

The Professional Development 2001 Portfolio

In 2001, the first group of dietetics professionals will begin using a new recertification process, the Professional Development 2001 Portfolio, which was developed by the Commission on Dietetic Registration (CDR), the credentialing agency for The American Dietetic Association (ADA). By the year 2006, all credentialed practitioners will be recertified under the new process.

The challenge to CDR was to create a professional development system that has obvious value to its various customers: dietetics practitioners, employers, regulatory agencies, and the public, all of which have different expectations of the dietetics recertification process. This article describes the forces spurring change in recertification, why the portfolio model was chosen, the process itself, and benefits of the system. Examples of portfolios and a detailed description of the steps in the process can be found on page 536.

FORCES SPURRING CHANGE

Today, widespread attention by health professionals, regulatory bodies, and the public is focused on the need for continuing the competency of health care professionals. This need was foreshadowed by the 1994 Future Search Conference, cosponsored by the ADA and CDR, which created a vision for the future of dietetics education, practice, and credentialing. This group identified professional accountability for continuing competence as a top priority. They recommended periodic reassessment of competence (1).

Several organizations have already highlighted the importance of this effort. The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), for example, has standards that require the competence of all hospital staff members be assessed and maintained, and state that documentation of certification through continuing professional education (CPE) is not enough (2).

In 1995, the Pew Health Professions Commission sent a strong message to state legislators demanding that changes in health care regulation be made and that the professions be more accountable to the publics they serve (3). Furthermore, they claimed that continuing education requirements alone do not guarantee continuing competence. In a follow-up to the 1995 report, the Pew Health Professions Commission commended professional organizations for proactively addressing competency issues and recommended, as a means of strength-

ening continuing education, a needs assessment and an evaluation of learning outcomes (4).

The dietetics profession is not alone in evaluating its continuing competency standards. A Summit on Continued Competence, sponsored by the Interprofessional Workgroup on Health Professions, was held in July 1997. Eighteen major health professions, including dietetics, medicine, pharmacy, occupational therapy, nursing, respiratory care, physical therapy, and dentistry, saw a need to meet and discuss new methods of assessing continued competency for health professionals. A basic tenet of all groups represented was that the professions must change the way they address the continuing competence of practitioners.

Finally, CDR's mission was a driving force in developing a new system. CDR is guided by its mission of protecting the nutritional health and welfare of the public through establishing and enforcing certification and recertification standards for the dietetics profession.

GUIDING AND DOCUMENTING PROFESSIONAL DEVELOPMENT

It is estimated that the half-life of dietetics knowledge is about 3 years. Research suggests that sustained performance changes require reflection, careful needs assessment, and planning (5). A review of continuing medical education literature reported that formal delivery methods such as conferences, without practice-reinforcing strategies, have relatively little impact on performance in practice (6).

Effective CPE is more complex than information transfer alone, requiring such steps as (a) identifying what needs to be learned, (b) using educational methods that optimize learning, (c) developing strategies to implement what has been learned, and (d) transferring new learning into practice.

The portfolio process builds on the value of CPE and includes the following steps (7):

- Step 1: professional self-reflection,
- Step 2: learning needs assessment,
- Step 3: learning plan development,
- Step 4: implementation of the learning plan, and
- Step 5: evaluation of learning plan outcomes.

CPE remains an integral part of the portfolio process; however, the additional steps—reflection, learning needs assessment, learning plan development, and learning plan outcomes evaluation—strengthen CPE and the recertification process.

BENEFITS OF THE PORTFOLIO

The array of professional development activities that will be accepted has been expanded to include professional leadership, sponsored independent learning (ie, mentoring relationships), and reading from professional journals. Whether dietetics practitioners learn best by listening, reading, observing, or participating, their preferred style of learning is accepted. In addition, many of these activities present more cost-effective venues than the traditional conference-based method. Some of these activities may also be more convenient for those residing in more rural areas with limited access to metropolitan conference venues.

The Professional Development 2001 Portfolio was developed by the Competency Assurance Panel of The Commission on Dietetic Registration:

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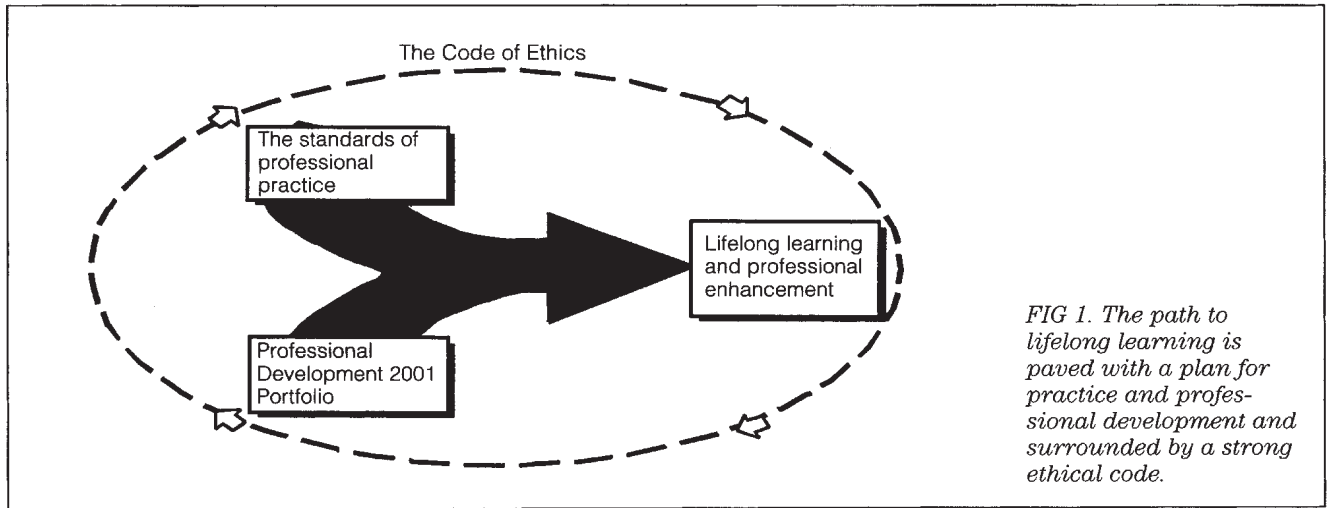


FIG 1. The path to lifelong learning is paved with a plan for practice and professional development and surrounded by a strong ethical code.

In addition to meeting the recertification requirements of CDR, the portfolio has multiple other uses. For instance, JCAHO has management of human resources standards regarding competence assessment and development (8). The portfolio steps of reflection and personal assessment, learning plan development, self-evaluation of learning plan objectives, and the application of learning to practice are consistent with the intent of JCAHO's standards (2).

In fact, in some cases, a facility's process (established to meet JCAHO standards) may be approved as the reflection and personal assessment step of the recertification process. Conversely, dietetics staff likely could use documentation of the CDR system to meet JCAHO standards, thus preventing a duplication of efforts (9).

Many state licensure boards require dietetics professionals to participate in CPE to maintain licensure. Licensed professionals can use CPE units for both licensure and CDR recertification. CDR continues to communicate with licensure boards to encourage their adoption of the portfolio, where possible. However, it remains the responsibility of individual professionals to verify that the activities engaged in meet the requirements of both CDR and the state licensing board.

Additionally, keeping copies of the completed portfolio forms can help dietetics professionals demonstrate the paths they have taken and assist in determining future growth and career directions. The portfolio can be particularly important in the current health care environment, where an ability to demonstrate knowledge, skills, and growth is very attractive to present and future employers.

PROFESSIONAL ACCOUNTABILITY

How does the portfolio enhance accountability? It works in conjunction with the Code of Ethics for the Profession of Dietetics (10) and the Standards of Professional Practice (11) to improve dietetics practice and to promote professional competence through personal accountability (Figure 1). The portfolio allows the dietetics professional to take responsibility for his or her own professional development.

By grounding the process in professional practice, the professional assumes responsibility for selecting learning activities that have a direct relationship to that practice (Figure 2). CDR's role then shifts from approving or denying CPE activities to one of providing dietetics professionals with the tools for self-directed learning, verifying that each step in the process has been completed and meets minimum guidelines. In response to feedback from practitioners requesting enhanced

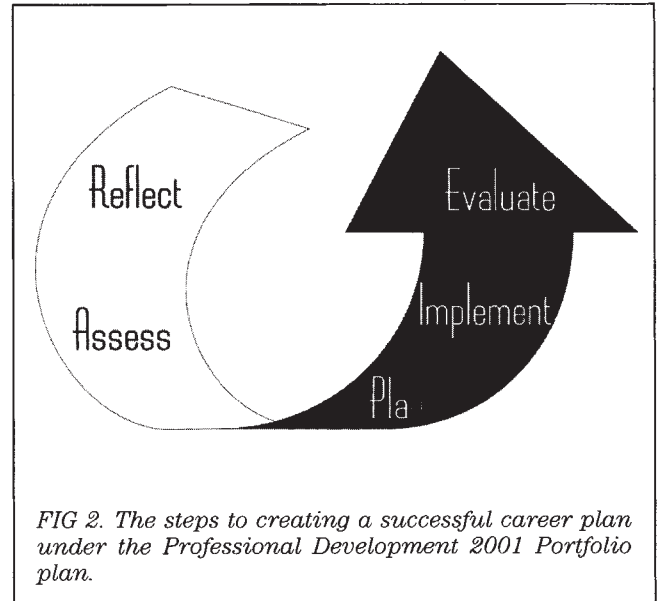


FIG 2. The steps to creating a successful career plan under the Professional Development 2001 Portfolio plan.

accountability, portfolios will also be audited at random and by identified triggers.

NATIONAL PILOT-TEST STUDY

CDR's Competency Assurance Panel began work on the redesign of recertification processes in 1995. CDR mailed draft 1 to all credentialed practitioners in 1996. Practitioner feedback has been instrumental in refining the portfolio to meet the challenge of creating a process that is valued by practitioners, employers, regulatory agencies, and the public.

With that in mind, CDR awarded Oklahoma State University (OSU) the contract to conduct the national pilot test of the portfolio in 1998. The pilot test is designed to provide information from practitioners as they implement the process. Coinvestigators Kathryn S. Keim, PhD, RD, of the nutritional sciences department at OSU, and Christine A. Johnson, PhD, director of the Bureau for Social Research at OSU, are conducting the pilot of draft 4 of the portfolio.

A random sample of practitioners recertifying in May 1998 (3,000 registered dietitians and 530 dietetic technicians, registered) was invited to participate in the study. The study, spanning 2 years, will compare a control group of participants

CPE Activity	Mean score ± SD
Seminars	4.18 ± 0.93
Lectures	4.02 ± 1.06
Workshops	4.01 ± 1.05
Professional reading	3.25 ± 1.27
Self-study programs	3.18 ± 1.40
Video, audio, and computer-based materials	2.97 ± 1.24
Exhibits	2.92 ± 1.26
Case presentation	2.79 ± 1.26
Professional leadership	2.78 ± 1.22
Certification	2.74 ± 1.32
Certificate program	2.70 ± 1.24
Internet, web-based courses	2.66 ± 1.35
Experiential skill development	2.57 ± 1.22
Academic coursework	2.50 ± 1.28
Courses by satellite	2.45 ± 1.21
Sponsored independent learning (mentoring relationships)	2.41 ± 1.29
Posters	2.35 ± 1.15
Journal clubs and study groups	2.19 ± 1.27
Distance learning	2.07 ± 1.16
Residency and fellowship programs	1.63 ± 0.98

FIG 3. Likelihood of dietetics professionals' (n=1,145) attending certain types of continuing professional education (CPE) activities.^a Ratings were scored on a scale ranging from 5 = most likely and 1 = least likely to attend. SD = standard deviation.
^aUnpublished data. Professional Development 2001 Portfolio National Pilot Test.

using the current CPE reporting recertification process (n=715), with an experimental group of participants using the portfolio process (n=714). Both groups completed baseline, postsurvey, and delayed postsurvey questionnaires. Rita Storey Grandgenett, MS, RD, chair of CDR's competency assurance panel, notes that the pilot surveys examine:

- perceptions of how well the portfolio embodies the desired components of a recertification program;
- feelings about using formal self-reflection and learning needs assessment;
- a selection of professional development activities;
- perceptions of how well the process affected the transfer of learning to practice.

Preliminary data analysis indicates that the response rate to the baseline survey is 41.3% (n=1,429). Most respondents are 31 to 50 years old, female, and white. Eighty-eight percent are registered dietitians, and 12% are dietetic technicians, registered. A majority of respondents live in the United States in suburban (51%), urban (28%), and rural (21%) areas. Nine participants (1%) live outside the United States. Respondents' practice areas primarily include clinical services, foodservice, and nutrition information and communication. Thirteen percent of the participants are not currently employed.

According to Keim, the survey asked dietetics professionals to examine their approaches to professional development, such as the CPE activities they attended in the past 12 months and the activities they are likely to attend. Not surprisingly, dietetics professionals mentioned seminar, lecture, and workshop formats that are familiar and widely available CPE activities. "One remarkable finding is that practitioners are interested in professional reading and professional leadership as CPE activities, which are new options for professional develop-

ment in the portfolio," says Keim. Respondents cited everything from self-study, video, audio, and computer-based materials to exhibits and case presentations as approaches to consider for professional development. Other new options for CPE in the portfolio include certifications, certificate programs, residency and fellowship programs, and sponsored independent learning (including mentoring relationships).

"If practitioners understand their preferred learning style, they can select professional development activities that will maximize their learning experiences," says Gail Gates, PhD, RD, member of the Competency Assurance Panel. She adds that knowing the type of CPE activities dietetics professionals prefer is also valuable information for providers of CPE activities, such as ADA affiliates, dietetic practice groups, and commercial providers (Figure 3). Providers can play a pivotal role in enhancing the professional development of dietetic technicians, registered, and registered dietitians by designing and delivering CPE activities that meet practitioner's preferred learning styles, use innovative instructional techniques, and offer a variety of learning opportunities.

CDR plans to share additional data from the national pilot test at ADA's Annual Meeting and Exhibition in October 2000. Results from the pilot will be used to refine the process and forms prior to implementation in 2001.

Workshops

CDR recently provided ADA delegates with a copy of a scripted interactive workshop for conducting presentations nationwide. Valuable input is being received from the delegates and from you. Speak with your delegate to arrange a workshop in your area.

Feedback

Since the first draft of the Professional Development 2001 Portfolio was created in August 1996, CDR has received invaluable feedback from ADA leadership and members. CDR continues to welcome input. E-mail redesign@eatright.org or call 800/877-1600, ext 4768, to assist in evaluating the portfolio goals and processes. CDR will continue to communicate with practitioners during each stage of development.

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