reason for the radio button being checked to the subjects, something that was not done in this research project.

Further research would most logically include a thorough understanding of the professional image issue. A more thorough definition – with specific examples – may help to alleviate the unsettling nature of the responses found within this research project. With that category better defined, the next step would be to attempt to further refine the definition of professionalism for the field of dietetics with a nationally representative sample of practitioners within the field. It would be interesting to explore how other segments of the profession view this same issue. As most of the respondents to this study had been in the profession for an average of 25 years, how do the younger dietitians view professionalism? How about the identified leaders in the profession? Or even the dietetic educators? Most importantly, how do these differences work together to develop a common, accepted definition that the entire profession can utilize?

If future research can further build and strengthen the definition and identifiable behaviors associated with each category, then educators can begin to build behavioral objectives around the consistent exhibition of such behaviors.

Research would need to be conducted in order to determine how to best complete this task.

Summary

The Delphi research method provided a reasonable start for examining a complex topic with little theoretically based research and opinions that are as complex as the topic itself. The loss of a productive Delphi round (two) hindered the complete progression of this research and prevented the appropriate step to curricular recommendations as originally planned. The original Round Two questionnaire may have been more appropriate had it included a Likert scale (agree/disagree) rather than ranking each category in terms of importance. In addition, the Round Two questionnaire needed to include specific examples related to each category in order to best prepare the participants for their task of illustrating each category. However, despite this “bump in the road”, this research project was successful at the first attempt to define professional behaviors for the profession of dietetics.

APPENDICES

APPENDIX A

Human Subjects Approval

**MICHIGAN STATE
UNIVERSITY**

July 24, 2001

TO: Frederick WHIMS
409 Agriculture Hall

RE: **IRB# 01-426 CATEGORY: EXEMPT 1-C**

APPROVAL DATE: July 23, 2001

**TITLE: PROFESSIONAL BEHAVIORS OF UNDERGRADUATE DIETETICS
STUDENTS: CURRICULUM IMPLICATIONS**

The University Committee on Research Involving Human Subjects' (UCRIHS) review of this project is complete and I am pleased to advise that the rights and welfare of the human subjects appear to be adequately protected and methods to obtain informed consent are appropriate. Therefore, the UCRIHS approved this project.

RENEWALS: UCRIHS approval is valid for one calendar year, beginning with the approval date shown above. Projects continuing beyond one year must be renewed with the green renewal form. A maximum of four such expedited renewals possible. Investigators wishing to continue a project beyond that time need to submit it again for a complete review.

REVISIONS: UCRIHS must review any changes in procedures involving human subjects, prior to initiation of the change. If this is done at the time of renewal, please use the green renewal form. To revise an approved protocol at any other time during the year, send your written request to the UCRIHS Chair, requesting revised approval and referencing the project's IRB# and title. Include in your request a description of the change and any revised instruments, consent forms or advertisements that are applicable.

PROBLEMS/CHANGES: Should either of the following arise during the course of the work, notify UCRIHS promptly: 1) problems (unexpected side effects, complaints, etc.) involving human subjects or 2) changes in the research environment or new information indicating greater risk to the human subjects than existed when the protocol was previously reviewed and approved.



**OFFICE OF
RESEARCH
AND
GRADUATE
STUDIES**

**University Committee on
Research Involving
Human Subjects**

Michigan State University
Administration Building
East Lansing, Michigan
48824-1046

517/355-2180

FAX: 517/353-2976

www.msu.edu/user/ucris

-Mail: ucris@msu.edu

If we can be of further assistance, please contact us at (517) 355-2180 or via email: UCRIHS@msu.edu. Please note that all UCRIHS forms are located on the web: <http://www.msu.edu/user/ucris>

Sincerely,

Ashir Kumar, M.D.
Interim Chair, UCRIHS

AK: br

cc: Diane Golzynski
2100E South Anthony

APPENDIX B

Electronic mail to potential participants during the snowball technique

Hello,

My name is Diane Golzynski. I am a PhD candidate at Michigan State University and I currently work in the Department of Food Science and Human Nutrition.

For my dissertation research, I would like to probe the question of what "Professionalism" is for the field of Dietetics. The technique that I plan to use is the Delphi Method, which will be administered via the Internet.

As a part of the methods for this study, I need to identify 150 national leaders/futurists in the field of Dietetics. [Appropriate name inserted here] identified you as someone who fits this description. I am now asking for your help in identifying other potential people to put on this list. After I have 150 names, I will ask each of you formally to participate in the Delphi study, of which participation is completely voluntary.

If you would, please send me a list of 3-4 people (name, address, email, phone) who you feel are leaders/futurists in the profession. I am specifically looking for a wide variety of people who are known for their ability to be futuristic in their thinking and active in their current professional roles. Providing these names IN NO WAY commits you to participation in my research study. If you have questions, please do not hesitate to contact me.

I would need these names no later than [date inserted that reflected 10 business days from the date sent]. Thank you in advance for your help.

Diane L. Golzynski, M.S., R.D.

APPENDIX C

Round One Questionnaire

By completing and submitting this form, I am indicating my voluntary agreement to participate in this research study.

How do you define professionalism, as it relates to professional conduct, for the field of dietetics?

In order to ensure that those who completed the first round are included in the second round, please provide us with your name.

Please note that all responses submitted will be separated from the names provided in order to help assure confidentiality for those who choose to participate.

Name:

Please submit this form by 5:00 p.m. EST August 10, 2001.

Submit Information

APPENDIX D

Skeleton of electronic mails to potential participants for Round One

Email sent to those who had not been contacted through the snowball method

Hello,

My name is Diane Golzynski. I am a PhD candidate at Michigan State University and I currently work in the Department of Food Science and Human Nutrition. For my dissertation research, I would like to probe the question of what "Professionalism" is for the field of Dietetics. As a part of the methods for this study, I needed to identify over 150 national leaders/futurists in the field of Dietetics. [Appropriate name inserted here] identified you as someone who fits this description.

I am requesting your participation in this research study. I will attempt to gather input from a group of leaders and futurists, such as yourself, in order to define professional behaviors for the Dietetic professional. It is my hope that consensus regarding the qualities and specific conduct associated with professionalism, the results of this research can impact future curricular development for the undergraduate dietetic students and dietetic interns nationwide.

I will use a 4-step modified Delphi technique for this study ("modified" in that it will be completed via the Internet, rather than paper-and-pencil). Following the Delphi method, I will ask you to first define professional behavior in your own words. I will then summarize the responses of all the members of the group and post them on the World Wide Web for your review. Then through a two-step process of additional submissions and summaries, I will attempt to gain consensus, from all who are participating in the research, on a definition of professional behavior for the Dietetic professional.

If you are interested in impacting the future definition of professionalism for the field of Dietetics, please log onto <http://www.dieteticprofessionalism.net> by August 10, 2001. You indicate your voluntary agreement to participate by completing and submitting the questionnaire. The time required to complete the questionnaire is estimated at approximately 5 minutes. If you prefer to complete the questionnaire and submit via the U.S. Postal Service, please feel free to print the questionnaire from the website and mail to the address listed.

We will make every attempt to ensure that your privacy will be protected, to the maximum extent allowable by law. Participation in this study is voluntary; you may choose not to participate at all, may refuse to participate in certain steps or answer certain questions, or may discontinue the study at any time without penalty.

If you have any questions or concerns regarding your participation in this study, please contact Diane Golzynski, M.S., R.D. at (517) 353-9661 or lentnerd@msu.edu. You are also welcome to contact the University Committee for Research Involving Human Subjects (UCRIHS) Chair, David E. Wright at (517) 355-2180 for questions about participants' rights as human subjects of research.

Thank you for your time.

Email sent to those who had been contacted through the snowball method:

Hello again!

Thank you for helping me to identify over 150 national leaders and futurists in the field of Dietetics. Now that the list is complete, I am ready to begin the research.

I am now formally requesting your participation in this research study. I will attempt to gather input from a group of leaders and futurists, such as yourself, in order to define professional behaviors for the Dietetic professional. It is my hope that consensus regarding the qualities and specific conduct associated with professionalism, the results of this research can impact future curricular development for the undergraduate dietetic students and dietetic interns nationwide.

I will use a 4-step modified Delphi technique for this study ("modified" in that it will be completed via the Internet, rather than paper-and-pencil). Following the Delphi method, I will ask you to first define professional behavior in your own words. I will then summarize the responses of all the members of the group and post them on the World Wide Web for your review. Then through a two-step process of additional submissions and summaries, I will attempt to gain consensus, from all who are participating in the research, on a definition of professional behavior for the Dietetic professional.

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We will make every attempt to ensure that your privacy will be protected, to the maximum extent allowable by law. Participation in this study is voluntary; you may choose not to participate at all, may refuse to participate in certain steps or answer certain questions, or may discontinue the study at any time without penalty.

If you have any questions or concerns regarding your participation in this study, please contact Diane Golzynski, M.S., R.D. at (517) 353-9661 or lentnerd@msu.edu. You are also welcome to contact the University Committee for Research Involving Human Subjects (UCRIHS) Chair, David E. Wright at (517) 355-2180 for questions about participants' rights as human subjects of research.

Thank you for your time.

APPENDIX E

Reminder electronic mail for Round One

This is a follow-up email reminder that the deadline to submit your response for the Dietetic Professionalism Research Project is fast approaching! Please log into <http://www.dieteticprofessionalism.net> by Friday, August 10, 2001 at 5:00 p.m. EST to do so. I greatly appreciate your help.

Thank you.

Diane Golzynski

P.S.

If you feel that you received this email in error, or if you did not receive the email explaining the study (sent 7/31/01), please email me at lentnerd@msu.edu and I will resolve the matter as soon as possible.

APPENDIX F

Electronic mail apology regarding the problems with Round One

I am writing with great apologies to all who have tried to log in and have experienced problems. When I signed up for service from the Internet Service Provider that is hosting the site, I did not know that they were physically moving their headquarters (and hence, their servers) to a different location right before the deadline of the first round!

As a result, I wanted to let you know that if you would prefer to email me your first round responses, I will gladly accept them and will treat them with the same confidentiality measures as I do the web submissions. If you prefer to wait for the website, I am told that by 5:00 p.m. MST the move is to be complete and all sites are to be working again. If you prefer not to participate due to the problems experienced, I completely understand and thank you for the time you have spent.

I have extended the deadline to 12:00 noon EST, Friday, August 17, 2001 to try and allow extra time due to these problems.

Thank you for your patience. I knew it would be a different experience trying to administer a Delphi Technique over the Internet and I have certainly learned a great deal already as a result!

Have a wonderful weekend.

Diane

APPENDIX G

Round Two questionnaire

By completing and submitting this form, I am indicating my voluntary agreement to participate in this research study.

Instructions:

1. Please review each category below (there are 17 total).
2. Then, describe and illustrate each professionalism category, as you would personally define it. Please limit responses to 1 or 2 sentences, as this will facilitate our analysis.
3. Finally, rank (from 1-10) the categories in terms of importance, with 1 assigned to the category with the MOST importance, 2 assigned to the category with the second highest importance, and so on until you have assigned 10 total. Categories unassigned will be termed "unimportant."

Note that this is merely a preliminary vote. You will have the opportunity to revote in Questionnaire #3.

<u>Rank top 10</u> (1 to 10; 1=MOST important; 2=second most important; etc.)	<u>Professionalism Category</u> (As identified from Questionnaire #1)	<u>Define and Illustrate</u> (Be sure to include questions/comments as needed)
<input type="text"/>	How one approaches their <u>work</u> .	<input type="text"/>
<input type="text"/>	Adhering to ADA's <u>Code of Ethics</u> .	<input type="text"/>
<input type="text"/>	Treating others with <u>respect</u> .	<input type="text"/>
<input type="text"/>	The <u>attitude</u> one conveys to others.	<input type="text"/>
<input type="text"/>	How one physically <u>presents</u> themselves.	<input type="text"/>
<input type="text"/>	Effectively <u>communicating</u> with others.	<input type="text"/>
<input type="text"/>	Functioning as a part of a <u>team</u> .	<input type="text"/>
<input type="text"/>	Acting <u>responsibly</u> .	<input type="text"/>
<input type="text"/>	Maintaining a commitment to <u>excellence</u> in the profession.	<input type="text"/>
<input type="text"/>	Showing <u>leadership</u> .	<input type="text"/>
<input type="text"/>	Having a <u>customer-centered</u> philosophy.	<input type="text"/>
<input type="text"/>	Maintaining <u>confidentiality</u> .	<input type="text"/>
<input type="text"/>	Being <u>honest</u> .	<input type="text"/>

<input type="text"/>	Providing <u>trustworthy</u> information.	<input type="text"/>
<input type="text"/>	<u>Maintaining current knowledge</u> in an area of practice.	<input type="text"/>
<input type="text"/>	Providing <u>referrals</u> when necessary.	<input type="text"/>
<input type="text"/>	Accepting the responsibility to <u>mentor</u> others.	<input type="text"/>
<p><u>In order to ensure that those who completed the second round are included in the third round, please provide us with your name.</u></p> <p><i>Please note that all responses submitted will be separated from the names provided in order to help assure confidentiality for those who choose to participate.</i></p> <p>Name: <input type="text"/></p>		
<p>Please submit this form by 5:00 p.m. EST Friday, August 31, 2001.</p> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <p>Submit Information</p> </div>		

APPENDIX H

Electronic mail requesting participation in Round Two

First, a heartfelt thank you to all of you! Despite our troubles with the website, we made it through the first round and we are now ready to begin the second round!

I managed to read thoroughly through all of your responses, categorize what I felt you were saying, and narrowed these categories down to 17 "Professionalism Categories". These categories are representative of what you defined as professionalism attributes.

Now, comes the second round of the Delphi Technique. In this questionnaire, you will find all 17 categories listed. I am asking you to describe and illustrate each in 1 or 2 sentences. This will serve two purposes: 1. It will be a crosscheck for me to be sure that I interpreted your first round responses correctly; and 2. It provides a list of identifiable behaviors that might be addressed within a dietetics curriculum. Then, you are asked to give a preliminary ranking to the 10 that you feel are MOST important. This will help to see which (if any) of the categories can possibly be eliminated and/or combined with others. This is a preliminary vote and you will have an opportunity to revote in questionnaire #3.

Due to the problems that some of you experienced with the first website, I have changed Internet Service Providers (ISP). Hopefully, Yahoo! does not have any plans to be physically moving their servers at any time in the near future (for those who are not aware, that happened with the last ISP and the site was down for five days, and then remained non-functional after that)! As a precautionary measure, I am also attaching the questionnaire in both Microsoft Word and the Adobe Acrobat PDF formats to this email message. If you prefer, you may print the file and submit via U.S. Postal Service (to the address below) or submit via email. If you need another format than Word or PDF, please email me and I will get that to you right away.

This second questionnaire can be found at <http://www.dieteticprofessionalism2.net> and should take approximately 30 minutes to complete. Please be sure that I have your submission by 5:00 p.m. EST on Friday, August 31, 2001 so that we can move on to questionnaire #3 shortly after that.

Again, I thank you for your participation and incredible patience as I learn about the pitfalls of trying a new method (via the Internet) to an "old" technique (the Delphi). As always, if you have questions, please do not hesitate to ask. Have a wonderful day. Diane

APPENDIX I

Reminder electronic mail for Round Two

This is a follow-up email reminder that the deadline to submit your response for the Dietetic Professionalism Research Project is fast approaching! Please log into <http://www.dieteticprofessionalism.net> Friday, August 31, 2001 at 5:00 p.m. EST to do so. I thank you for your time.

Take care. Diane Golzynski

P.S. If you feel that you received this email in error, or if you did not receive the email explaining the study (sent 7/31/01), please email me at lentnerd@msu.edu and I will resolve the matter as soon as possible.

APPENDIX J

Independent Raters

Independent raters who completed the task of categorizing the Round One data

1. Eileen Benson, Department of Food Science and Human Nutrition undergraduate student.
2. Marci Scott, MMSc, RD, Department of Food Science and Human Nutrition graduate student.
3. Jack Kelly, PhD, Department of Horticulture retired faculty.

APPENDIX K

Round Three questionnaire

By completing and submitting this form, I am indicating my voluntary agreement to participate in this research study.

Instructions:

1. Please review each category below (there are 10 total).
2. Then, rate each category on its own merits in terms of its importance to the profession of dietetics.
3. If you have further questions or comments for any of the categories, please feel free to utilize the space provided.

<u>Importance to the Profession of Dietetics</u>			<u>Professionalism Category and Operational Definition</u>	<u>Further Questions and Comments</u> (Include as needed)
High <input type="radio"/>	Medium <input checked="" type="radio"/>	Low <input type="radio"/>		
High <input type="radio"/>	Medium <input checked="" type="radio"/>	Low <input type="radio"/>	<u>Leadership:</u> Contributing one's talents beyond simple participation when needed.	<input type="text"/>
High <input type="radio"/>	Medium <input checked="" type="radio"/>	Low <input type="radio"/>	<u>Service to the Public:</u> Commitment to providing the public with thoughtful, well-reasoned information.	<input type="text"/>
High <input type="radio"/>	Medium <input checked="" type="radio"/>	Low <input type="radio"/>	<u>Professional Image:</u> Portraying the appropriate physical image and demeanor to others.	<input type="text"/>
High <input type="radio"/>	Medium <input checked="" type="radio"/>	Low <input type="radio"/>	<u>Effective Communication:</u> Expressing clear and concise knowledge.	<input type="text"/>
High <input type="radio"/>	Medium <input checked="" type="radio"/>	Low <input type="radio"/>	<u>Subject Competence:</u> Using continuing education to maintain and provide accurate, scientific, and up-to-date information.	<input type="text"/>
High <input type="radio"/>	Medium <input checked="" type="radio"/>	Low <input type="radio"/>	<u>Professional Ethics:</u> Being responsible for upholding the ADA Code of Ethics.	<input type="text"/>
High <input type="radio"/>	Medium <input checked="" type="radio"/>	Low <input type="radio"/>	<u>Professional Dedication:</u> Working to further the profession by lending support to, and accepting support from, others within the profession.	<input type="text"/>
High <input type="radio"/>	Medium <input checked="" type="radio"/>	Low <input type="radio"/>	<u>Inherent Work Ethic:</u> Working within the profession with disregard for monetary gain.	<input type="text"/>

High ○	Medium ●	Low ○	<u>Personal Qualities:</u> Maintaining basic personal values (such as: courtesy, credibility, confidence, etc.) and good citizenship.	<input type="text"/>
High ○	Medium ●	Low ○	<u>Working with Others:</u> Maintaining positive relationships with others including those outside of the profession.	<input type="text"/>
<p><u>In order to ensure that those who completed the third round are included in the fourth and final round, please provide us with your name.</u></p> <p><i>Please note that all responses submitted will be separated from the names provided in order to help assure confidentiality for those who choose to participate.</i></p> <p>Name: <input type="text"/></p>				
<p>Please submit this form by 5:00 p.m. EST Thursday, September 20, 2001.</p> <p><input type="button" value="Submit Information"/></p>				

APPENDIX L

Electronic mail requesting participation in Round Three

Thank you for your continued support of this research! The end is in sight! Based on the definitions and illustrations that you provided in Round 2, I have better defined the titles and streamlined the explanations for what are now ten professionalism categories and their operational definitions. Round 3 provides the opportunity to review these categories and definitions and assign a weight (low, medium, or high) to each, based on your personal feeling of importance to the profession of dietetics. I am hoping that this "weight" will help me to better rank the categories, in a more appropriate "order".

The third questionnaire can again be found at <http://www.dieteticprofessionalism2.net> and should take no more than 15-20 minutes to complete. Please be sure I have your submissions by 5:00 p.m. EST on Thursday, September 20, 2001 so that we can move on to the final questionnaire.

Again, I thank you for your participation. As always, if you have any questions, please do not hesitate to ask.

Have a wonderful day.

Diane

APPENDIX M

Reminder electronic mail for Round Three

This is a follow-up email reminder that the deadline to submit your response for the third round of the Dietetic Professionalism Research Project is fast approaching! Please log onto <http://www.dieteticprofessionalism2.net> by Thursday, September 20, 2001 at 5:00 p.m. EST to do so. I thank you for your time.

For all of those affected (both directly and indirectly) by last week's tragedy, my thoughts and prayers are with you at this time.

Take care.

Diane Golzynski

P.S.

If you feel that you received this email in error, please email me at lentnerd@msu.edu and I will resolve the matter as soon as possible.

APPENDIX N

Round Three Data

Rankings	High=3	Medium=2	Low=1	
	Leadership	Service to Public	Prof Image	Effective Communication
	3	3	2	3
	3	3	3	3
	2	3	2	3
	3	2	2	3
	3	2	2	3
	3	3	3	3
	3	3	2	3
	3	2	2	3
	3	2	2	3
	3	3	2	3
	3	3	3	3
	3	2	2	3
	3	3	3	3
	3	3	2	3
	3	3	1	3
	3	3	3	3
	3	3	2	3
	3	3	3	3
	3	3	3	3
	3	3	3	3
	2	3	2	3
	2	2	3	3
	2	2	3	3
	3	3	2	2
	3	2	2	3
	3	2	2	2
	3	3	2	2
	3	3	2	3
	2	3	3	2
	3	1	3	3
	2	3	1	2
	3	2	2	3
	3	3	2	3
	2	2	2	3
	3	3	2	3
	3	2	1	3
	3	3	2	3

	2	1	2	3
	3	3	2	3
	3	2	2	3
	3	2	3	3
	3	3	3	3
Total	118	108	95	121
Mean	2.80952381	2.571428571	2.261904762	2.880952381
SD	0.397436618	0.590281336	0.586827926	0.327770068
	Subject Competence	Prof Ethics	Prof Dedication	Work Ethic
	3	3	3	3
	3	3	3	2
	3	3	3	3
	3	3	2	1
	3	3	2	1
	3	3	2	1
	3	3	3	3
	3	2	2	2
	3	2	3	2
	3	3	3	2
	3	3	3	3
	3	2	2	1
	3	3	3	2
	3	2	3	1
	3	3	2	3
	3	2	3	2
	2	2	2	1
	3	3	3	3
	3	3	2	1
	3	3	3	2
	3	2	2	2
	3	3	2	2
	3	2	2	2
	3	2	2	1
	3	3	3	2
	3	3	2	2
	2	3	3	1
	3	3	3	3
	3	3	3	1

	2	2	1	2
	3	3	3	1
	3	3	2	1
	3	3	2	1
	3	3	2	1
	3	3	2	1
	3	3	3	1
	2	3	2	3
	3	3	3	1
	3	3	3	2
	3	3	2	1
	3	3	3	2
	3	3	3	2
Total	122	116	105	74
Mean	2.904761905	2.761904762	2.5	1.761904762
SD	0.297101757	0.431080537	0.55215763	0.758995607
	Personal Qualities	Working with Others		
	3	3		
	3	3		
	2	2		
	2	3		
	3	2		
	2	2		
	3	3		
	2	2		
	2	3		
	3	3		
	3	3		
	2	2		
	3	3		
	3	3		
	2	3		
	3	3		
	1	2		
	3	3		
	2	3		
	3	3		
	3	3		

	3	3		
	2	2		
	3	3		
	2	3		
	3	2		
	2	3		
	2	3		
	3	3		
	3	1		
	2	2		
	3	3		
	2	2		
	2	3		
	2	2		
	2	2		
	3	2		
	3	2		
	3	3		
	2	3		
	2	3		
	3	3		
Total	105	110		
Mean	2.5	2.619047619		
SD	0.55215763	0.538850672		
	2.557142857	Mean (all)		
	1.870297817	Mean-(2*SD) (all)		
	0.34342252	SD (all)		
Comments				
Leadership				
I agree with the categories, but the operational definitions are way too limiting. Leadership goes belong "participation when needed."				
I struggled with this one, because every profession needs leaders. I believe all professionals need professional dedication, but they may not necessarily be leaders.				
This is critical if the profession is to move ahead. Individual dietitians must step up - not just wait for ADA to do it!				

Not sure what you mean by "talents" - knowledge? Ability to integrate knowledge and apply it rationally? Problem-solving skills? Communication or teaching ability? This needs to be defined in more concrete terms.
Right now, just getting simple participation from more dietetics professionals would be a real improvement!
A commitment to excellence within the profession.
I think there is an extremely high need for leadership in dietetics. I think your operational definition is much too restrictive, mundane, and non-inspirational.
I rate this medium - because I see it balanced among our professionals. Not everyone can always be at a High level of participation - because of what's going on in one's home life - Yes - we need to be more involved - and to the best of our ability beyond "simple" participation - however in reviewing this list of categories - see it as important - but not the most important. I like to see dietitians who are eager to participate - and do the best of their ability/life status, recognizing the natural ebb and flow of involvement.
Service to the Public
I think service to the public is much more than providing information - I believe providing information is the job dietitians do, providing service is community service, unpaid types of activities
Providing info to public is way to limiting to define "service." We serve the public through policy development for example and this is way different than providing nutrition information.
This is a basic assumption.
Service and providing information are two different areas.
"when paid for it". Word "service" insinuates we should all be always volunteering, which I disagree with.
Absolutely the heart of our profession.
This will do more for making the dietetics professional better known than anything else. But the information HAS TO BE SCIENTIFICALLY ACCURATE. No quackery - supplements, herbals, etc.!!
If you know your subject area and communicate effectively as listed below, this should follow as a matter of course. But first you have to have up-to-date knowledge and evidence-based information.
This may be more or less directly related to one's job. If the job is public-oriented, then I would rate this high; but in general, a medium.

<p>? This category heading is confusing - makes it should like we're a service or government organization. I don't see doctors or lawyers having this category. The commitment to thoughtful info, to me, falls under communication and subject competence. Is this category trying to reflect "Social Good"? While I agree that it's important as a citizen (and that everyone should do, i.e. personal qualities) - I rank it low in the overall scheme of specific categories that are important to the profession.</p>
Professional Image
Again, this is more than cosmetic/dressing for success etc.
Nothing is more disturbing than an obese dietitian advising a person on weight control.
Depends on your job situation.
Important, but I also know some darn good dietitians who are not at their ideal weight!
Again, I'm not sure what you mean by physical image and demeanor. Are you talking about someone's looks, weight, posture, fitness level, attitude, patience, communication skills, tolerance?? Are you talking about someone's taste and wardrobe, personal grooming, hairstyle??
Dietitians and the public make this important but it should not be. Dietitians should "practice what they preach" in terms of fitness, weight, exercise, food choices, etc. but their body image should not be the defining characteristic for them. Their knowledge should be what is important.
A positive attitude is important, but looks are not as important as content.
Professional image is important but I object to the physical image component.
Depends on the definition of "appropriate", which is dependent on work environment. Basically, if all the other categories are positive, then this one falls in line.
Effective Communication
VIP but communication has other nuances beyond expressing "knowledge."
Being able to speak in layman's terms would be most helpful in communicating our message.
Using appropriate language depending on the audience - knowledge is not the only thing we communicate; listening is a communication skill as well
If you cannot communicate, the message no matter how good is lost.
That which is expressed must also be understood by the intended audience.

Subject Competence
Again, way too limiting in definition. We maintain competence in many more ways than through CE.
There are other ways to maintain currency, you may be creating the new knowledge, rather than participating in continuing education.
This is most important and is most often not done. Not only in dietetics but all professions. Dietitians must understand science and know what current ideas are floating around and know the quackery from the potentially beneficial.
Credibility and effectiveness is contingent on knowing the right information for your position.
Add the idea of excelling during formal education to begin with cutting-edge knowledge and high performance in the field.
Also need to recognize that dietitians are not the expert in everything - and must not be threatened when they have to refer to others.
Professional Ethics
Way beyond just upholding the ADA Code of Ethics.
Not only for the individual. The dietetic professional must call to task other dietetic professionals who are not ethical in their practice - including those who promote non-scientific nutritional therapies - herbals, supplements, cures, etc.
To me, having accurate knowledge, communicating effectively, and behaving within the ethical code, will contribute to better service to the public and each healthcare professionals
Professional Dedication
I would term this responsibility or accountability to the profession, rather than "dedication." Giving as well as receiving.
Not sure this is the right term for this definition.
Not sure what this means.
Working with and for others is what this profession needs. We often compete with each other for attention rather than collaborate and support.
Inherent Work Ethic
I think as a profession dominated by women this is one principle that has had an adverse effect on our ability to earn competitive salaries
What is this "with disregard for monetary gain!" We have an inherent work ethic. We should not sell our profession short (by not negotiating for salaries), but we should not sell out either to any monetary concern - whether industry or tax-supported government programs.
Important as a personal rather than professional characteristic.

This is very important but we also need to realize that bills need to be paid. As dietitians we should form some sort of union, as the nurses did many years ago, to ensure that salaries really keep up with the market and the level of education that we all have. By accepting less we "cheaper" our value and possibilities of being paid what we really deserve.
I would have rated this medium except for "disregard for monetary gain". RDs have been selling themselves too short for too long!
Not clear as work ethic does not mean you don't have to make money: Work ethic relates to meeting job expectations 100% but don't take the job if you are not being paid what you are worth
And we wonder why we have low salaries!
Usually people work for satisfaction and reward - it may not be reasonable to work with disregard for monetary gain - salary status has been an issue in the profession for many years and will likely continue to be
The profession will never advance in a profit-driven culture if it tries to convince its members to be altruistic and disregard monetary gain. You work hard within the profession with the expectation that your quality of life will be enhanced in part by financial gains that you could not get otherwise.
No matter you are paid when working for your profession it never matches the hours and effort expended. I don't like the monetary link with this characteristic.
Unsure of the meaning. If this refers to volunteerism, I would rate it high. If it refers to working for lower salaries, I would rate it low.
It would be unwise, or stupid, to work with disregard for salary and appropriate pay. Our profession has lagged behind in pay for decades, and part of being a professional dietitian entails working to obtain better pay for ourselves and all others in the profession.
Maybe put this in terms of altruism which sounds more professional than disregard for monetary gain.
While laudatory - not realistic in today's society. I believe the profession can progress without sacrificing our livelihood.
Personal Qualities
These are givens for being a decent human being.
How about respect and collegiality? Good citizenship is hard to define and means different things to different people - can you be more specific?
This is all part of the tapestry. The design is the knowledge and competence, but what makes us effective in sharing the information is our integrity and ability to build rapport with whomever we work.

This category also encompasses part of the professional image category. To me - these qualities should be consistently present for us to help our clients and each other.

Working with Others

Again, what is this - maintaining positive relations with others outside the profession - as if we shouldn't??? Why this type of distinction? Makes those outside the profession appear to be less worthy than our own colleagues???? Don't think so.

This does NOT mean the profession should try to accommodate those who promote non-science based nutrition therapies. If a group is defrauding the public by pushing nutrition quackery, they should be challenged.

I think Carol Gallagher calls it building alliances in her book, Going to the Top. We need to create an atmosphere of cooperation with people that touch our career and personal lives.

APPENDIX O

Electronic mail requesting participation in Round Four

Well, here we are. Scarred and troubled, but a strong nation. My heart goes out to all who were affected, both directly and indirectly. I so appreciate each and every one of you for continuing to help me with this project (and for your kind words of encouragement along the way) - THANK YOU!

This is it, the final round (yeah!). Here is a summary of what has happened . .

According to your rankings, the category of "Work Ethic" has been deleted. Most voted it as medium to low importance, and many included comments that expressed concern over the "monetary gain" portion of the definition. The final rankings dropped it well over 2 standard deviations below the mean.

As a result, we are left with 9 categories; all with definitions that I feel have been strengthened due to your comments! They are now listed in order of importance (high to low) according to your votes. This is not meant to imply that any one is less important than another, it just gave me guidance as to what order to list the definitions in.

Now, comes the final round of the Delphi Technique. In this questionnaire, you will find the final 9 categories listed. I am asking you to tell me how you think the profession of dietetics is doing in relationship to these categories (are we on target with your expectations, are we exceeding your expectations, or are we falling below your expectations). In the case that you choose "falling below expectations", I am asking for you to provide suggestions that would help the profession improve in this area. Finally, you will find a few basic demographic questions at the end, designed to help me explain who participated in every round of the Delphi.

The final questionnaire can again be found at <http://www.dieteticprofessionalism2.net> and should take approximately 10-15 minutes to complete. Please be sure I have your submissions by 5:00 p.m. EST on Thursday, October 4, 2001.

Again, I thank you for your participation. As always, if you have any questions, please do not hesitate to ask.

Have a wonderful day. Take care,
Diane

APPENDIX P

Round Four Questionnaire

By completing and submitting this form, I am indicating my voluntary agreement to participate in this research study.

Instructions:

1. Please rate how well the Profession of Dietetics is currently meeting the Operational Definitions (there are 9 in all).
2. If you rate the Operational Definition "Below Expectations", please indicate suggestions for improvement.
3. Finally, answer the demographic questions at the end.

<u>Professionalism Category and Operational Definition</u>	<u>How well the Profession of Dietetics is currently meeting the Operational Definitions</u>			<u>If you chose "Below Expectations", then what would you suggest for improvement?</u>
<u>Subject Competence:</u> Using continuing education, both formal and informal, to maintain and provide accurate, scientific, and up-to-date information.	<u>Above Expectations</u> <input type="radio"/>	<u>On Target</u> <input checked="" type="radio"/>	<u>Below Expectations</u> <input type="radio"/>	<input type="text"/>
<u>Effective Communication:</u> Listening to your audience and expressing clear and concise knowledge, which is appropriate for, and understood by, the audience.	<u>Above Expectations</u> <input type="radio"/>	<u>On Target</u> <input checked="" type="radio"/>	<u>Below Expectations</u> <input type="radio"/>	<input type="text"/>
<u>Leadership:</u> Contributing one's talent and strengths to influence activities, which promote goal achievement.	<u>Above Expectations</u> <input type="radio"/>	<u>On Target</u> <input checked="" type="radio"/>	<u>Below Expectations</u> <input type="radio"/>	<input type="text"/>
<u>Professional Ethics:</u> Being responsible for upholding and behaving within the ADA Code of Ethics.	<u>Above Expectations</u> <input type="radio"/>	<u>On Target</u> <input checked="" type="radio"/>	<u>Below Expectations</u> <input type="radio"/>	<input type="text"/>

<u>Working with Others:</u> Maintaining positive relationships with others including those outside of the profession.	<u>Above Expectations</u> <input type="radio"/>	<u>On Target</u> <input checked="" type="radio"/>	<u>Below Expectations</u> <input type="radio"/>	<input type="text"/>
<u>Service to the Public:</u> Commitment to providing the public with thoughtful, well-reasoned, and scientifically accurate information.	<u>Above Expectations</u> <input type="radio"/>	<u>On Target</u> <input checked="" type="radio"/>	<u>Below Expectations</u> <input type="radio"/>	<input type="text"/>
<u>Professional Responsibility:</u> Working to further the profession by lending support to, and accepting support from, others within the profession.	<u>Above Expectations</u> <input type="radio"/>	<u>On Target</u> <input checked="" type="radio"/>	<u>Below Expectations</u> <input type="radio"/>	<input type="text"/>
<u>Personal Qualities:</u> Maintaining basic personal values (such as: courtesy, credibility, confidence, respect, etc.) and good citizenship.	<u>Above Expectations</u> <input type="radio"/>	<u>On Target</u> <input checked="" type="radio"/>	<u>Below Expectations</u> <input type="radio"/>	<input type="text"/>
<u>Professional Image:</u> Portraying to others the appropriate physical image and demeanor, which is acceptable within the work environment.	<u>Above Expectations</u> <input type="radio"/>	<u>On Target</u> <input checked="" type="radio"/>	<u>Below Expectations</u> <input type="radio"/>	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>			
Highest Formal Education Level Completed	<div style="border: 1px solid black; padding: 5px;"> BACHELORS MASTERS DOCTORAL </div>			
Registration	RD <input type="checkbox"/> DTR <input type="checkbox"/>			
Approximate number of years practicing in the field of dietetics	<input type="text"/>			

Current and primary area of practice	Clinical <input type="checkbox"/> Foodservice <input type="checkbox"/> School Faculty <input type="checkbox"/> Consultant <input type="checkbox"/> Community/Public Health <input type="checkbox"/> Other <input type="text"/>
Geographical Location	<div style="border: 1px solid black; padding: 5px;"> NORTHEASTERN U.S. SOUTHEASTERN U.S. MIDWESTERN U.S. SOUTHWESTERN U.S. NORTHWESTERN U.S. WESTERN U.S. OTHER </div>
Do you currently work directly with students (undergraduate, graduate, or interns)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
When did you first become aware of professionalism in your own life?	<input type="text"/>
<p><u>In order to ensure that those who completed final round, please provide us with your name.</u></p> <p><i>Please note that all responses submitted will be separated from the names provided in order to help assure confidentiality for those who choose to participate.</i></p> Name: <input type="text"/>	
<p>Please submit this form by 5:00 p.m. EST Thursday, October 3, 2001.</p> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> Submit Information </div>	

APPENDIX Q

Reminder electronic mail for Round Four

This is a follow-up email reminder that the deadline to submit your response for the final round of the Dietetic Professionalism Research Project is fast approaching! Please log onto <http://www.dieteticprofessionalism2.net> by Thursday, October 4, 2001 at 5:00 p.m. EST to do so. I thank you for your time.

Take care.

Diane Golzynski

P.S.

If you feel that you received this email in error, please email me at lentnerd@msu.edu and I will resolve the matter as soon as possible.

APPENDIX R

Round Four Data

	Rankings	Above Expectations=3	
		On Target=2	
		Below Expectations=1	
	Subject Competence	Effective Communication	Leadership
	2	3	2
	2	2	2
	2	2	3
	2	3	2
	2	2	1
	1	1	2
	2	1	2
	2	2	1
	2	2	2
	2	1	1
	1	2	2
	2	1	1
	1	1	1
	2	2	1
	2	1	2
	2	1	1
	1	1	2
	2	1	2
	2	2	1
	2	2	2
	2	3	2
	2	1	1
	2	1	2
	2	1	1
	2	2	2
	3	2	2
	2	2	1
	2	3	2
	2	2	2
	3	3	2
	2	2	2
	2	1	1
	2	2	2
	1	2	2
	2	2	2
	Prof Ethics	Working w/ Others	Service to Public
	3	3	3

	2	2	2
	2	3	3
	2	3	3
	1	1	3
	2	2	1
	2	2	1
	2	1	1
	2	2	1
	2	2	2
	1	3	1
	3	1	2
	2	2	2
	2	2	2
	3	3	1
	1	2	3
	2	2	2
	2	2	3
	2	1	2
	2	1	2
	2	3	3
	2	2	1
	2	1	2
	2	2	2
	1	1	1
	2	1	2
	2	1	2
	3	2	3
	2	1	2
	2	2	2
	2	2	2
	2	2	1
	2	2	2
	2	2	2
	2	2	2
	Prof Dedication	Personal Qualities	Prof Image
	2	3	2
	2	2	2
	3	3	2
	2	2	2
	3	3	2

	1	2	2
	3	2	2
	2	2	2
	2	3	2
	3	3	2
	2	3	1
	2	2	1
	1	2	2
	1	2	2
	3	3	1
	1	2	2
	1	2	2
	2	3	2
	2	2	2
	2	3	2
	3	2	1
	2	2	2
	1	2	1
	1	2	1
	2	2	2
	2	2	2
	2	2	2
	2	3	2
	1	2	2
	2	2	2
	2	2	2
	1	2	2
	1	3	2
	1	2	2
	2	2	2
Demographics:			
Gender	Education	RD/DTR	Yrs Pract
female	Bachelors	DTR	15
female	PhD	RD	25
female	Masters	RD	27
female	Masters	RD	20
female	PhD	RD	25
female	Masters	DTR	14

female	PhD	RD	25
female	PhD	RD	19
female	Masters	RD	10
female	Masters	RD	25
male	PhD	RD	15
female	Masters	RD	30
female	Bachelors	RD	30
Female	Masters	RD	40
female	PhD	RD	14
female	PhD	RD	33
female	Masters	RD	23
female	Masters	RD	23
female	Masters	RD	26
female	PhD	RD	35
female	Masters	RD	21
female	Masters	RD	31
female	Masters	RD	25
female	Masters	RD	21
female	Masters	RD	35
female	Masters	RD	32
female	PhD	RD	40
female	Masters	RD	26
female	Masters	RD	23
female	Masters	RD	20
female	Masters	RD	22
female	Masters	RD	42
female	Masters	RD	25
male	Masters	RD	17
female	Masters	RD	23
Area		Location	Students
Computer Resource Specialist for Dietary Dept.		W	no
Foodservice mgmt educ		MW	yes
Education		MW	yes
clinical		NE	yes
faculty		MW	yes
faculty		MW	yes
Education		SE	yes
foodservice		SE	no
General Clinical Research center		W	yes
Community		MW	no

faculty	MW	yes
consultant	NE	no
Business	W	no
Education and Consultant	NE	yes
faculty	W	yes
Program administration and graduate Education	SW	yes
Private practice	NE	yes
consultant	SW	yes
Dietetic Internship Director-hospital based	W	yes
Research and Education	SW	yes
clinical	SW	yes
consultant	W	no
Business	MW	no
clinical	MW	yes
Foodservice	SW	no
clinical/faculty	NW	yes
faculty	MW	yes
clinical/foodservice	W	yes
Community	W	yes
clinical	MW	yes
Health Care Management	MW	yes
Training business	NE	no
Clinical	MW	yes
Community	NE	no
Renal nutrition support/home infusion pharmacy	W	yes
Comments		
Subject Competence		
I would say "on target." This is such an individual issue. I do believe ADA's professional development portfolio helps address this issue, however, I still see practitioners who have not necessarily kept up with the scientific literature.		
we are getting more diverse in out methods of disseminating information to dietetics professionals, but there are many within our profession who continue to lag behind on current, evidence-based research. Many are still doing things the same way they did 10-20 years ago. we need to institute competency standards, MNT processes/guidelines, encouragement and support to those in the profession who are change-agents. personally, I think we should have to take a competency exam in our area of practice every 5 years.		
We should focus more on the "accurate, scientific" part of information. Not the "current and popular" part.		
Not all information is scientific. The majority of dietetic professionals do not work in a clinical setting and their continuing education needs are not being met.		

I feel there is a lacking of application in the clinical setting of perhaps what is learned both formally and informally. I think by having continuing education situations that deal with realistic application, such as in an 1:1 counseling session either taping it (audio or video) with permission or role playing, etc..
On target for many but also below expectations for others. I'm amazed by the questions that come into our listserve.
The just initiated PDP 2001 (Professional Development Portfolio) will/has greatly enhance the subject competence of the members. If this were not in place - I would have checked "below expectations." While the program results/impact is still not known, I see this as the right step for our members and the profession in ensuring they are current and competent in the areas they practice.
Even though I marked "on target" we must do a better job of promoting evidenced based nutrition. This is essential to our credibility as nutrition professionals and what separates us out from other practitioners and providers of nutrition information.
I'm biased, I believe that ADA, as the leading org for the profession, has a ways to a go. The Assoc is addressing this. It is my hope for a brighter future that makes me rank this as "on target" because I think we continually need to reach forward to the target.
Effective Communication
Overall, I think the profession does not step up to the plate and communicate as well as it should. A lot of this is directly related to competency. Too often dietitians enter a patient's room with the handouts completed before they even talk to the patient to find out what the patient wants or needs. we need to provide communication skills training as well as assertiveness training for dietitians.
Need more training on working with diverse and low literacy audiences.
Many dieticians still "preach" nutrition messages to their audience. Although we have improved tremendously over the past 10 years to make our messages more customized and realistic to the intended audience, we must continue to improve in providing clear, concise and understandable messages. also we must avoid jumping on bandwagons and then later having to modify or refute messages previously given to our patients or consumers.
RD's are out of touch with the knowledge of consumers. They need to practice their talk in front of friends before presenting to an audience.
Research done by IFIC strongly identifies that the dietetic professional is not able to communicate in a fashion that receives a positive response from recipients of the information.
Too often our language is oversimplified...our audience (the public) is more sophisticated than ever and is bored by simple explanations.
Courses, workshops, interactive video training in communication skills.
Based on information I obtain from my clients some of our colleagues are not listening to the client. The best way to resolve is to begin to ask oneself, what is the client/audience asking for? Am I fulfilling their need?

More exposure to the media from the ADA Ambassadors especially on nationwide daily news programs.
This varies so much. As a profession, perhaps we are below expectation because the public still doesn't recognize the profession as the leading source of food and nutrition information.
Communications are such a key to impacting behavior and change (both in the clinical and practical settings). I think we need to do more at the undergraduate level to help our members become better listeners and communicators. This could be in the form of lessons; practical applications in a variety of settings; cross functional training/experiences with other professionals (i.e. pharmacy; nursing; insurance agents)
Overall I do not believe most dietitians communicate well to their respective audiences. We often get tied up with "protocol" and miss the big picture. For example, if we are working with MDs we need to speak like they do.
We do this very well for the selected spokesperson group, however our resources are very concentrated in this arena. Could improve by developing training programs for a broader spectrum of our membership.
Do a better job of balancing knowledge skills and comm. skills
However, some professionals' skills need improvement in communications with diverse individuals and groups, as well as being able to separate personal preferences and emotions during counseling and education.
Leadership
More formal leadership training provided. The new Professional Development Portfolio system should help.
It would be nice if everyone was more active, but overall, I think we have many members who are willing to give their time and talents.
WE need to do a much better and consistent job of demonstrating our leadership and expertise in nutrition and food. We must become recognized as the experts in these areas in the minds of our colleagues, consumers and media.
There seems to be a problem with sharing your talent. I don't know why. We need to convince RD's that the more we share, the better we do.
We need to encourage those dietetic professionals who think out of the box to speak to their ideas. Most of our leaders are developing their own businesses or working hard for others and do not have the time not the inclination to try to influence an association that is behind the times and not meeting member needs.
I think the leadership aspect is lacking because many think they do not have time to get involved in leadership or do not want to be bothered. They see this as "someone else's job." how we fix this is something I am, as an internship director, trying to explore. we need somehow to show people that leadership is a professional responsibility. I do not, at this time have a better answer.

Too many people do not see the bigger picture, don't know the history and development of the profession and need to feel part of something bigger than their own ambitions. Profession does little to offer this-again, self-study modules, workshops with small group discussion on leadership-how, why, who "they" are.
I feel many new RDs do not want to share their time to volunteer for our professional assoc. They do not seem to be committed to the profession? A simple word to explain it the way I see it is they are "selfish". Sad to say this.
This is borderline between on target and below expectation. I base this on what appears to be a falling off of young professionals interested in leadership positions.
As a whole, most RDs fail miserably in this area. It is important to go beyond the 8 hour day and normal routine.
In general, I think dietetic practitioners in general do not display expected levels of leadership. Many are dependent on others to take the lead. They sit back and wait for good things to happen to them. They blame ADA for "inadequate" salaries. They expect others to get insurance coverage for them. Many maintain the status quo in health care even though systems are changing dramatically.
Moving in this direction by streamlining ADA's governance process. However, have seen a strong focus on processes vs. outcomes, achieving compliance with standards rather than taking the lead on changing outdated standards, focus on individual practice groups but not on combining, collaborating the efforts of these groups.
national Leadership Development Program
Again, as professionals move forward in their careers, the bar must be continually raised.
Professional Ethics
The Code is published but I don't think the average practitioner has a clue about what it says. Somehow we need to make this document and what it means come alive by showing how it can be used.
Stronger lobbyist, stronger links to nutrition research leaders, stronger public identity.
WE have become afraid to call to task dietitians who act unethically by promoting nutrition quackery through the sales of alternative medicines, supplements, herbals, etc..
This is not emphasized enough in writings, lectures, journal articles.
Not addressing members that blatantly disregard the Code of Ethics. When violations are pointed out ignore and do not take action for fear of legal action by guilty party.
Working w/ Others

I think we do ok with working with each other, but reaching outside the profession and learning to collaborate and be a team player needs help. Need to focus on this more in undergraduate education as well as on the job.
There is a movement to expand beyond our own pod-individually and organizationally.
We need more training on working in teams and taking initiative and finding creative ways to initiate collaboration with other.
Rd's are shy and introverted, not only in the US but worldwide. They need to gain confidence to say what they think.
Based on recent comments I read on the proposed new membership categories for ADA I feel many RDs are insecure about their jobs and afraid others will take their jobs i.e. chefs. I think many are too narrow minded and not open for needed change.
Although strides have been made in this area, I still find that dietitians are easily threatened by other professions and fail to recognize that others can not know us if we do not become their colleagues. That means we must respect what they do if we want respect in turn.
Dietetics sometimes seems isolated - we need to encourage joint learning among our undergraduates and interns. More joint experiences (i.e. working to pass dietary supplement legislation) might yield long-term tangible and intangible results.
Spending more time outside profession than working with current members.
I think there is still a lot of tension between nurses and RDs, especially in health care institutions. Dietetics is still viewed as a "lowly" profession.
More promotion and encouragement (professional credit for working on issues and teams with other professions.
Service to Public
I was truly disappointed when an ADA media rep goes on TV and tells everyone that a low albumin means they need to eat more protein. We need to educate dietitians and keep them current so that science and practical application work synergistically. RD's don't know enough about complementary and alternative medicine therapies to make recommendations for clients. we need more training and guidance.
We need to learn how to take initiative and effectively communicate information to the public through mass media.
We need stronger links to science community, public policy, and community service orgs.
see comments for effective communication questions
The profession has become too willing to become part of the nutrition quackery foisted off on the public by alt med and supplement/herbal hucksters. We need to get back to making people understand how nutrition relates to health. The lure of profit is eroding our ethics.

More newspapers and magazine articles outside of professional journals and the NY Times.
At times we may be too conservative.
I think the profession is still too inwardly focused. Unless there is consumer/public demand for our service, there is no need to have educational programs to prepare professionals.
Take stand of those that provide money to association rather than an unbiased information.
this has improved, but we could take more initiative in working with other health care professionals, educators, and policy makers.
see comments under communication
Professional Dedication
This is improving with development of mentoring programs, but in the workplace many dietitians don't support each other's accomplishments or ideas. We often do not play well together". We need to continue to foster each other. The mentoring groups are a great start-let's see how they do.
Many persons precept others without remuneration.
WE are committed to service to the public but need to increase our forum.
At times the information the public gets is confusing to them. We need to use simpler language and be clearer about the message we want to convey.
Many dietetic professionals are jealous of others success and do not reach out to share and try to advance the associations membership. It is a very unfortunate situation.
Many do not understand this concept and do not see their role as lending support as preceptors, as mentors, or as active participants in professional associations. I have always told people that I do not want to be "paid back" for what I have done for them, I want them to do the same for someone else. Role modeling may help, but that is not the complete answer. People have to be shown where they fit in with specific talents and be taught what professionalism is all about.
From my experiences both being on the board of DPG and requesting information of colleagues, the profession seems rather territorial and not willing to share. In order for the profession to be better recognized by other disciplines we need support each other in any way we can.
We need to help our members better understand "group processes" and how just because someone questions - no need to take it personally. How do we "desensitize" the members when working toward common goals - so that they can accept input from everyone.
We are too self centered. We need to be more involved with other organizations and other professions
But honestly can't think of examples of how we are tangibly doing this...
Promotion of professional responsibility to the profession through basic education.

Although many dietetic professionals take the initiative to volunteer their services to the profession, the profession often does not reach out to lend support or request support from others within and outside of the profession.

national Leadership development program

I personally believe (and observe) that many dietetics professionals could add some level of volunteerism to their career and life.

Personal Qualities

We have come a long way from the "whites" and sensible shoes. Overall I think our energy, confidence, and appearance are ok.

Did not rate below expectations, but we can do better at networking with other professions and learning from them how to be more effective in our messages and goals.

Professional Image

We have come a long way from the "whites" and sensible shoes. Overall I think our energy, confidence, and appearance are ok.

There is a need to get away from the drift toward "image is everything" kind of thinking. We have to convince people that dietetics is a knowledgeable profession, not an attractive, well-dressed profession.

Dull and frumpy comes to mind. Being stylish can open doors and lead to promotions and better acceptance.

That statement is simply scary--given the current Eating Disorder epidemic...why is the ADA so fixated on physical image AND is there scientific evidence to underscore a positive relationship with physical image and an ability to be a professional?

Hopefully!

Most of the time.

There are many RD's who are overweight and obviously do not practice healthy habits. This turns many people off. In hospitals, I often see RD's dressed in scrubs, which is fine for those who work in intensive care units perhaps, but not for all of them. We are usually paid well enough to dress so that we will be recognized as professionals, not that I believe there is a need to wear a suit every day! And certainly we need to be at a normal weight, not 30# overweight!

This could be border below expectation because this definition is still unclear to me.

Hate to say this - but we need to teach dietitians how to always present a professional front. One colleague mentioned how the Hotel and Restaurant management program at her university instilled this "spirit of professional" look and style into all its students... the dietetic program could learn a few things." Again - we should reach out and cross pollinate with other programs/professions that we benchmark ourselves against.

I do not believe most dietitians present a very professional image. This may mean achieving and maintaining IBW as well as speaking in a more professional manner.

I strongly object to the "physical image" component to this statement and feel that this could be considered discriminatory. What about the "size acceptance" philosophy? I personally am of normal weight.

Still opportunity for improvement, tend to portray the support vs. the professional image.

APPENDIX S

Thank you electronic mail to final round participants

Hi [appropriate name inserted here]!

I just wanted to take a moment and say thank you for participating in my study. I really appreciate the time and thought that you put into this project.

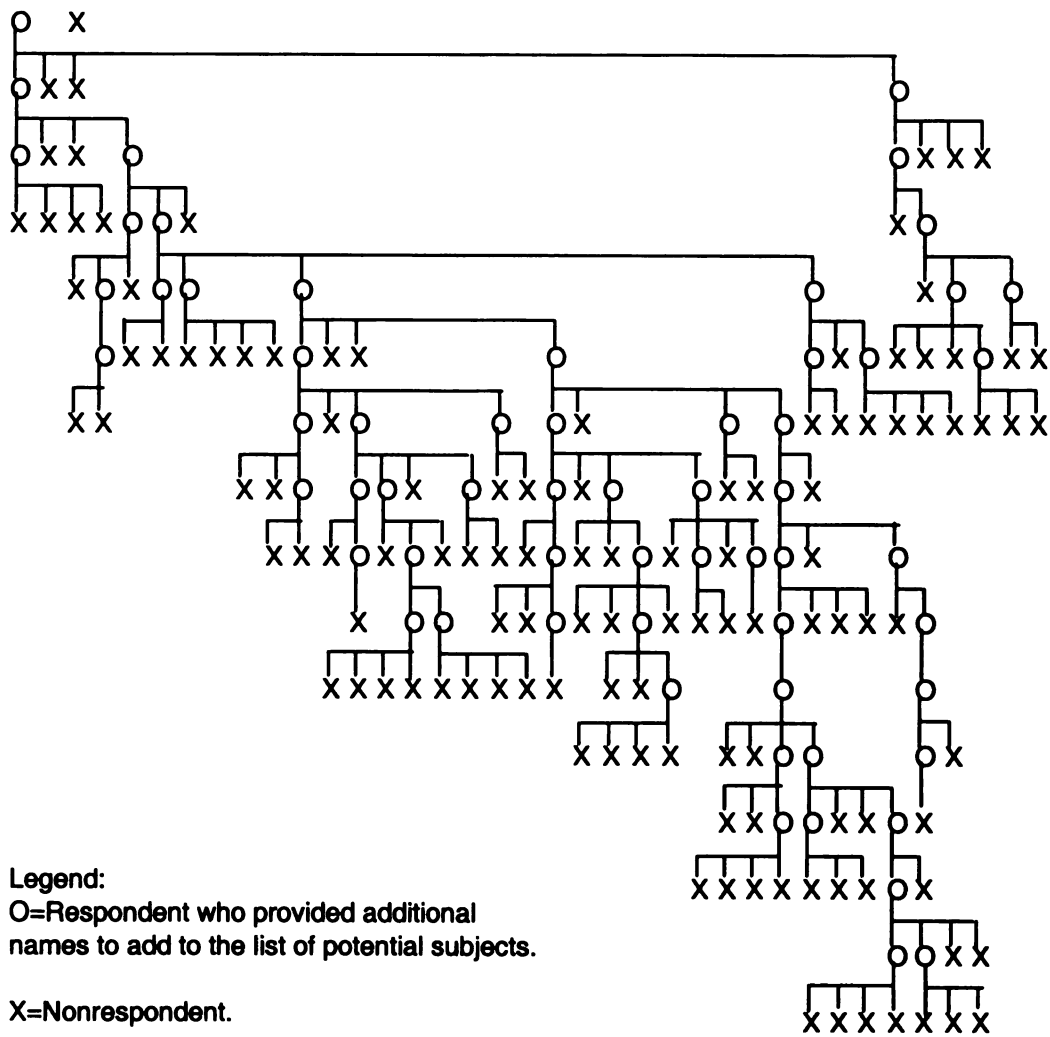
If, by chance, you are going to FNCE, I'll be at the Product MarketPlace, booth #15. I'd love it if you could stop by so I can thank you in person.

Take care,

Diane

APPENDIX T

Snowball Technique Response



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