

## Self-Directed Learning Tool – A Summary Over the Years

The *College of Dietitians of Ontario* (CDO) prepares aggregate data on *Self-Directed Learning Tools* submitted by members for selected years. This report presents the aggregate data for the SDL Tools submitted online from members for 2006-2009. Data from the SDL Tools submitted in hard copy are not included in this report.

This report follows the SDL Tool format in order to facilitate reviewing. Readers are encouraged to refer to a copy of the *2009 SDL Tool* available from the CDO website to enhance comprehension.

### Tools Submitted Online

The College introduced the online SDL Tool in 2004 after pilot testing the revised tool in 2003. There has been a steady growth in online submissions since the online tool was introduced in 2004.

**Figure I: Percentage of Tools Submitted Online vs. Paper Format**

2004	2005	2006	2007	2008	2009
76.7%	84.6%	90.2%	94.4%	96.9%	97.7%

### Tools Received After Due Date

The percentage of tools received after the due date has been fairly constant since the launch of the online tool in 2004, with a slight decrease in 2009 with a slight decrease in 2009.

**Figure 2: Tools Received After the Due Date**

2004	2005	2006	2007	2008	2009
3.5%	3.2%	2.6%	4.1%	3.0%	1.8%

### Part I of the SDL Tool: Self-Assessment

(Summary Tables I-IV)

Using the rating scale below, members identified learning needs by assessing their practice and competence in relation to the four areas of professional activity defined in the *Professional Standards for Dietitians in Canada* (1997):

1. Provision of Service;
2. Competent Application of a Unique Body of Knowledge;
3. Lifelong Learning and Professional Development; and
4. Ethics, Professional Responsibility and Accountability.

RATING SCALE	
EXPERT	A skill or practice you feel you excel in. I may work on this as needed
HIGLY DEVELOPED	A skill or practice you feel you are good at. I may work on this if time permits

REFINING	A skill or practice you feel could be improved. I need to work on this as time permits
DEVELOPING	A skill or practice you do not do currently but which should be included in your role – I need to make time to work on this
NOT APPLICABLE	A skill or practice that you determine could not be part your role

The percentage of dietitians who assessed their skills as *Expert, Highly Developed or Refining* has remained fairly constant over the last four years. Between 85% and 99% of dietitians assess their skills in all indicators of the four Professional Activity Areas (Provision of Service to their Clients, Competent Application of a Unique Body of Knowledge, Lifelong Learning and Professional Development, Ethics, Professional Responsibility and Accountability) as *Expert, Highly Developed or Refining*. See Tables I-IV.

*Developing skills in mentoring/leadership/coaching and advocating for improvement in practice are two areas where the percentage of dietitians rating their skills as Expert, Highly Developed or Refining has been somewhat lower (between 85% and 89%.) This information correlates with other information gathered by the SDL tool. Mentoring, coaching and training have been common goals for dietitians in their Professional Improvement Plans.*

Dietitians reported on their strengths and areas for improvement for each of the *Professional Activity Areas*. The information is in text format and is not conducive to reporting in the format of this report. However, the content is rich and would be of relevance to some stakeholders.

**Table I: Members' Self-Assessment of Indicators Related to Professional Activity Area 1 - Provision of Service**

	2006 n=2289	2007 n=2481	2008 n=2648	2009 n=2788
A. Have an effective working relationship with my clients	97%	97%	98%	97%
B. Ensure the highest quality of service for my clients	94%	95%	94%	95%
C. Use planning skills as they relate to my area of responsibility	96%	96%	97%	96%

**Table II: Members' Self-Assessment of Indicators Related to Professional Activity  
Area 2 – Competent Application of a Unique Body of Knowledge**

	2006 n=2289	2007 n=2481	2008 n=2648	2009 n=2788
A. Have a strong knowledge base and high level of skills relevant to my practice	94%	96%	98%	97%
B. Integrate knowledge related to food-nutrition/dietetics with that from other disciplines	96%	95%	96%	95%
C. Sharing and advancing knowledge and skills in	96%	95%	96%	95%
D. Apply knowledge and skills to my practice	97%	96%	96%	96%
E. Identify food, dietetic and nutrition issues of relevance to your practice	95%	95%	95%	95%

**Table III: Members' Self-Assessment of Indicators Related to Professional Activity  
Area 3 - Lifelong Learning and Professional Development**

	2006 n=2289	2007 n=2481	2008 n=2648	2009 n=2788
A. Use an organized and focused approach to determine learning needs	98%	98%	98%	97%
B. Address my learning needs	96%	97%	97%	96%
C. Implement changes to my practice	96%	96%	96%	96%
D. Develop skills in mentoring/leadership/coaching	87%	89%	89%	87%

**Table IV: Members' Self-Assessment of Indicators Related to Professional Activity  
Area 4 - Ethics, Professional Responsibility and Accountability**

	2006 n=2289	2007 n=2481	2008 n=2648	2009 n=2788
A. Practice within my level of competence	98%	98%	97%	97%
B. Practice within ethical guidelines	98%	98%	99%	97%
C. Be professionally accountable for my actions	98%	97%	97%	96%
D. Keep accurate documentation of my practice	93%	94%	94%	93%
E. Advocate for improvement in practice	86%	85%	87%	86%

**Part 2 of the SDL Tool: Challenges and Barriers to Quality Practice**  
 (Summary Table V-VI)

In this section of the SDL Tool, members reported on the challenges and barriers they faced in providing a quality practice to their clients and considered what they would like their practice to be like in the future.

The number of dietitians who reported that their practice had changed over the past year (Table V) has remained fairly constant at roughly 50%. Dietitians who responded “yes” to the question “Has your practice changed over the past year?” provided information on how their practice has changed. This qualitative data has not been coded.

**Table V: Change in Practice from the Previous Year**

	<b>2006</b> n=2289	<b>2007</b> n=2481	<b>2008</b> n=2648	<b>2009</b> n=2790
Yes	53.2%	51.6%	47.5%	46.6%
No	46.7%	48.3%	52.3%	53.2%
No response	0.1%	0.1%	0.2%	0.2%

Dietitians reported several reasons that were hindering their ability to provide quality dietetic services. The top reasons that have been consistently selected since 2006 are:

1. Workload and Staffing
2. Facility, Equipment, Supplies and Resources
3. Continuing Education and Professional Development
4. Increased complexity of patients
5. Communication Structures and Processes
6. Opportunity for Advancement, Leadership, Rewards and Recognition
7. Increased Administrative Requirements such as Charting and Workload Measurements

Table VI provides information for all of the options available in the SDL Tool since 2006. Note: the number in brackets is the ranking, from highest to lowest. The top 10 reasons are in bold.

**Table VI: Challenges and Barriers Members Face When Providing Quality Dietetic Services to Clients.**  
**(Members could choose more than one option. )**

	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
Workload and Staffing	<b>20.5% (1)</b>	<b>18.3% (1)</b>	<b>17.8% (1)</b>	<b>17.9% (1)</b>
Facility, Equipment, Supplies and Resources	<b>11.0% (2)</b>	<b>10.0% (2)</b>	<b>9.7% (3)</b>	<b>9.2% (4)</b>
Continuing Education and Professional Development	<b>10.5% (3)</b>	<b>9.3% (4)</b>	<b>9.7% (3)</b>	<b>9.7% (3)</b>
Increased complexity of patients	<b>9.8% (4)</b>	<b>10.8% (3)</b>	<b>11.2% (2)</b>	<b>11.1% (2)</b>
Communication Structures and Processes	<b>8.6% (5)</b>	<b>8.3% (6)</b>	<b>8.5% (5)</b>	<b>8.4% (6)</b>

Opportunity for Advancement, Leadership, Rewards and Recognition	<b>6.3%</b> (6)	<b>5.4%</b> (7)	<b>5.2%</b> (7)	<b>5.8%</b> (7)
Teamwork in Health Care and Collaborative Practice	<b>5.7%</b> (8)	<b>5.0%</b> (8)	<b>5.5%</b> (6)	<b>5.1%</b> (8)
Opportunity for Teaching and Mentoring	<b>5.0%</b> (9)	3.4% (12)	3.1% (11)	3.3% (12)
Program Models or Models of Care Delivery	<b>3.9%</b> (10)	3.2% (13)	2.8% (12)	2.9% (14)
Autonomy, Decision-making Opportunities	3.7% (11)	2.9% (14)	3.1% (11)	3.2% (13)
Professional Practice Environment	3.6% (12)	2.5% (15)	2.5% (13)	2.3% (15)
Cultural Competence	2.8% (13)	2.2% (16)	2.2% (15)	2.1% (17)
Healthy Work environments (including illness, injury & safety)	2.4% (14)	2.1% (17)	2.1% (16)	2.3% (16)
Increased Administrative requirements such as Charting and Workload Measurements	0.0*	<b>8.7%</b> (5)	<b>8.8%</b> (4)	<b>9.2%</b> (5)
Relationships and Respect	0.0*	3.8% (11)	<b>4.2%</b> (9)	<b>3.9%</b> (10)
Working in isolation from other Health Professionals	n/a	<b>4.2%</b> (9)	<b>4.7%</b> (8)	<b>4.8%</b> (9)
None, I have no challenges and barriers	n/a	2.1% (17)	2.3% (14)	2.1% (18)
Other	<b>6.0%</b> (7)	<b>4.1%</b> (10)	<b>3.7%</b> (10)	3.4% (11)

\*There was a technical issue with these two fields in the online SDL Tool that were resolved for the 2007 administration.

Qualitative responses to the question “What do you want your practice to be like in the future?” are not coded.

### **Part 3 of the SDL Tool: Evaluation of Professional Improvement Plan**

*(Summary Tables VII –X)*

In this section members reflected on the learning goals they identified in the previous year, analyzed how learning took place and how it enhanced their practice. Although members are required to submit a minimum of two goals, some members submitted up to four goals. The information presented in this section is based on the first two goals submitted for each given year.

With respect to the goals submitted previously, dietitians reported that most goals were completed or are actively being pursued (Table VII). Learning that occurred because of pursuing these goals has allowed dietitians to (in order for all four years):

1. review, reinforce or update knowledge;
2. develop professional skills;
3. change perception, understanding, awareness, insight or philosophy; and
4. to a lesser extent identify need for further information or action.

See Table VIII for further details.

**Table VII: Members Progress on Professional Improvement Plans**

Measure of Completion of Goals	2006 n=4347	2007 n=4690	2008 n=5003	2009 n=5249
Have completed the learning goal	51.1%	51.4%	51.7%	51.9%
Actively pursuing goal and plan to continue with it in the coming year	37.5%	36.1%	35.7%	35.7%
Have not pursued this goal but may pursue it in the future**	9.1%	9.2%	10.1%	9.7%
Have not pursued this goal and do not plan to pursue it in the future**	2.3%	3.2%	2.4%	2.7%

\*\*Members identify and evaluate an alternative goal if they have not pursued a goal they had set out to accomplish.

**Table VIII: Effect of Learning on Professional Growth  
Members could choose more than one option.**

	2006	2007	2008	2009
Review, reinforcement or update of knowledge	33.0%	33.0%	33.3%	33.1%
Change in perception, understanding, awareness, insight or philosophy	23.2%	23.5%	23.9%	23.2%
Professional skills developed	27.8%	28.3%	27.8%	28.7%
Identified need for further information or action	16.1%	15.2%	15.0%	15.0%

### Resources used to Achieve Goals (Table IX)

More than one resource can be used to achieve one goal. The top four most commonly used resources to achieve goals included:

1. Discussion with colleagues
2. Reading articles, journal, texts
3. Workshops, lectures, seminars, presentations
4. Professional group activities and meetings

Other resources that were most commonly identified were:

- Computer learning
- Planned literature search or internet search
- Mentor/coach
- Inservices and rounds
- Research
- Teleconferences, video conferences, web conferences

Table IX provides information for all of the options available in the SDL Tool. Note: the number in brackets is the ranking, from highest to lowest. The top 10 resources are in bold.

**Table IX: Resources used to Achieve Goals**  
**Members could choose more than one option.**

Measure of Completion of Goals	2006	2007	2008	2009
Audio/video resources	2.9% (12)	2.8% (12)	2.9% (13)	2.9% (13)
Computer learning	<b>7.9%</b> (6)	<b>8.0%</b> (5)	<b>8.1%</b> (5)	<b>7.8%</b> (6)
Teleconferences, video conferences, web conferences*	<b>3.5%</b> (10)	<b>3.7%</b> (9)	<b>3.9%</b> (9)	<b>4.3%</b> (7)
Workshops, lectures, seminars, presentations*	<b>11.0%</b> (3)	<b>10.9%</b> (3)	<b>11.0%</b> (3)	<b>11.2%</b> (3)
Conferences (2 days or longer)*	2.8% (13)	3.3% (11)	3.1% (11)	3.2% (11)
Professional group activities and meetings	<b>8.3%</b> (4)	<b>8.4%</b> (4)	<b>8.3%</b> (4)	<b>8.5%</b> (4)
Discussion with colleagues	<b>18.6%</b> (1)	<b>18.7%</b> (1)	<b>19.0%</b> (1)	<b>19.0%</b> (1)
Discussion groups, journal clubs	2.9% (12)	2.7% (13)	3.0% (12)	2.8% (15)
Inservices and rounds	3.4% (11)	<b>3.4%</b> (10)	3.1% (11)	3.1% (12)
Academic study*	2.7% (14)	2.6% (14)	2.8% (14)	2.8% (14)
Research*	<b>3.6%</b> (9)	<b>4.0%</b> (8)	<b>3.6%</b> (10)	<b>3.8%</b> (10)
Planned literature search or internet search	<b>8.2%</b> (5)	<b>7.8%</b> (6)	<b>7.5%</b> (6)	<b>7.9%</b> (5)
Reading articles, journal, texts	<b>13.8%</b> (2)	<b>13.8%</b> (2)	<b>13.5%</b> (2)	<b>13.4%</b> (2)
Formal consultation (1 day or less)	1.6% (15)	1.8% (15)	1.6% (15)	1.4% (16)
Mentor/coach	<b>4.3%</b> (8)	<b>4.0%</b> (8)	<b>4.2%</b> (8)	<b>4.2%</b> (8)
Presentations	n/a	n/a	n/a	n/a
Teaching	n/a	n/a	n/a	n/a
Other	<b>4.4%</b> (7)	<b>4.1%</b> (7)	<b>4.4%</b> (7)	<b>3.9%</b> (9)

### Application of Learning

(Table X)

Achievement of goals can affect professional growth in more than one area. Some dietitians provided additional qualitative information on how learning has affected their professional growth. This information is not coded.

Most dietitians applied their learning immediately to their practice and beyond their usual job and only some felt that their achievement of goals had no application to their job or might be applied in the future.

**Table X: Application of Learning**

	2006 n=4347	2007 n=4690	2008 n=5003	2009 n=5249
Immediate application in "usual" job, plan to make changes to practice	64.5%	64.0%	64.1%	63.8%
Immediate application in "usual" job, applied the learning but not necessarily to the usual responsibilities in job (e.g. develop resources, academic	14.4%	15.1%	13.7%	13.2%

publications, writing articles, implementing a research project).				
No immediate application, but may be applied in the future	18.6%	17.9%	19.3%	20.0%
No application, do not plan to change practice	2.5%	2.8%	2.7%	2.8%

#### **Part 4 of the SDL Tool: Professional Improvement Plan (PIP)**

In this section of the SDL Tool, members formulate their *Professional Improvement Plans* based on their reflection on the indicators within each professional activity area, other factors in their practice and reflection on the previous year's goals. Dietitians are required to submit a minimum of two *Professional Improvement Plans* every year, however, some members submitted more than two goals. Formulating *Professional Improvement Plans* include:

- setting goals;
- determining how the goals would be achieved; and
- what evidence would be used to show that the goal has been accomplished.

For every year since 2006, the majority of goals identified were new; a lesser number were a continuation from the previous year.

**Table XI: New or Continuation of Goals Identified**

	2006	2007	2008	2009
New goals	71.4%	73.2%	71.7%	Not Available
Carry over from previous year	28.6%	26.8%	28.2%	Not Available

While most goals related to the acquisition of knowledge, skills, and changes in practice performance (see Table XII), a smaller percentage relate to:

- obtaining certification and advanced degrees ; and
- changing attitude, perception and values.

**Table XII: Type of Goals Submitted**  
Members could choose more than one option.

	2006	2007	2008	2009
Knowledge	33.2%	34.0%	33.7%	33.0%
Skill	22.9%	22.0%	22.8%	22.8%
Practice Performance/behaviour (This category incorporates the application and synthesis of both knowledge and skill.)	28.4%	29.3%	28.2%	28.9%
Certification, Degree, Certificate, Diploma	5.1%	5.0%	5.7%	5.6%
Attitudes/Perceptions/Values	10.4%	9.8%	9.6%	9.7%

## Content of Goals

(Table XIII)

The most common content categories for learning goals across all four years (in alphabetical order) were:

- Adult Education
- Adverse reactions to food, including celiac disease
- Communication/media/presentations/writing skills/facilitation skills
- Diabetes/reactive hypoglycaemia
- Lifecycle nutrition including pregnancy, breast-feeding, paediatric, children, adult
- Mentoring/coaching/training
- Nutrition support: enteral and parenteral
- Program planning and evaluation
- Research skills
- Vitamins and minerals and DRI

Table XIII provides information for all of the options available in the SDL Tool. Note: the number in brackets is the ranking, from highest to lowest. The top 10 reasons in each year are in bold.

**Table XIII: Content of Goals**

	<b>2006</b> n=4347	<b>2007</b> n=4690	<b>2008</b> n=5003	<b>2009</b> n=5580
Adult Education	<b>5.9%</b> (3)	<b>3.3%</b> (8)	<b>3.3%</b> (7)	<b>3.4%</b> (9)
Adverse reactions to food, including celiac disease	<b>6.1%</b> (2)	<b>9.3%</b> (1)	<b>8.0%</b> (2)	<b>7.6%</b> (2)
Advocacy	1.0%	1.0%	0.9%	1.0%
Budgets/financial statements/business plans	1.2%	1.3%	1.5%	1.3%
Burns	0	0	0	0.1%
Cancer	1.4%	1.1%	0.8%	0.8%
Cardiovascular disease including hypertension, stroke and CHF	1.9%	1.6%	1.5%	1.6%
Career planning	<b>2.6%</b> (10)	2.6%	2.6%	2.3%
Chemical dependency/mental health	0.3%	0.3%	0.2%	0.3%
Collaboration with peers and clients	1.3%	1.3%	1.7%	1.6%
Communication/media/presentations/writing skills/facilitation skills	<b>3.9%</b> (6)	<b>4.3%</b> (3)	<b>4.1%</b> (3)	<b>4.3%</b> (3)
Complimentary therapy/alternative therapies/herbal remedies	1.0%	0.8%	1.0%	0.6%
Conflict resolution	0.3%	0.2%	0.3%	0.3%
Counselling/behavioural change theories	1.2%	2.1%	2.4%	3.0%
Diabetes/reactive hypoglycaemia	<b>6.5%</b> (1)	<b>6.8%</b> (2)	<b>8.4%</b> (1)	<b>7.7%</b> (1)
Diets: Modified consistency, therapeutic, modified mineral	0.9%	0.9%	0.9%	1.2%
Documentation/record keeping	2.3%	2.3%	2.8%	2.8%
Drugs and drug nutrient interactions	0.3%	0.5%	0.5%	0.4%
Dysphagia	2.6%	1.8%	2.0%	1.6%
Eating and weight disorders	1.9%	1.8%	1.7%	1.9%
Electronic technologies/computer	<b>2.6%</b> (10)	2.5%	<b>2.9%</b> (10)	2.6%

knowledge and skills/internet skills				
Ethics and professional practice issues	1.8%	2.2%	1.0%	1.0%
Ethnic/cultural foods	0.6%	0.5%	0.6%	0.6%
Facilitation skills	0.8%	0.7%	0.7%	0.8%
Food and nutrition regulatory issues/policies/guidelines/standards	2.0%	2.0%	2.1%	1.7%
Food and nutrition service management/general management	1.7%	1.5%	1.3%	1.3%
Food security	0.5%	0.9%	0.8%	0.8%
Functional foods/novel foods/nutraceuticals/natural health products/GMF/biotechnology	0.9%	0.8%	1.0%	0.6%
GI diseases including liver and pancreatic diseases and hepatitis C	0.9%	1.0%	0.8%	0.9%
HIV/Aids	0.2%	0.1%	0.1%	0.1%
Leadership/team building	2.0%	2.1%	2.0%	2.6%
Lifecycle nutrition including pregnancy, breast-feeding, paediatric, children, adult	<b>4.3% (4)</b>	<b>4.2% (4)</b>	<b>3.4% (6)</b>	<b>3.8% (7)</b>
Marketing and sales	1.2%	1.2%	0.9%	1.1%
Mentoring/coaching/training	3.7%	<b>3.9% (6)</b>	<b>3.9% (5)</b>	<b>4.1% (6)</b>
MIS guidelines/workload measurements	0.1%	0.1%	0.1%	0.0%
Networking	1.2%	1.0%	1.1%	1.0%
Neurological disorders (e.g. Parkinson's disease)	0.4%	0.2%	0.3%	0.3%
Nutrition composition/analysis	0.5%	0.5%	0.4%	0.7%
Nutrition screening and assessment/laboratory values/SGA/fluid and electrolyte status	2.0%	1.8%	2.0%	1.9%
Nutrition support: enteral and parenteral	<b>3.3% (8)</b>	<b>3.1% (9)</b>	<b>3.3% (7)</b>	<b>3.4% (8)</b>
Osteoporosis	0.2%	0.2%	0.2%	0.1%
Outcome measurement/CQI/CQM	1.4%	1.0%	1.2%	1.3%
Patient satisfaction/client-centered approach	1.7%	1.6%	1.7%	1.7%
Program planning and evaluation	<b>3.5% (7)</b>	<b>3.8% (7)</b>	<b>3.3% (7)</b>	<b>4.1% (5)</b>
Public policy	1.0%	0.9%	1.2%	1.0%
Renal	2.1%	1.9%	2.1%	2.0%
Research skills	<b>4.2% (5)</b>	<b>4.0% (5)</b>	<b>4.2% (4)</b>	<b>4.2% (4)</b>
Respirology/COPD	0.1%	0.1%	0.1%	0.1%
Sports nutrition	0.6%	0.6%	1.3%	1.4%
Surgery	0.3%	0.3%	0.2%	0.3%
Teaching skills	<b>2.6% (10)</b>	<b>2.8% (10)</b>	<b>2.6%</b>	<b>2.7%</b>
Time management	1.8%	1.9%	1.7%	1.6%
Transplant	0	0.1%	0.2%	0.1%
Vegetarianism	0.2%	0.2%	0.2%	0.2%
Vitamins and minerals and DRI	<b>3.1% (9)</b>	<b>3.1% (9)</b>	<b>3.1 (8)</b>	<b>2.7</b>
Other	<b>3.3% (8)</b>	<b>3.8% (7)</b>	<b>3.0% (9)</b>	<b>3.2% (10)</b>

No response	0.2%	0.2%	0.2%	0.3%
Continued competencies/continuing education/masters and PhD degrees	n/a	n/a	n/a	n/a
Dietetics regulatory issues/policies/guidelines/standards/supplements/DRI	n/a	n/a	n/a	n/a
Fundraising	n/a	n/a	n/a	n/a
Human resources/conflict resolution	n/a	n/a	n/a	n/a

### Professional Activity Area Related to Goals

(Table XIV)

Most goals were prompted by self-reflection of the Professional Activity Areas:

- Lifelong Learning and Professional Development
- Competent Application of a Unique body of Knowledge
- Provision of Service

**Table XIV: Professional Activity Area Related to Goals  
Members could choose more than one option.**

	2006	2007	2008	2009
Professional Activity Area 1: Provision of Service	23.7%	23.4%	23.5%	24.1%
Professional Activity Area 2: Competent Application of a Unique body of Knowledge	31.6%	31.3%	31.4%	30.6%
Professional Activity Area 3: Lifelong Learning and Professional Development	34.5%	33.8%	35.3%	35.6%
Professional Activity Area 4: Ethics, Professional Responsibility and Accountability	10.2%	11.6%	9.9%	9.8%

### Event that Triggered the Learning Goal

(Table XV)

In addition to reporting which of the Professional Activity Areas triggered their learning goal, dietitians cited other reasons that motivated their choices. Table XIV shows that most learning goals were triggered as a result of :

- In preparation for desired future role
- After the audit of my practice
- During/after the management of a problem or client
- Reading or scanning the literature
- Teaching I do
- Discussions with colleagues
- Professional group activities and meetings

Table XV provides information for all of the options available in the SDL Tool. Note: the number in brackets is the ranking, from highest to lowest. The top 10 reasons in each year are in bold.

**Table XV: Event that Triggered the Learning Goal  
Members could choose more than one option.**

Event	2006	2007	2008	2009
A job requirement	n/a	13.1% (2)	13.9% (2)	13.9% (2)
In preparation for desired future role	12.5% (2)	10.6% (3)	11.4% (3)	11.2% (3)
Academic study	3.0% (10)	2.2%	2.6%	2.4%
After the audit of my practice	7.8% (5)	6.3% (7)	6.0% (7)	5.8% (8)
Workshops, lectures, seminars, presentations	5.4% (8)	5.2% (9)	5.1% (10)	5.4% (9)
During/after the management of a problem or client	11.1% (3)	9.4% (4)	9.1% (4)	9.4% (4)
Conferences (2 days or longer)	1.4%	1.6%	1.7%	1.5%
Audio, video conferences, teleconferences, web conferences	0.8%	0.6%	0.6%	0.8%
Reading or scanning the literature	7.7% (5)	6.8% (5)	6.9% (5)	6.7% (6)
Inservices and rounds	2.2%	1.9%	1.8%	1.8%
Research I participate in	1.9%	1.7%	2.0%	2.1%
Discussion groups, journal clubs	2.4%	2.3%	2.1%	2.1%
Teaching I do	7.5% (6)	6.7% (6)	6.6% (6)	6.9% (5)
Discussions with colleagues	17.0% (1)	15.3% (1)	15.1% (1)	15.1% (1)
Presentations I give	4.3% (9)	4.0% (10)	3.8%	3.5%
Professional group activities and meetings	6.5% (7)	5.5% (8)	5.3% (9)	5.3% (10)
Other please specify:	8.3% (4)	6.8% (5)	5.9% (8)	6.2% (7)
Conferences workshops (1 day or less)	n/a	n/a	n/a	n/a
After reviewing the management of one problem or client	n/a	n/a	n/a	n/a
Conventions (2 days or longer)	n/a	n/a	n/a	n/a
Journal clubs	n/a	n/a	n/a	n/a

**Learning activities to achieve Goals**  
(Table XVI)

The means by which dietitians planned to achieve their goals remained fairly consistent over the last three years. The top reasons were (in alphabetical order):

- Attendance at an event
- Dedicating time to ...
- Networking with colleagues
- Professional groups activities meetings/committee work/networking
- Review of materials
- Self study or study groups

Table XVI provides information for all of the options available in the SDL Tool. Note: the number in brackets is the ranking, from highest to lowest. The top six reasons in each year are in bold.

**Table XVI: Learning Activities to Achieve Goals  
Members could choose more than one option.**

<b>Means to achieve goals set in Professional Improvement Plans</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
Attendance at an event where information is conveyed by an expert (audio/video, teleconferences, workshops, conferences, lectures, seminars, conventions, inservices)	<b>11.9%</b> (3)	<b>10.9%</b> (3)	<b>11.8%</b> (3)	<b>12.2%</b> (3)
Professional groups activities meetings/committee work/networking	<b>10.0%</b> (5)	<b>9.6%</b> (6)	<b>9.9%</b> (6)	<b>9.8%</b> (6)
Academic study such as graduate work/taking a course	3.4%	3.1%	3.2%	2.8%
Self study or study groups	<b>10.3%</b> (4)	<b>10.7%</b> (4)	<b>10.7%</b> (4)	<b>10.2%</b> (5)
Research	4.5%	4.7%	4.7%	4.5%
Teaching/workshop/presentations	4.5%	4.7%	4.7%	4.5%
Networking with colleagues regardless of the medium (seeking advice from an expert, discussion groups, journal clubs, medical rounds)	<b>14.2%</b> (2)	<b>14.8%</b> (2)	<b>14.3%</b> (2)	<b>13.9%</b> (2)
Review of materials (reading articles, journals, texts, review of physical resources, planned literature searches, internet searches, practice guidelines, etc.)	<b>16.6%</b> (1)	<b>16.9%</b> (1)	<b>16.7%</b> (1)	<b>16.9%</b> (1)
Dedicating time to ...	<b>10.0%</b> (5)	<b>10.3%</b> (5)	<b>10.1%</b> (5)	<b>10.5%</b> (4)
Conducting a survey/audit/system review/pilot/evaluation	2.1%	2.3%	2.3%	2.2%
Actual hands-on experience such as volunteering, training, etc.	4.8%	4.9%	4.9%	5.2%
Reflection	4.6%	4.4%	4.2%	4.2%
Find a mentor or coach	3.1%	2.8%	2.9%	2.9%
Other	n/a	1.8%	1.8%	n/a

**Evidence used to show that goals have been achieved**  
(Table XVII)

The most common ways of showing that goals were achieved for all three years were:

- Make changes to practice that directly affect the client/customer
- Share information with others
- Make changes to practice that indirectly affect the client/customer

**Table XVII: Evidence used to show that goals have been achieved  
Members could choose more than one option.**

	2006	2007	2008	2009
Act as a resource person for ...	14.4%	15.4%	15.2%	15.8%
Make changes to practice that directly affect the client/customer (e.g., develop a program, revise an educational pamphlet, conduct a survey related to quality of service, being able to ..., etc.	28.4%	28.0%	28.3%	28.9%
Make changes to practice that indirectly affect the client/customer (e.g., policy and procedure, write a report, article, keep notes or a journal of, having a set of documents that demonstrate research, to demonstrate a new skill...)	17.3%	16.7%	16.0%	15.7%
Share information with others (formally through a presentation or informally through discussion groups, making recommendations to...)	27.8%	27.9%	28.2%	27.8%
Pass an exam or gain certificates in	4.0%	8.7%	8.6%	8.4%
Obtain a new job/position	8.1%	3.2%	3.6%	3.4%
Other	n/a	8.5%	7.7%	8.2%