COMPETENCE TO FUNCTION AS THE DIETETIC SERVICE SUPERVISOR IN LONG-TERM CARE FACILITIES

By

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Bachelor of Science

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1964

Submitted to the Fac lty of the Graduate College
of the Oklah a State University
in partial fulfil ment of the requirements
for the Degree of
MASTER OF SCIENCE
December, 1977

COMPETENCE TO FUNCTION AS THE DIETETIC SERVICE SUPERVISOR IN LONG-TERM CARE FACILITIES

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ACKNOWLEDGMENTS

Appreciation is expressed to all those who have helped to make this study possible. Grateful appreciation is especially due Dr. Esther Winterfeldt, thesis adviser.

Also, the author would like to thank Dr. Bernice Kopel and Dr. Mary Marguerite Scruggs for their assistance on the thesis committee.

Acknowledgment and appreciation is expressed to Dr. William Warde for his expert guidance and assistance in statistical analysis.

The assistance provided by Miss Mary Leidigh during the early phases of the research is greatly appreciated.

The author also wishes to acknowledge the constant support and encouragement offered by my husband, Rick, and my children, Heather and Erick. Without their understanding and patience, this study would not have been possible.

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CHAPTER I

INTRODUCTION

The urgent need to provide sound, effective educational programs for supportive personnel in the field of dietetics is a nation-wide challenge to dietetic educators. As early as 1943, the American Dietetic Association (A.D.A.) recognized the need for delegation of duties to non-professional personnel (1). Since that time, the selection, training and utilization of dietetic supportive personnel has undergone, and still is undergoing, an evolutionary process of maturation and development. In 1972, the report of the Study Commission on Dietetics, which had been formed by A.D.A., pointed out several important implications for change in the profession. One of these, pertinent to this discussion, was:

> Dietitians must learn to delegate some of their historic tasks and roles to other less highly trained workers. With a rising demand for their services requiring a higher level of knowledge and skill, dietitians simply cannot be used in the performance of duties which are routine and repetitive. An important need is to define these tasks and to see that enough dietetic technicians and dietetic assistants are then prepared for the responsibilities which can be delegated to them (2, p. 42).

In response to this report and other stimuli, A.D.A. published a Position Paper on the dietetic technician and dietetic assistant in 1975. In this paper it was stated:

> The American Dietetic Association supports the education, utilization and involvement of dietetic technicians and

> dietetic assistants to assist the dietitian in providing quality nutritional-care services for health maintenance (3, p. 246).

Need for Research

The demand for well-trained supportive personnel is unquestionable. However, there are many questions to be answered concerning the education of individuals to function in this capacity. An immediate need is to identify the competencies necessary to perform as a dietetic service supervisor in long-term health care facilities.

In no area of the health care field is there greater need for well-trained dietetic assistants than in long-term health care facilities, such as nursing homes (4). Federal regulations now require a trained food service supervisor to be in charge of dietetic service in such facilities receiving federal funds under Medicare and Medicaid (4) (5). Graduates of A.D.A.-approved programs for dietetic assistants fulfill these qualifications.

The need for trained dietetic service supervisors is recognized in Oklahoma. Since 1968, A.D.A.-approved courses for food service supervisors have been offered on a statewide basis through a joint effort of the Home Economics Division of the State Department of Vocational and Technical Education, and the Nutrition Division of the State Department of Health.

In response to new regulations and recent changes in A.D.A. guidelines for the education of the dietetic assistant, the Oklahoma program for dietetic assistants (food service supervisors) was revised in 1974 by the Nutrition Division of the State Department of Health. This author was retained as Program Director and was responsible for developing the

curriculum, working closely with Elizabeth Hensler, R.D., Director of the Nutrition Division. The goal was to train persons already employed as supervisors of dietetic services in Oklahoma's health care facilities.

In the fall of 1974, with the cooperation of the Home Economics Division of the State Department of Vocational and Technical Education, the first classes using the revised program were begun. Since that time, approximately 350 students have enrolled in the program, with classes offered at eight to ten sites around the state on a yearly basis.

From the outset, efforts were made to implement a program that would be both effective and relevant. An Advisory Committee was formed to help evaluate curriculum content and design. Evaluation of students was carried out by both classroom and clinical instructors. Student evaluation of the curriculum and instructors was utilized at the completion of each course.

The worth of the program, in terms of whether or not graduates develop the areas of competence needed by dietetic assistants who function as supervisors of dietetic services in long-term health care facilities in Oklahoma, has not been evaluated. It was hoped that information gained from this study would not only result in data helpful in improving the Oklahoma dietetic assistant program, but would provide background for curriculum design and program planning for dietetic educators in other areas.

Objectives of Research

The purpose of this study was to evaluate the importance of selected

behaviors related to the competence to function as a dietetic supervisor in a long-term health care facility. In addition, the information obtained would make it possible to evaluate the relevance of the Oklahoma Dietetic Assistant Program, based on these selected competencies. Such evaluation would indicate areas of needed improvements or revision.

The specific objectives of the proposed study were:

1. To develop an instrument for surveying employers, consultant dietitians, and dietetic assistants in regard to the importance of selected behaviors related to competence to function as a dietetic service supervisor in a long-term health care facility.
2. To utilize the instrument developed to collect data related to such competence.
3. To make information obtained available for the evaluation of Oklahoma Dietetic Assistant Program objectives. Data obtained could also be made available to program planners in other states.

Hypothesis

The hypothesis which was tested in the study stated that there was no significant difference in the importance attributed to selected areas of competence related to functioning as dietetic supervisor in a long-term health care facility as considered by:

a. Administrators,

b. R.D. consultants,

c. Dietetic service supervisors, and,

d. R.D. instructors involved in the Oklahoma Dietetic Assistant Program.

Assumptions

This study was based on the following assumptions:

1. There is need to identify the competencies necessary to function as the dietetic service supervisor in a long-term health care facility.
2. The opinions of the administrators, R.D. consultants, and dietetic service supervisors in long-term health care facilities in Oklahoma and those of the R.D. instructors on the program staff of the Oklahoma Dietetic Assistant Program would be an acceptable indication of the competencies considered necessary in such functions.
3. Information gained could be useful in continued development of the Oklahoma Dietetic Assistant Program.
4. Conclusions and recommendations derived from this study could be of assistance to those planning, conducting or evaluating similar programs in other states.

Limitations of Research

The following limitations of the research should be taken into consideration:

1. Little information was available on the development of an instrument to obtain information on identifying competencies needed to function effectively as the dietetic service supervisor in a long-term health care facility.

2. Use of a questionnaire to obtain the data for this study carries the limits usually associated with the use of this method.

Definition of Terms

This study is related to the category of dietetic supportive personnel referred to as dietetic assistants. A dietetic assistant is:

> A person who has successfully completed a program for dietetic assistants which meets the standards established by The American Dietetic Association. Under the supervision of a dietitian, or a dietetic technician, or an administrator and a consultant dietitian, and through assigned tasks, the dietetic assistant participates in providing food service supervision and nutritional care services (3, p. 246).

Due to recent interest in competency-based education, many definitions can be found for the term "competency". In reporting an experience in higher education, Wight (6) advises that a rigid position should not be adopted as to what a competency means. He defined a competency as an explicit statement of what the student would be able to do upon completion of a course.

In this study, the following definition of terms is used:

1. Competence--A broad term used to refer to the ability to exhibit specific behaviors considered necessary to function successfully in the practice of dietetic service supervision.
2. Areas of competence--The various categories of abilities generally considered necessary to function as a dietetic service supervisor. Examples include menu planning and food purchasing.
3. Competencies--Specific behaviors or abilities which, added

together, signify attainment of an area of competence, used synonymously with behavioral objectives.

Long-term health care facilities are those designed to provide in-patient services for an extended period of time, as opposed to the relatively short periods of care provided by hospitals. Types of institutions included are nursing homes, convalescent centers and homes for the mentally retarded.

The definitions of other terms referred to throughout the study are as follows:

1. Registered Dietitian (R.D.)--An individual who has completed all requirements (didactic and clinical) as outlined by the Commission of Dietetic Registration, and who has successfully completed the registration examination and meets continuing education requirements.
2. R.D. consultant--A registered dietitian who is retained by a facility to provide regular consultation in regard to the dietetic service in that facility.
3. R.D. instructor--A registered dietitian who holds a teaching position for the classroom portion of the Oklahoma Dietetic Assistant Program.
4. Dietetic service supervisor--A designated individual, suited by education and experience, who is responsible for the day-to-day supervision of the dietetic service in a long-term health care facility. Dietetic assistants are qualified to serve as the dietetic service supervisor in a long-term health care facility (5).

CHAPTER II

REVIEW OF LITERATURE

Introduction

The scope of this study encompasses at least two major areas, dietetics and education. More specifically, background in the role of the dietetic assistant and in the evaluation of a program for development of students' competence as dietetic service supervisors in long-term health care facilities is required by program planners, employers, registered dietitians, and dietetic service supervisors. Therefore, the literature pertaining to the following subject areas was surveyed:

1. Evolution of the role of the dietetic assistant;
2. Educating for competence in dietetic service supervision; and
3. Evaluation of a program designed to develop competence.

Evolution of the Role of the Dietetic Assistant

A shortage of qualified professional dietitians is considered the precipitating factor in the recognition of the need for dietetic supportive personnel (1) (3) (7) (8) (9) (10) (11) (12) (13). The members of A.D.A. initially responded to this need in 1941, when they first recognized the need to delegate tasks to non-professional personnel so that qualified dietitian's time could be used more profitably with

duties for which she had been educated (10).

Since that time, A.D.A. has been active in conducting projects designed to assist in the selection, training, and utilization of dietetic supportive personnel. Two such projects during World War II contributed much knowledge to this effort. The "Volunteer Dietitians Aide Program" was carried on in cooperation with the American Red Cross from 1943 to 1945 (8) (9) (10). A "Training Program for Food Service Department Employees" was conducted by A.D.A. from 1943 to 1946 (8).

The results of the above mentioned programs sparked continued efforts. The idea of the dietitian delegating routine duties to personnel with less education was accepted as the shortage of professional dietitians became more acute following World War II. An A.D.A. report states:

> At first a somewhat nebulous and radical idea, this proposal has now received general acceptance and implementation by the profession, and within the last fifteen years, the organization charts for the department of dietetics in approximately 70 percent of the hospitals with more than 100 beds have been redrawn to include the position of the food service supervisor (1, p. 183).

The role of the dietetic assistant has matured as reflected in the literature (1) (3) (4) (5) (7) (8) (9) (10) (11) (12) (13) (14). For example, the definition and role of the food service supervisor was approved in 1954, by A.D.A., as follows:

> The over-all purpose of this position is: to perform supervisory functions which the dietitian may delegate; to relieve the dietitian of some administrative routine; and to allow the dietitian to concentrate on over-all administration of the dietary department. The following job description indicates the duties and responsibilities which may be delegated to the food service supervisor specifically assigned to the director of the department or to dietitians in charge of specific work areas.
>
> 1. Orients, trains, and supervises new employees.
> 2. Trains and supervises other employees.

3. Instructs employees in maintenance and care of equipment.
4. Makes employees' work and time schedules.
5. Supervises sanitation and housekeeping.
6. Supervises dishwashing unit.
7. Supervises activities of work areas including cafeterias and dining rooms.
8. Maintains standards of safety.
9. Takes refrigerator inventories.
10. Prepares initial orders for food supplies and small equipment.
11. Checks and receives deliveries.
12. Maintains and improves standards of food preparation and service.
13. Supervises the use of and assists in the standardization of recipes.
14. Caters special functions.
15. Writes modified diets according to established patterns.
16. Supervises 'diet kitchen', if any.
17. Supervises ward serving units or central tray service.
18. Contacts patients daily on routine diets and/or selective menus.
19. Prepares efficiency ratings of employees; reviews these first with the dietitian and then with the employee.
20. Takes part in dietary department conferences (9, p. 693).

By 1974, definite educational standards had been defined for this category of dietetic supportive personnel. The A.D.A. definition and role of the dietetic assistant reflected the improved education and training requirements as indicated in the following:

> Dietetic assistant--A skilled person who has successfully completed a high school education or equivalent and a dietetic assistant's program which meets the standards established by The American Dietetic Association. The dietetic assistant, working under the guidance of an R.D., or an A.D.A. dietitian, or a dietetic technician, has responsibility in assigned areas for food service to individuals and groups.
>
> RESPONSIBILITIES--DIETETIC ASSISTANT
> 1. Assists in standardization of recipes and testing of new products.
> 2. Receives deliveries and checks receipts against specifications and orders.
> 3. Assures correct storage and inventory of food and supplies.

4. Prepares food production work sheets and assists in the supervision of food production and service.
5. Supervises personnel in sanitation, safety, and security practices in accordance with established standards.
6. Instructs personnel in use, care, and maintenance of equipment.
7. Assists in orientation, on-the-job training, and in-service educational programs for personnel.
8. Plans daily personnel schedules based on a master rotation plan, monitors and makes necessary adjustments in daily personnel coverage, and maintains attendance records.
9. Participates in personnel evaluation programs.
10. Understands and supports personnel policies and union contracts.
11. Collects operational data as requested.
12. Assists in implementing cost control procedures.
13. Makes recommendations which may be incorporated into policies or procedures.
14. Recommends improvements for facility and equipment needs.
15. Processes dietary orders, menus, and other directives related to patient care.
16. Helps patients select menus.
17. Writes modified diets according to established patterns.
18. Utilizes appropriate verbal and written communications and public relations, inter- and intra-departmentally (14, p. 663).

As the role of the dietetic assistant evolved and became more sophisticated, programs designed to prepare individuals to perform in this capacity attempted to adapt to the needs of students and employers. Increased efforts to educate competent dietetic assistants have been necessitated by legislation (4) (5), A.D.A. educational standards (17), and the demand for increased numbers of individuals to perform in this capacity (4).

Educating for Competence in Dietetic Service Supervision

Guides for the selection and training of dietetic service supervisors are referred to in the literature (8) (9) (10). Programs

currently approved by A.D.A. must meet the "Essentials of an Acceptable Program of Dietetic Assistant Education" (17).

Very few recent studies concerned with the education of the dietetic service supervisor were found. The search revealed only two studies which analyze tasks to determine what behaviors the dietetic assistant needs to demonstrate.

Wallen (15) conducted research to identify the competencies related to the supervision of food production tasks as a basis for curriculum design. Her research consisted of developing a questionnaire based on competencies possibly needed to supervise 12 selected food production tasks. The survey instrument was completed by eight qualified judges, four practitioners and four educators. The importance attributed to each competency by the eight judges was analyzed by computing means and standard deviations for each of the 12 tasks.

Ozeck (16) performed a series of on-site interviews to analyze the jobs of food service supervisors in various types of health care facilities in New York state. An instrument helpful in analyzing and comparing the jobs of food service supervisors in various organizations as a screening process before entry into a training program was developed as part of this research.

The concern with performance-based education of the dietetic assistant is reflected in the "Essentials of an Acceptable Program of Dietetic Assistant Education" as follows:

> The major goal of a program is the development of the student's competency to practice effectively as a dietetic assistant (food service supervisor) in the nutritional care of individuals and groups. The program through which a given student progresses thus must be directed toward the development of this competency . . . Program goals are

> clearly stated in terms of what competency the graduates will have (17, p. 4).

Performance-based or competency-based education is currently a topic of wide discussion among educators in general. However, much controversy and confusion stems from conflicting terminology. Gale and Pol (18) attempt to define competence using a conceptual framework. Competence is defined as a complex of many elements which are extremely difficult to identify. A conceptual model is used to illustrate the cone of competence, with interrrelated levels and degrees. Areas of competence, zones of proficiency and the overlapping zones of competence are also shown using conceptual models.

Educators are still questioning the application of competency-based education. Hertling (19) considers applying this approach in adult education programs. Ganeles (20) and many others have investigated the use of competency-based programs for preparing teachers and determined that such an approach has definite application in this area.

The philosophical basis for competency-based education seems relatively simple. Klingstedt (21) states that competency-based education is dependent on defining what constitutes competency in a given field.

The difficulty is defining what constitutes competency in a given field. Gale and Pol (18) state that competency is tied to a position or role. Possession of the critically required abilities, knowledge, judgment, skills, attitudes and values--and proficient use of the same--is what yields competence in an individual functioning in that position or role.

The first step in developing a competency-based program is the identification of the knowledge and behaviors which result in competence

(18) (19). Other distinguishing characteristics associated with competency-based education include:

1. Achievement of a certain criteria is the signal for completion of a unit of work, rather than a specified length of time (21) (22).
2. Evaluation of progress is based on criterion-referenced tests and is a continuous process (22).

Bell (23) states that there are four basic components in implementing a competency-based education program: statement of behavior, inclusion of relevant subject matter, provision of ample learning opportunities, and evaluation. Implementation of a competency-based education program is complex and time consuming, requiring adaptation of the program to include each of the four basic components.

Hart (24) summarizes the essential elements of a competency-based education program and relates this to efforts being made to apply such an approach to dietetic education programs. She gives special emphasis to the struggle by dietetic educators to identify and define competencies for their own programs. The point is made that use of modern technology and modular packaging of learning experiences does not automatically lead to a performance/competency-based dietetic education program. Hart further states that clear identification of competencies, objectives and performance criteria are the essence of performance/competency-based dietetic education.

Evaluation of a Program Designed to Develop Competence

Provus (25) states that there are at least five definitions to

consider when determining what is meant by program evaluation:

1. The judgment of authorities about a program;
2. The opinions of program staff;
3. The opinions of those affected by the program;
4. A comparison of actual program outcomes with expected outcomes; and,
5. A comparison of an executed program with its design (p. 10).

Filbeck (26) indicates that evaluation includes assessing the effectiveness of a program and also its worth or value. Evaluating program worth involves determining the relevance of what is learned while program effectiveness involves showing that students have actually achieved the skills and understandings outlined as objectives.

The literature reveals that evaluation is often considered a difficult and complex aspect of education and training (26) (27) (28). However, program evaluation is important for several reasons.

Zenger and Zenger (29) state that careful consideration of evaluation will strengthen the entire curriculum. More specifically, Fast (30) deals with program relevance or evaluating whether or not program participants are really getting what they want.

The educator must be concerned with whether or not the knowledge and skills achieved in an educational program are of value to the student. Leles and Cruise (31) state that two developments have had unexpected and positive impact upon educational evaluation. These developments are the framing of behavioral objectives and the increased emphasis on vocational education. As a result of work with measurable objectives, more attention is now given to the problems of verifying learning in classrooms and in determining the value of programs. The emphasis on vocational education has led to a desire for students to learn meaningful skills, relevant to successful job performance.

The timing of program evaluation is an important factor. Filbeck (26) states that worth and relevance can be determined empirically only after a program has been successfully implemented.

Fast (30) reports that through each developmental stage of a program, training directors are guided by what they believe to be participants' needs. But only when an accurate method is devised for determining how well participants' needs actually are being met can a program be adjusted and refined.

In his discussion of evaluating program worth, Filbeck (26) indicates that the purposes of program evaluation dictate that the process occur as a follow-up of graduates. Therefore, evaluation begins after the program is implemented.

Follow-up of graduates is advocated by others, also. Mirsberger (28) refers to the follow-up of graduates as the most crucial phase of the evaluation process because it is directly concerned with the adequacy and relevance of the training received.

In discussing how to improve the results of educational endeavors, Mager (32) says:

> Sometimes we know how well we are doing, but we don't know exactly how we are doing it. If we knew what we were doing that was contributing to failure, we could do more of the one and less of the other (p. 83).

Summary

The review of literature yielded only two recent studies directly related to the education of the dietetic assistant (food service supervisor) in relation to competencies or abilities needed. No study was found relating specifically to competencies needed by individuals

who function as the dietetic service supervisor in long-term health care facilities.

The need for such a study appeared to be well-established. Smith (4) pointed out this need by stating that structured educational programs for the food service supervisor have been offered for nearly two decades. However, today in nursing homes and small hospitals, the full-time supervisor or cook manager of the dietetic service is frequently assigned to the top departmental position with no preservice or subsequent education to increase competency in supervision, nutrition, and food management.

The literature revealed adequate background information in relation to the evolution of the role of the dietetic assistant, competency-based education and program evaluation, on which to base the study.

CHAPTER III

PROCEDURE AND METHODOLOGY

The purpose of this study was to identify the competencies necessary to perform as the dietetic service supervisor in long-term health care facilities. In order to accomplish this, an effective survey instrument was needed, as well as selection of a valid sample, and use of appropriate methodology in collecting and analyzing the data.

Development of the Instrument

Several factors were utilized in determining the type of instrument to use. The nature of the data to be obtained, the background of the subjects, the resources and time available were all taken into account. It was decided that a questionnaire would be the most appropriate instrumentation.

Information concerning the use of questionnaires in survey research and the construction of scales with validity and reliability, found in Compton and Hall (33), was utilized by the author as background in construction of the instrument. Questionnaires developed by Wallen (15) and Ozeck (16) also provided insight.

The data gathered pertained to the importance the subjects attributed to selected behaviors which are felt to contribute to competence to practice dietetic service supervision in a long-term care facility. The derivation of the areas of competence included in the questionnaire

was based on information found in the Instructor's Manual for the Oklahoma Program for the Education of the Dietetic Assistant (34) and "Interpretative Guidelines and Survey Procedures for the Application of Standards for Institutions for Mentally Retarded or Persons with Related Conditions" (35). The "Essentials of an Acceptable Program of Dietetic Assistant Education" (17) was also consulted for background in establishing the areas of competence to be evaluated by the questionnaire.

The questionnaire was constructed to deal with eight areas of competence: policies and procedures; menu planning; purchasing; storage; food preparation; nutrition and modified diets; sanitation and safety; and, supervision and personnel management. Each area of competence was delineated as consisting of specific competencies (behaviors or abilities). Five possible responses were provided for evaluating each competency within an area of competence. The possible responses were: strongly agree, agree, uncertain, disagree, and strongly disagree. Each participant was asked to indicate their title or position and the length of time in that position.

Before being distributed, the questionnaire was pre-tested to determine its clarity, appropriateness and whether completion required an excessive length of time.

One type of pre-test consisted of administering the questionnaire to two administrators, two dietetic assistants and two dietitians who would not be included in the sample. No difficulty was reported in completing the questionnaire in the pre-test. All participants felt the directions were clear, all statements were easily understood, and the questionnaire could be completed in a reasonable amount of time.

A second evaluation of the questionnaire was done by two educators, and one dietitian with considerable expertise in the area of dietetic service supervision in long-term health care facilities. The questionnaire was considered valid in its design by all three of these individuals. Suggestions regarding wording of some competencies were taken into consideration in constructing the final questionnaire. The sheet for background information was also restructured to utilize suggestions made by these individuals (Appendix A).

Selection of the Sample

After considerable research and discussion with committee members, statistics adviser and others, it was decided to request assistance from consultant dietitians throughout the state in distributing and collecting the questionnaires. A list of all dietitians in the state was obtained. This list contained the type of position each dietitian held. A letter of request (Appendix B) was sent to each dietitian indicated as a consultant on the state membership list. Those who agreed to participate in the study were mailed questionnaires to distribute to administrators and dietetic assistants in their long-term care facilities. Careful instructions (Appendix C) were included in the packet mailed to each consultant. The consultant was asked to fill out the information sheet (Appendix A) to attach to the questionnaires from each facility.

Each consultant was also requested to fill out one questionnaire. The consultants were then asked to return the questionnaires in a stamped, self-addressed envelope within one month.

In addition, a questionnaire was mailed to each instructor in the classroom portion of the Oklahoma Dietetic Assistant Program. A

background information sheet was not included in this mailing, as the data requested was not pertinent to this group of subjects.

Analysis of Data

Upon receipt of the completed questionnaires, the data was transferred to coding sheets and key punched onto computer cards. The responses to each competency were coded as follows:

Strongly agree-------5

Agree----------4

Uncertain----------3

Disagree----------2

Strongly disagree----1

Analysis was performed on each area of competence by computing the total score, or the sum of the competencies within that area.

In order to test the hypothesis of no difference in importance attributed to the areas of competence by administrators, R.D. consultants, dietetic service supervisors, or R.D. instructors, a one-way analysis of variance was used. For those areas where a significant difference was observed, a least significant difference (LSD) test was run, which allowed for the different sample sizes in each of the four groups of participants.

Information on these statistical methods, as presented by Snedecor and Cochran (36), was utilized in planning the analysis of data. A technique developed by these authors using bars to illustrate the location of significant differences among groups, was utilized in preparing Tables VI through XIII.

CHAPTER IV

RESULTS AND DISCUSSION

The purpose of this study was to evaluate the importance of competencies considered to be necessary to function as the dietetic service supervisor in a long-term health care facility. In order to do this, the individuals most directly involved were questioned. These individuals were administrators, R.D. consultants and dietetic service supervisors in long-term health care facilities, and R.D. instructors involved in the classroom portion of the Oklahoma Dietetic Assistant Program.

A letter of request (Appendix B) was initially sent to 51 R.D. consultants, asking if they would be willing to assist in the study by distributing and collecting questionnaires to administrators and dietetic service supervisors in their long-term care facilities. Forty-five replies were received, with 37 agreeing to participate. Of the eight who did not agree to participate, six reported they were no longer consulting in nursing homes and two returned their cards too late to be included. A total of 299 questionnaires were mailed to the 37 R.D. consultants. Of the 299 questionnaires mailed, 203 or 67 per cent were returned. Eight of the 203 questionnaires returned were not usable because they were not attached to the appropriate information sheets.

The R.D. consultants were requested to attach a background information sheet to the questionnaires from each facility. The data obtained

from these sheets was tabulated in order to describe the facilities and individuals represented in the study.

Characteristics of Facilities Represented in the Study

Responses to the questionnaire were received from individuals representing 93 different facilities. These facilities ranged in size from 25 beds or less to 200 beds or more. A representative sample of facilities of various sizes was included in the study. This data was represented in Table I.

TABLE I

NUMBER OF FACILITIES OF VARIOUS SIZES REPRESENTED IN THE STUDY

Number of Beds	Frequency (N)	Per Cent
50 or less	20	21.50
51-75	31	33.33
76-100	18	19.36
100-125	15	16.13
126 or more	9	9.68
Total	93	100.00

Information was requested to indicate the type of facilities in the study. Of the facilities represented, four were skilled nursing

facilities and 89 were intermediate care facilities.

The ownership of the facility was identified in each instance. The sample included three government operated facilities, nine non-profit organizations, 36 owned by individuals and 45 owned by corporations.

The location of the facilities was specified. This data, represented in Table II, showed that a cross-section of both urban and rural locations was included.

TABLE II

NUMBER OF FACILITIES REPRESENTED BY LOCATION

Location	Frequency (N)	Per Cent
City of 50,000 plus	22	23.66
City of 25,000-50,000	14	15.05
Town of less than 25,000	52	55.91
Rural	5	5.38
Total	93	100.00

The food service was managed by the facility in all instances. None of the facilities represented in the study had a contract food service operation.

Characteristics of Individuals Represented in the Study

Usable questionnaires were obtained from 90 dietetic service supervisors, 77 administrators, 23 R.D. consultants, and six R.D. instructors in the Oklahoma Dietetic Assistant Program. The type of education of the dietetic service supervisor was requested. Of the 90 included, 84 had completed at least the classroom portion of the Oklahoma Dietetic Assistant Program, four had completed the Florida correspondence course in food service supervision, one was a graduate of the A.D.A. correspondence course, and one had attended a training course for food service supervisors in Texas.

The length of time the dietetic service supervisor had been directing the dietetic department in their facility was indicated in the background information. This data was represented in Table III.

TABLE III

LENGTH OF TIME THE DIETETIC SERVICE SUPERVISOR HAD BEEN DIRECTING THE DIETARY DEPARTMENT

Length of Time	Frequency (N)	Per Cent
Less than one year	17	18.89
1-5 years	48	53.33
6-10 years	20	22.22
11 plus years	5	5.56
Total	90	100.00

The number of hours per week the dietetic service supervisor spent in supervisory functions ranged from 0 to 40 hours per week. The average amount of time devoted to supervisory duties was 18 hours per week.

The amount of time the dietetic service supervisor spent in food preparation and service was also requested. This ranged from 0 to 40 hours per week. The average amount of time spent in food preparation and service was 20 hours per week.

There were 77 administrators included in the study. The length of time they had been in their present position was requested. This data was represented in Table IV.

TABLE IV

LENGTH OF TIME ADMINISTRATOR HAD BEEN IN PRESENT POSITION

Length of Time	Frequency (N)	Per Cent
Less than 5 years	36	46.75
6-10 years	28	36.36
11-15 years	8	10.39
16-20 years	4	5.20
20 plus years	1	1.30
Total	77	100.00

Twenty-three R.D. consultants completed questionnaires. The length of time they had been consulting was requested. This data was represented in Table V.

TABLE V

LENGTH OF TIME R.D. HAD BEEN CONSULTING

Length of Time	Frequency (N)	Per Cent
Less than 5 years	11	47.83
6-10 years	9	39.13
11-16 years	2	8.69
16-20 years	1	4.35
Total	23	100.00

Area of Competence Related to Policies and Procedures

A mean response for the seven competencies (items 1.1 through 1.7 of questionnaire) related to policies and procedures was calculated for each of the four groups of individuals being compared. This data was represented in Table VI. Information regarding responses to individual items by the four groups surveyed is presented in Appendix D.

All four groups being compared gave mean responses which fell between the agree (4) and strongly agree (5) range. A relatively high number of positive responses was to be expected, as the questionnaire

was designed around behaviors generally considered to be necessary to function as a dietetic service supervisor.

TABLE VI

ANALYSIS OF RESPONSES TO AREA OF COMPETENCE RELATED TO POLICIES AND PROCEDURES

	Dietetic Service Supervisors	Administrators	R.D. Instructors	R.D. Consultants
Mean	4.237	4.264	4.371	4.422
Significant Differences	├──┤			

Overall Mean--4.278

Source	DF	Sum of Squares	Mean Square	F Value	Prob > F
Title	3	0.653	0.218	0.876	0.543
Residual	169	42.029	0.248		

No significant difference (see Table VI) was found among the four groups in their responses to this area of competence ($F = .876$, $P = .543$). However, it was noted that the highest mean response was given by the R.D. consultants, then the R.D. instructors, followed by the dietetic service supervisors and finally, the administrators.

Area of Competence Related to Menu Planning

Participants were asked to react to seven competencies (items 2.1 through 2.7 of questionnaire) in the area of competence related to menu planning. The data obtained was reported in Table VII.

TABLE VII

ANALYSIS OF RESPONSES TO AREA OF COMPETENCE RELATED TO MENU PLANNING

	Administrators	Dietetic Service Supervisors	R.D. Consultants	R.D. Instructors
Mean	4.307	4.316	4.539	4.829
Significant Differences	⊢——————————⊢		⊢——————————⊢	

Overall Mean--4.353

Source	DF	Sum of Squares	Mean Square	F Value	Prob > F
Title	3	2.157	0.719	2.862	0.037
Residual	180	45.228	0.251		

Significant differences were found among the four groups of respondents in the area of competence related to menu planning ($F = 2.86$, $P = .037$). Responses given by the R.D. instructors were significantly

higher than those given by the dietetic service supervisors and administrators (see Table VII).

The fact that the R.D. instructors attributed significantly more importance to the competencies related to menu planning than did the dietetic service supervisors and administrators is evidence that further evaluation and study of this area of competence would be appropriate. This information could be applied in questioning whether or not adequate time is spent by instructors in discussing why menu planning is important, as well as time explaining the mechanics of menu planning.

No significant difference was found between R.D. instructors and R.D. consultants regarding the importance attributed to competencies related to menu planning. Nor was there a significant difference among R.D. consultants, dietetic service supervisors and administrators.

Area of Competence Related to Purchasing Food and Supplies

The portion of the questionnaire related to purchasing of food and supplies included seven competencies (items 3.1 through 3.7 of questionnaire). Mean responses of competence were summarized in Table VIII.

No significant difference (see Table VIII) was found among the four groups of respondents in the importance attributed to competence related to purchasing food and supplies ($F = 2.296$, $P = .078$). Highest mean responses were given by R.D. instructors and R.D. consultants. Lowest mean responses were given by the dietetic service supervisors.

TABLE VIII

ANALYSIS OF RESPONSES TO AREA OF COMPETENCE RELATED TO PURCHASING FOOD AND SUPPLIES

	Dietetic Service Supervisors	Administrators	R.D. Consultants	R.D. Instructors
Mean	4.263	4.366	4.398	4.800
Significant Differences	⊢——————————————————————————⊣			

Overall Mean--4.336

Source	DF	Sum of Squares	Mean Square	F Value	Prob > F
Title	3	1.663	0.554	2.296	0.078
Residual	178	42.980	0.241		

Area of Competence Related to Storage of Food and Supplies

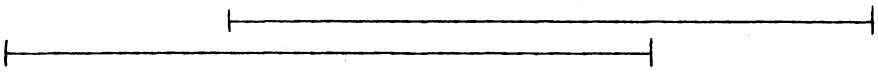
The area of competence related to the storage of food and supplies included three competencies (items 4.1 through 4.3 of questionnaire). Mean responses given by the four groups were presented in Table IX.

A significant difference (see Table IX) was found in the importance attributed to this area of competence by R.D. instructors and dietetic service supervisors ($F = 4.056$, $P = .008$). As was found in the area of menu planning, the R.D. instructors considered competence in storage of food and supplies significantly more important than did the dietetic

service supervisors. This trend could possibly be explained as a natural tendency by an instructor to place more importance on what is being taught than does the student.

TABLE IX

ANALYSIS OF RESPONSES TO AREA OF COMPETENCE RELATED TO STORAGE OF FOOD AND SUPPLIES

	Dietetic Service Supervisors	Administrators	R.D. Consultants	R.D. Instructors
Mean	4.458	4.588	4.696	4.944
Significant Differences				

Overall Mean = 4.553

Source	DF	Sum of Squares	Mean Square	F Value	Prob > F
Title	3	2.268	0.756	4.056	0.008
Residual	189	35.225	0.186		

No significant differences were found among the other groups. Further study would be necessary to determine possible causes for these results.

Area of Competence Related to Food Preparation

Eight competencies (items 5.1 through 5.8 of questionnaire) were included in the area of competence related to food preparation. Table X summarized the data pertaining to this area of competence.

TABLE X

ANALYSIS OF RESPONSES TO AREA OF COMPETENCE RELATED TO FOOD PREPARATION

	Dietetic Service Supervisors	Administrators	R.D. Consultants	R.D. Instructors
Mean	4.357	4.505	4.582	4.833
Significant Differences	⊢———	⊢———	⊢———	⊢———

Overall Mean = 4.459

	DF	Sum of Squares	Mean Square	F Value	Prob > F
Title	3	2.206	0.745	3.604	0.015
Residual	181	36.933	0.204		

A significant difference (see Table X) was again found between the mean responses given by R.D. instructors and dietetic service supervisors ($F = 3.604$, $P = .015$). Again, the R.D. instructors gave significantly higher responses than did the dietetic service supervisors.

No significant differences were found among the other groups. This pattern of response was apparent in three of the five areas of competence considered thus far.

Area of Competence Related to Nutrition and Modified Diets

Participants were asked to react to six competences (items 6.1 through 6.6 of questionnaire) pertaining to competence in the area of nutrition and modified diets. Their responses were compared as shown in Table XI.

TABLE XI

ANALYSIS OF RESPONSES TO AREA OF COMPETENCE RELATED TO NUTRITION AND MODIFIED DIETS

	Dietetic Service Supervisors	Administrators	R.D. Consultants	R.D. Instructors
Mean	4.379	4.403	4.572	4.639
Significant Differences	├──┤			

Overall Mean = 4.420

Source	DF	Sum of Squares	Mean Square	F Value	Prob > F
Title	3	0.987	0.329	1.569	0.197
Residual	186	38.997	0.210		

No significant differences (see Table XI) were found among the four groups when comparing the importance attributed to the area of competence related to nutrition and modified diets (F = 1.569, P = .197). The overall mean was high (4.420). However, again it became apparent that the R.D. instructors gave the highest mean response, while the dietetic service supervisors gave the lowest mean response.

Area of Competence Related to Sanitation and Safety

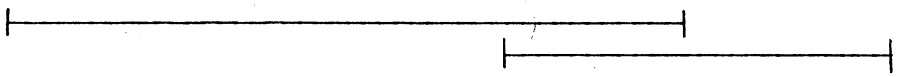
Five competencies (items 7.1 through 7.5 of questionnaire) were included in the area of competence related to sanitation and safety. An analysis of the data pertaining to this area was summarized in Table XII.

In the area of competence related to sanitation and safety, a significant difference (see Table XII) was found between the mean responses of R.D. instructors and dietetic service supervisors (F = 2.632, P = .050). Also, a significant difference was shown to occur when comparing mean responses of R.D. instructors with administrators. No significant differences were found among other groups when comparing responses.

This was a rather surprising result, as competence in the area of sanitation and safety would seem to be extremely important to all groups surveyed. However, the fact that the R.D. instructors and R.D. consultants have more technical knowledge in this area than do the other two groups, could account for their higher responses.

TABLE XII

ANALYSIS OF RESPONSES TO AREA OF COMPETENCE
RELATED TO SANITATION AND SAFETY

	Dietetic Service Supervisors	Administrators	R.D. Consultants	R.D. Instructors
Mean	4.416	4.461	4.591	4.933
Significant Differences				

Overall Mean = 4.471

Source	DF	Sum of Squares	Mean Square	F Value	Prob > F
Title	3	1.859	0.620	2.632	0.050
Residual	184	43.306	0.235		

Area of Competence Related to Supervision
and Personnel Management

The area of competence relating to supervision and personnel management included 10 competencies (items 8.1 through 8.10 of questionnaire). Table XIII presented a summary of the mean responses of the four groups of individuals who participated in the study.

A significant difference (see Table XIII) was found to exist between administrators and R.D. instructors in the importance attributed to competence in the area of supervision and personnel management ($F = 2.538$, $P = .057$). The R.D. instructors gave a significantly higher

response to this area of competence than did the administrators. This could be expected, as it has been an observation by the researcher that administrators are frequently unwilling to delegate responsibilities for supervision and personnel management to the dietetic service supervisor. One possible explanation for this could be lack of knowledge among administrators that dietetic service supervisors do receive training in this area. Another possible explanation is unwillingness on the part of administrators to provide the dietetic service supervisor with time to participate in supervision and personnel management functions.

TABLE XIII

ANALYSIS OF RESPONSES TO AREA OF COMPETENCE RELATED TO SUPERVISION AND PERSONNEL MANAGEMENT

	Administrators	Dietetic Service Supervisors	R.D. Consultants	R.D. Instructors
Mean	4.163	4.259	4.448	4.683
Significant Differences	⊢——————————————————⊣			
		⊢——————————————————⊣		

Overall Mean = 4.258

Source	DF	Sum of Squares	Mean Square	F Value	Prob > F
Title	3	2.571	0.857	2.538	0.057
Residual	179	60.433	0.338		

No significant differences were observed among the other groups. However, R.D. instructors again gave the highest mean response, followed in order by R.D. consultants, dietetic service supervisors and administrators.

Comparison of Overall Means
for Areas of Competence

A comparison of the overall means for each area of competence was done. Table XIV was constructed utilizing this data. The area of competence showing the highest overall mean was storage of food and supplies. Sanitation and safety revealed the second highest mean response. The areas of policies and procedures, and supervision and personnel management demonstrated the lowest mean responses.

All mean responses were relatively high, falling between agree (4) and strongly agree (5). By considering the implications of the above findings, it would seem that more importance is attributed to those areas of competence concerned with concrete evidence of accomplishment. It would be evident that the dietetic service supervisor must be competent in the storage of food and supplies to prevent excessive losses due to theft and spoilage. However, the results of lack of competence in supervision and personnel management might be less obvious and more difficult to measure.

The same would seem to be true with policies and procedures. More emphasis was placed on those areas of competence concerned with the day to day operation of the dietetic service, than on the development of written policies and procedures. This probably is a reflection of the priorities on which these individuals operate in their work situations.

Those activities which directly insure the patients are fed safe and wholesome food, meal schedules are met, budgets balanced, and so on, come first. Other important aspects of a well-run food service operation, such as effective written policies and procedures and a sound personnel management program receive less attention.

TABLE XIV

COMPARISON OF OVERALL MEANS FOR AREAS OF COMPETENCE

Area	N	Mean
Storage of Food and Supplies	193	4.553
Sanitation and Safety	188	4.471
Food Preparation	185	4.459
Nutrition and Modified Diets	190	4.420
Menu Planning	184	4.353
Purchasing	182	4.336
Policies and Procedures	173	4.277
Supervision and Personnel Management	183	4.258

All of the areas of competence had overall means which were between the agree and strongly agree levels of response. This would indicate that all are definitely considered important to function as a dietetic service supervisor. However, the questionnaire cannot be considered a complete analysis of all competencies necessary to function as a dietetic

service supervisor in a long-term health care facility. Further study should be done to determine if additional competencies should also be included. The findings of this research could provide a strong basis for other continuing studies in this area.

Comparison of Overall Means of Groups Surveyed

The overall mean response for each group surveyed was calculated. This data was summarized in Table XV. The purpose of this computation was to determine how the groups ranked according to their mean responses.

TABLE XV

COMPARISON OF OVERALL MEANS FOR GROUPS SURVEYED

Title	N	Overall Mean
R.D. Instructors	6	4.754
R.D. Consultants	23	4.531
Administrators	77	4.379
Dietetic Service Supervisors	90	4.339

R.D. instructors and R.D. consultants gave the highest overall mean responses in this sample. This could be expected as these individuals are professionals in this field and should attribute a great deal of importance to competence in each area considered.

The fact that administrators gave a higher overall mean response than did the dietetic service supervisors is somewhat surprising. However, the administrator has a position of greater responsibility and may therefore be more likely to recognize the importance of competent dietetic service supervision.

The lower overall mean response shown by the dietetic service supervisors may be a reflection of the path many of these individuals have taken to reach their present position. Most were food service workers or cooks before being promoted to dietetic service supervisor. Many of these individuals have limited formal education. The results obtained from this study show some indication that these individuals may have a self-concept which leads them to underestimate their importance in the overall functioning of the long-term health care facility. This may also be partially due to the fact that recognition of the importance of a trained dietetic service supervisor in long-term health care facilities has been slow to evolve. Further study could be done on this aspect of the role of the dietetic service supervisor.

CHAPTER V

SUMMARY AND RECOMMENDATIONS

The purpose of this study was to identify competencies considered necessary to function as the dietetic service supervisor in a long-term health care facility. A questionnaire was developed to survey administrators, R.D. consultants and dietetic service supervisors in long-term health care facilities, as well as R.D. instructors in the Oklahoma Dietetic Assistant Program. It was felt these individuals would be the best judges of what competencies the dietetic service supervisor required.

The questionnaire developed included eight areas of competence: policies and procedures; menu planning; purchasing of food and supplies; storage of food and supplies; sanitation and safety; and, supervision and personnel management. Participants were asked to respond to competencies included in each area of competence. Possible responses were:

Strongly agree-----5

Agree----------4

Uncertain----------3

Disagree----------2

Strongly disagree--1

Questionnaires were distributed to administrators and dietetic service supervisors by R.D. consultants who agreed to participate in the study. R.D. consultants each completed one questionnaire and

attached a background information sheet to the questionnaires from each facility. The R.D. instructors in the classroom portion of the Oklahoma Dietetic Assistant Program were also surveyed.

Ninety dietetic service supervisors were included in the study, as were 77 administrators, 23 R.D. consultants and six R.D. instructors. The 93 facilities represented were of various sizes, types and locations throughout the state.

Data obtained was analyzed utilizing one-way analysis of variance, to determine significant differences in responses to areas of competence among the groups surveyed. For those areas where a significant difference was found, a least significant difference test was done to allow for the different sample sizes in each of the four groups.

All eight areas of competence received high average responses. The overall means for all eight areas were between 4 (agree) and 5 (strongly agree). The lowest overall mean (4.258) was found in the area of supervision and personnel management. The highest overall mean (4.553) was given to the area of competence related to storage of food and supplies.

No significant differences were found among the four groups in the areas of competence related to policies and procedures, purchasing food and supplies, and nutrition and modified diets.

No significant differences were found in any area between R.D. instructors and R.D. consultants. This was to be expected, as these individuals are members of the same profession.

Significant differences were found between R.D. instructors and administrators in the area of menu planning and, also, in the area of

sanitation and safety. In both cases, the R.D. instructors attributed significantly more importance to these areas of competence than did the administrators.

The R.D. instructors also differed significantly with the dietetic service supervisors in mean responses given to the areas of competence related to menu planning, storage of food and supplies, food preparation, sanitation and safety, and supervision and personnel management. The fact that the R.D. instructors gave significantly higher responses to over half the areas of competence than did the dietetic service supervisors leads to some concern. Also, the overall mean response from dietetic service supervisors (4.339) was considerably less than that of R.D. instructors (4.754) and R.D. consultants (4.531). Their mean response was also lower than that of the administrators (4.379). These factors could serve as the basis for further study of reasons for these differences. Also, an interesting study could be done to determine what type of self-concept the dietetic service supervisors have.

In summary, the results of this study tend to verify that the competencies included in the questionnaire are all considered important by the four groups surveyed. However, some significant differences were found among these groups when mean responses to areas of competence were compared. Further studies, such as task analysis, should be done to identify additional competencies which may be needed. Also, research could be done to provide information helpful in providing a better self-image among dietetic service supervisors.

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APPENDIXES

APPENDIX A

BACKGROUND INFORMATION SHEET

AND QUESTIONNAIRE

BACKGROUND INFORMATION

Please complete the following information:

1. Type of facility:

   ____ Skilled nursing facility

   ____ Intermediate care facility

   ____ Other, specify: _____

2. Number of beds in facility: _____

3. Ownership of the facility:

   ____ Government (Federal, state, county or city)

   ____ Nonprofit, e.g., church, specify: _____

   ____ Individual

   ____ Corporation

4. Location of the facility:

   ____ In a large city (over 50,000)

   ____ In a small city (25,000-50,000)

   ____ In a small town (under 25,000)

   ____ In a rural area

5. Food service is managed by:

   ____ The facility

   ____ Food service contractor

6. Number of meals served per day:

	Breakfast	Lunch	Supper
Residents	_____	_____	_____
Employees	_____	_____	_____
Guests	_____	_____	_____

7. Number of full-time employees in the dietetic department:

   Supervisors ____

   Cooks ____

   Others ____

8. Number of part-time employees in the dietetic department:

   Supervisors ____

   Cooks ____

   Other ____

9. Specify the type of education or training of the dietetic assistant in this facility:

   ____ Oklahoma Dietetic Assistant (Food Service Supervisor) Program

   ____ Correspondence course from: _____

   ____ Other, please specify: _____

   Date training was completed: _____

10. Indicate how long the dietetic assistant has been directing the dietetic department in this facility:

    ____ Less than one year

    ____ 1-5 years

    ____ 6-10 years

    ____ 11 years or more, please specify: _____

11. Please estimate:

    a. Number of hours per week the dietetic service supervisor spends in supervisory activities: _____

    b. Number of hours per week the dietetic service supervisor spends in food preparation, cleaning and other non-supervisory activities: _____

QUESTIONNAIRE

The purpose of the attached questionnaire is to assist in defining the competencies necessary to function effectively as the dietetic service supervisor in a long term care facility. Your cooperation in completing this questionnaire will help to determine the type of training given to students in the Oklahoma Dietetic Assistant (Food Service Supervisor) Training Program.

For this study, competencies are defined as specific behaviors or abilities which, added together, signify attainment of an area of competence. The following questionnaire deals with eight areas of competence: policies and procedures, menu planning, purchasing, storage, food preparation, nutrition and modified diets, sanitation and safety, and supervision and personnel management. Several related competencies are listed under each area of competence.

Instructions

Read each competency and consider if the ability to perform that competency is involved in functioning as the dietetic service supervisor in a long term care facility. Place a check in the box below the term which best describes your decision concerning each competency. There are five possible responses: strongly agree, agree, uncertain, disagree, and strongly disagree.

Check only one box for each competency listed.

Example:

The dietetic assistant should be able to:	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1. Conduct small group conferences	X				
2. Speak before a large group		X			

Please complete the following:

1. Your title:

   _____ Administrator

   _____ Consultant dietitian

   _____ Instructor (Dietetic Assistant Program)

   _____ Dietetic assistant (Food Service Supervisor)

2. Length of time in present position: _____

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
1. Competencies related to policies and procedures:					
The Dietetic Assistant should be able to:					
1.1. Prepare an organization chart for the dietetic service					
1.2. Assist in identifying dietetic service goals					
1.3. Participate in formulating dietetic service policies					
1.4. Put established policies into writing					
1.5. Participate in the development of dietetic service procedures					
1.6. Write procedures for the dietetic service					
1.7. Interpret established policies and procedures to dietetic service employees					
2. Competencies related to menu planning:					
The Dietetic Assistant should be able to:					
2.1. Determine the type of menu (cycle, selective, etc.) to be used					
2.2. Write menus containing foods the residents enjoy					
2.3. Plan menus to provide nutritionally adequate meals					

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
2.4. Plan menus with established food cost limits					
2.5. Plan menus which can be prepared by personnel with limited skills in food preparation					
2.6. Adapt menus by making appropriate substitutions when necessary					
2.7. Plan menus for routine modified diets					
3. Competencies related to purchasing food and supplies:					
The Dietetic Assistant should be able to:					
3.1. Develop simple written specifications for items purchased					
3.2. Utilize pre-planned menus and standardized recipes and other tools to determine what and how much to order					
3.3. Calculate cost/serving for items					
3.4. Place orders with vendors					
3.5. Stay within budgetary limits when purchasing					
3.6. Maintain records related to purchasing					
3.7. Purchase safe and wholesome food					

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
4. Competencies related to storage of food and supplies:					
The Dietetic Assistant should be able to:					
4.1. Direct the storage of food to prevent losses due to spoilage or theft					
4.2. Practice sound principles of safety and sanitation in food storage					
4.3. Inventory food and supplies					
5. Competencies related to food preparation:					
The Dietetic Assistant should be able to:					
5.1. Develop standardized recipes					
5.2. Utilize standardized recipes					
5.3. Adjust recipes to provide correct quantities of food					
5.4. Determine correct portion sizes					
5.5. Prepare food according to acceptable principles					
5.6. Direct the preparation of foods					
5.7. Take appropriate action when food quality after preparation is inferior					
5.8. Evaluate acceptance of food by residents					

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
6. Competencies related to nutrition and modified diets:					
The Dietetic Assistant should be able to:					
6.1. Apply principles of basic nutrition in planning meals					
6.2. Utilize the approved diet manual for planning meals for residents on routine modified diets					
6.3. Determine when it is necessary to contact the consultant dietitian regarding a resident's nutritional care					
6.4. Assist the dietitian in the evaluation (nutritional assessment) of the residents' nutritional needs					
6.5. Assist the dietitian in developing nutritional care plans for residents					
6.6. Assist the dietitian in the documentation (charting) of the nutritional care the residents receive					
7. Competencies related to sanitation and safety:					
The Dietetic Assistant should be able to:					
7.1. Establish high standards of sanitation in the dietetic service					
7.2. Enforce sanitation standards					
7.3. Recognize safety hazards and unsafe work practices					

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
7.4. Complete accident reports					
7.5. Explain fire safety to employees					
8. Competencies related to supervision and personnel management:					
The Dietetic Assistant should be able to:					
8.1. Select personnel for the dietetic service					
8.2. Train dietetic employees					
8.3. Motivate personnel					
8.4. Schedule personnel					
8.5. Handle employee grievances					
8.6. Write job descriptions					
8.7. Write job schedules					
8.8. Complete performance evaluations					
8.9. Delegate responsibilities					
8.10. Apply work simplification techniques					

APPENDIX B

LETTER OF REQUEST

March 1, 1977

Dear

I am currently in the process of developing a thesis as required to obtain a Master of Science in foods and nutrition at Oklahoma State University. The purpose of my study is to identify the competencies necessary to function as the dietetic service supervisor in long-term care facilities. A questionnaire has been developed to obtain this information. I am requesting your assistance in distributing the questionnaires to administrators and dietetic assistants in the nursing homes or other long-term care facilities in which you are consulting. Hospitals or other acute care facilities will not be included in the study.

The procedure for obtaining the information will be as follows:

1. The necessary number of questionnaires will be mailed to you by April 1, 1977, if you agree to participate in the study.

2. On your regular consulting visits during April, ask the administrators and dietetic assistants (graduates of A.D.A. approved training programs for food service supervisors) to complete a questionnaire. Time required to complete the questionnaire is approximately 10 to 15 minutes. Try to pick up the completed questionnaires before you leave that day. Identity of participants will be unknown to me.

3. You will be asked to complete a brief background information sheet for each facility to be attached to the questionnaires from that facility. Names of facilities will be unknown to me.

4. Each consultant participating will be asked to complete one questionnaire.

5. All questionnaires will be returned to me in a self-addressed postpaid envelope by May 5, 1977.

Please return the enclosed postcard by March 15, 1977. If you are willing to participate in the study, be sure to indicate the total number of questionnaires you will need--one for each administrator and dietetic assistant with which you work as a consultant, plus one for yourself. I will be glad to share the results of the study with you when the report is complete if you will write and request a copy. I appreciate your assistance!

Sincerely,

APPENDIX C

INSTRUCTIONS TO R.D. CONSULTANTS

Dear

Thank you for agreeing to help collect data concerning the competencies needed by the dietetic assistant to function as the dietetic service supervisor in long term care facilities. This study will assist me in completing my masters thesis and will also provide information valuable in evaluating the Oklahoma Dietetic Assistant Program.

Enclosed are the questionnaires for you to distribute and collect in your long term care facilities. All questionnaires are identical and are not marked in any way. The identity of each participant and the names of their facilities will therefore be anonymous. The questionnaires should go to all facilities where there is a trained dietetic assistant in charge of the dietetic service, with you as consultant. Please do not select only facilities where the administrator is particularly favorable toward you or the supervisor is biased in any way. I would appreciate having you take the questionnaire to the administrator and dietetic assistant on a regular consulting visit and have them fill it out and return it to you before you leave that day, if possible. Only nursing homes or other types of long term care facilities are to be included in the study.

The background information should be completed by you for each facility included. This should be stapled to the questionnaires obtained from the administrator and dietetic assistant in that facility. You are requested to complete one questionnaire as the consultant dietitian to be returned with the other questionnaires. A stamped, self-addressed mailing envelope is enclosed for returning the questionnaires.

I would appreciate receiving the completed questionnaires by May 5, 1977, if possible. Thank you again for your cooperation. If you are interested in the results, I will be happy to send you a copy on request.

Sincerely,

Julia A. Milroy, R.D.

APPENDIX D

FREQUENCY OF RESPONSES TO INDIVIDUAL ITEMS BY THE FOUR GROUPS SURVEYED

TABLE XVI

FREQUENCY OF RESPONSES TO INDIVIDUAL ITEMS
BY THE FOUR GROUPS SURVEYED

Item	Position Held	Strongly Agree (5)	Agree (4)	Uncertain (3)	Disagree (2)	Strongly Disagree (1)
1.1	Dietetic Service Supervisors	31	46	8	3	-
	Administrators	26	39	4	5	-
	R.D. Consultants	12	11	-	-	-
	R.D. Instructors	4	1	-	1	-
1.2	Dietetic Service Supervisors	35	50	3	-	1
	Administrators	36	41	-	-	-
	R.D. Consultants	12	11	-	-	-
	R.D. Instructors	3	3	-	-	-
1.3	Dietetic Service Supervisors	32	48	9	-	-
	Administrators	32	40	2	3	-
	R.D. Consultants	11	12	-	-	-
	R.D. Instructors	3	3	-	-	-
1.4	Dietetic Service Supervisors	33	42	8	4	1
	Administrators	17	35	9	13	1
	R.D. Consultants	7	10	5	1	-
	R.D. Instructors	2	2	1	1	-
1.5	Dietetic Service Supervisors	35	51	1	-	-
	Administrators	29	47	-	-	-
	R.D. Consultants	15	8	-	-	-
	R.D. Instructors	5	1	-	-	-
1.6	Dietetic Service Supervisors	29	50	5	3	1
	Administrators	20	40	9	8	-
	R.D. Consultants	7	12	3	1	-
	R.D. Instructors	3	1	-	1	-
1.7	Dietetic Service Supervisors	31	48	2	-	-
	Administrators	38	32	-	1	1
	R.D. Consultants	17	7	-	-	-
	R.D. Instructors	5	1	-	-	-

TABLE XVI (Continued)

Item	Position Held	Strongly Agree (5)	Agree (4)	Uncertain (3)	Disagree (2)	Strongly Disagree (1)
2.1	Dietetic Service Supervisors	39	42	6	2	-
	Administrators	27	36	6	7	1
	R.D. Consultants	7	10	4	2	-
	R.D. Instructors	3	2	-	1	-
2.2	Dietetic Service Supervisors	44	36	2	5	1
	Administrators	36	35	3	3	-
	R.D. Consultants	19	4	-	-	-
	R.D. Instructors	5	1	-	-	-
2.3	Dietetic Service Supervisors	48	37	2	2	-
	Administrators	36	35	2	4	-
	R.D. Consultants	19	4	-	-	-
	R.D. Instructors	5	1	-	-	-
2.4	Dietetic Service Supervisors	29	48	10	3	-
	Administrators	40	27	6	4	-
	R.D. Consultants	10	12	1	-	-
	R.D. Instructors	3	1	1	-	-
2.5	Dietetic Service Supervisors	28	43	5	12	-
	Administrators	23	47	1	4	-
	R.D. Consultants	12	10	-	-	-
	R.D. Instructors	4	-	1	-	-
2.6	Dietetic Service Supervisors	40	48	1	-	-
	Administrators	33	41	2	-	-
	R.D. Consultants	16	7	-	-	-
	R.D. Instructors	5	-	-	-	-
2.7	Dietetic Service Supervisors	38	43	6	1	-
	Administrators	30	40	2	3	-
	R.D. Consultants	15	7	-	1	-
	R.D. Instructors	5	-	-	-	-

TABLE XVI (Continued)

Item	Position Held	Strongly Agree (5)	Agree (4)	Uncertain (3)	Disagree (2)	Strongly Disagree (1)
3.1	Dietetic Service Supervisors	26	51	7	5	-
	Administrators	23	44	6	3	-
	R.D. Consultants	4	13	5	1	-
	R.D. Instructors	3	2	-	-	-
3.2	Dietetic Service Supervisors	32	50	3	2	-
	Administrators	36	37	1	1	-
	R.D. Consultants	12	11	-	-	-
	R.D. Instructors	4	1	-	-	-
3.3	Dietetic Service Supervisors	21	48	11	4	-
	Administrators	32	31	6	8	-
	R.D. Consultants	8	14	1	-	-
	R.D. Instructors	4	1	-	-	-
3.4	Dietetic Service Supervisors	36	43	4	4	1
	Administrators	38	35	3	1	-
	R.D. Consultants	12	11	-	-	-
	R.D. Instructors	4	1	-	-	-
3.5	Dietetic Service Supervisors	30	51	3	2	-
	Administrators	36	40	1	-	-
	R.D. Consultants	11	12	-	-	-
	R.D. Instructors	4	1	-	-	-
3.6	Dietetic Service Supervisors	32	50	2	3	-
	Administrators	34	35	4	4	-
	R.D. Consultants	11	12	-	-	-
	R.D. Instructors	4	1	-	-	-
3.7	Dietetic Service Supervisors	49	41	-	-	-
	Administrators	47	30	-	-	-
	R.D. Consultants	14	9	-	-	-
	R.D. Instructors	5	-	-	-	-

TABLE XVI (Continued)

Item	Position Held	Strongly Agree (5)	Agree (4)	Uncertain (3)	Disagree (2)	Strongly Disagree (1)
4.1	Dietetic Service Supervisors	49	38	1	-	-
	Administrators	47	29	-	-	-
	R.D. Consultants	17	6	-	-	-
	R.D. Instructors	6	-	-	-	-
4.2	Dietetic Service Supervisors	48	40	1	-	-
	Administrators	52	25	-	-	-
	R.D. Consultants	18	5	-	-	-
	R.D. Instructors	6	-	-	-	-
4.3	Dietetic Service Supervisors	30	57	2	-	-
	Administrators	38	37	1	1	-
	R.D. Consultants	13	10	-	-	-
	R.D. Instructors	5	1	-	-	-
5.1	Dietetic Service Supervisors	30	47	7	3	1
	Administrators	30	39	7	-	-
	R.D. Consultants	9	12	1	1	-
	R.D. Instructors	2	3	-	1	-
5.2	Dietetic Service Supervisors	33	51	4	-	-
	Administrators	34	42	-	-	-
	R.D. Consultants	15	8	-	-	-
	R.D. Instructors	6	-	-	-	-
5.3	Dietetic Service Supervisors	35	49	3	1	-
	Administrators	37	39	-	-	-
	R.D. Consultants	11	12	-	-	-
	R.D. Instructors	4	2	-	-	-
5.4	Dietetic Service Supervisors	31	53	3	2	-
	Administrators	40	36	-	1	-
	R.D. Consultants	13	9	1	-	-
	R.D. Instructors	6	-	-	-	-

TABLE XVI (Continued)

Item	Position Held	Strongly Agree (5)	Agree (4)	Uncertain (3)	Disagree (2)	Strongly Disagree (1)
5.5	Dietetic Service Supervisors	32	51	2	2	-
	Administrators	36	40	-	-	-
	R.D. Consultants	15	8	-	-	-
	R.D. Instructors	6	-	-	-	-
5.6	Dietetic Service Supervisors	41	46	-	-	-
	Administrators	40	37	-	-	-
	R.D. Consultants	16	7	-	-	-
	R.D. Instructors	6	-	-	-	-
5.7	Dietetic Service Supervisors	41	45	1	-	-
	Administrators	42	33	2	-	-
	R.D. Consultants	18	5	-	-	-
	R.D. Instructors	6	-	-	-	-
5.8	Dietetic Service Supervisors	38	50	1	-	-
	Administrators	47	29	-	-	-
	R.D. Consultants	14	9	-	-	-
	R.D. Instructors	6	-	-	-	-
6.1	Dietetic Service Supervisors	44	42	4	-	-
	Administrators	33	43	-	-	-
	R.D. Consultants	15	8	-	-	-
	R.D. Instructors	5	1	-	-	-
6.2	Dietetic Service Supervisors	47	41	1	1	-
	Administrators	33	43	1	-	-
	R.D. Consultants	16	7	-	-	-
	R.D. Instructors	6	-	-	-	-
6.3	Dietetic Service Supervisors	46	44	-	-	-
	Administrators	41	34	1	-	-
	R.D. Consultants	17	6	-	-	-
	R.D. Instructors	5	1	-	-	-

TABLE XVI (Continued)

Item	Position Held	Strongly Agree (5)	Agree (4)	Uncertain (3)	Disagree (2)	Strongly Disagree (1)
6.4	Dietetic Service Supervisors	34	54	1	-	-
	Administrators	37	37	2	1	-
	R.D. Consultants	14	8	1	-	-
	R.D. Instructors	3	2	-	1	-
6.5	Dietetic Service Supervisors	29	57	3	1	-
	Administrators	33	41	2	1	-
	R.D. Consultants	12	10	1	-	-
	R.D. Instructors	5	1	-	-	-
6.6	Dietetic Service Supervisors	23	57	5	2	1
	Administrators	29	39	3	5	-
	R.D. Consultants	11	9	2	1	-
	R.D. Instructors	2	3	1	-	-
7.1	Dietetic Service Supervisors	63	27	-	-	-
	Administrators	50	26	-	-	1
	R.D. Consultants	18	5	-	-	-
	R.D. Instructors	6	-	-	-	-
7.2	Dietetic Service Supervisors	51	38	1	-	-
	Administrators	51	25	-	-	1
	R.D. Consultants	18	5	-	-	-
	R.D. Instructors	6	-	-	-	-
7.3	Dietetic Service Supervisors	53	37	-	-	-
	Administrators	51	25	-	-	1
	R.D. Consultants	15	7	-	-	-
	R.D. Instructors	6	-	-	-	-
7.4	Dietetic Service Supervisors	29	42	8	6	-
	Administrators	28	41	3	3	-
	R.D. Consultants	9	12	2	-	-
	R.D. Instructors	5	1	-	-	-

TABLE XVI (Continued)

Item	Position Held	Strongly Agree (5)	Agree (4)	Uncertain (3)	Disagree (2)	Strongly Disagree (1)
7.5	Dietetic Service Supervisors	32	43	4	6	1
	Administrators	27	41	2	5	-
	R.D. Consultants	13	7	2	1	-
	R.D. Instructors	5	1	-	-	-
8.1	Dietetic Service Supervisors	35	43	5	4	-
	Administrators	27	31	6	11	-
	R.D. Consultants	11	10	2	-	-
	R.D. Instructors	3	3	-	-	-
8.2	Dietetic Service Supervisors	40	47	1	1	-
	Administrators	34	42	-	1	-
	R.D. Consultants	18	5	-	-	-
	R.D. Instructors	6	-	-	-	-
8.3	Dietetic Service Supervisors	35	51	2	1	-
	Administrators	39	35	2	1	-
	R.D. Consultants	14	8	1	-	-
	R.D. Instructors	6	-	-	-	-
8.4	Dietetic Service Supervisors	33	45	8	4	-
	Administrators	33	35	4	5	-
	R.D. Consultants	12	10	1	-	-
	R.D. Instructors	6	-	-	-	-
8.5	Dietetic Service Supervisors	29	49	7	4	1
	Administrators	24	32	8	12	1
	R.D. Consultants	11	10	1	1	-
	R.D. Instructors	5	1	-	-	-
8.6	Dietetic Service Supervisors	29	48	4	7	-
	Administrators	16	37	6	15	1
	R.D. Consultants	9	11	2	1	-
	R.D. Instructors	3	1	2	-	-

TABLE XVI (Continued)

Item	Position Held	Strongly Agree (5)	Agree (4)	Uncertain (3)	Disagree (2)	Strongly Disagree (1)
8.7	Dietetic Service Supervisors	31	46	2	8	1
	Administrators	25	42	4	5	-
	R.D. Consultants	10	12	-	1	-
	R.D. Instructors	4	1	1	-	-
8.8	Dietetic Service Supervisors	28	45	5	7	2
	Administrators	20	46	6	4	1
	R.D. Consultants	10	12	-	1	-
	R.D. Instructors	4	1	1	-	-
8.9	Dietetic Service Supervisors	33	47	4	2	-
	Administrators	32	41	1	2	-
	R.D. Consultants	15	8	-	-	-
	R.D. Instructors	5	1	-	-	-
8.10	Dietetic Service Supervisors	34	48	4	-	1
	Administrators	30	46	-	1	-
	R.D. Consultants	9	13	1	-	-
	R.D. Instructors	3	3	-	-	-

VITA

Julia Aleda Milroy

Candidate for the Degree of

Master of Science

Thesis: COMPETENCE TO FUNCTION AS THE DIETETIC SERVICE SUPERVISOR IN LONG-TERM CARE FACILITIES

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