

Step 1: Professional Self-Reflection

Purpose

In this step consider what external factors or trends are affecting your professional practice. The outcomes are your short-term (1 to 3 years) and long-term (3 to 5 years) goals.

Reflect on where you are in your career and where you would like to be in the future. This becomes a critical first step in planning for continuing professional development and career management. It is an opportunity to consider:

- past accomplishments,
- current professional roles, responsibilities, or interests and your ability to perform them,
- future professional roles or responsibilities you would like to have,
- current and future trends and directions of the dietetics profession and how they relate to you. How is the dietetics profession changing, and how does that affect you?

Self-reflection will clarify where you are now and where you want to go. You can then position yourself to achieve your desired level of proficiency through establishing short-term and long-term goals.

Process Requirements

This worksheet is for your personal use. It serves as the basis for completing the remaining forms. It can be revised as needed. You do *not* submit this worksheet to CDR. It is recommended that you complete this worksheet by *April* before the start of your five-year recertification cycle. The minimum number of goals you must identify is one, but the appropriate number will depend on your personal/professional situation. Note that it is not a requirement to reach each goal in order to receive CPE credit or to recertify. Any goals not reached in a given 5-year cycle can be used as a basis for self-reflection in the next recertification cycle. If your professional situation changes, you may revise your Professional Self-Reflection worksheet as needed.

Environmental Scan

In 2006, CDR contracted to have qualitative, focus group research done with a sample of employers who hire RDs. The following excerpts from that research summarize some of the things employers listed when asked what additional knowledge, skills or abilities they would like to see in RDs they would hire:

- A better understanding of how adults learn
- A better ability to communicate with patients/clients at their level
- Improved counseling and coaching skills
- Improved writing and presentation skills
- Physical assessments
- Enteral and parenteral feedings
- Improved critical thinking and problem solving
- Specialization – more depth in one focal area
- Improved management skills, to include:
 - o Supervision
 - o Coaching, mentoring
 - o Negotiation
 - o Accounting/finance
 - o Budgeting/cost control
 - o Inventory
 - o QA/QI
 - o Marketing, selling
 - o Revenue generation; reimbursement, sales grant writing

Core Trends

The 1995 and 2000 studies identified “the core trend to be the need to do more and better with less. Rising costs, increased competition, and rising customer expectation pressures drive this trend. Computerization and automation accelerate it. Private and public organizations are downsizing, reorganizing, outsourcing, automating and relying more on multidisciplinary teams of cross-trained, versatile, flexible, creative, proactive professionals who know how to focus their efforts on the organization’s outcomes and bottom line- and who know how to show professional and public audiences that they are doing so.” Nothing in the 2006 results contradicts the basic thrust of those findings.

Other continuing trends noted in prior research and evidenced in the current findings include the decline of “traditional” dietetics jobs (clinical plus food service responsibilities in a community hospital) and the growth of other “non-traditional” opportunities (as evidenced particularly by participants in the sports/wellness/fitness and business/industry/consulting groups).

Technology continues to affect the way dietetics professionals do their work, especially in the areas of menu planning/printing/recording, charting nutrient analysis, and patient education/presentations.

The bottom line emphasis noted since 1995 continues- the focus is relentlessly on outcomes and results, for patients and for the employing organizations.

Segment Specific Trends

What follows is a recap of trends somewhat more specific to each of the vertical segments investigated.

Community

A need is seen here for even more coordination between disciplines, and more effective joint delivery of services. With a rapidly diversifying population base, there is a growing need for practitioners with strong cultural competence, and the ability to speak a language other than English (led by Spanish). Some participants feel the diversity of the dietetics profession must be increased for future success in agency settings. Finally, employers perceive a need for entry-level professionals to take on leadership roles more quickly; agencies are chronically short-staffed and depend on an almost entrepreneurial approach from practitioners to achieve needed results.

Healthcare (including Food Service group participants)

Higher acuity and greater complexity are seen as characterizing today's patient base, which the trend towards reduced hospital stays exacerbates. The latter results in the need for quicker interventions, putting a premium on efficiency, prioritizing, and decision-making. Its corollary is that the cure is being driven more and more to outpatient settings.

There is now more interdisciplinary coordination and joint delivery of service, as well as higher expectations for coordination of care at discharge. Customer service and satisfaction has become even more of a driver, as patients direct their own care more frequently, and customer satisfaction measurement becomes a competitive marketing tool. The combination of interdisciplinary coordination plus customer focus means dietetics professionals must be effective "people persons" for a broad range of stakeholders, from doctors to other health professionals to diet office staff to low-literacy patients.

Finally, some employers in this group assert that there is little to no time to train RDs on the job, so there is a strong need for practical experience prior to registration.

Long-Term Care

The combination of increasing regulation/oversight plus funding squeezes makes efficiency the watchword in this segment; employers assert that RDs must be adept at doing more with less to succeed. Because reimbursement drives revenue, documentation skills are more critical. An aging population is seen to increase the acuity and complexity of care, meaning RDs must now be much more clinically focused- there is no time for them to be in the kitchen any longer.

Because RDs are often consultants to multiple facilities (thus not always on site), they need to educate other caregivers to function in their stead: CNAs, RNs, LPNs, MDs. This group, too, felt that entry level RDs must take on leadership roles more quickly than they once did.

Business/Consulting/Sports/Wellness/Fitness

These are the areas where entrepreneurial ambitions are almost a job requirement; many discussion participants were in positions they had more or less created for themselves. These employers would also assert that there is little to no time for on-the-job training of entry level RDs, so practical experience before registration is highly valued. People skills are important for this segment too, in that patients/clients feel themselves better informed and are more likely to direct their own care; counseling and coaching, not "educating" or ordering, are the modes by which RDs will be successful. As with others, these employers feel new RDs must take on leadership and supervisory roles more quickly. Finally, uniquely, these employers consider marketing, sales, product development, and grant writing to be core competencies for entry-level RDs.

Education/Research

Some in this group see research opportunities increasing, though others would disagree. Several see a trend towards needing to educate/present to more varied audiences, both health care professionals and patients/clients.

The focus of many in this segment meant their supervision of RDs was of a more pedagogical nature, and thus of somewhat diminished interest to the main purposes of this research.

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What are my current practice area(s) and/or professional interests?

Identify your work setting (e.g., acute care hospital), position (e.g., clinical manager) and/or practice area (e.g., pediatric nutrition, public health, management, sales/marketing, performance improvement, wellness). Be as specific as possible here. If you work in multiple practice settings or practice areas, list all of them. If you are not currently employed, you may wish to indicate your professional interests.

Within my area(s) of practice and/or professional interests, what roles or responsibilities do I perform now?

Indicate what it is that you do in your current practice areas (e.g., Do you teach? Do you conduct research? Do you assess nutritional status? Do you manage staff?). It is important to look at your major responsibilities because those are areas in which you will need to keep current. You can also describe any volunteer work you do or other connection with the dietetics profession that you have. This last point may be especially relevant for those not currently employed.

Instructions for Page 2

What external factors or trends (professional, societal, environmental) are affecting or will affect my professional practice?

Consider factors or trends that may impact the dietetics profession. Examples include changes taking place in healthcare, community outreach efforts, payor demands for documented outcomes, lifestyle changes, and changes in family demands. Record those factors that are pertinent to you.

What areas of my profession do I enjoy?

Consider and list what it is that you like to do. Examples could include public speaking, writing, working with people, or other personal interests that relate to professional growth.

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What are my current leadership responsibilities?

List leadership positions you currently hold and responsibilities that you have. Leadership positions can be in either a volunteer or employment setting.

What do I want my future practice area to be?

Identify a work or volunteer setting (e.g., acute care hospital), a position (e.g., clinical manager) and/or practice area (e.g., pediatric nutrition) you hope to obtain in the future. Be as specific as you can. If you anticipate working in multiple practice settings or practice areas, list all of them.

What are my professional strengths? What are my professional areas for improvement?

Considering your responses to the questions so far, determine your strengths and professional areas for improvement.

To answer this question, it may be beneficial to gather information from a variety of sources. Components might include:

- formal evaluations, including peer review, annual performance appraisal, or regulatory surveys,
- customer feedback, e.g., surveys, compliments, and complaints,
- practice outcomes, e.g., client/patient success from planned interventions, contributions to teams, and completion of identified objectives,
- peer review and discussions with colleagues,
- review and appraisal of prior learning activities, and
- awards, recognition certificates.

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What are my professional goals?

Based on the professional self-reflection you have just completed, prioritize your professional goals, both short-term (1 to 3 years) and long-term (3 to 5 years). List as many goals as you want to, but be realistic in your expectations. It may be helpful to distinguish between professional goals and learning goals.

A professional goal may consist of an overall professional objective, e.g., “I want to become a Board Certified Specialist in Pediatric Nutrition,” or “I want to become elected as the state president of my dietetic association,” whereas a learning goal might support a professional goal, e.g., “I want to learn more about pediatric nutrition,” or “I want to learn more about verbal communication, leadership or organizational structure.” For the most part you may want to focus more upon learning goals when participating in the PDP process.

The development of your professional and learning goals is your personal opportunity and responsibility. CDR has no requirements for your goals, *other than a requirement that the goals be dietetics-related*. It's up to you!

Examples

In Appendix F are condensed samples of the Step 1: Professional Self-Reflection worksheets.

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