

# Programmatic Assessment of Competence in Dietetics: A New Frontier



## THE EMERGENCE OF COMPETENCY-BASED TRAINING AND ASSESSMENT

**T**O IMPROVE HEALTH OUTCOMES, a health workforce that is equipped to effectively manage the increasingly complex needs of the population must be produced. International dietetic associations use competency-based assessment to ensure that graduates are work-ready,<sup>1-4</sup> but little evidence is available regarding how these assessment activities interact. *Competence* is defined as the ability to make acceptable and effective decisions or to appropriately perform in a specific context, and it has been described as a continuum of performance from novice to expert.<sup>5,6</sup>

Competency-based frameworks and competency standards provide a mechanism to describe what is expected of a profession and an articulated approach to pre-registration and post-registration training and assessment. One example of such a framework emerged in medicine in 1996,

with the release of the CanMeds Physician Competency Framework.<sup>7</sup> CanMeds describes seven competencies for medical practice: medical expert, collaborator, communicator, professional, scholar, health advocate, and leader.<sup>7</sup>

Competency-based evaluation, or competency-based assessment (CBA), refers to the processes or tools used to measure the ability of trainees to apply their education to practice. It involves rating trainees' performance in simulated settings ("shows how") and in directly observed practice in the workplace ("does").<sup>8</sup> CBA is central to the field of dietetics; all registered dietitian nutritionists (RDNs) have a role in preparing health professionals for practice. Effective implementation of CBA provides a supportive framework for supervision and assessment,<sup>9</sup> which produces RDNs who are better prepared to navigate complex population health needs in diverse contexts and improve nutrition outcomes. CBA supports the profession by ensuring that assessment is responsive to workforce needs.

A recent movement has begun toward a programmatic approach to CBA in medical education.<sup>10-14</sup> This approach describes the series of interdependent elements of learning and competence evaluation methods that are intricately linked to and dependent on each other. It assumes constructive alignment<sup>15</sup> between competency standards, learning outcomes, program content, and assessment strategy and methods; in a programmatic approach, assessment is for learning. Instead of focusing on an individual assessment of an isolated skill, a programmatic approach recognizes the multidimensional and dynamic nature of competence as a whole.<sup>12</sup> It also values the critical role of regular constructive feedback for performance improvement,<sup>16</sup> hence the emphasis of assessment for learning. Programs of assessment

operate continuously across the duration of a trainee's program or course and incorporate multiple samples of evidence across time from numerous contexts.<sup>11</sup>

The **Figure** illustrates CBA in action, using training for patient education as an example. In the **Figure**, we see a timeline of events that make up the training that will allow a trainee to conduct the education of a patient with type 2 diabetes. This includes a range of learning activities, as well as assessments of the trainee's performance related to the learning over time, using effective instruments by appropriately trained assessors.

For the RDN, patient/client education is an observable and measurable activity that a trainee must be able to independently perform. These observations contribute toward evidence of competence of nutritional care. This program of assessment supports the development of a professional skill through continuous and multiple types of assessment and regular feedback from multiple sources. This includes assessment and feedback from examinations, written care plans, simulation, and direct observation of practice.

## THE NEED FOR A PROGRAMMATIC APPROACH TO COMPETENCY-BASED ASSESSMENT IN DIETETICS

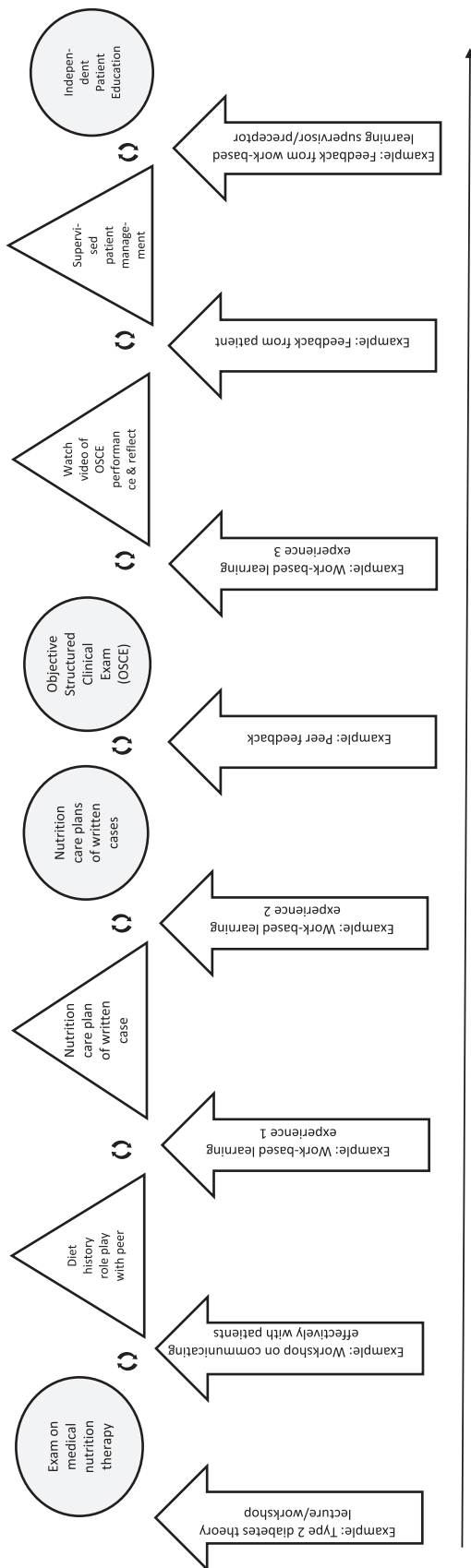
Reaching optimal nutrition offers perhaps the greatest potential for improving public health,<sup>17,18</sup> and RDNs play an essential role in realizing this goal. The workforce must be competent and adequately prepared to work across multiple sectors to meet the challenges of dietetics practice and influence nutritional intake and health outcomes. This requires being safe, effective, person-centered, timely, efficient, and equitable.<sup>19</sup> Within competency-based education, competency standards must reflect both the current and emerging role of the

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**Figure.** Example of a program competency-based assessment for the assessment of patient education for type 2 diabetes. (⇒) Learning related to the appropriate theory and knowledge required for the development of skills. (○) Summative Assessment—Assessment that contributes to the end of course mark or grade and that is assigned to learning outcome or competency standard with clear description of expected level of performance to achieve the outcome. (△) Formative Assessment—Opportunity for trainee to gain feedback on performance with a view to being able to respond to the feedback and improve performance. No marks are attached. (c) Learner reflection and planning.

profession, so trainees are prepared to address future challenges. Robust assessment of competence is an essential part of this preparation. Competency-based frameworks are used extensively for clinical training, and CBA dominates the preparation of RDNs internationally.<sup>1,3,20-23</sup> CBA is one of the most challenging areas for dietitians who prepare trainees for practice; it is a global challenge for universities, placement educators, and preceptors and supervisors.<sup>24</sup> Evidence suggests that the perceived subjective nature of assessment and performance evaluation sits uncomfortably with dietitians involved in assessment; they are particularly uncomfortable making judgments of professional attributes that contribute to competence<sup>25</sup> and with their perceived levels of responsibility for making such high-stakes decisions.<sup>26</sup> The influence of diverse expectations, assessors' personal experiences,<sup>27</sup> and their experience or training in assessing entry-level competence are also factors.<sup>28</sup> The increasing demands for practice placement learning experiences, time demands on assessors, discontinuous supervision, diverse and ill-defined standards, and focus on individual competencies rather than competence as a whole adds to these challenges.<sup>29</sup> A programmatic approach to CBA offers a tangible structure to support the profession's efforts to improve assessment practice. Programmatic approaches offer the profession a streamlined approach with shared decision making and a range of evidence, thus addressing some of the key challenges in assessment.

**PRINCIPLES OF PROGRAMMATIC ASSESSMENT**

Based on a narrative review of the literature, three principles for CBA in dietetics are proposed. The evidence suggests that CBA must:

- include holistic integrated assessment over time;
- use quality assessment instruments with clearly defined criteria; and
- have multiple appropriate people making judgments on performance.

These are outlined in more detail in the following sections. To the authors'

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