

JOB COMPETENCIES EXPRESSED BY OKLAHOMA STATE  
UNIVERSITY FOOD, NUTRITION AND INSTITUTION  
ADMINISTRATION GRADUATES

By

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## CHAPTER I

### INTRODUCTION

The professional demands on the dietitian are greater today than ever before, yet the future will multiply these demands many fold. The challenge before the competent dietitian is great and never static; it continually takes upon new dimensions as the world, its peoples and their needs change. Their ultimate need is quality of food selection and it is this correlation of people and food selection that the dietitian works with daily.

Food is the imprint of man's culture and it reflects a person's attitudes and the pattern of his social group. The dietetic profession evolves from this cultural aspect, today's dietitian must be able to recognize and adapt to a rapidly changing society. A competent dietitian will be sensitive to current and future needs of his/her clientele. Dietitians must realize they are a vital necessity and a means through which the science of nutrition can be applied for further improvement of human health. The importance of her responsibility is paramount and should never be minimized.

#### Significance of the Study

Dietitians must be knowledgeable, flexible and adaptable to the complexities of reality brought about by the demands of an ever changing society. The stereotype of the dietitian writing menus



prescribed by physicians is slowly moving towards diversity to many areas such as managers of food service systems, prescribing diets for patients, school lunch programs, community health, nutrition education for the public, consulting for nursing homes and private practice, and many other specializations.

Taking all of this into account and by recognizing the diverse role of dietetics, a great strain is created on today's Food, Nutrition and Institution Administration curriculum in colleges and universities. Keeping abreast of the latest advancements in both knowledge and practice-application dictates that institutions of higher education offer curriculum that never remain dormant but is assessed periodically and renewed as new data and concepts become available.

It was with these thoughts that this study examined the expressed competency of today's dietitian in order that Oklahoma State University Food, Nutrition and Institution Administration curriculum may keep attuned to today's needs and demands of future dietitians in order that they may serve more effectively.

#### Problem

Do Oklahoma State University Food, Nutrition and Institution Administration graduates feel competent in their profession and what variables contribute to the expressed competency?

#### Purpose of the Study

The purpose of this study was to determine the relationship between expressed variables and degree of competency indicated by

Oklahoma State University Food, Nutrition and Institution Administration graduates. This data was obtained in order to identify implications for Food, Nutrition and Institution Administration curriculum at Oklahoma State University.

#### Objectives of the Study

1. To develop a questionnaire to obtain data concerning background information and expressed competency of the respondents in the profession of dietetics.
2. To determine the relationship between expressed competency of the respondent and selected variables, such as:
  - a. age of respondent
  - b. number of years since graduation (B.S.)
  - c. number of degrees earned
  - d. number of years employed as a dietitian
  - e. membership in the American Dietetic Association
  - f. American Dietetic Association membership route
  - g. income of respondent
  - h. present employment status
  - i. status as a Registered Dietitian
3. To determine primary sources of expressed competencies:  
Oklahoma State University Education, On-The-Job-Training  
or No Training.
4. To make suggestions and recommendations for curriculum development in Food, Nutrition and Institution Administration at Oklahoma State University.

#### Procedure

In order to accomplish the objectives of this study, the following procedures were designed. A more detailed description of these procedures is found in Chapter III.

1. The researcher developed a questionnaire based on the review of literature, American Dietetic Association position papers on dietitians, objectives from Food, Nutrition and Institution Administration upper level classes, information from the text books used in the above upper level classes and from the program objectives for the Traineeship at Oklahoma State University.
2. The questionnaire was pre-tested for clarity by administering the questionnaire to eight Oklahoma State University dietetic interns. Corrections were made before distributing the questionnaire to the sample population.
3. The questionnaire was mailed on March 29, 1976, to 87 Food, Nutrition and Institution Administration students who graduated with a B.S. degree no earlier than May 1965 and no later than July 1974 from Oklahoma State University. A post card was mailed two weeks later to 36 of the graduates who had not yet responded.
4. The data from the returned questionnaires were transferred to computer cards and tabulated by the computer.
5. After analysis of the data, the researcher identified implications for curriculum development for the Oklahoma State University Food, Nutrition and Institution Administration Department.

### Limitations of the Study

1. Sample was limited to Oklahoma State University Food, Nutrition and Institution Administration graduates. The population received their Baccalaureate degrees no earlier than May 1965 and no later than May 1975 for ease of recall.
2. The curriculum suggestions and recommendations are applicable only for the Oklahoma State University Food, Nutrition and Institution Administration Department.
3. Sample was limited to dietitians who have been employed in dietetics since graduation, in order that they will have some experience on which to base their responses.

### Assumptions of the Study

1. Food, Nutrition and Institution Administration curriculum development should at least partially be based on dietitians' job competency expressions.
2. The sample was sufficiently large to obtain valid data.
3. The questionnaire was sufficiently inclusive of various job competencies for identifying implications for curriculum in Food, Nutrition and Institution Administration at Oklahoma State University.

### Definition of Terms

**Curricula Development:** Activities, plans, projects and reports which deal with the on-going nature of the education process; development specifically has to do with changing existing content or

methods in courses by changing the objectives of a single course offering in a curriculum or of an entire degree program (12).

**Job Competency:** Those activities, skills or performances deemed essential to assume the duties of a dietitian (12).

**Dietetics:** A profession concerned with the science and art of human nutritional care, an essential component of health science. It includes the extending and imparting of knowledge concerning foods which will provide nutrients sufficient to health and during disease throughout the life cycle and management of group feeding (7).

**American Dietetic Association (ADA) Dietitian:** A dietitian who has graduated from an accredited college or university in food science, nutrition, foodservice management, institutional management, or related sciences, plus successful completion of a dietetic internship or equivalent approved by the American Dietetic Association (22).

**Registered Dietitian:** An American Dietetic Association dietitian who has successfully completed the examination for registration and maintains continuing education requirements (7).

**On-the-job-training:** Training or experience gained while employed as a dietitian.

## CHAPTER II

### REVIEW OF LITERATURE

The role of a dietitian is becoming more diversified and it is necessary that the dietitian be competent in both knowledge and skill to meet these changes. Specialization in specific areas of dietetics will become more pronounced in the future to meet the needs of society (32).

#### Qualifications of Dietitians

The qualifications for membership into the American Dietetic Association at present include a baccalaureate degree from an accredited college or university with a major in foods, nutrition, food-service management, institutional management, or related sciences, plus successful completion of a dietetic internship or equivalent approved by the American Dietetic Association (22).

To become a Registered ADA dietitian, an examination for registration and continuing education are required above the general American Dietetic Association membership requirements. There are basically three branches of specialties for dietetic practice: clinical, administrative, and educational dietetics, each requiring defined competencies (22).

## Clinical Dietitian

The clinical dietitian is a member of the health care team and affects the nutritional care of individuals and groups for health maintenance. Also the clinical dietitian assesses nutritional needs, develops and implements nutritional care plans, and evaluates and reports these results appropriately (22). Johnson (15) states that there are many subdivisions of clinical specialization such as research, education for patients either as a private consultant or in health agencies, education of health team members, and specialized therapeutics.

In a recent study Schiller and Vivian (26) investigated the common deterrents clinical dietitians perceive as basic to divide between ideal and actual role performance. The findings showed that the dietitians rated three functions as having high role disparity: attends medical rounds, gives seminars and makes home visits after hospital discharge. Most clinical dietitians in their actual role performance did not participate in the above even though they felt they should. The primary reasons for not participating were lack of time, hospital policy, lack of education and the physician prohibited.

In another study (27), physicians' attitudes on clinical dietitian's contributions to health team care were evaluated. The findings showed many physicians thought the most important competencies dietitians needed for participating in changing dietary orders were knowledge of food composition, nutrient recommendations and ability to satisfy patients with the food served. Physicians also

felt that the ideal dietitian should order dietary changes subject to approval of the physician.

The responsibilities that the American Dietetic Association has set up for the clinical dietitian are as follows:

- 1) Develops and implements a plan of care based on an assessment of nutritional needs and correlated with other health care plans.
- 2) Counsels individuals and families in nutritional principles, dietary plans, food selection and economics, adapting plans to the individual's life style.
- 3) Utilizes appropriate dietary history and nutritional care.
- 4) Evaluates nutritional care and provides follow up for continuity of care.
- 5) Communicates appropriate dietary history and nutritional care data through written record systems.
- 6) Participates in health team rounds and serves as the consultant on nutritional care.
- 7) Utilizes human efforts and facilitating resources efficiently and effectively.
- 8) Evaluates food served for conformance to quality standards and dietary prescriptions.
- 9) Compiles and utilizes pertinent operational data to assure provision of quality nutritional care.
- 10) Compiles or develops educational materials and uses them as aids in nutritional education.
- 11) Interprets, evaluates, and utilizes pertinent current research related to nutritional care.
- 12) Provides nutrition education to students and personnel.
- 13) Plans and organizes resources to achieve effective nutritional care.
- 14) Plans or participates in the development of program proposals for funding.
- 15) Maintains effective written and verbal communications and public relations, inter- and intradepartmentally.
- 16) Administers personnel policies as established by the department and/or organization (22, p. 141).



Johnson (26, p. 611) predicts that

the dietitian in the not too distant future will have the capability to prescribe diets and will be given this responsibility. The dietitian no longer will just receive orders but will be a part of the group that decides what these orders will be.

#### Administrative Dietitian

It is with the following poetic yet realistic words that

Davis (9) has captured the essence of an administrative dietitian.

You hold in your menus the shape of the human figure, whether those at your tables are to be too fat or too lean. You can, by the essence of food, turn a wan face into a healthy, smiling countenance. . .you can transmute the copper pennies of a limited budget into the golden nutrition of well being . . .you work with something of which everyone partakes at least three times a day. . .the feasts you prepare are solace for the lonely, the ill, the loveless. . .you, dietitians of this modern era, are the high priests and efficient engineers of food, and the energy substance of the human earth (p. 2).

Any individual who takes upon themselves food service management also takes upon the difficult yet rewarding responsibility as a leader. The success of such a person will be determined by how well she is able to manage her responsibilities, delegate authority and maintain good human relations. In the following pages the author will cover the administrative dietitian as a leader, a controller, a manager, a human relations specialist and as a professional.

To be a competent administrator the administrative dietitian must encompass both professional and personal qualities. The dietetic profession accomplishes its objectives through working with people. Appley (2, p. 19) states "that a manager does not deal with men, money and materials but that he deals with money and

materials through men." There are many versions of which characteristics seem necessary to be a manager/administrative dietitian. The author will attempt to examine but a few of these versions which seem to summarize the thoughts of many.

Strong (29) feels a good administrative dietitian must be a good leader. He lists three qualities, 1) intellect, 2) emotions, and 3) relations, as the important aspects of a good leader. There are as many different views on the way to manage and lead as there are on what makes an effective manager. Roser (25, p. 35) recognizes that "an employee not only thrives on respect and recognition given to him as an individual, but needs to know his importance to the total organization." Roser contends that a dietitian must put considerable effort on the latter part of his statement.

Maslow's (20) Theory of Human Motivation classifies man's basic needs as physiologic, safety, belongingness, esteem and self-actualization. Maslow is also credited with the theory of management by objectives and self-control. McGregor (20, p. 633) believes that

managers must go beyond providing merely for the worker's physiologic and safety needs. . .that unless there were opportunities on the job to satisfy the higher level needs, people would be deprived and their behavior would reflect this.

Odiorne (20), in a more detailed report on Management by Objectives (MBO), believes that MBO is designed to establish measurable organizational goals and to encourage supervisor/subordinate collaboration. The Scanlon Plan advocates that management tasks become one of participative leadership. "In essence, it provides for general supervision. . .rather than close supervision." (20, p. 633) It has been shown in studies by Argyris (20) and others that the

traditional management policy in which chain of command and downward flow of orders ignore the psychological needs of workers and therefore, smothered the potential for productive effort.

To be successful the administrative dietitian needs to work well with her subordinates through effective communication and the delegation of responsibility and authority. A blend of respect for her fellow employees and a sense of importance and pride felt by these employees will produce a harmonious relationship in a productive atmosphere.

The administrative dietitian is responsible and accountable for the following functions:

- 1) Program planning and resource allocation
- 2) Manpower planning and development
- 3) Establishing and maintaining standards for technical operations
- 4) Effecting fiscal accountability
- 5) Developing communication networks
- 6) Designing foodservice facilities
- 7) Planning and managing change
- 8) Executing control (23, p. 478).

Another view that is basically the same except that it goes into great detail about standards of evaluation, generally accepts that managerial functions include:

- Planning - Determining objectives and establishing policies, programs and procedures to accomplish these objectives.
- Organizing - Assigning activities and responsibilities to individuals or groups of individuals.
- Directing - Selection and training of sufficient staff to achieve the objectives.
- Controlling - Ensuring achievement of the objectives and taking corrective action when necessary (3, p. 70).

There has become a growing demand to improve the performance of the food service departments within the health care industry. It is logical therefore that better performance "can only be

achieved by improved management. . .thus. . .there is a need for establishing specific standards by which the effectiveness of management techniques can be evaluated" (3, p. 70). Standards play an important role in determining the functional effectiveness of management.

Standards have become the operational blueprint for the more successful, commercial, food-service management organizations. Their utilization of operational standards leaves nothing to chance and provides total predictability for their results (3, p. 70).

In sum, health care institutions must

follow the pattern of the highly successful commercial food service operations by establishing specific standards of operation, which can be used to evaluate their management effectiveness and ensure that their patients and staff receive the desired level of service at the lowest possible cost (3, p. 81).

It seems apparent that the administrative dietitian must, along with other assigned duties, help develop a set of operational standards where she is employed and see to it that these standards are included in the departmental policy and procedures manual.

In conclusion, the Administrative dietitian is a professional who utilizes effectively, human and facilitating resources of a foodservice system to provide nutritionally adequate food. It is also important for the Administrative dietitian to influence the behavior of individuals to achieve appropriate intake (23).

#### Educational Dietitian

Some specialties in dietetics deal mainly with nutrition education, however nutrition education is a large part of all the dietetic fields. Every day the clinical dietitian is teaching the patient about a special diet and helping him understand why he has to follow

it, while the administrative dietitian is in the kitchen supervising and teaching the cooks proper cooking procedures, to save nutrients in foods and proper sanitation methods. However there is a career opportunity for the dietitian who has become proficient in nutrition education, who knows how to reach people where they are, using many communication skills and by showing evidence that they have brought about behavioral change (13). This section of the review of literature will identify the present and new techniques that are proving successful for the dietitian in nutrition education.

Dietitians now realize that the objectives for nutrition education should not be aimed solely toward the persons knowledge of facts but also to the understanding, application, analysis and evaluation of materials and data (4). In other words, if the patient, student or client can repeat knowledge or facts about nutrition but cannot make judgements as to which foods should be selected from a menu, then the instructional lesson has been a waste of time for both the student and dietitian (21).

Nutrition education for each age, social and economic group of the population poses very different problems for the teaching dietitian. One basic requirement that is necessary for all nutrition education is to get people actively involved. Ullrich (35, p. 84) states that there "must be a recognized obligation to find the means to motivate the consumers to make choices which will result in their nutritional well-being." Sparks (28, p. 371) states that "getting them involved is the only way to keep them interested and to get the message across." Although getting them involved may sound easy enough, different groups have different ideas on the amount and type

of involvement that keeps them interested. Young children enjoy simple projects such as food preparation and games that teach nutrition in a way that is fun but can be easily applied to their own food habits (24).

The older child and adolescent pose a different problem. Todhunter (33, p. 8) states that "Nutritional programs are more effective when emphasis is placed on the improvement of current food patterns, rather than on change". This is especially true with the adolescent whose diet consists chiefly of snacks, and it is important for the dietitian to help the adolescent see what is good about his diet and at the same time let him discover for himself what is not nutritional. Class projects such as skits, writing news broadcasts and field trips to the supermarket are just a few ways that get this age group involved in a positive way (8).

Nutrition education for the adult group often is difficult due to the varied schedules of many adults. Usually the best way to reach this segment of the population is through the media. Also lectures through clubs and organizations prove effective. A successful way to reach the homemaker is through dietetic aides. The dietitian trains dietetic aides to go into the homes and help homemakers prepare nutritious meals (17).

Lastly, the elderly population is in great need of nutrition education and is often difficult for the dietitian to reach. To be successful with nutrition education for the aged, the dietitian must focus attention on the specific needs of each individual. The diet must be tailored to individual physical limitations, environment, social conditions and financial resources (18). One method that has

proved successful in teaching the elderly about nutrition and has also served as a social outlet for them are community and federally sponsored meal programs. Many of these programs serve a balanced meal and then a short lecture or discussion geared toward this age groups specific needs.

Some of the responsibilities that the American Dietetic Association has set up for the teaching dietitian are as follows:

1. Develops curriculum including courses to meet the needs of the student.
2. Plans, conducts, and evaluates the educational experiences for dietetic, medical, dental, nursing, and other allied health students and clients.
3. Guides and evaluates students' performance.
4. Plans, conducts orientation and in-service educational programs for the organization's personnel.
5. Prepares, evaluates, and utilizes current educational methodology and instructional media to enhance learning experiences of students.
6. Maintains accurate, detailed data records.
7. Contributes expertise as a member of the organization's teams for planning and evaluating and participates in committee and other organizational activities (22, p. 140).

In conclusion, it is part of the expertise of the educational dietitian to realize that people vary greatly in how much they want to know about nutrition and that it is a skill to be selective in the information that is given and to guard against telling a person more than he wants to know (6). There is no single approach to teaching nutrition education. "Each program must be tailored and related to the needs, interests, experiences and goals of the individual or group being exposed to the subject" (6, p. 17).

## Curriculum Development

The concept of curriculum development is very broad. It is interesting to note that there are many definitions of curriculum used by various scholars. Taba (30), for example, believes the basic curriculum design includes 1) diagnosing educational needs; 2) formulating objectives; 3) selection of content; 4) organization of content; 5) selection of learning experiences; 6) organization of learning experiences; and 7) determining the ways and means of evaluating effectiveness of what is taught. Ahmann (1) in his synopsis of curriculum evaluation prefers Gagne's definition of curriculum as

a sequence of content units arranged in such a way that the learning of each unit may be accomplished as a single act provided the capabilities described by specific prior units (in the sequence) have already been learned by the learner (1, p. 25).

For the purpose of this study a summary of curriculum development will be presented. This summary will precede a more detailed and specific overview of curriculum development in dietetics.

The concept that curriculum development must be flexible and constantly updated is shared by Taba (30). She suggests that education must adjust its aims and programs to changing conditions especially under conditions of rapid societal change introduced by modern technology.

Many scholars have been grouped or classified based upon their curriculum development stand. Taba (30) does the same by dividing the premier writers in the curriculum development area into three basic philosophic groups. One group encompasses the belief that the



main purpose of education is the preservation of culture. Taba includes such writers as Bestor, Hutchins, Adler and Mager. Another group includes Mann and Dewey whose belief is that of transforming culture philosophy. The third philosophic group is those who believe in the more recent trend, that is, that education should find its main purpose in directional development. "The talent of each child is to be sought out and developed to the fullest" (30, p. 29).

Taba (30) believes that education must adjust its aims and programs to changing conditions. Her writings outline educational purpose as teaching the ability to think, the development of socially approved attitudes, the learning of sensitivities and the attainment of particular skills. Most importantly the main objective of curriculum is to prepare people to participate as productive members of society.

In Tyler's (34) rationale for curriculum development, the beginning is found in diagnosing the needs for a given population, then the formulation of objectives followed by the selection of content and the organization of learning experiences for the attainment of the objectives. McAshan's (19) works primarily follow the Tyler system, but he leveled his attention at the statements of objectives in behavioral terms so that evaluating student performance could be more efficiently accomplished. McAshan's (19) Writing Behavioral Objectives gives parameters for writing objectives at the minimum level outcomes. But specifics for attainment of objectives are left to the individual instructor or learner. His methods include two steps in the attainment of an objective--minimum level performance and desired level performance. By stating his behavioral

objectives in minimal language, McAshan's system allows for much greater latitude in the classroom situation. McAshan's greatest contribution lies in his accommodation for individual differences among learners.

Dressel (10) sees the task of curriculum development as never ending. He warns educators involved in professional curricula against the tendency of rigidity in the preparation of people for well-defined careers. Dressel (10, p. 180) states that the curriculum evaluation process must involve perpetual changes in the program of experiences and the instructional practices as "to bring about a harmony between expectations and results".

The concept which is most importantly repeated throughout the writings of all these authors is that curriculum development is a continuous, "cyclical process" which involves restatement, redefinition and reappraisal in light of societal and technological changes.

#### Competency Based Education

Competency based education has just recently become a concern for dietetic training and will play a large role in the future for educating dietitians. Competency based education is an educational training program in which there are specific competencies to be acquired, with corresponding explicit criteria for assessing these competencies. "There are three criteria - knowledge, performance and product - which are used respectively to assess the student's cognitive understandings, behaviors, and effectiveness" (5, p. 510). Competency based education forces educators to review what is to be accomplished, how they try to accomplish it and then modify the program to elicit

more efficient learning (5).

Competency programs should be based on a systems approach. It is necessary for all elements of the program to be integrated and mutually dependent. "Purposes must be carefully defined and mechanisms for feedback and correction must be operative" (11, p. 188). A very important factor is that because the student is accountable for his own program, his views as well as those of the instructor's must be acknowledged in order for a feedback system to work effectively.

These programs should be tailored as much as possible to the individual student needs. Students enter educational programs at different levels of development due to different backgrounds, experiences and future expectations, therefore, competencies should be individually prescribed to meet each student's own needs (31).

One problem that has surfaced with competency based programs is determining what level of mastery will adequately demonstrate the skill that is being identified. "One of the difficulties met with in identifying mastery levels is knowing what should be considered mastery for a particular skill" (11, p. 189). Too high of a competency level may be impossible to reach and often unnecessary.

Lastly, a problem common to all competency programs is that not all important components of a profession are identifiable or measureable. Many educators feel that if it cannot be specified or measured then it either does not exist or is not worthwhile. Because of the difficulty to specify or measure these skills, the performance-based programs may ignore them and many times these skills represent the heart of the profession. One way to combat this problem is to "provide learning experiences which can be reasonably defended as

contributing to the development of skills which are difficult to specify and measure" (11, p. 191). This method is only a temporary approach until the skills can be more carefully defined and until valid means of measurement are developed.

### Curriculum Development in Dietetics

The curricula in dietetic education has changed considerably since the early nineteen hundreds and it is still in a very dynamic state. Jordan (16) suggests that longstanding curriculum issues in foods and nutrition are yielding rapidly to change and past concerns are being replaced by a search for identity and for a common knowledge and skill base for all undergraduate major concentrations.

Until recently the traditional education curriculum for the dietitian has been a four year undergraduate program majoring in food and nutrition along with a post baccalaureate internship for the clinical experience that was needed. Today dietetic educators are taking a close look at the curriculum and have begun developing a new approach to the training of the dietitian. In 1974, the Senate Select Committee on Nutrition and Human Needs held a series of special hearings to review present and possible future National Nutrition Policy. One recommendation brought about by the hearings was that the four-year baccalaureate plus post baccalaureate clinical experience be changed to a four-year curriculum including the didactic learning and introductory clinical experience necessary for beginning practice as a dietitian (13). The recommendation in the report provided support for the need for change, namely that there were more applicants for internships than there were openings available.

This was due to increased student enrollment in dietetics and a decrease in internships due to mounting costs to the providers (13).

With the coordinated undergraduate program emerging, new concerns have been voiced questioning what kind of experiences are the most productive for the students (14). Although the coordinated programs being submitted to the American Dietetic Association for approval are extremely varied in approach Jordan (16) suggests that certain changes in the curriculum seem to be evident throughout all of them. There is an increase over previous requirements in advanced foods, nutrition, natural, behavioral and communication sciences along with professional courses which include the clinical experience.

Curriculum revision for all undergraduate programs will be completed by 1980 when Plan IV of the American Dietetic Association's "Minimum Academic Requirements" will be in effect. "These requirements are competency based so that a specific list of courses is no longer mandated, thus, allowing for greater freedom in curriculum planning" (14, p. 614).

Since a majority of the coordinated undergraduate programs are either in a beginning developmental stage or have only been functioning for approximately a year, "it is too soon for any definitive or evaluative statements" (16, p. 438). It will be interesting to note the progress, evaluation procedures and overall evaluation of the new coordinated program over the next few years.

#### Continuing Education

Continuing education for the dietitian is becoming more and more important and for the Registered Dietitian it is a necessity.

Hallahan (13, p. 117) states that "In 1969, the members of the Association accepted continuing education as one requirement for the maintenance of registration." The American Dietetic Association was one of the first of the health professions to establish a continuing educational requirement as part of the standard for professional practice.

The responsibility for continuing education falls on the individual professional, who is challenged to demonstrate her capabilities to her peers, the consumers of health services and her employers who are all evaluating her job performance. Therefore, it is absolutely necessary for the dietitian to build an effective continuing education plan that will keep her abreast of technological changes and societal requirements (14).

In the dietetic profession specialization is beginning to develop and Hart (14) states that in the near future it will be necessary to expand the concept of registration to a process of certification for various specialties. Certification of specialties would give direction to a continuing education program at the national level and the individual level. "Independent study packets for certain specialties could be developed and certifying examinations for the specialties be prepared" (14, p. 613). This would allow the individual dietitian to plan her own continuing education program by selecting one or several specialties which she would like to pursue. It is important to keep in mind that registration will continue to indicate competency at the entry level, but recognition of further specialization will be needed for certification.

## CHAPTER III

### PROCEDURES

This study was designed to accomplish the four objectives stated in Chapter I. The procedures used in the study were: a) define population, b) develop questionnaire, c) pre-test the questionnaire, d) distribute the questionnaire, e) evaluate the responses, f) draw implications and recommendations.

#### Definition of Population

The population in this study consisted of 87 Oklahoma State University Food, Nutrition and Institution Administration students who received a baccalaureate degree no earlier than May 1965 and no later than July 1974. The names and addresses were secured from the Food, Nutrition and Institution Administration files at Oklahoma State University. Graduates who said that they never worked as dietitians or in related fields will be excluded from the results.

#### Development of the Questionnaire

A questionnaire was developed by the researcher to obtain data that would allow for the identification of the relationship after analysis, between selected variables and the expressed degree of competency by the respondents. The variables considered were: age of respondents, number of years since B.S. graduation, number of

degrees earned, number of years employed as a dietitian, membership in the American Dietetic Association, American Dietetic Association membership route, income of respondent, present employment status, and status as a Registered Dietitian. Also included in the questionnaire was the primary sources of expressed competencies obtained, and space was available for suggestions for curriculum development. A copy of the questionnaire is shown in Appendix B and the cover letter used to accompany the questionnaire is shown in Appendix A.

To obtain information for the expressed degree of competency, 38 competencies were identified concerning four main areas of dietetics. Thirteen competencies were included in the area of Administrative dietetics, 10 competencies were included in the area of Therapeutic, six competencies were included in the area of Education and Community Nutrition, and nine competencies were included in the area of Communication and Others. The competencies identified in each area are included in Appendix C. The competencies were developed from the American Dietetic Association position papers (22) on dietitians. The objectives from Food, Nutrition and Institution Administration upper level classes at Oklahoma State University were utilized. These included: Science of Food Preparation; Nutrition and Dietetics; Social and Cultural Aspects of Food; Institutional Purchasing; Experimental Cookery; Diet Therapy; Quantity Cookery; and Institutional Organization and Management. Textbooks from the above classes and program objectives for the dietetic traineeship were also utilized.

The competencies were developed to be rated by the respondents on a scale from 1 to 5 with 1 indicating that the respondent felt



very competent and 5 indicating the respondent felt very incompetent. The respondent was asked to check one of three categories placed to the right of the competency on the questionnaire to determine the primary source for each competency obtained. The categories were: 1) Oklahoma State University Education (OSU Education), which also included either an internship or traineeship, 2) On-The-Job-Training and 3) No Training. The questionnaire included a general information sheet to determine the age of the respondents, number of years since graduation, number of degrees earned, number of years employed as a dietitian, membership in the American Dietetic Association, American Dietetic Association membership route, income of respondent, present employment status, and status as a Registered Dietitian.

#### Pre-testing the Questionnaire

The pre-test population consisted of eight dietetic interns at Oklahoma State University. The purpose of the pre-test was to determine the clarity of the directions and questions on the questionnaire. Suggestions for clarity were given by the respondents and the appropriate corrections were made before distributing the questionnaire to the sample population.

#### Distribution of the Questionnaire

A questionnaire was mailed on March 29, 1976 to the population and a self-addressed stamped envelope was enclosed for the response. A follow-up post card was mailed to the members of the sample population who had not yet responded. Eighty-seven questionnaires were originally mailed and 36 follow-up post cards. Of the 87

questionnaires mailed a total of 45 graduates responded. Due to the fact that it was necessary for the respondent to have worked for some time as a dietitian, not all 45 responses could be used in the final analysis of the data. A total of 33 (38 percent) responses were used in the final analysis.

#### Evaluation of the Responses

The data from the questionnaire was key-punched by the researcher and tabulated by computer. The responses to each competency were rated on a scale from 1 to 5 with 1 being very competent and 5 being very incompetent. To obtain the mean score of expressed competency, all responses were totaled and divided by the total population of 33.

Analysis of Variance (AOV) procedure was used to determine the relationships between the expressed competency and the demographic data of the respondents. The Least Significant Difference (LSD) value was at the .05 level. These responses were totaled and then divided by the number of respondents in each particular group to determine the group's mean score for the expressed degree of competency.

To obtain the primary source of expressed competencies, OSU Education, On-The-Job Training or No Training, the respondents were asked to identify one of these three responses. The results were tabulated by number along with the percents. Suggestions for curriculum development were asked for through an open ended statement and are presented along with the results in Chapter IV.

The respondents were asked to indicate if they thought the

competency was primarily gained through their four years of Oklahoma State University education (see Appendix B). Due to the fact that there was a lack of response to this question, the data were excluded from the results. Also, many of the respondents failed to indicate the title of their present position so this question was not analyzed by the researcher.

#### Draw Implications and Recommendations

Analysis of the data identified implications for curriculum development in Food, Nutrition and Institution Administration at Oklahoma State University. These suggestions and recommendations are discussed in Chapter V of this study.

## CHAPTER IV

### RESULTS AND DISCUSSION

The problem of this study was to determine whether or not Oklahoma State University Food, Nutrition and Institution Administration graduates feel competent in their profession of dietetics and what variables contributed to the expressed competency. Data obtained from the questionnaire are presented in this chapter as they pertain to the objectives of this study.

The response to the questionnaire relating to the expressed degree of competency for each competency were rated on a scale from 1 to 5 with 1 being very competent and 5 being very incompetent. To arrive at the mean score of expressed competency, all responses were totaled and divided by the total population of 33. On the rating scale of 1 to 5, the mean score for all responses was 2.18. This mean score of 2.18 showed that the total population of the sample felt competent in the profession of dietetics.

#### Age of Respondents and Expressed Competency

All 33 respondents were within three age groups and were basically evenly distributed among each group. There were 11 subjects in the 22 to 25 year old category, 10 subjects in the 26 to 29 year old category and 12 subjects in the 30 to 33 year old category. The mean score of expressed competency was arrived at for each age group by

adding the expressed competency responses of the specific age group and then dividing by the number of persons in that particular age group. In the 22 to 25 year old age category the mean score of expressed competency was 2.28, for the 26 to 29 year old category the mean score was 2.19 and for the 30 to 33 year old category the mean score was 2.08.

An AOV procedure was used in regard to age of respondents and the mean score of expressed competency. The difference between the expressed competency mean scores was less than 0.25 which was the LSD established for the level of significance. This evidence revealed that there were no significant differences in the expressed degree of competency and the ages of the respondents. See Table I.

TABLE I  
AGE OF RESPONDENTS AND MEAN SCORE OF EXPRESSED COMPETENCY

Age of Respondents	Number of Participants	Expressed Competency Mean
22 to 25 years old	11	2.28
26 to 29 years old	10	2.19
30 to 33 years old	12	2.08
Totals	33	2.18

LSD .05 = 0.25

### Years Since B.S. Graduation and Expressed Competency

Of the 33 respondents, 14 had graduated within one to four years. The average of their expressed competency score was 2.26. Eleven respondents graduated within 4 to 7 years and their average expressed competency mean score was 2.13. Eight respondents had graduated within 7 to 10+ years and their average expressed competency mean score was 2.10.

An AOV procedure was used to determine the relationship between the years since B.S. graduation of the respondents and the mean scores of expressed competency. The difference between the expressed competency mean scores was less than 0.46 which was the LSD established for the level of significance. This evidence revealed that there were no significant differences in the expressed degree of competency of the respondents and the number of years since they received their B.S. degree. See Table II.

TABLE II

#### YEARS SINCE B.S. GRADUATION AND MEAN SCORE OF EXPRESSED COMPETENCY

Time since B.S.	Number of Participants	Expressed Competency Mean
1 to 2 years	5	2.28
2 to 3 years	4	2.29
3 to 4 years	5	2.15
4 to 5 years	3	1.98
5 to 6 years	4	2.30
6 to 7 years	4	2.12

TABLE II (CONTINUED)

Time since B.S.	Number of Participants	Expressed Competency Mean
7 to 8 years	1	1.63
8 to 9 years	1	2.42
9 to 10 years	4	2.05
Over 10 years	2	2.33
Totals	33	2.18

LSD .05 = 0.46

Membership in the American Dietetic Association  
and Expressed Competency

Of the 33 respondents, 29 were American Dietetic Association members. These 29 respondents had an expressed competency mean score of 2.19. Only four of 33 respondents were not American Dietetic Association members. Their expressed competency mean score was 2.11.

An AOV procedure was used to determine the relationship between membership in the American Dietetic Association and the mean scores of expressed competency. The difference between the expressed competency mean score of American Dietetic Association members and non American Dietetic Association members was less than 0.21 which was the LSD established for the level of significance. This evidence revealed that there were no significant differences in the expressed degree of competency of the respondents and whether or not they were members of the two groups. See Table III.

TABLE III  
MEMBERSHIP IN THE AMERICAN DIETETIC ASSOCIATION  
AND MEAN SCORE OF EXPRESSED COMPETENCY

American Dietetic Association Member	Number of Participants	Expressed Competency Mean
YES	29	2.19
NO	4	2.11
Totals	33	2.18

LSD .05 = 0.21

American Dietetic Association Membership  
Route and Expressed Competency

Of the 33 respondents, 29 were members of the American Dietetic Association. The data in Table IV shows that 22 respondents achieved American Dietetic Association membership through the approved dietetic internship. These 22 respondents had an expressed competency mean score of 2.21. An expressed competency mean score of 1.97 was obtained for the only individual who followed the M.S. degree with experience, as a membership route. Five individuals followed the Traineeship membership route and had an expressed competency mean score of 2.03. One respondent followed another American Dietetic Association membership route not included in the questionnaire. This route was not identified by the respondent.

An AOV procedure was used to determine the relationship between the American Dietetic Association membership route and the mean scores of expressed competency. The difference between the expressed



competency mean scores was less than 0.33 which was the LSD established for the level of significance.

TABLE IV  
AMERICAN DIETETIC ASSOCIATION MEMBERSHIP ROUTE  
AND MEAN SCORE OF EXPRESSED COMPETENCY

American Dietetic Association Membership Route	Number of Participants	Expressed Competency Mean
Approved dietetic internship	22	2.21
Master degree with experience	1	1.97
Traineeship	5	2.03
Other	1	2.29
Totals	29	2.18

LSD .05 = 0.33

Years of Employment as a Dietitian  
and Expressed Competency

Of the 33 respondents, 18 had been employed as dietitians for three years or less. The average of their expressed competency mean scores was 2.09. Twelve respondents were employed as dietitians for 3 to 6 years and their average expressed competency mean score was 2.16. Three respondents were employed as dietitians for 6 to 9 years and their average expressed competency mean score was 2.00.

An AOV procedure was used to determine the relationship between the years of employment as a dietitian of the respondents and the

mean scores of expressed competency. The difference between the expressed competency mean scores was less than 0.31 which was the LSD established for the level of significance. This evidence revealed that there were no significant differences in the expressed degree of competency of the respondents and the number of years employed as a dietitian. See Table V.

TABLE V  
THE YEARS OF EMPLOYMENT AS A DIETITIAN AND  
MEAN SCORE OF EXPRESSED COMPETENCY

Years employed as a dietitian	Number of Participants	Expressed Competency Mean
1 year or less	8	2.15
1 to 2 years	8	2.28
2 to 3 years	2	1.83
3 to 4 years	6	2.11
4 to 5 years	3	2.19
5 to 6 years	3	2.19
6 to 7 years	1	2.00
7 to 8 years	1	1.63
8 to 9 years	1	2.37
Totals	33	2.18

LSD .05 = 0.31

Present Employment Status and  
Expressed Competency

Of the 33 respondents, 23 respondents indicated that at present they work full time. Their expressed competency mean score was 2.18. Four individuals stated that they work more than half time but less than full time. These respondents have an expressed competency mean score of 2.09. Another four respondents indicated that their present employment status was less than half time. Their expressed competency mean score was 2.23. Two individuals responded that they were not presently employed; however, they expressed a competency mean score of 2.21.

An AOV procedure was used to determine the relationship between the present employment status of the respondents and their expressed competency. The difference between the expressed competency mean scores was less than 0.91 which was the LSD established for the level of significance. These results revealed that there were no significant differences in the expressed degree of competency and the respondents' present employment status. See Table VI.

TABLE VI  
PRESENT EMPLOYMENT STATUS AND MEAN  
SCORE OF EXPRESSED COMPETENCY

Present Employment Status	Number of Participants	Expressed Competency Mean
Employed full time 40 hours/week	23	2.18
Employed half time or more but less than full time	4	2.09
Employed less than half time	4	2.23
Not employed	2	2.21
Totals	33	2.18

LSD .05 = 0.91

#### Respondents' Present Income and Expressed Competency

Of the 33 respondents, two stated no income and had an expressed competency mean score of 2.21. Five individuals received less than \$6,000 and had an expressed competency mean score of 2.21. Only three respondents had an income between \$6,000-\$7,999. They had an expressed competency mean score of 2.04. Ten respondents had an income between \$8,000-\$9,999 and an expressed competency mean score of 2.21. The largest group of respondents, 11, had an income between \$10,000-\$12,999 and an expressed competency mean score of 2.18. Two respondents stated an income between \$13,000-\$15,999 and their expressed competency mean score was 2.12.

An AOV procedure was used to determine the relationship between the respondents' income and their expressed degree of competency. The

difference between the expressed competency mean scores was less than 0.37 which was the LSD established for the level of significance. These results revealed that there were no significant differences in the expressed degree of competency and the respondents' incomes. See Table VII.

TABLE VII  
THE RESPONDENTS' PRESENT INCOME AND MEAN  
SCORE OF EXPRESSED COMPETENCY

Income Range	Number of Participants	Expressed Competency Mean
No income	2	2.21
Less than \$6,000	5	2.21
\$6,000 - \$7,999	3	2.04
\$8,000 - \$9,999	10	2.21
\$10,000 - \$12,999	11	2.18
\$13,000 - \$15,999	2	2.12
Totals	33	2.18

LSD .05 = 0.37

#### Registration Status and Expressed Competency

Of the 33 respondents, 25 were Registered Dietitians. These 25 Registered Dietitians recorded an expressed competency mean score of 2.20. Eight of the 33 respondents were not Registered Dietitians and their expressed competency mean score was 2.12.

An AOV procedure was used to determine the relationship between registration status of the respondents and the mean score of expressed competency. The difference between the expressed competency mean score of Registered Dietitians and non Registered Dietitians was less than 0.21 which was the LSD established for the level of significance. These results revealed that there were no significant differences in the expressed competency between Registered Dietitians and non Registered Dietitians. See Table VIII.

TABLE VIII  
REGISTRATION STATUS OF RESPONDENTS AND MEAN  
SCORE OF EXPRESSED COMPETENCY

Registered Dietitian	Number of Participants	Expressed Competency Mean
YES	25	2.20
NO	8	2.21
Totals	33	2.18

LSD .05 = 0.21

### Primary Sources of Expressed Competency:

OSU Education, On-The-Job-Training  
or NO Training

To determine the primary sources of competencies, OSU Education, On-The-Job-Training or No Training, the researcher divided the 38 competencies into four main areas of dietetics. These areas were: Administrative, Therapeutic, Education and Community Nutrition, and Communication and Others. The competencies identified in each area are listed in Appendix C. The responses were tabulated for the same population in each area.

The following tables (IX, X, XI, XII) identify the frequency and percentages of responses to expressed competency in each area. There were three alternatives given on the questionnaire pertaining to primary sources of expressed competencies obtained: Oklahoma State University Education (OSU Education), On-The-Job Training, and No Training. The respondents could check only one source for each competency.

#### Administrative Responsibilities

The Oklahoma State University Education of the respondents was identified as the primary source of expressed competency in the Administrative area. This was evidenced by 54.54 percent of the responses. The respondents indicated the competencies which were primarily (over 50 percent) obtained through OSU Education: determine and define work objectives (75.75 percent), plan layout designs (63.63 percent), purchase food and supplies (78.78 percent), utilize

laws and regulatory agencies (66.66 percent), adequately standardize recipes (87.87 percent), and adjust recipe yields (72.72 percent).

The respondents identified that On-The-Job-Training was the secondary source of their expressed competency. There were 29.6 percent of the responses in this category. There were two competencies of the respondents which were primarily obtained through On-The-Job-Training: select and assign employees to jobs (54.54 percent), and develop employees abilities (63.63 percent).

The respondents identified that OSU Education and On-The-Job-Training were major sources for obtaining three competencies. These competencies were: 1) determining policies, 2) work within a budget, and 3) guide and evaluate employees. Of the responses to the competence of determining policies, 45.45 percent identified both OSU Education and On-The-Job-Training. The competence of working within a budget was obtained through OSU Education (42.42 percent of the responses) and On-The-Job-Training (33.33 percent of the responses). The competence guide and evaluate employees was obtained through On-The-Job-Training (48.48 percent of the responses) and OSU Education (42.42 percent of the responses). There were two competencies for which the respondents identified as having no training. These were: provide adequate finances (42.42 percent), and plan and propose budgets (42.42 percent). See Table IX.



TABLE IX

PRIMARY SOURCES OF EXPRESSED COMPETENCIES OBTAINED  
IN REGARD TO ADMINISTRATIVE RESPONSIBILITIES

Competency	OSU Education		On-the-Job Training		No Training	
	*No.	Percent	No.	Percent	No.	Percent
determine and define work objectives	25	75.75	8	24.24	0	0.00
select and assign employees to jobs	12	36.36	18	54.54	3	9.09
provide adequate finances for your department	11	33.33	8	24.24	14	42.42
determine policies for your department	15	45.45	15	45.45	3	9.09
plan and propose budgets for your department	12	36.36	7	21.21	14	42.42
work within a budget	14	42.42	11	33.33	8	24.24
develop the employees' ability to their fullest potential	9	27.27	21	63.63	3	9.09
plan layout designs and determine equipment for your department	21	63.63	3	9.09	9	27.27
adequately purchase food and supplies for the kitchen	26	78.78	6	18.18	1	3.03
utilize laws and regulatory agencies in assuring high quality foods	22	66.66	7	21.21	4	12.12
adequately standardize recipes	29	87.87	1	3.03	3	9.09
increase and decrease recipe yields for your own situation	24	72.72	6	18.18	3	9.09
guide and evaluate employees' performance	14	42.42	16	48.48	3	9.09
<b>Totals</b>	<b>234</b>		<b>127</b>		<b>68</b>	

\*Number = Frequency of responses

### Therapeutic Responsibilities

The Oklahoma State University Education of the respondents was identified as the primary source of expressed competency in the Therapeutic area. This was evidenced by 64.24 percent of the responses. The respondents indicated that the competencies primarily obtained through OSU Education were: design dietary plans (75.75 percent), take diet histories (78.78 percent), read and understand charts and lab records (60.60 percent), understand diseases and illnesses and know the nutritional care (75.75 percent), understand the interrelationship of various systems of the human body (87.87 percent), gather valid information from patients (63.63 percent), and design dietary plans to fit the needs of different age groups (75.75 percent).

The respondents identified that OSU Education and On-The-Job-Training were major sources of obtaining one competency. This competency was: successfully contribute to health team rounds. OSU Education was credited with 45.45 percent of the responses and On-The-Job-Training was identified with 36.36 percent of the responses.

The category of No-Training was identified with 57.57 percent of the responses to the competence of successfully take anthropometric measures; OSU Education was identified with 42.42 percent of the responses. For the competency to modify food intake in conjunction with drug administration, OSU Education was identified with 36.36 percent of the responses, On-The-Job-Training received 33.33 percent and No-Training received 30.30 percent of the responses. See Table X.

TABLE X

PRIMARY SOURCES OF EXPRESSED COMPETENCIES OBTAINED  
IN REGARD TO THERAPEUTIC RESPONSIBILITIES

Competency	OSU Education		On-the-Job Training		No Training	
	*No.	Percent	No.	Percent	No.	Percent
design dietary plans to fit the individual's needs	25	75.75	7	21.21	1	3.03
adequately take diet histories of patients	26	78.78	5	15.15	2	6.06
read and understand charts and lab records	20	60.60	12	36.36	1	3.03
understand diseases and illnesses and know the correct nutritional care needed for each	25	75.75	8	24.24	0	0.00
successfully contribute to health team rounds	15	45.45	12	36.36	6	18.18
modify food intake in conjunction with drug administration	12	36.36	11	33.33	10	30.30
understand the structure, processes, functioning and interrelationship of various systems of the human body in health and disease	29	87.87	4	12.12	0	0.00
successfully take, record and utilize anthropometric measurements (skin fold measurements, etc.)	14	42.42	0	0.00	19	57.57
gather valid information from patients	21	63.63	10	30.30	2	6.06
design dietary plans to fit the needs of different age groups	25	75.75	8	24.24	0	0.00
<b>Totals</b>	<b>212</b>		<b>77</b>		<b>41</b>	

\* Number = Frequency of Responses

### Education and Community Nutrition Responsibilities

The Oklahoma State University Education of the respondents was identified as the primary source of expressed competency in the Education and Community Nutrition category. This was evidenced by 53.53 percent of the responses. The respondents indicated that the competencies primarily obtained through OSU Education were: instruct patients about diets (72.72 percent of the responses), instruct medical personnel about nutrition (72.72 percent) and identify and evaluate needs to establish priorities for community nutrition programs (54.54 percent).

The respondents identified that OSU Education and On-The-Job-Training were major sources for obtaining two competencies. These were: developed curriculum to meet the needs of the student, employee or patient, and plan and organize educational experiences. The competence of developing curriculum was obtained through OSU Education (45.45 percent of the responses) and On-The-Job-Training (36.36 percent). Of the responses to the competency of planning and organizing educational experiences, On-The-Job-Training was identified with 45.45 percent of the responses and OSU Education was identified with 42.42 percent of the responses.

No Training was identified with 48.48 percent of the responses to the competency of organizing and coordinating the nutritional components of health care services. However, OSU Education was identified with 33.33 percent of the responses for this competency. See Table XI.

TABLE XI

PRIMARY SOURCES OF EXPRESSED COMPETENCIES OBTAINED  
IN REGARD TO EDUCATION AND COMMUNITY  
NUTRITION RESPONSIBILITIES

Competency	OSU Education		On The Job Training		No Training	
	*No.	Percent	No.	Percent	No.	Percent
instruct patients about modified diets	24	72.72	6	24.24	1	3.03
instruct nurses, interns, and other medical personnel in the area of nutrition	24	72.72	7	21.21	2	6.06
identify and evaluate needs to establish priorities for community nutrition programs	18	54.54	7	21.21	8	24.24
organize and coordinate the nutritional component of health care services for a community or organization	11	33.33	6	18.18	16	48.48
develop curriculum including courses to meet the needs of the student, employee or patient	15	45.45	12	36.36	6	18.18
plan and organize educational experiences for employees or patients	14	42.42	15	45.45	4	12.12
Totals	106		55		37	

\*Number=Frequency of responses

### Communication and Other Responsibilities

The Oklahoma State University Education of the respondents was identified as the primary source of expressed competency in the area of Communication and Other. This was evidenced by 53.87 percent of the responses. The respondents indicated that the competencies primarily obtained through OSU education were: analyze and classify work to be done (66.66 percent), apply research findings to your own situations (72.72 percent), read current dietetic literature (75.75 percent), and use interviewing techniques (57.57 percent).

The respondents identified that On-The-Job-Training was the secondary source of their expressed competency. There were 35.35 percent of the responses in this category. There were two competencies of the respondents which were primarily obtained through On-The-Job-Training: maintain effective verbal communications (54.54 percent), and maintain accurate and detailed records (54.54 percent). OSU Education received 45.45 percent of the responses for the competency of maintaining accurate and detailed records.

Two competencies were obtained through both OSU Education and On-The-Job-Training. These were: maintain effective written communications, OSU Education and On-The-Job-Training received 45.45 percent of the responses, and communicate directions for which OSU Education received 48.48 percent of the responses and On-The-Job-Training received 45.45 percent. The competence, to use the metric system, OSU Education was identified with 36.36 percent of the responses, On-The-Job-Training was identified with

33.33 percent and NO Training was identified with 30.30 percent of the responses. See Table XII.

TABLE XII  
 PRIMARY SOURCES OF EXPRESSED COMPETENCIES  
 OBTAINED IN REGARD TO COMMUNICATION  
 AND OTHER RESPONSIBILITIES

Competency	OSU Education		On The Job Training		No Training	
	*No.	Percent	No.	Percent	No.	Percent
analyze and classify work to be done	22	66.66	10	30.30	1	3.03
maintain effective verbal communications inter- and intradepartmentally	12	36.36	18	54.54	3	9.09
maintain effective written communications inter- and intradepartmentally	15	45.45	15	45.45	3	9.09
apply research findings to your own situations	24	72.72	5	15.15	4	12.12
use the metric system	12	36.36	11	33.33	10	30.30
maintain accurate and detailed records for the department	15	45.45	18	54.54	0	0.00
read current dietetic literature	25	75.75	3	9.09	5	15.15
use interviewing techniques to maximize the flow of specific types of information	19	57.57	10	30.30	4	12.12
communicate directions clearly	16	48.48	15	45.45	2	6.06
Totals	160		105		32	

\*Number = Frequency of Responses



### Suggestions for Curriculum Improvement

Of the total respondents, 18 (55 percent) offered suggestions and recommendations for curriculum development in Food, Nutrition and Institution Administration at Oklahoma State University. The researcher classified these suggestions and recommendations offered by the respondents into 13 areas. See Table XIII.

TABLE XIII  
SUGGESTIONS FOR CURRICULUM IMPROVEMENT

Suggestions	Number of times suggested
Therapeutic	
Coursework in food and drug interaction	4
An increase in coursework involving charting and understanding patients' charts and medical terminology	2
Allergy and food relationships.	1
Increase coursework in diet therapy.	2
Administrative	
More business, accounting and financing needed for the Food, Nutrition and Institution Administration major.	2
Coursework involving the use of state and federal legislation for food service areas.	2
Increase emphasis on employee management.	1
Education and Community Nutrition	
Required nutrition education courses.	1
More emphasis on teaching techniques, use of visual aids and lesson planning.	1
Communication and Others	
Indepth coursework in the use of the metric system.	3
Increase field experience in all areas of dietetics.	3
Counseling and interviewing courses required.	2
Increase course work in techniques for consulting for hospitals, nursing homes and the public.	1

The responses to No Training and On-The-Job-Training for the

competencies were compared to the suggestions for curriculum development by the respondents to the open-ended statement. Based on this evidence, the responses identified the following Oklahoma State University educational needs:

- 1) Increase emphasis on employee management
- 2) Indepth coursework in the use of the metric system
- 3) Increase course work in techniques for consulting for hospitals, nursing homes and the public
- 4) Coursework in food, and drug interaction

The respondents identified little or no evidence of No Training in regard to competencies. This indicated that the respondents seemed to be adequately prepared for their profession. Due to the fact that the Oklahoma State University Education of the respondents played the primary role in gaining the competencies, the researcher feels that the graduates from the Food, Nutrition and Institution Administration program have had an adequate background for their profession.

## CHAPTER V

### SUMMARY, DISCUSSION, IMPLICATIONS AND RECOMMENDATIONS

#### Summary

This study was designed to identify the variables which contributed to the expressed competency of Oklahoma State University Food, Nutrition and Institution Administration graduates from 1965-1974. The findings provided a basis for making suggestions and recommendations for curriculum development of the Food, Nutrition and Institution Administration program at Oklahoma State University. The objectives of this study were: 1) to obtain data concerning background information and expressed competency of the respondents in the dietetic profession, 2) to determine the implications of selected variables as they relate to the expressed competency of the respondents, 3) to determine the primary sources of expressed competency obtained through OSU Education, On-The-Job-Training or No Training, and 4) to make suggestions and recommendations for curriculum development in the Oklahoma State University Food, Nutrition and Institution Administration program.

A questionnaire was developed by the researcher to obtain data about background characteristics and expressed degree of competency of the respondents. Variables included in this study were: age of respondents, number of years since B.S. graduation,

number of degrees earned, number of years employed as a dietitian, membership in the American Dietetic Association, American Dietetic Association membership route, income of respondent, present employment status, and status as a Registered Dietitian. The data from the respondents was analyzed to determine which variables influenced the respondents' expressed competencies and the primary sources where competencies were obtained. In addition, suggestions were given by the respondents for recommendations and suggestions for Food, Nutrition and Institution Administration curriculum at Oklahoma State University.

The questionnaire was mailed to 87 graduates of the Oklahoma State University Food, Nutrition and Institution Administration program. Of the 87 questionnaires mailed a total of 45 responses were returned. Due to the fact that it was necessary for the respondents to have worked for some time as dietitians, not all responses could be used in the final analysis of the data. A total of 33 responses were used in the final analysis.

A profile of the respondents showed that the ages of the sample population were between 22 and 33 years of age. The number of years since B.S. graduation of the respondents were distributed over one to ten years. Twenty-nine respondents were members of the American Dietetic Association and of these 29 members, 27 gained membership through an approved dietetic internship or traineeship. One American Dietetic Association member followed the M. S. degree with experience route and one respondent followed another route not included in the questionnaire. Twenty-five of the respondents indicated that they were Registered Dietitians.

Of the 33 respondents, 18 had been employed as dietitians for three years or less. Twelve respondents were employed as dietitians for three to six years and three respondents were employed as dietitians for six to nine years. Responses to present employment status indicated that 23 respondents were employed full time, four respondents were employed half time and four respondents were employed less than half time. The present income of the respondents ranged from no income to \$13,000-\$15,999. Twenty-one respondents' income were in the \$8,000-\$12,999 range.

#### Discussion and Implications of Results

The total expressed competency mean score for the population was 2.18. To arrive at the score of Expressed Competency, all responses were totaled and divided by the total population of 33. This mean score of 2.18 showed that the total population of the sample felt competent in the profession of dietetics.

After analysis of the data, by AOV, concerned with the relationship of the expressed competency of the respondents and selected variables, the researcher concluded that the respondents' expressed competency was independent of all variables which were included in this study. This conclusion was based upon the fact that there were no significant differences in the expressed degree of competency of the selected variables.

From the analysis of primary sources where competencies were obtained: Oklahoma State University Education, On-The-Job-Training, and No Training, it was found that all three sources contributed to the expressed degree of competency of the respondents.

Oklahoma State University Education was identified with over 50 percent of the responses in all four areas. On-The-Job-Training was identified with approximately 29 percent of the responses and No Training was identified with approximately 14 percent of the responses. Although the percentages of the responses for the primary sources where the competencies were obtained varied, in each area - Administrative, Therapeutic, Education and Community Nutrition, and Communications and Others, the Oklahoma State University Education of the respondents played the primary role for obtaining the expressed competencies.

An overview of the results implied that although Oklahoma State University Education played the primary role for all competencies included in the questionnaire, it is necessary to take an indepth look at both On-The-Job-Training and No Training categories. When these two categories were combined they equalled approximately 43 percent of the responses. This data implies that there is need for evaluation and development of the Food, Nutrition and Institution Administration curriculum to help meet the dietitians' needs.

#### Recommendations for Curriculum Development

On the basis of the findings of this study, the following recommendations are proposed for the Oklahoma State University Food, Nutrition and Institution Administration curriculum to help meet the needs of the students.

- 1) More emphasis on field experience in the undergraduate program

- 2) More emphasis on the following concepts and procedures in the area of Administration:
  - a. examination of state and federal legislation and regulatory agencies as they pertain to food service
  - b. employee management techniques
  - c. knowledge of financing, and budget management
- 3) More emphasis on the following concepts and procedures in the area of Therapeutics:
  - a. food and drug interaction
  - b. understanding and writing charts
  - c. understanding the relationship between food and allergies
  - d. taking, recording and utilizing anthropometric measures
- 4) More emphasis on the following concepts and procedures in the area of Education and Community Nutrition:
  - a. nutrition education coursework
  - b. experience in developing visual aids and lesson plans
  - c. dietary consulting education
- 5) More emphasis on the following concepts and procedures in the area of Communication and Others:
  - a. use of the metric system
  - b. interviewing and counseling techniques

#### Recommendations for Further Research

The researcher recommends the following for further study:

- 1) Investigation of the relationship of the respondents specialized professional experience and expressed degree of competency for all areas of dietetics.
- 2) Factors which contribute to the Registered Dietitian's decision to take continuing education hours.
- 3) Development of competency based instruction in Food,



Nutrition and Institution Administration at Oklahoma State University.

- 4) Continuous evaluation of the curriculum in Food, Nutrition and Institution Administration at Oklahoma State University for up-dating.

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**APPENDIX A**

**COVER LETTER**



# Oklahoma State University

Department of Food, Nutrition and Institution Administration

STILLWATER, OKLAHOMA 74074  
(405) 372-6211, Exts. 6007, 6091

March 26, 1976

Dear OSU Food, Nutrition and Institution Administration Graduate:

One of the true challenges and commitments of higher education today is to keep pace with the rapidly changing society, that its graduates try to serve. For this reason, the Food, Nutrition and Institution Administration Department at Oklahoma State University constantly strives to examine curricula to build a stronger program and to better serve students, and the profession. In keeping with this premise, I am requesting that you spend a few minutes in filling out the enclosed questionnaire. Your cooperation and thoughtful response will be appreciated.

You have been selected to be part of this study because it is felt that graduates from 1965 to 1974 would have the greatest ease of recall from their Oklahoma State University education along with adequate work experience. Hopefully this will provide the best and most accurate information.

The questionnaire was developed to obtain data for continued curriculum development and the degree of competency expressed by the Oklahoma State University Food, Nutrition and Institution Administration graduates.

Be assured that your frank response will be kept in the strictest confidence. I welcome any and all comments you may have. Fifteen minutes of your time will help us evaluate where we've been, where we are and where we should be headed.

Please return questionnaire by April 7, 1976.

Many thanks for your time and thoughtful input.

Sincerely,

*Kathleen Peshke*

Kathleen Peshke  
Graduate Student,  
F.N.I.A. Department

Esther Winterfeldt, Ph. D.  
Professor and Head,  
Department of F.N.I.A.

**APPENDIX B**

**QUESTIONNAIRE**

Directions: Check the appropriate space for each question. It is important that you answer every question.

1. Sex: Female  Male:
2. Age:  18 to 21 years old  34 to 37 years old  
 22 to 25 years old  38 to 41 years old  
 26 to 29 years old  42 to 45 years old  
 30 to 33 years old  over 45 years old
3. Did you receive your B.S. degree from Oklahoma State University?  
YES  NO
4. Length of time since B.S. degree was earned:  
 less than 1 year  5 to 6 years  
 1 to 2 years  6 to 7 years  
 2 to 3 years  7 to 8 years  
 3 to 4 years  8 to 9 years  
 4 to 5 years  9 to 10 years  
 over 10 years
5. Check highest degree earned:  B.S. or B.A.  
 M.S. or M.A.  
 Ph D  
 Ed D  
 Specialist  
 Other \_\_\_\_\_
6. Institution where other degrees were earned. Fill in the appropriate blanks with the name of the institution(s).  
M.S. or M.A. \_\_\_\_\_  
Ph D \_\_\_\_\_  
Ed D \_\_\_\_\_  
Specialist \_\_\_\_\_
7. Are you currently enrolled in a degree program?  
YES  NO
8. If answered YES to the above question please specify degree you are currently seeking: \_\_\_\_\_
9. Where are you seeking the degree and what field of study?  
Where \_\_\_\_\_  
Field of Study \_\_\_\_\_
10. Are you a member of the American Dietetic Association?  
YES  NO
11. If answered YES to the above question, what was your membership route?  
 Approved dietetic internship  
 Coordinated undergraduate program  
 Combined dietetic internship - Masters degree program  
 Master degree with experience or assistantship  
 Traineeship  
 Other \_\_\_\_\_
12. Are you a Registered Dietitian?  
YES  NO



13. How many years have you been employed full time as a dietitian since graduation?

- None
- 1 year or less
- 1 to 2 years
- 2 to 3 years
- 3 to 4 years
- 4 to 5 years
- 5 to 6 years
- 6 to 7 years
- 7 to 8 years
- 8 to 9 years
- 9 to 10 years
- over 10 years

14. If presently employed as a dietitian, what is your title?  
(Check as many as apply)

- Director of Department
- Associate Director
- Assistant Director
- Administrative Dietitian
- Clinical Dietitian
- Public Health Nutritionist
- Consultant Dietitian
- Research Dietitian
- Teaching Dietitian
- Not employed
- Other \_\_\_\_\_

15. What is your present employment status?

- Employed full time (40 hr/week)
- Employed half time or more, but less than full time
- Employed less than half time
- Not employed

16. What is your annual salary range?

- Less than \$6,000
- \$6,000 -- \$7,999
- \$8,000 -- \$9,999
- \$10,000 -- \$12,999
- \$13,000 -- \$15,999
- \$16,000 -- \$18,999
- \$19,000 -- \$24,999
- \$25,000 and above

DIRECTIONS: All of the following questions have two answers, one in regard to expressed competency and the other in regards to where you primarily obtained the competency. Please respond to each question as follows:

- A) In the column at the far left indicate numerically (1-5) your response to competency.
- B) In the columns to the right of the competencies mark an "X" as to where you received the competency.
- C) If you feel the competency was gained primarily through your 4 years of OSU education please indicate by starring the appropriate space at the end of each competency.

RESPONSE CHOICES TO EXPRESSED COMPETENCY

1. Very competent
2. Competent
3. Neither competent nor incompetent
4. Incompetent
5. Very incompetent

How competent do you feel in the dietetic profession in terms of your ability to:

<u>LIST OF COMPETENCIES</u>	OSU EDUCATION & Internship or Traineeship	ON THE JOB TRAINING	NO TRAINING
Answer (1-5) here *****			

EXAMPLE:

___ 1. determine and define work objectives	___	___	___
*****			
___ 1. determine and define work objectives	___	___	___
___ 2. analyze and classify work to done	___	___	___
___ 3. select and assign employees to jobs	___	___	___
___ 4. provide adequate finances for your department	___	___	___
___ 5. determine polocies for your department	___	___	___
___ 6. plan and propose budgets for your department	___	___	___
___ 7. work within a budget	___	___	___
___ 8. develop the employees' ability to their fullest potential	___	___	___
___ 9. maintain effective written communications inter- and intradepartmentally	___	___	___
___ 10. maintain effective verbal communications inter- and intradepartmentally	___	___	___
___ 11. plan layout designs and determine equipment requirements for your department	___	___	___
___ 12. design dietary plans to fit the individual's needs	___	___	___
___ 13. instruct patients about modified diets	___	___	___

RESPONSE CHOICES TO EXPRESSED COMPETENCY

1. Very Competent
2. Competent
3. Neither competent nor incompetent
4. Incompetent
5. Very Incompetent

How competent do you feel in the dietetic profession in terms of your ability to:

	OSU EDUCATION & Internship or Traineeship	ON THE JOB TRAINING	NO TRAINING
LIST OF COMPETENCIES			
___ 14. instruct nurses, interns, and other medical per- sonnel in the area of nutrition	___	___	___
___ 15. adequately take diet histories of patients	___	___	___
___ 16. read and understand patient charts and lab records	___	___	___
___ 17. understand diseases and illnesses and know the correct nutritional care for each	___	___	___
___ 18. successfully contribute to health team rounds	___	___	___
___ 19. apply research findings to your own situations	___	___	___
___ 20. modify food intake in conjunction with drug administration	___	___	___
___ 21. understand the structure processes, functioning and interrelationship of various systems of the human body in health and disease	___	___	___
___ 22. successfully take, record and utilize anthropometric measurements (skin fold measurements, etc.)	___	___	___
___ 23. gather valid information from patients	___	___	___
___ 24. design dietary plans to fit the needs of different age groups	___	___	___
___ 25. identify and evaluate needs to establish priorities for community nutrition programs	___	___	___
___ 26. adequately purchase food and supplies for the kitchen	___	___	___
___ 27. utilize laws and regulatory agencies in assuring high quality foods	___	___	___
___ 28. adequately standardize recipes	___	___	___
___ 29. increase and decrease recipe yields for your own situation	___	___	___
___ 30. use the metric system	___	___	___
___ 31. maintain accurate and detailed records for the department	___	___	___

RESPONSE CHOICES TO EXPRESSED COMPETENCY

1. Very competent
2. Competent
3. Neither competent nor incompetent
4. Incompetent
5. Very incompetent

How competent do you feel in the dietetic profession in terms of your ability to:

LIST OF COMPETENCIES	OSU EDUCATION & Internship or Traineeship	ON THE JOB TRAINING	NO TRAINING
___ 32. organize and coordinate the nutritional component of health care services for a community or organization	___	___	___
___ 33. read current dietetic literature	___	___	___
___ 34. use interviewing techniques to maximize the flow of specific types of information	___	___	___
___ 35. develop curriculum including courses to meet the needs of the student, employee or patients	___	___	___
___ 36. guide and evaluate employees' performance	___	___	___
___ 37. communicate directions clearly	___	___	___
___ 38. plan and organize educational experiences for employees or patients	___	___	___

Any comments or suggestions you may have concerning topics or areas of interest that you would like to see incorporated into the Oklahoma State University Food, Nutrition and Institution Administration curricula would be welcomed.

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APPENDIX C

COMPETENCY AREAS

### Administrative Competencies

1. determine and define work objectives
2. select and assign employees to jobs
3. provide adequate finances for your department
4. determine policies for your department
5. plan and propose budgets for your department
6. work within a budget
7. develop the employees' ability to their fullest potential
8. plan layout designs and determine equipment for your department
9. adequately purchase food and supplies for the kitchen
10. utilize laws and regulatory agencies in assuring high quality foods
11. adequately standardize recipes
12. increase and decrease recipe yields for your own situation
13. guide and evaluate employees' performance

### Therapeutic Competencies

1. design dietary plans to fit the individual's needs
2. adequately take diet histories of patients
3. read and understand charts and lab records
4. understand diseases and illnesses and know the correct nutritional care needed for each
5. successfully contribute to health team rounds
6. modify food intake in conjunction with drug administration
7. understand the structure, processes, functioning and inter-relationship of various systems of the human body in health and

disease

8. successfully take, record and utilize anthropometric measures
9. gather valid information from patients
10. design dietary plans to fit the needs of different age groups

#### Education and Community Nutrition Competencies

1. instruct patients about modified diets
2. instruct nurses, interns, and other medical personnel in the area of nutrition
3. identify and evaluate needs to establish priorities for community nutrition programs
4. organize and coordinate the nutritional component of health care services for a community or organization
5. develop curriculum including courses to meet the needs of the student, employee or patient
6. plan and organize educational experiences for employees or patients

#### Communication and Other Competencies

1. analyze and classify work to be done
2. maintain effective verbal communications inter- and intradepartmentally
3. maintain effective written communications inter- and intradepartmentally
4. apply research findings to your own situations
5. use the metric system
6. maintain accurate and detailed records for the department

7. read current dietetic literature
8. use interviewing techniques to maximize the flow of specific types of information
9. communicate directions clearly



VITA<sup>~</sup>

KATHLEEN ANN PESHKE

Candidate for the Degree of

Master of Science

Thesis: JOB COMPETENCIES EXPRESSED BY OKLAHOMA STATE  
UNIVERSITY FOOD, NUTRITION AND INSTITUTION  
ADMINISTRATION GRADUATES

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