ABSTRACT

Professional Development Portfolio (PDP), the new credentialing system for dietetics professionals, places the responsibility for learning, professional development, and career direction on the individual practitioner. This study used questionnaires and focus group interviews to determine whether dietitians engage in reflection, self-assessment, and goal setting, the critical components of PDP recertification. Volunteers (n=132) participated in 16 focus groups held during 8 state dietetic association meetings. Content analysis was conducted. Some subjects reflected using an informal non-structured process (42 text units), almost half (41%) performed annual self-assessments, and 25% set goals. Job availability, new practice areas, family obligations, and employer needs were key factors in goal formulation. Opportunities for self-direction, independent decision-making, and application of technical expertise were also considered in career choices and goal setting. Although few participants were currently performing PDP critical components, we conclude dietetic practitioners can gain the necessary skills for professional development with the newly available PDP Guide to support the portfolio process. We recommend that dietitians (a) allow sufficient time for the reflection process, including the use of additional tools; (b) develop personal mission statements to drive the goal-setting process; and (c) use effectiveness criteria to critique their goals. J Am Diet Assoc. 2002;102:1439-1444.

The dietetics profession continues to change in response to new practice opportunities and in how it conducts credentialing and continuing professional education. New markets for dietetics professionals now exist because of an environmental shift from traditional hospital-based settings and cost-containment issues to a broader identification of food and nutrition enterprises (1). The dietetics profession is affected as these changes raise issues of practitioner adaptation to changing information and technology and adoption of new practice skills (2,3). In turn, it becomes more difficult to determine what qualifies as required learning for each practitioner and how best to obtain it in terms of dietetics credentialing and continuing education (4). As such, the ultimate question facing all allied health credentialing agencies is how to assure that the public receives the very best care based on the most current information (5-10).

Continuing professional education involves information transfer and applications to practice (11). The Commission on Dietetic Registration (CDR) recently implemented a new plan, Professional Development Portfolio (PDP). It places the responsibility for learning, professional development (12,13), and career direction on the individual practitioner. PDP requires each practitioner to first engage in self-reflection, assessment, and goal setting. A 5-year learning plan that reflects a critical analysis of one’s goals and steps to maintain professional competency is then developed and implemented (14). After a 1998-2000 portfolio pilot study and revisions, PDP began June 1, 2001, with the first group of more than 6,000 dietetics professionals submitting learning plans. A PDP Guide offers tools that assist with self-assessment and goal setting (11). A 2-year pilot study of the PDP process indicates that dietetics professionals have a positive percep-
tion of professional development using the portfolio process (15).

This study sought to elucidate the steps and thoughts of dietitians on reflection, self-assessment, and goal setting that are the critical parts of the PDP process. Specifically, how dietitians "reflect" and conduct self-assessments, how they set goals and approach the task of goal setting, and what are dietitians’ priorities when considering future career direction.

METHODOLOGY
The Institutional Review Board at Florida International University approved the study. A letter outlining this research project and inviting participation was sent to state presidents and/or executive directors of affiliate dietetic associations. For this study, affiliates in 8 states—Indiana, Minnesota, Missouri, New Jersey, North Carolina, Oklahoma, South Carolina, and Texas—agreed to allow recruitment of dietitians attending their annual meetings. Registered dietitians were recruited at meetings by posting informational brochures and directions to sign up at the registration desk. Registered dietetic technicians were not included in the study in order to focus on the work boundaries of dietitians.

Instrumentation and Protocol
Data were collected in 1999 using the dual methodology of focus groups (2 per state) and a self-administered, written questionnaire completed by focus group participants. This triangulation of the measurement process provided more evidence compared with a single data-collection approach (16).

Pilot focus groups (2 in Florida and 2 at the annual meeting of The American Dietetic Association [ADA]) were used to develop the questionnaire content and establish protocol procedures.

Following informed consent and questionnaire completion, the focus group interview was conducted (Figure 1). Questionnaire content included length of time as a dietitian, practice area, formal methods used to set goals, factors influencing future career direction, attendance at PDP information sessions, and review of CDR materials.

Data Analysis
Audio tapes of each focus group were transcribed verbatim into 643 text pages (17). The investigator (NC) compared the entire transcript to the audiotapes for accuracy. For analysis, the typed text was broken with a “hard return” into a new unit every time there was a new speaker. Next, the investigator reviewed the transcript to identify important topics or categories and assign keywords (18, 19). This is similar to the process of content analysis category building as described by Berg (20). From the transcript review, it could be verified that keywords did relate specifically to the question being asked. The research team concurred with the categories and keywords. For example, the term “goal setting” was more appropriate for the first question of “Do you have 5-year goals?" but the term “setting goals” was related to the second question of “How do you formulate 5-year goals?"

Data were analyzed using Nonnumerical Unstructured Data—Indexing, Searching, and Theorizing (NUDIST 4 Qualitative Solutions and Research Ltd, 1999, distributed by Scolari/Sage Publications Software, Thousand Oaks, Calif.). The investigator (NC) directed NUD*IST to search for patterns of text or strings of characters based on the keywords of the categories. The program gave unit counts for every search and allowed the researcher to view the origin of the matching text for context. The text was then examined to remove focus group leader comments and to add responses to specific questions that were not identified by keywords. For example, in response to the question, “Do you have 5-year goals?" a participant stated, “I think that is too long a period of time." Final counts were then tabulated. Multiple searches and careful review of the transcripts in context allowed the researchers to find recurring themes and draw conclusions in order to answer the study questions.

RESULTS

Participants
A total of 132 registered dietitians participated in 16 focus groups. The minimum number of participants in any focus group was 7 and the maximum number was 10.

Number of Years in Practice and Current Practice Areas
The participants' number of years as a credentialed dietitian was 13.4±7.8 (mean±standard deviation), with a median of 14.0 years. The range was 6 months to 48 years of experience.
Each of the 16 groups had a mix of participants, as reflected by the large standard deviations. No two groups were significantly different with respect to number of years in practice ($F = .8568$).

All participants were asked to identify their major professional work area: clinical (n=59, 45%), management (n=26, 20%), community nutrition (n=29, 22%), education of dietetic practitioners (n=9, 6.5%), and unemployed (n=9, 6.5%).

**When and How Do Participants Reflect on Their Current and Future Practice?**

The PDP process includes reflection on practitioners’ professional interests as its first step. This encompasses examining current responsibilities, external factors and trends, and future directions. The PDP definition of “reflection” was provided. Although the terminology was new to them, our participants were in agreement (ie, no disagreeing responses) that they had “reflected” on their careers at one point or another. The first group of patterned responses related to performing reflection as an informal activity to be done at any time. In every focus group, a participant commented that although the participants may reflect now, it was usually an informal process and did not have any structure or organized time interval (42 text units). Further probing of these responses revealed that these participants had no formal system for reflection.

The second pattern indicated that reflection was part of a job requirement, particularly for those with positions in large healthcare organizations, and was connected to annual performance appraisal (37 text units/13 groups). Participants reported that performance reviews focused mainly on the current job and was usually a retrospective process.

**Do Participants Perform Annual Professional Self-Assessments?**

Questionnaire responses indicated 54 participants (41%) performed annual self-assessments whereas 78 (59%) did not. No cue was provided for the definition of “self-assessment.” When observing data by practice area (Table), 54% of management dietitians performed self-assessments. Those in community and education of dietetic practitioners performed self-assessments at approximately the same rate: 45%. Only 39% of clinical dietitians, the largest number of focus group participants, indicated that they performed annual self-assessments.

**Do the Participants Have Formal, Professional, 5-Year Goals?**

Perhaps the most critical outcome of the PDP process is the construction of meaningful goals. In our study, 26% of the 132 participants had 5-year goals. During the focus groups, the managers spoke most frequently about being required to set goals for their jobs (Table). This observation was reflected in the survey data, as the management area had a high percentage of participants (31%) with 5-year goals.

One set of responses (27 text units) concentrated on the belief that 5 years was too long a time period in a profession that is undergoing rapid shifts resulting from the larger changes in the overall healthcare system. A typical response was: “It can happen in 5 years.” Practitioners stated a belief that they lacked the necessary skills for or knowledge of how to actually write goals (20 text units).

**How Did They Formulate 5-Year Goals?**

Dietitians considered numerous factors when considering future goals for practice. Two individual situational variables were identified: the type of job available (54 text units or comments) and child-care and family obligations (55 comments).

The type of job available was important in deciding goals. This was verbalized by a dietitian who said: “I look at where the organization is going and where the trends are, and that is how I decide on what I am going to do to be marketable as an employee to that institution or outside of that institution.” Every focus group confirmed that health care was different now and that there was a need to defend positions in order to keep them. This need was the main force driving goal formation.

An equally important problem that concerned many participants was the need to provide their own children with proper care. For many participants, this limited travel time to take courses and eliminated the goal of pursuing a graduate degree. Many participants voiced that they would certainly like to take advantage of more educational opportunities, including professional meetings, but that their home life and the cost of such activities made it prohibitive.

Beyond the situational variables, the most frequently mentioned influence on goals was the needs of the employer (10 text units). Several people who held management jobs stated that they needed to set goals for their department and that those departmental goals then became their goals. There were no formal, systematic ways to setting goals discussed by the participants.

**What Are Participants’ Priorities when Considering Future Career Direction: Schedule, Pay, the Opportunity to Be Self-Directed, the Opportunity to Apply Technical Expertise, Job Duties, or All of the Above?**

In career enhancement/goal setting, several factors are often considered. Participants rated the following on a 5-point Likert
Specificity/Measurability

Specific goals are more useful because they encourage an individual to consider the next steps in the process—the behaviors and skills that need to be developed, attitudes that need to be changed, and actions that need to be taken.

Importance of Issues

Goals that have large, pervasive importance for the individual are needed to encourage involvement and facilitate implementation.

Consistency with Mission

Overarching goals and objectives must be consistent with the personal mission of the individual and his or her institution.

Attainability

Effective goal setting involves establishment of goals that are challenging and attainable. This is not an easy criterion to meet, but failure to meet it leads to underachievement or disillusionment.

Challenge

Effective goals challenge individuals.

Feasibility

Achieving the goal(s) must be feasible within the context of resources such as those that are human, economic, and physical.

Focus on Performance

Well-articulated goals and objectives force the individual to think about performance (activities) needed to achieve the goals.

Observability

Progress toward the goals must be observable. Without the ability to observe progress, the motivation toward goal achievement will quickly disappear.

Verifiability

The achievement of professional development goals must be verifiable.


The opportunity to be self-directed and make independent decisions This was the highest-ranked factor; 93% ranked it as number 4 or 5 (average total score = 4.5).

Variety of job duties Among participants, 104 (79%) ranked this as number 4 or 5 (average score = 4.1). Focus group discussion revealed that an attraction to the profession was the variety of jobs available.

There was extensive debate on the topic of specialization vs the generalist dietitian. Review of the transcript search results in the context in which the original statements were made showed that the argument for generalists (72 text units) was based on the belief that to remain viable in today’s healthcare environment, a dietitian must know something about all topics. There were almost an equal number of comments on specialization (75 text units), but as a whole the groups favored generalization. Those in support of specialization believed that in a field as young and as varied as dietetics, it was impossible to keep up on all topics.

The opportunity to apply technical expertise Among participants, 96 (73%) ranked this factor as number 4 or 5; it is ranked third in importance (average score = 4.0). Important to the goal-setting process, focus group transcripts showed that participants wanted to be respected as nutrition experts.

Importance of pay Pay was rated by 91 (68%) participants as number 4 or 5 (average score = 3.9). There was not a single response at the lowest level of priority.

Work schedule Of the 132 participants, 90 (68%) rated work schedule as number 4 or 5 (average score = 3.9). Focus groups indicated work schedules and time commitments would need to be considered in the PDP process.

Familiarity with PDP process Questionnaire responses indicated that half of the participants had attended delegate sessions or other lectures on PDP. Whereas 28% claimed to have read the CDR materials with some thoroughness, 53% indicated having only skinned them, and 19% spent less effort (scale of 1 to 5, where 1 = not read, 3 = skimmed, and 5 = read thoroughly).

DISCUSSION

Participants reported working in clinical and management practice areas (65%), mirroring the most recent ADA database (21) and PDP pilot (14). Our study began in 1999, before the start of PDP, and our participants and the PDP pilot study control group reported only partial familiarity of the PDP process; 28% of our group had read the materials somewhat thoroughly and 28% of the PDP controls were aware of PDP (15). Although the possibility exists that we may have recruited a biased sample, we believe our study participants are similar to the PDP pilot study control group (15) and dietetics professionals about to begin the PDP process. These individuals have yet to embark on the PDP process, and they may not fully comprehend the purpose of PDP and its relationship to lifelong learning and professional development. CDR has re-
responded to this need by providing in-depth instructions in the 
PDP Guide (11) as well as offering hands-on workshops at state and national meetings.

Reflection is a critical first step in the PDP process. In our study, reflection occurred as an informal, nonstructured process. Participants believed that the reflection used in an annual review process was more a management tool rather than the career-planning aid promoted by PDP. Our group may be similar to the PDP pilot study controls with regard to limited understanding of “reflection.” Considerably fewer PDP pilot study controls engaged in reflection than the portfolio group (15).

Although our participants engaged in informal self-assessment activities, a formal self-assessment was not conducted unless it was required as part of an annual performance appraisal. Dietitians in the management area of practice were more likely to perform annual self-assessments. In the PDP pilot study, the controls were far less likely to conduct learning needs assessments or create learning plans compared with the portfolio group—furthermore, when they did, it took them considerably longer to do so (15).

Because the PDP process requires reflection and assessment of learning needs, the limited amount of reflection and annual self-assessment activities reported by our participants might be of initial concern. However, in the PDP pilot, the portfolio participants used a learning needs assessment developed to successfully assist them with the process (15).

The PDP pilot study did not report how respondents formulated goals. Our study identified job availability and new practice areas, child-care and family obligations, and employer needs as key factors in goal formulation. Opportunities for self-direction, independent decision-making, and application of technical expertise also scored highly in career choices and goal setting. These are important lifelong characteristics and traits (13). Bronte also noted preferences for self-direction and independence among healthcare professionals (22). As with our study, Manning and Vickery noted some deterrents—including work schedules—that may present challenges to professional continuing education (23). As environmental and life situations change, the PDP process, with its emphasis on lifelong learning and professional development, can offer different directions over a career span.

The dietetics professionals participating in the PDP pilot study thought that the PDP process maintained competence (15). The portfolio group participants had an opportunity to familiarize themselves with the process and practice self-reflection, assess learning needs, and develop learning plans. As a result, more of them completed a learning needs assessment and learning plan and required less time to do so than the controls (15). It is reasonable to expect that when our participants and the PDP pilot control group begin the PDP process and use the PDP Guide, they, too, will become equally proficient.

Although positive for both PDP pilot study groups, the portfolio participants were far less confident in their perception that self-reflection determined career goals and in their ability to conduct learning needs assessments (15). These findings may reflect the level of awareness about PDP, complexity, depth of thinking, and uncertainty participants encountered in trying to construct a meaningful and satisfying PDP. Because PDP is very new, it may require a period of time before one can evaluate if the goals are personally satisfying and if the learning plan results in increased knowledge and skills to improve practice.

What steps can dietitians take to make the PDP process a valuable experience? We consider the “reflection” process critical to goal setting. How familiar are dietitians with their own strengths, learning styles, and decision-making preferences? Before setting a plan that includes specific learning needs and plans, dietitians should consider the information provided by tools such as the Myers-Briggs Type Indicator as useful to the reflection process (24,25). Research on describing groups of dietitians and dietetic students as they relate to types gives insight into our profession (26-28). If “reflection” includes examining how suited an individual is to a current or potential job, then the personality type has a strong record in assisting career counseling (29). Wennik (30) briefly described the types as applied to client education, so why not apply this to one’s own learning style preference and make a stronger personal professional development plan (31)?

The PDP process prompts a lifelong learning approach to professional development goal setting that requires time to develop. Thus, it may be beneficial for dietitians to consider activities and skills necessary in setting their goals for professional development.

Taking this one step further, the Myers-Briggs Type Indicator could assist in the goal-setting process. For example, a dietitian who discovers that her preferences fall into the categories of Judging (vs Perceiving) and Extroversion (vs Introversion) would know that she would likely enjoy a structured, planned approach that involved other professionals. Therefore, deciding to obtain an advanced degree or certification in a multidisciplinary setting would match her preferences.

Resources exist to establish meaningful goals. Covey’s original book, Seven Habits of Highly Effective People (32) and the applications presented in Journal of The American Dietetic Association (33-35) are examples. Covey insists that
there should be balance within each role in one's life. The establishment of a personal mission statement is accomplished by envisioning an ideal situation for living each life role. This is a thoughtful process, to be accomplished over several months, in defining the principles and beliefs by which to live the life one envisions. The PDP process should include looking at all parts of life in determining future directions. Dietitians in our study clearly stated that their professional development plan must reflect their time constraints from personal obligations. Perhaps if Covey’s model were invoked, they would view this as “balancing” rather than limiting. Professional and personal goals flow from the personal mission statement (36).

We recommend that a “quality check” of the goal-setting process be completed before submitting one’s PDP. Lewis and Smith (37) have developed criteria for assessing goals and objectives (Figure 2). Dietitians could consult these criteria as they are formulating their goals. The specificity/measurability of goals speaks to how clearly they are written. Focusing goals on important issues of practice gives dietitians a sense of the meaningfulness of their goals. All the criteria listed can be considered as goals are created and then as a checklist for quality once completed. Successful dietitians have used personal mission statements and regularly reviewed and revised goals in their careers (33).

APPLICATIONS

Our study indicated limited engagement in the goal-setting process. However, the PDP process prompts a lifelong learning approach to professional development goal setting that requires time to develop. Thus, it may be beneficial for dietitians to consider activities and skills necessary in setting their goals for professional development:

- Give sufficient time to the reflection process by starting the year before the PDP commences. Use a variety of resources to help in reflection. One such tool presented here—Myers-Briggs Type Indicator— aids in examining personality type. This provides the backdrop to make career plans and learning style adaptations. Career counselors and colleges/universities are potential testers. Several resources cited also provide a “self-test” and interpretation (24, 25, 29).

- Develop expertise through background reading to determine mission and goal-setting strategies. Affiliate dietetic associations may wish to provide workshops on how to gain these skills.

- Use effectiveness criteria to critique goals once written. This “quality check” will result in goals that can be more successfully implemented.

References


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