

**Do registered South African dietitians
require standardised ethics update courses
to comply with CPD requirements for ethics
points?**

by
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DECLARATION

By submitting this thesis/dissertation electronically, I declare that the entirety of the work contained therein is my own, original work, and that I have not previously in its entirety or in part submitted it for obtaining any qualification.

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ABSTRACT

Continuous Professional Development (CPD) is a tool to develop and maintain professional competence and to facilitate lifelong learning. CPD is compulsory for health professionals in South Africa, and has an additional mandatory requirement that five Continuing Education Units (CEU's) must be obtained annually on human rights, ethics and medical law.

A literature search yielded limited information on ethics education specifically for South African dietitians. As a result a cross-sectional descriptive study was conducted on all dietitians registered with the Health Professions Council of South Africa (HPCSA) for the year 2010 – 2011 to determine whether dietitians feel that there is a need or demand for standardised ethics update courses, and if so, the format in which dietitians would prefer these courses. All data was collected via self-administered questionnaires that sought demographic data, data on dietitians' awareness of ethics aspects, and the format/s preferred for standardised ethics update courses. The questionnaires were distributed electronically or via the postal system. The response rate to the study was 4.5%, which was low.

The results indicated that 58.7% of dietitians obtain the minimum requirement of 5 ethics CEU's per year. Only 21.7% feel that there are sufficient opportunities to gain 5 ethics CEU's and 40.2% are satisfied with the content of current CPD activities related to ethics. There are very low levels awareness and knowledge of existing guidance documents on conduct and ethics aspects available on the HPCSA's website, and only 9.8% of respondents have carefully read and studied this information. Dietitians prefer lectures and Internet-based activities for courses on ethics.

The study concluded there is a definite demand amongst respondents for standardised ethics update courses and an urgent demand for support with conduct and ethics issues.

Recommendations are focused on ways to raise awareness of existing supportive documents available from the HPCSA on conduct and ethics issues as well on the formation of sub-committees dealing with ethics aspects and possible development of standardised update courses on ethics.

OPSOMMING

Voortgesette Professionele Ontwikkeling (VPO) is 'n instrument om professionele bevoegdheid te ontwikkel en te handhaaf, en om lewenslange leer te fasiliteer. VPO is verpligtend vir professionele gesondheidspersoneel in Suid-Afrika, en stel 'n bykomende verpligting om jaarliks vyf VPO-eenhede oor menseregte, etiek en mediese reg te verwerf.

'n Literatuurstudie het beperkte inligting oor etiekonderwys, spesifiek vir Suid-Afrikaanse dieetkundiges, opgelewer. 'n Kruisdeursnee beskrywende studie is uitgevoer op alle dieetkundiges wat by die Raad vir Gesondheidsberoep van Suid-Afrika (RGBSA) vir die jaar 2010-2011 geregistreer is, om te bepaal of daar by hulle 'n behoefte bestaan of vraag is na nuwe gestandaardiseerde kursusse oor etiese aspekte, en, indien wel, die formaat waarin dieetkundiges hierdie kursusse sal verkies. Alle data is deur middel van selfgeadministreerde vraelyste versamel wat inligting ingewin het oor demografiese data, data oor dieetkundiges se bewustheid van etiese aspekte en die formaat wat vir nuwe gestandaardiseerde kursusse oor etiek verkies word. Die vraelyste is elektronies of via die posstelsel versprei. Die reaksieskoers op die studie was 4.5%, wat laag is.

Die resultate dui aan dat 58.7% van die dieetkundiges die minimum vereiste van vyf VPO-eenhede oor etiek per jaar behaal. Slegs 21.7% voel dat daar voldoende geleentheid is om vyf eenhede in etiek te verwerf en 40.2% is tevrede met die inhoud van huidige VPO-aktiwiteite wat met etiek verband hou. Daar is baie lae vlakke van bewustheid en kennis van bestaande rigsoerordokumente oor optrede en etiese aspekte op die RGBSA se webtuiste beskikbaar, en slegs 9.8% van die respondente het die inligting deeglik gelees en bestudeer. Dieetkundiges verkies lesings en Internet-gebaseerde aktiwiteite vir kursusse oor etiek.

Die studie kom tot die gevolgtrekking dat daar 'n definitiewe aanvraag onder respondente is na nuwe gestandaardiseerde kursusse oor etiek en 'n dringende vraag na ondersteuning ten opsigte van etiese kwessies en optrede. Aanbevelings fokus op maniere om 'n bewustheid te kweek van bestaande ondersteuningsdokumente oor etiese kwessies wat by die RGBSA beskikbaar is, asook oor die vorming van subkomitees wat werk met etiese aspekte en die moontlike ontwikkeling van gestandaardiseerde bygewerkte kursusse oor etiek.

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CHAPTER 1 INTRODUCTION AND LITERATURE REVIEW

1.1 INTRODUCTION

Continuous Professional Development (CPD) has become a global phenomenon amongst medical doctors and health professionals alike. CPD has been in existence for many years, but the rapid advances in medical knowledge and technology places a greater responsibility on all healthcare professionals to keep up to date.^(1,2) CPD is a method of lifelong learning to acquire knowledge and skills which should ultimately lead to improvement in service delivery, leading to improved patient care and outcomes. It is the umbrella that includes the tools to develop and maintain professional competence.⁽³⁻⁵⁾

Health professionals, including dietitians, must accept responsibility and accountability for remaining competent throughout their careers. A dietitian should apply self-assessment and self-reflection to identify training needs to remain competent and then seek relevant formal and informal CPD activities or opportunities to address those needs. Dietitians have an ethical responsibility to remain competent and to practise evidenced-based dietetics.⁽¹⁾

CPD is compulsory for health professionals in South Africa with new CPD guidelines that came into effect in July 2007.^(6,7) Regulatory bodies worldwide have country-specific requirements for accrual of CPD points. CPD for dietitians is currently mandatory in South Africa and the United Kingdom. In Australia dietitians are encouraged to engage in CPD activities, but no compulsory regulation of individual CPD activities exists.⁽⁸⁾ The Health Professions Council of South Africa (HPCSA) stipulates an additional mandatory requirement for the accrual of a minimum of five Continuing Education Units (CEU's) on human rights, ethics and medical law per year.^(6,9) In this study the term ethics will be used as a collective generic term to refer to human rights, ethics and medical law. CPD should not be a unit-chasing exercise, but a tool to assist the dietitian to achieve and maintain professional competence. The question that remains unanswered is whether there are sufficient and adequate opportunities for registered South African dietitians to acquire the minimum 5 ethics

CEU's annually. It also remains to be seen whether dietitians are satisfied with the content of existing CPD activities on ethics.

The HPCSA provides limited guidance on the quality and/or content of CPD activities on ethics. Many traditional and current CPD activities include a section on ethics, but the substance and value of the ethics content has not been evaluated. The HPCSA does provide extensive cover of the topic 'Professional Conduct & Ethics' in the form of various booklets on 'Ethical rules, regulations and policy guidelines' on their Internet website.⁽¹⁰⁾ The list of topics covered is comprehensive and there is a specific booklet on general ethical guidelines for the health care professions.

The aim of this study is not to explore the topics of ethics, human rights and medical law in terms of their various theories, principles and laws. Neither is it to determine whether there should be a requirement for annual ethics CEU's. For now, the acquirement of 5 ethics CEU's is mandatory and the challenge is rather how to develop CPD activities on ethics serving the specific needs of the South African dietetic profession. A study which was done in 2008 to explore dietitians' perceptions of the continuing professional development system in South Africa found dietitians have difficulty in obtaining the mandatory 5 ethics CEU's.⁽⁹⁾ However, it is unclear what the awareness is amongst dietitians regarding guidelines and legislation surrounding human rights, medical law and ethics as these topics are intertwined. Dietitians must familiarise themselves with these topics in part to protect themselves and their patients.⁽¹¹⁾ The HPCSA provides clear guidance on requirements for CPD and maintaining professional registration. The aim of this study is to determine if there is a need for update or refresher courses on ethics for South African registered dietitians. The researcher envisages that these courses should be in a standardised form to ensure all qualified and registered dietitians have access to the same level and quality of CPD on ethics. Further there is a need to determine the format/s in which dietitians would prefer the activities.

1.2 TEACHING METHODS FOR CPD ACTIVITIES

A search of the literature yielded little information on the CPD learning needs of qualified dietitians. The literature also provided limited useful information on ethics

education specifically for dietitians. Perspectives from other professions, including those from other countries, are used to describe the learning of health professionals since CPD is interprofessional by nature. This review will look at CPD learning needs and will specifically focus on suitable ways to teach ethics.

Traditional CPD activities are usually didactic in nature with face-to-face lectures as the mainstay.^(4,12) This form of CPD activity has generally been used as there was a demand for CPD activities when the HPCSA introduced the system of mandatory accrual of CEU's.⁽⁷⁾ This type of CPD is viewed as ineffective in changing actual practice – although participants do gain knowledge.^(12,13) A study done in 2008 to explore dietitians' perceptions of the continuing professional development system in South Africa found that dietitians prefer attending conferences, however lectures and seminars were the CPD activity they usually attended.⁽⁹⁾ The main criticism against traditional CPD lectures is that they often lack interactivity. Other formats include journal clubs, conferences and postgraduate degrees or diplomas. Should the need arise to develop standardised courses, an investigation is proposed regarding the format in which dietitians would prefer these. It is essential to develop a course/CPD activity that fulfils the criteria of what CPD or lifelong learning constitutes.

Literature often refers to Adult Learning Principles which should be incorporated into CPD activities for health professionals.^(12,14) By understanding how adults learn, the correct teaching format can be utilised to increase efficacy of gaining knowledge and promote changes in practice. Traditional didactic CPD lectures do not meet the criteria set out by Adult Learning Principles. These principles encourage active involvement of the learners in the planning phase of educational activities.^(12,14) In developing a CPD activity, the educational format should facilitate maximum participation by the learners.⁽¹⁵⁾ It has been shown that self-directed learning with a component of assessment (or self-assessment) can enhance the learning process, ultimately leading to changes in practice. Additionally there must be some form of interactivity to optimise learning.^(16,17)

The advent of technology brought greater flexibility of teaching methods. Over the past decade there has been a shift from traditional CPD activities to electronic

continuing education or electronic learning (E-CE and e-learning). The Internet and e-learning have many advantages over traditional didactic sessions.⁽¹⁷⁻²⁴⁾ E-learning enables the learner to acquire new skills and knowledge without the boundaries and restrictions of time or geographical location. E-learning is cost-effective because there are no travelling costs involved,⁽¹⁷⁾ while Internet-based teaching modes like WebCT (Web Course Tools) can contain high quality learner content.^(14,15) An additional feature of e-learning or web-based teaching is the standardisation of teaching over a large geographical area. The web-based content can be used across a range of clinical settings and translated into other languages whilst still conveying the same standardised content to the learner.⁽²⁵⁾

In 2004 a survey was done in America that included 3530 registered dietitians and registered dietetic technicians and looked at the difference in patterns of CPD amongst registered dietitians compared to dietetic technicians (dietetic assistants). Lectures, seminars and workshops were the most popular choice for CPD for both registered dietitians and dietetic assistants. The authors of the mentioned study speculate that the fact that many of these activities were conveniently held at their workplace, and in the week during working hours, could be a reason for these choices. The Internet and web-based CPD activities were not strongly selected by either group.⁽²⁶⁾ However, there have been many social and lifestyle changes for professionals over the past 10 years, leaving them with less time for CPD activities, and there has definitely been a shift towards utilising the Internet more for CPD activities.^(16,23,25)

South Africa covers a wide geographical area and the South African study by Martin *et al.* (2008) found that geographical access to CPD activities especially in the provinces of Limpopo and Mpumalanga featured as a barrier to participation in CPD activities.⁽⁹⁾ Healthcare professionals may work in either rural or urban communities or both. In Australia, for example, which has an even larger geographical area, the Internet and satellite broadcasting are increasingly used by pharmacists in rural and remote sites, and Internet-based (WebCT) training activities for rural practitioners in Australia have become increasingly popular.^(12,16) A survey conducted in Australia revealed however that healthcare professionals in rural areas might also have less

access to CPD lectures.⁽²⁷⁾ South Africa is a developing country with limited public health resources. Many remote primary care clinics do not have access to computers or internet facilities. Unless primary health care professionals in very rural and remote areas have access to e-learning / e-CPD this method is not very valuable. An evaluation of WebCT as a teaching method for physiotherapy students also revealed logistical disadvantages of online learning or e-learning. Unless students have basic computer literacy skills and have quality access to computers and online facilities, this method of education is not very useful.⁽²⁴⁾ Online or web-based learning has many advantages but an evaluation of online CPD sites by Friedman *et al.* found many had shortcomings.⁽¹⁷⁾ They found that many online CPD courses were isolated and didn't link prior and future professional development. Web-based learning may be discouraging to some learners, especially if there is a lack of guidance by the tutor. Students and professionals have different learning styles and web-based courses are unable to assess different learning styles.⁽¹⁷⁾ A study done amongst German doctors revealed that there are barriers limiting the use of Internet-based CPD activities. One of the main barriers preventing the use of Internet CPD activities is unfamiliarity with online educational systems.⁽²²⁾ In 2008 Wearne also reported in an article that when developing web-based CPD activities, some form of interactivity must be included to optimise learning.⁽²³⁾

Herriot and colleagues evaluated a computer-assisted instruction (CAI) programme for dietetic students. Students cited advantageous features such as flexibility, but there was an unwillingness to accept this method (CAI) as a formal teaching method.⁽²⁸⁾ This study was done on undergraduate students, however, and a similar study using postgraduate students might have a different outcome.

1.3 ETHICS EDUCATION AND TRAINING

There is widespread international consensus that ethics training ought to be included as an integral part of medical education, as well as for nurses and allied health professionals.⁽²⁹⁻³¹⁾ The teaching of medical ethics and human rights in South Africa received attention after recommendations made to the South African Truth and Reconciliation Commission in 1997. The urgent need for improved ethical and

human rights education for both undergraduate and postgraduate health professionals was highlighted.⁽³¹⁾ In 1999 the World Medical Association “strongly recommended to medical schools around the world that the teaching of ethics and human rights should be compulsory in their curricula”.⁽³¹⁾

Ethical decision-making and moral reasoning are unavoidable for health care practitioners. The complexity of ethical decision-making varies greatly. Worldwide, ethics is now taught at undergraduate level despite differences in curricula. Like every other aspect of teaching and learning, acquiring ethical decision-making skills and knowledge is a process that starts at undergraduate level and will continue throughout one’s entire career. Pure knowledge of ethical principles is just one aspect of ethics training and the process of becoming competent in ethics.⁽³²⁻³⁴⁾ Undergraduate training in ethics must also incorporate opportunities to practise ethical reasoning skills and build on the foundation of textbook knowledge as this can facilitate positive growth in moral judgement skills.⁽³⁵⁾

Registration as a health professional implies adherence to the Professional Code of Conduct and Ethics as stipulated by the respective regulatory and governing body. Ethical decision-making is a step-wise and systematic process for which a health professional needs a sound foundation of knowledge of ethical principles and theories. A health professional must be able to recognise or identify and analyse the ethical dilemma, as well as resolve the dilemma and reflect about possible future ethical dilemmas. The health professional must be able to connect ethical theories to practice to find a solution for the ethical dilemma at hand.⁽³⁶⁾ Many health professionals have an inherent sense of morality and of what is right and wrong. Nevertheless, the rapid rise in ever-changing medical technologies as well as changes in health care funding and resources can lead to very complex ethical dilemmas where a simple sense of right and wrong might be inadequate in the ethical decision-making process. Under such circumstances it may be more beneficial to refer to formal ethical guidelines.⁽³⁷⁾

Ethics and ethical decision-making are based on theoretical principles which can be taught to students using traditional teaching methods. It is accepted that knowledge

alone is insufficient to help solve real life ethical dilemmas. It may be beneficial to utilise different teaching methods or strategies to teach different components of ethics. Ethical decision-making or moral reasoning is a multi-factorial process and may be influenced by religious background, undergraduate teaching, views of the patient or family, attitudes of peers or views of staff.⁽³⁸⁾

Continuous Professional Development is a lifelong journey of learning which logically includes ethics. Ideally, training on ethics for qualified health professionals should build on a solid foundation in ethics laid during the medical student's undergraduate years.⁽³⁹⁾ Ethical dilemmas encountered in real life situations by professionals can be extremely complex and difficult to deal with. Sound academic preparation of future health professionals on ethical theories and principles is essential. While reflection is an integral component of the process to acquire ethical reasoning skills, one of the main skills that all health professionals must acquire as part of competence in ethics is the ability to communicate with others on the ethical issue at hand.

Following recommendations to the South African Truth and Reconciliation Commission, there is currently a much greater emphasis on teaching medical ethics to undergraduate medical students and allied health professional students throughout South Africa. The University of Cape Town (UCT) was amongst the first in South Africa to introduce a course for fourth-year medical students on ethical responsibilities of doctors specifically pertaining to prisoners and other vulnerable groups in institutional care in 1995.⁽²⁹⁾ The course ran over 5 days and teaching methods consisted of panel discussions, field visits and very intensive group work. Five months after completion, a study was undertaken to evaluate the impact of the course on students. It was found that students who had attended the course demonstrated substantially better knowledge and this result was statistically significant. Most attending students believed that ethics teaching should continue at postgraduate level.⁽²⁹⁾ It is also significant to note that two new text books to teach medical ethics to undergraduate medical students were published in the past year by South African academics, i.e. *Medical ethics, law and human rights: a South African perspective* by Professor K Moodley and *Bioethics, human rights and health law: principles and practice* by Professor A Dhai.^(40,41)

Historically, the teaching of medical ethics in medical schools lagged behind that of clinical modules. Globally, the greater awareness of the importance of the role of teaching ethics was acknowledged by several associations such as the American Medical Association and the British General Medical Council. The British General Medical Council identified ethical behaviour as a “core component” of undergraduate education for medical doctors and developed a core curriculum of ethics in the 1990s. In 1999 the World Medical Association recommended to medical schools across the world that the teaching of ethics and human rights should be compulsory in their courses.^(31,33,34,39) Stellenbosch University introduced formal training in medical ethics for medical students in 2003. They used the British General Medical Council’s core curriculum as a guide to design their own course content.⁽³¹⁾ Stellenbosch University also uses a combination of teaching methods across the six undergraduate years to teach ethics, medical law and human rights. The teaching methods include both didactic and interactive lectures, small group discussions and group assignments. One outcome measure of their course is that students must be equipped not just with textbook knowledge but also with the skills and abilities to identify and possibly resolve ethical dilemmas as they arise in practice.

Ethics is commonly taught using traditional lectures and small group discussions. These teaching methods result in the learner merely gaining knowledge. Knowledge on ethical principles and theories is not always adequate to help solve real life ethical dilemmas in clinical practice

A study that assessed the needs and preferences of medical students revealed that the students have very strong preferences for specific training methods for ethics, and would very much like the ethics topics to be included in the training. Training methods should include interactivity such as group discussions, independent reading, web-based approaches and consultation on design of protocols.⁽³⁰⁾

A pilot study by Schonfeld to compare online and traditional ethics education found no statistical significance between the academic performances of the two groups; however the researchers specifically state that the lack of statistical significance is more likely because of an insufficient number of study participants ($n = 19$). The course investigated in this study was a Health Care Ethics course and the only

difference in the structure of the courses was in the medium of delivery.⁽⁴²⁾

A number of studies have investigated the effect of teaching ethics or bioethics to undergraduate medical students, but Malek *et al.* (2000) mention that there is a lack of studies on the effect of teaching ethics to qualified health professionals and the type of teaching formats used in their education.⁽⁴³⁾ They evaluated the effects of an intensive six-day bioethics course on a group of health professionals using qualitative techniques. The course consisted of a series of lectures as well as small group discussions on bioethical principles and theoretical approaches as well as on specific topics. Due to the design of the study the pre- and post-test changes could only be measured at group level and not individual level. This research study analysed the impact of an intensive bioethics course which included lectures and group discussions. Participants completed a pre- and post-test instrument and a coding system was developed to analyse responses to open-ended questions. The outcome of this study was that there were clear differences in pre- and post-test responses in three qualitative areas: justification, ranking and recognition of conflicting elements. Specifically, there was a "trend towards more frequent, thorough, complex and precise explanations of reasoning and defence of their analyses" suggesting that the participants gained an "enhanced capacity to support" their ethical decision-making.

A study undertaken amongst Swedish medical doctors and nurses used ethics rounds (case discussions and ethics consultation) as a teaching method for ethical reasoning.⁽⁴⁴⁾ The goal was not to solve the ethical dilemmas but to identify and analyse problems. An ethicist facilitated and led the discussions between the doctors and nurses. The idea was to assist doctors and nurses by stimulating broadened thinking which was achieved in the study. The study highlighted the fact that ethical debates often originate as a result of professional clashes – in this case doctors and nurses. In general, the participants preferred small groups (6-10) which should remain inter-professional with or without an outside leader or facilitator. Whether a leader/facilitator should be present depends on the severity of the problem. The researchers of the study also wanted participants to reflect on the ethical issues as a way forward to help solve future ethical dilemmas. Nursing staff reported lack of time and poor cooperation of team members as obstacles to reflection on ethical

problems. The general consensus was that this teaching method must include a section on solving the ethical dilemmas as opposed to only identifying and analysing, to deem it practical and useful.⁽⁴⁴⁾

A survey among qualified doctors specialising in Obstetrics and Gynaecology in Canada found case presentation was the preferred learning format regarding ethics, whilst seminars ranked second. Informal discussions and ward rounds were less popular and the majority (69.3%) felt that lectures were the least appropriate learning format.⁽³⁸⁾

Smith *et al.* taught a standardised ethics course to third-year medical students and compared two teaching methods: written ethics case analyses and written case analyses followed by a group discussion. From this comparison trial of two interventions, it appears that group discussions added educational benefit when teaching ethics in a clinical environment. Both groups improved on the ability to identify and assess ethical problems. The group which had a group discussion in addition to the written case analyses performed better in the final case analyses and was overall far more satisfied with the educational experience than the group that did not have a group discussion. In this particular trial, the group discussion group improved significantly in exploring multiple viewpoints of an ethical issue. Small group discussions as a teaching method can be a very effective method of teaching ethics.⁽⁴⁵⁾

Common areas where qualified dietitians encounter complex ethical dilemmas are in end-of-life care, terminally ill, palliative care, or feeding patients in persistent comatose states. The dietitian, as part of the team, plays a key role in this decision-making process. Many health care organisations have ethics committees to provide guidance on ethical issues. Edelstein and Anderson emphasise that preparation for development of analytical skills concerning ethical and legal considerations should start at undergraduate level and continue after qualification.⁽⁴⁶⁾ Dietitians should give consideration in consulting and utilising other professionals such as physicians, philosophers, theologians and other specialists in the area when developing ethics teaching programmes.^(46,47)

The Dermatology Department at Brown University developed an interactive informal

ethics course based on discussions. The course leaders and participants chose relevant topics for discussion and where necessary outside experts were consulted. The ultimate goal of their ethics course was to teach lifelong ethical reasoning skills and not just mere knowledge for an examination. ⁽⁴⁸⁾

The nursing faculty at Creighton University implemented on-line discussions as a teaching strategy for bioethics. The discussions took place on Web-Board. The students rated the experience equal to classroom discussions, but the ethicist responsible for training the graduate nursing students clearly indicated advantages for the trainer. The trainer reported that some students will not participate in classroom discussions, often as a result of their personality, gender or ethnicity. All the students participated in the on-line discussions, however. Again, most students reported that it was a major advantage to have the freedom to participate when it suited them best. ⁽⁴⁹⁾

There is considerable debate in the literature regarding the most effective mode of teaching or delivery of ethics courses. ^(50,51) Many factors affect the preferred choice of learning format, such as academic background, for instance. Medical ethics is commonly taught using lectures and small group discussions. Ellenchild *et al.* demonstrate that on-line conferencing through WebBoard 3.0 can meet both disciplinary and topic needs. ⁽⁴⁹⁾

A study done in Europe and the United Kingdom amongst primary care teams found that inter-professional learning improved the outcome of CPD. ⁽⁵²⁾ Schonfeld demonstrated that an online interdisciplinary course on ethics can be successfully executed and can lead to positive student performances. ⁽⁵³⁾ Once qualified, health professionals are likely to continuously find themselves in multi-disciplinary set-ups. Even undergraduate health professional students may be part of a multi-disciplinary team during clinical rotations. ⁽⁵⁴⁾ Inter-professional relationships of good quality are important to the overall care of a patient. An interdisciplinary healthcare ethics course can improve the ethical-reasoning skills of individuals on the course long after the course had finished. ⁽⁵⁵⁾

1.4 CONCLUSION

The CPD Committee of the HPCSA is inter-professional in nature. All healthcare professionals are bound by a professional code of conduct and general rules of ethics, human rights and medical law will apply across the board.⁽⁴⁷⁾ Basic, generic ethics update courses that can be presented across the spectrum of all health professionals, can initially save money and time.

It is clear from the literature that a CPD course on ethics should not simply focus on the conveyance of knowledge based on textbook ethical theories and principles. Due to the neglect in ethics training for undergraduates until the mid to late 1990s, many qualified dietitians have never had any formal training on ethics. The updated courses must include a section with ethical dilemmas directly pertaining to a specific speciality, in this case dietetics. Interactivity (even if the course is web-based) is crucial and fundamental to the possible efficacy of such a course.

Invariably the individual goals and aspirations of a health professional will affect the preferred choice of CPD activity.⁽⁵⁶⁾ Health professionals might even have different preferences in regard to ethics CPD activities compared to other general CPD activities. The purpose of this study is to establish the need and/or demand for CPD update courses specifically on ethics that are in a standardised format to suit the needs of the South African dietetic profession.

CHAPTER 2 METHODOLOGY

2.1 AIMS AND OBJECTIVES

2.1.1 Aim

The aim of this study is to determine the need and/or demand for standardised ethics update courses amongst all South African dietitians registered with the HPCSA.

2.1.2 Objectives

- To determine whether there is a need or demand for standardised ethics update courses.
- To establish the format most preferred by registered dietitians for conducting standardised ethics CPD courses or activities.

2.2 STUDY PLAN

2.2.1 Study type

The research study followed a cross-sectional descriptive design.

2.2.2 Study population

The study was aimed at all dietitians registered with the HPCSA for the year 2010 – 2011. In South Africa annual registration with the HPCSA is a prerequisite to practise as a dietitian. The HPCSA has developed guidelines on CPD requirements for all health professionals, including dietitians registered in South Africa. To obtain a complete census, the researcher obtained a database of all dietitians registered with the HPCSA for the year 2010 – 2011 as the data collection phase of the study took place during this period (Appendix 1).

2.2.3 Sample size

The HPCSA has a complete and up to date list of all registered South African dietitians for the year 2010 – 2011. There were 2059 dietitians registered, all of

whom were eligible for inclusion in the study.

2.2.4 Selection criteria

2.2.4.1 Inclusion criteria

All dietitians registered with the HPCSA in the year April 2010 to March 2011 – a total number of 2059 – were included in the study.

2.2.4.2 Exclusion criteria

Dietitians completing their Community Service year were excluded from the study. The reasons for the exclusion were the following:

- Dietitians in their Community Service (CS) year do not have to accrue the required CPD points per year. Accumulation of CPD points in this group is voluntary.
- By the time the questionnaires were sent out, many Community Service dietitians would have finished their Community Service year and it would be more difficult to reach them via postal addresses.

2.3 METHODS OF DATA COLLECTION

2.3.1 Practical considerations

The researcher collected all data using self-administered questionnaires (SAQ). The sample size was distributed over an extremely wide geographical area (South Africa) and therefore a SAQ was deemed a suitable and practical method for collecting the data. One questionnaire consisting of two different sections was used to obtain data. The first section of the questionnaire collected general demographic data on the study population as well as information on their dietetic qualifications and area of interest. The second section of the questionnaire collected information on the issue of standardised ethics update courses and the preferred format of such courses (Appendix 2).

2.3.2 Data collection tool

2.3.2.1 Self-administered questionnaires (SAQ)

The researcher decided on self-administered questionnaires as this would ensure anonymity and the wide-spread sample over a large geographical area could be covered at less expense. Telephone interviews can potentially yield higher response rates, but this approach was impossible in this study as 2059 participants were included in the study and telephone interviews would have resulted in a very long and time consuming data collection phase and anonymity of respondents could then not be guaranteed. Telephone interviews would further have resulted in additional costs not planned for. In general the response rates to SAQ are low and ideally non-responders should receive follow-up reminders to increase the overall response rate. Possible reasons for low response rates are lack of reminder letters or telephone follow-ups, use of the standard mail versus the certified mail system and whether the content of the questionnaire is of interest to participants or not.^(57,58)

2.3.2.2 Demographic questionnaire

The demographic questionnaire (see Appendix 2) collected general personal and professional information on:

- age
- gender
- first language
- province lived in
- year qualified as dietitian
- university where qualified
- area of dietetics worked in.

2.3.2.3 Ethics questionnaire

This questionnaire was designed using closed questions mostly requiring 'yes' or 'no' responses. Some questions could be answered by choosing from a predetermined category. The last question was an open-ended question. The questionnaire was designed specifically to meet the aims and objectives of the study.

2.3.2.4 Questionnaire validity and reliability

The questionnaires were tested for both content and face validity. The content validity was determined by asking relevant experts to assess whether the content was appropriate.

The face validity test was intended to determine to what extent the questions in the questionnaires made sense. The questionnaire was given to a sub-sample of seven dietitians to test the comprehensibility of the questionnaires. The sub-sample represented dietitians from public and private hospitals as well as from industry. Five dietitians responded to the request to participate voluntarily. Two dietitians suggested changes to the questionnaire and their questionnaires were excluded from the main study. The other three participants had no comments to make and therefore their questionnaires were included in the main study.

2.3.2.6 Distribution of the questionnaires

The database of the HPCSA's Professional Board for Dietetics holds only postal addresses of registered dietitians, together with the respective DT registration number. A significant proportion (1181) of HPCSA registered dietitians also belong to the Association for Dietetics in South Africa (ADSA). ADSA holds e-mail address contact information of all ADSA members who have this facility. However, for reasons of confidentiality and to protect ADSA members, ADSA does not disclose e-mail address contact information. ADSA was prepared to assist by electronically distributing the questionnaires to their members who are also HPCSA registered (Appendix 3). Following electronic distribution of questionnaires, ADSA provided a list of all the DT numbers of dietitians who received the questionnaire via ADSA via e-mail. DT numbers on the HPCSA and ADSA database were cross-checked to establish dietitians with e-mail addresses. To facilitate data collection, save time and curtail costs, the preferred contact method was via e-mail. Where an e-mail address was not available the questionnaire was posted with a prepaid self-addressed envelope included. Participation in the study was voluntary and all participants had to sign a Participant Declaration form serving as consent to participate in the study (Appendix 4). Participants received a Participant Information Letter either electronically (Appendix 5) or with the postal questionnaire (Appendix 6). To ensure

anonymity an independent assistant not related to the study in any way collected and separated the consent forms and the questionnaires.

2.4 DATA ANALYSIS

2.4.1 Statistical analysis

A statistician (Prof DG Nel) appointed by the Faculty of Health Science, University of Stellenbosch, assisted with the statistical analysis of the captured data. MS Excel was used to capture the data and STATISTICA version 9 (StatSoft Inc. (2009) STATISTICA (data analysis software system), www.statsoft.com) used to analyse the data.

2.4.2 Statistical methods

The following data was analysed and described:

- response rate to the questionnaires
- demographic data
- whether there is a demand for standardised ethics update courses
- the preferred format of such courses.

Relationships between demographic data and data from the formal questionnaire were investigated using appropriate statistical methods.

Summary statistics were used to describe the variables. Distributions of variables were presented with histograms and/or frequency tables. Medians or means were used as the measures of central location for ordinal and continuous responses and standard deviations and quartiles as indicators of spread.

The relationships between two continuous variables were analysed with regression analysis and the strength of the relationship measured with the Pearson or Spearman correlation if the continuous variables were not normally distributed. If one continuous response variable was to be related to several other continuous input variables, multiple regression analysis was used and the strength of the relationship measured with multiple correlation.

The relationships between continuous response variables and nominal input variables were analysed using appropriate analysis of variance (ANOVA). When ordinal response variables were compared as opposed to a nominal input variable, non-parametric ANOVA methods were used. The relations between two nominal variables were investigated with contingency tables and likelihood ratio chi-square tests. A p-value of $p < 0.05$ represented statistical significance

2.5 ETHICS AND LEGAL ASPECTS

The protocol was approved by the Committee for Human Research, Faculty of Health Science at Stellenbosch University (N/10/04/132) (Appendix 7). Prior to participation in the study, participants had to sign a Participant Declaration form serving as consent to voluntary participation in the study.

2.6 ASSUMPTIONS AND LIMITATIONS OF THE STUDY

2.6.1 Assumptions

Several assumptions were made in the study:

- Respondents are all competent in English as the questionnaires and communication letters were only distributed in English.
- Respondents interpreted the questions in the questionnaire correctly.
- Respondents gave a true reflection of their opinions regarding the questions.

2.6.2 Limitations

The limitations of the study were:

- a lack of financial resources or sponsorship to send out a postal reminder to postal participants, and
- that ADSA had a change in policy shortly before the electronic distribution of questionnaires that allows only a once-off distribution of the e-mail to request participation in a research project. The researcher was unaware of this policy change.
- the very low response rate.

CHAPTER 3

RESULTS

3.1 RESPONSE RATE

The total sample included 2059 registered dietitians of whom 1181 were ADSA members at the time of the study. The ADSA members received the request to participate via e-mail. Postal questionnaires were sent to the non-ADSA members, a total of 878 dietitians. The overall response was 116 questionnaires received of which 92 questionnaires were included in the final study. From the 92 questionnaires included, 53 were received electronically and 39 were received via the postal system. Due to incompleteness, 24 questionnaires were eliminated. The overall response rate was 5.6% and with the elimination of 24 questionnaires, the response rate was 4.5%. The small total number of questionnaires included in the final study sample affected the statistical analysis and made it difficult to detect statistically significant differences.

The participation of respondents in this study was very poor. The researcher realised throughout the data collection process that participation was extremely poor and made several attempts to increase the response rate. In addition to the e-mail sent out via ADSA and the postal questionnaires, the researcher personally asked dietitians known to her to participate.

Previously, ADSA used to assist researchers with follow-up e-mail reminders to request participation. Since the planning of this study, however, ADSA changed their policy and no longer distributes follow-up reminders to members for participation in research projects. It is not known what percentage of the 1181 members who received the e-mail actually opened and read the ADSA notice. A reminder sent via ADSA could possibly have increased the total response rate. The researcher did not send postal reminders due to lack of funds. A standard postage stamp cost R2.60 and every postal questionnaire contained a stamped self-addressed envelope. It would have cost an additional R4565.00 if postal reminders had been sent to all postal participants. Postal reminders could possibly also have contributed to a higher

response rate.

The researcher attempted to remind and/or approach non-responders via all possible alternative routes. The attempts were made as follows:

- The researcher, as an employee of the Netcare private hospital group in South Africa, sent an e-mail to other Netcare employed or contracted dietitians on two separate occasions requesting participation. The researcher also requested participation from non-responders at a Netcare dietetics meeting where many non-responders stated that lack of time was the main reason for not participating.
- The researcher gave a lecture at an ADSA event in the Eastern Cape and there she also requested voluntary participation that yielded several responses.
- An e-mail was also sent to a dietitian currently undertaking her Master's degree at the University of Pretoria. This researcher forwarded the e-mail to responders to her study, and she also forwarded it to a dietetic colleague who is a non-ADSA member who forwarded the e-mail to her network of dietetic colleagues.
- The researcher forwarded the request for participation to one of the local ADSA branch members who forwarded it to other branch members.

After three months of further attempts to obtain responses, the researcher discontinued this process of trying to improve the response rate, as some dietitians had already received up to 4-5 requests for participation from the various sources discussed above.

3.2 DEMOGRAPHIC RESULTS

The total sample of 92 respondents yielded only female dietitians (100%) of whom 51 speak Afrikaans as their first language (55.4%), 37 speak English (40.2%) and 4 respondents in total speak either Setswana, Xhosa, Sepedi or Tshivenda (4.4%). The mean age of the respondents was 33,9 years (Standard Deviation [SD] 8.47). Thirty five respondents live in Gauteng (38%), 24 in the Eastern Cape (26.1%), 12 in the Western Cape (13%), 8 in Kwazulu-Natal (8.7%), 6 in North West (6.5%), 3 in Limpopo (3.3%) and 2 each in Mpumalanga and the Free State (2.2%). There were no respondents from the Northern Cape.

The majority (89%, $n=81$) of respondents qualified from 1990 onwards and the largest number of respondents had qualified at the University of Pretoria (23.9%, $n=22$), followed by the Universities of Stellenbosch (17.4%, $n=16$) and North West (17.4%, $n=16$).

The largest number of respondents work in diet therapy (75%, $n=69$), followed by those working in industry (15.2%, $n=14$), then community nutrition (7.6%, $n=7$) and two (2.2%, $n=2$) work in food service management. Of the respondents working in diet therapy the majority work in the areas of diseases of lifestyle (45.6%, $n=42$), medical (41.3%, $n=38$), intensive care (32.6%, $n=30$) and paediatrics (31.5%, $n=29$). Table 3.1 provides a detailed description of the demographic characteristics of the study participants.

Table 3.1: Demographic characteristics of the respondents (n=92)

	Frequency % (n)		Frequency % (n)
Age		University	
20-29	34.1 (31)	Cape Town	11.9 (11)
30-39	45 (41)	Free State	9.8 (9)
40-49	13.2 (12)	Kwazulu-Natal	15.2 (14)
50-59	6.6 (6)	North West	17.4 (16)
60-69	1.1 (1)	Medunsa	2.2 (2)
Gender		Pretoria	23.9 (22)
Male	0 (0)	Stellenbosch	17.4 (16)
Female	100 (92)	Western Cape	1.1 (1)
Language		Limpopo	1.1 (1)
English	40.2 (37)	Area of dietetics	
Afrikaans	55.4 (51)	Community nutrition	7.6 (7)
Setswana	1.1 (1)	Food service	2.2 (2)
Xhosa	1.1 (1)	Industry	15.2 (14)
Sepedi	1.1 (1)	Diet therapy	75 (69)
Tshivenda	1.1 (1)	Diet therapy expertise	
Residing province		ICU	32.6 (30)
Western Cape	13 (12)	Gastro	23.9 (22)
Eastern Cape	26.1 (24)	Diseases of lifestyle	45.6 (42)
Northern Cape	0 (0)	Paediatrics	31.5 (29)
Gauteng	38 (35)	Surgery	23.9 (22)
North West	6.5 (6)	Medical	41.3 (38)
Kwazulu-Natal	8.7 (8)	Renal	10.9 (10)
Mpumalanga	2.2 (2)	Allergies	13 (12)
Free State	2.2 (2)	Oncology	4.3 (4)
Limpopo	3.3 (3)	HIV	4.3 (4)
Year qualified			
1970-1979	3.3 (3)		
1980-1989	7.7 (7)		
1990-1999	35.2 (32)		
2000-2009	53.8 (49)		

3.3 ETHICS QUESTIONNAIRE RESULTS

Of the total sample of 92 respondents, 54 respondents (58.7%) obtained the annual 5 compulsory ethics CEU's and 38 (41.3%) did not. Although 13 (14.1%) of the 92 respondents did exceed the minimum requirement of 5 ethics CEU's per annum, 79 (85.9%) did not (see Table 3.2). Only 20 respondents (21.7%) felt that the current existing CPD activities provide sufficient opportunities to gain 5 ethics CEU's. The majority of 72 respondents (78.2%) did not feel the current available CPD activities provide sufficient opportunities. A majority of respondents (59.8%, $n=55$) were not satisfied with the content of the current CPD activities on ethics. Refer to Table 3.3 for results on satisfaction of dietitians with the current ethics CPD system.

Table 3.2: Performance of dietitians on the current ethics CPD system

	Yes % (n)	No % (n)
Dietitians that obtained the minimum requirement of 5 ethics CEUs annually	58.7 (54)	41.3 (38)
Dietitians that exceeded the minimum requirement of 5 ethics CEUs annually	14.1 (13)	85.9 (79)

Table 3.3: Satisfaction of dietitians with the current ethics CPD system

	Yes % (n)	No % (n)
Dietitians that felt that the current ethics CPD activities are sufficient to gain 5 ethics CEUs annually	21.7 (20)	78.3 (72)
Dietitians that are satisfied with the content of current CPD ethics activities	40.2 (37)	59.8 (55)

There were only 50 (54.3%) of the respondents who were aware that the HPCSA website contains a section on: 'PROFESSIONAL CONDUCT & ETHICS – ETHICAL RULES & REGULATIONS' and only 29 (31.5%) respondents had visited this particular section on the HPCSA website (See Table 3.4). A mere 9 (9.8%) respondents had carefully read and studied all the content contained in 'PROFESSIONAL CONDUCT & ETHICS – ETHICAL RULES & REGULATIONS', and of the 9 (9.8%) that did so, 6 (6.5%) felt that the information is relevant for a

registered dietitian (RD), 7 (7.6%) found the information to be valuable knowledge for an RD, and 9 (9.8%) felt that the information is necessary and essential knowledge for a RD.

Table 3.4: Dietitians' awareness and knowledge of conduct and ethics aspects on the HPCSA website

	Yes % (n)	No % (n)
Awareness of 'Professional Conduct & Ethics' section on HPCSA website	54.3 (50)	46.7 (42)
Dietitians that have visited the 'Professional Conduct & Ethics' section on HPCSA website	31.5 (29)	68.5 (63)
Dietitians that have read and studied the content of the 'Professional Conduct & Ethics' section on the HPCSA website	9.8 (9)	90.2 (83)

Respondents could choose more than one option for where they currently obtain CEUs. The most preferred presentation format for current CPD activities are conferences (60.9%, $n=56$), lectures (58.7%, $n=54$), Internet (39.1%, $n=36$) and journal clubs (35.9%, $n=33$). See Table 3.5 for results on format preferences for current CPD activities.

Table 3.5: Presentation format preferred for current CPD activities

	FREQUENCY % (n)
Conference	60.9 (56)
Lecture	58.7 (54)
Internet	39.1 (36)
Journal club	35.9 (33)
Postgraduate studies	9.8 (9)

The choice of the participants for the most preferred presentation format for CPD activities was the Internet (43.5%, $n=40$), followed by lectures (39.1%, $n=36$). The formats least preferred by respondents in this study are CD ROM/DVD (28.3%, $n=26$) and journal clubs (22.8%, $n=21$). Refer to Table 3.6 for results on presentation formats most and least preferred by respondents for CPD activities.

Table 3.6: Presentation format most and least preferred by respondents for CPD activities

	FREQUENCY % (n)
Format <u>MOST</u> preferred for CPD activities	
Internet	43.5 (40)
Lecture	39.1 (36)
Journal club	8.7 (8)
Small group discussion	7.6 (7)
CD ROM/DVD	5.4 (5)
Format <u>LEAST</u> preferred for CPD activities	
CD-ROM/DVD	28.3 (26)
Journal club	22.8 (21)
Small group discussion	17.4 (16)
Internet	15.2 (14)
Lecture	12.1 (11)
Other	4.3 (4)

The formats most preferred for possible standardised ethics courses to be developed in future are the Internet (60.9%, $n=56$) and lectures (59.8%, $n=55$) (see Table 3.7). Although it was not included as a choice on the questionnaire many respondents noted that they currently also obtain ethics CEU's from accredited articles or would like to have access to accredited articles as a preferred format for ethics update courses.

Table 3.7: Presentation format preferred for standardised ethics update courses

	FREQUENCY % (n)
Internet	60.9 (56)
Lecture	59.8 (55)
CD ROM/DVD	35.9 (33)
Journal club	21.7 (20)
Small group discussion	21.7 (20)

The results also indicated that 60 respondents (65.2%) felt that the existing CPD activities on ethics did not lead to changes in practice. An overwhelming 78 respondents (84.8%) felt there is a need for standardised ethics update courses that

should be available for all dietitians. All of the 92 respondents (100%) are computer literate and have access to a computer at home or work. The majority of 91 respondents (98.9%) have access to Internet facilities at home or work and 72 respondents (79.1%) currently access web-based CPD sites.

The ethics section of the questionnaire contained an open-ended question at the end to allow participants to name up to a total of three topics to be included for discussion or presentation in a possible standardised ethics update course. The total sample of 92 questionnaires yielded 112 responses to this open-ended question, as not all respondents chose to respond to this question. The two main themes that emerged were end-of-life nutrition support dilemmas and conduct and scope of practice for private practising dietitians, dietitians working in/with industry, and dietitians in general. Table 3.8 illustrates the main themes or categories that presented from the open-ended question, and also the sub-themes or categories with the number of times (frequency) each theme presented during feedback.

Table 3.8: Responses on possible topics for standardised ethics update courses

Main Category	Sub-category	Number of times suggested
End-of-life nutrition support issues (adults and children)	<ul style="list-style-type: none"> ▪ Withdrawal/withholding of nutrition support ▪ Feeding brain dead patients 	29
Conduct and scope of practice of: <ul style="list-style-type: none"> ▪ Private practising dietitians ▪ Dietitians working in industry ▪ Dietitians in general 	<ul style="list-style-type: none"> ▪ Marketing, advertising and signage of practices ▪ Pricing of dietetic services ▪ Ethical business practices 	28
Inter-professional working relationships	<ul style="list-style-type: none"> ▪ Ethics in cross-functional teams 	6
Record keeping and patient confidentiality	<ul style="list-style-type: none"> ▪ Ethics in group therapy 	5
Ethical feeding dilemmas in paediatrics	<ul style="list-style-type: none"> ▪ Breastfeeding vs. formula feeding ▪ Supplementation programmes 	8
General nutrition support dilemmas	<ul style="list-style-type: none"> ▪ When to place a percutaneous gastrostomy tube (PEG) ▪ Monitoring stroke patients ▪ Parenteral nutrition for 1-2 days only ▪ Purees vs ready-to-hang enteral formulas via PEG tubes 	6
Ethical principles and theories	<ul style="list-style-type: none"> ▪ Autonomy of patients ▪ The living will ▪ Rights of families ▪ Ethics in South Africa ▪ Ethics vs values 	6
Human and patient rights	<ul style="list-style-type: none"> ▪ Patient rights in consultations 	6
HIV	<ul style="list-style-type: none"> ▪ Feeding HIV patients 	3
Nutrigenomics	<ul style="list-style-type: none"> ▪ Research and nutrigenomics 	2
Miscellaneous	<ul style="list-style-type: none"> ▪ Lodging complaints ▪ Serious adverse events ▪ Case studies and mentoring ▪ Allergy testing and blood tests ▪ Research ▪ Nutritionists practising as dietitians 	13
TOTAL RESPONSES		112

3.4 RELATIONSHIPS BETWEEN DATA

The results of the demographic and ethics sections of the questionnaire were statistically analysed for any relationships between the data. Data from within the ethics section of the questionnaire were also compared with one another. Due to the small sample size ($n=92$) it was difficult to obtain statistically significant associations between data. A statistical significance value of $p<0.05$ was used.

The statistical analysis to investigate whether there was an influence or relationship between the different speciality areas in diet therapy where dietitians worked and their ability to exceed the annual requirement of 5 ethics CEU's per year yielded no statistically significant result, except for the statistically significant relationship between the responses of the dietitians working in gastroenterology regarding whether they obtained (31%) or did not obtain (13%) the annual 5 ethics CEU's per year with a p-value of $p=0.0371$

Only 9 (9.8%) of the total 92 respondents had read and studied the 'PROFESSIONAL CONDUCT & ETHICS – ETHICAL RULES & REGULATIONS' information on the HPCSA's website and there were no respondents from the Northern Cape. There was a statistically significant association ($p=0.0132$) between the geographical area where dietitians resided and whether they had carefully read and studied this important practice-related content, since none of the respondents from the Western Cape, Mpumalanga, Gauteng, Free State or Limpopo had carefully read and studied the information and 25% ($n=2$) of the Kwazulu-Natal respondents, 33.33% ($n=2$) of North West and 21% ($n=5$) of the Eastern Cape respondents had read and studied the contents.

CHAPTER 4 DISCUSSION

4.1 RESPONSE RATE

The response rate in this study was particularly low. The response rate of 4.5% impacted significantly on the overall statistical significance of many results found in the study. A low response rate can affect the precision of results obtained and reduce the effective sample size. One major shortcoming during the data collection phase was the lack of follow-up reminders sent either electronically or by post to participants.

Previously, researchers who distributed their questionnaires via ADSA had the opportunity to distribute their questionnaires a second time, and they could also send reminder e-mails that could possibly help to increase the response rate. Between 1986 and 1992 response rates to e-mail surveys were particularly high (approximately 50%).⁽⁵⁹⁾ In recent years there has been a dramatic decline in response rates to web-based surveys. The increase in undesired commercial e-mails seen as spam is believed to be one possible reason for this rapid decline.^(60,61)

Personalisation and the number of contacts with the study population can have a positive effect on response rates as demonstrated by a meta-analysis of 68 studies conducted by Cook *et al.* (2000).⁽⁶²⁾ Personalisation refers to attaching a name or identity to the invitation to participate and can affect the response rate as it often influences the decision to participate or not.⁽⁶³⁾ It has commonly been observed that response rates to web-based and postal surveys can significantly improve with personalisation of the invitation to participate and with reminder mailings.^(64,65)

Personalisation was not possible in this particular survey because the questionnaire was distributed via ADSA as a generic e-mail requesting participation. The e-mail addresses of ADSA members are confidential and ADSA can not disclose personal information to third parties: it was therefore not possible to obtain the names and corresponding e-mail addresses from ADSA. Participation and response to this study

were strictly voluntary and anonymous. To ensure privacy and anonymity as a condition of participation it was not possible to personalise e-mail correspondence by attaching letters. The same applied to the postal letters. Where possible the e-mail and postal participant letters were personalised as much as possible, but they remained in a generic form.

Follow-up reminders sent 7-10 days apart is a valuable way of increasing the response rate. Too many reminders (more than 3-4) may be perceived as spam and will not increase the response rate.⁽⁶³⁾ In this study at least one reminder could have been extremely beneficial to help increase the response rate.

In this study non-ADSA members received postal questionnaires. The postal system in South Africa is variable and the percentage of actual recipients of postal questionnaires is unknown. Postal questionnaires provide an efficient means of collecting large quantities of information over a large geographical area. This was a much more cost- and time-effective method for the purpose than the cumbersome method of face-to-face interviews would have been. Postal questionnaires may however lead to low response rates and they do raise the possibility of participation bias. In the current climate where participation in research is declining, effective strategies must be implemented to maximise participation.

One may also speculate that the low response rate is a reflection of how the topic of professional conduct and ethics is perceived amongst dietitians.

4.2 STANDARDISED ETHICS UPDATE COURSES

The fact that 78% of the respondents felt that the current existing activities do not provide sufficient opportunities to gain 5 ethics CEU's and that 60% of the respondents were not satisfied with the content of current CPD activities, clearly indicates that there is a definite and urgent demand for standardised ethics update courses amongst registered dietitians. Many qualified and registered dietitians would have had little if any exposure to formal education on human rights, ethics and medical law as undergraduates. Unless they pursue knowledge on ethical theories

and principles and use it in daily practice, there could be a huge limitation in their competency in this area.

This study revealed some disturbing results considering that all participants are HPCSA registered which implies adherence to the Professional Code of Conduct & Ethics as stipulated by the HPCSA. Interestingly, 91 (98.9%) of the total of 92 respondents indicated that they do have access to Internet facilities either at home or work. One would therefore assume that nearly all participants would be familiar and up-to-date with the information provided by the HPCSA on 'PROFESSIONAL CONDUCT & ETHICS – ETHICAL RULES AND REGULATIONS'. The study results revealed the opposite. Only about half of the participants knew about the information on the HPCSA website on conduct and ethics and only a third had actually accessed the information. Only 9.8% ($n=9$) of the respondents had actually read and studied the information on the HPCSA website on conduct and ethics: this figure should be 100%. Furthermore of the 9 participants who had carefully read and studied the information, 6 (6.5%) responded that they believed the information to be relevant, and 7 (7.6%) felt that the information was valuable knowledge for a registered dietitian (RD). All of the 9 (100%) participants that had read the information felt that the information was necessary and essential knowledge for an RD. The fact that only 9.8% ($n=9$) of the respondents had read and studied the important information regarding professional conduct and ethics available on the HPCSA website is a problem that needs urgent attention, since, as mentioned before, 91 (98.9%) of the 92 respondents indicated that they do have access to Internet facilities either at home or at work. Yet participants indicated that there are insufficient opportunities to gain ethics points and that only 40% are satisfied with the content of existing ethics activities.

Chapter 3 contains the results of the open-ended question and the various themes that emerged from the responses and feedback on this question. Several similar themes were repeated by various respondents, which indicates that there is a real and very urgent need to support dietitians dealing with ethical dilemmas, with many feeling inadequately equipped to deal with such issues. The themes include both conduct issues and real ethical dilemmas. The two themes that stood out particularly

as areas that dietitians find difficult to deal with were 1) nutrition in palliative care or the terminally ill as well as withholding/withdrawing feeds during end-of-life care, and 2) the conduct and scope of practice of dietitians.

In the literature review it was mentioned that dietitians have an ethical duty and responsibility to remain competent in all areas of practice (including ethics) and to practise evidenced-based dietetics.⁽¹⁾ This is also a prerequisite for annual re-registration with the HPCSA, hence the mandatory requirement of CEU's for South African registered dietitians. Many of the topics suggested are in fact discussed in-depth in the documents already available on the HPCSA website, which reiterates the study results that practising and registered dietitians are not familiar with the guidance that already exists.^(66,67) Figure 1 gives an outline of how to locate the relevant supporting documents on the HPCSA website. The documents are easy to access and studying them can alleviate some of the knowledge gaps mentioned by respondents.

The possible reason for the statistically significant relationship between the responses of the dietitians working in gastroenterology regarding whether they obtained (31%) or did not obtain (13%) the annual 5 ethics CEU's per year is unknown and unexpected. There might be the possibility that dietitians working in this area are more exposed to ethical dilemmas, but confirmation in the literature could not be found.

The 'Professional Conduct and Ethics' section on the HPCSA website contains three sub-sections: 'Health Acts', 'Ethical rules and regulations' and 'Undesirable business practices'. Under the Health Acts section the 'Ethical rules of conduct for practitioners registered under the Health Professions Act, 1974' document contains thorough and comprehensive information on all aspects of conduct. The 'Undesirable business practices' document provides guidance on correct and ethical business practices to avoid prosecution by the HPCSA. The 'Ethical rules and regulations' section contains 16 policy booklets providing comprehensive information and guidance on most aspects necessary for daily practice.⁽⁶⁶⁻⁶⁸⁾ The categories previously identified on conduct and ethics issues can often be solved with a

thorough knowledge and understanding of all the policy documents available on the HPCSA website.

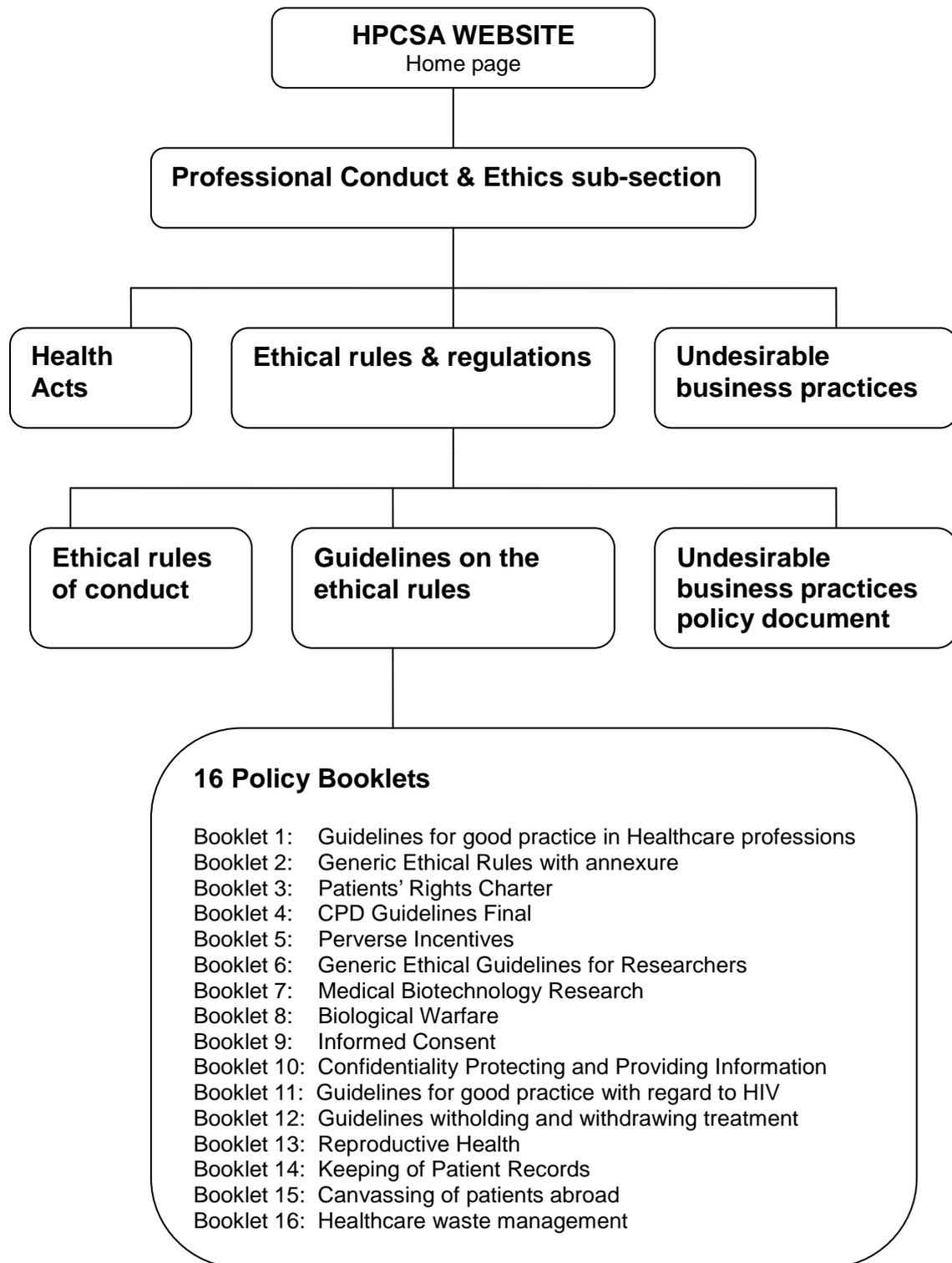
4.3 PREFERRED FORMAT OR MODE OF DELIVERY FOR ETHICS UPDATE COURSES

The literature stated clearly that the degree of interactivity can be increased and the learning experience optimised, especially in teaching ethics.

Ethics is a subject that involves a systematic process, reasoning and reflection. We know that textbook knowledge alone on ethical theories and principles is insufficient to produce health professionals who become competent in ethical reasoning although a sound knowledge foundation is essential. The literature mentions several different teaching modes for ethics courses at both undergraduate and postgraduate levels, with a focus on interactivity. Participants consistently preferred lectures and the Internet as the formats most preferred as well as the format preferred for standardised update courses on ethics. CD ROMs/DVDs, small group discussions and journal clubs were consistently unpopular choices. The results contradict the literature as lectures are usually didactic in nature with little opportunity for interactivity.

The reasons why registered South African dietitians prefer lectures and the Internet for possible ethics update courses are unknown. Possible reasons might be, firstly, the few opportunities for exposure to the topic of ethics, with lectures being able to provide the knowledge foundation on ethics which many dietitians might lack at present, and secondly, the fact that the Internet does not expose one in the way that small group discussions, which are a valuable teaching tool for ethics, may do. Also, a dietitian who feels inadequately equipped with knowledge on ethics or ethical reasoning skills can access information via the Internet in the comfort of their own space and time.

Figure 1: Outline of HPCSA website on Professional Conduct & Ethics section



CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5.1 CONCLUSIONS

From this study it can be concluded that dietitians feel there is a definite need for standardised ethics update courses to help them to comply with CPD requirements for ethics points. There is a very low level of awareness of the type and content of policy and guidance documents currently available from the HPCSA on all conduct and ethics issues. Dietitians prefer lectures and Internet-based activities as the format for standardised ethics update courses.

5.2 RECOMMENDATIONS

Following the results of the study the following recommendations can be made to the relevant authorities such as HPCSA, ADSA and Accreditors of CPD activities.

- There is a low level of awareness amongst registered dietitians about the existing resources available to help solve ethical dilemmas. A starting point might be to distribute a circular to all registered dietitians to raise awareness of resources currently available on human rights, ethics and medical law such as the information on the HPCSA website. Dietitians with no access to Internet facilities should receive a hard copy of the information.
- As a point of departure, all dietitians currently registered with the HPCSA should thoroughly read and study the existing information on the HPCSA website on: 'CONDUCT & ETHICS – ETHICAL RULES AND REGULATIONS'. In the near future it might be necessary to regulate this in a formal manner. It is recommended that ADSA develop CPD questionnaires on the content of the most important documents on the HPCSA's website that all dietitians should complete when becoming an ADSA member.

- In the light of the findings of this study, even though the response rate was low, the possibility of regulating the studying of the information regarding professional and ethical conduct in a formal manner should be considered. The low response rate of participation in this study is perhaps also an indication that dietitians care more, or are more concerned about, the specialised information in their practice area, than about knowledge and understanding regarding professional and ethical conduct. It is therefore also recommended that the HPCSA consider introducing a system whereby compulsory study of this relevant information is a prerequisite for initial and annual registration with the HPCSA.
- ADSA should consider appointing a formal dietetics ethics sub-committee to support dietitians in their definite need for support on ethical issues.
- Developers of CPD activities must spend more time on the ethics content of their activities.
- Standardised update courses on ethics available for all dietitians in the form of CPD activities must be developed.
- Although one would not normally like to repeat research that has previously been conducted, it is also recommended that this study possibly be repeated on a greater scale in the form of an official survey or an audit to assess whether the problems identified in this study can be supported and to develop a more in-depth understanding of these findings.
- Following the final results of this study, a call is made upon each and every individual registered dietitian to take full responsibility for her own knowledge, skills and continuing learning on the subject of conduct and ethics. Dietitians also have a duty of care not just to patients but also to dietetic colleagues to spread and raise awareness of the wealth of supportive documentation already available from the HPCSA on all aspects of conduct and ethics. Dietitians need to start educating themselves rather than to wait for the

authorities. It is acknowledged that the results of the study clearly indicate the definite demand for standardised ethics update courses, but conduct and ethics are not just about chasing 5 ethics CEU's points annually, but are also about having a deep-rooted and inherent desire to practise under the umbrella of the professional code of conduct and ethics that underpins the essence of being a professional dietitian.

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APPENDIX 1
LETTER TO HPCSA

Elize Craucamp
PO Box 61337
Pierre van Ryneveld
Centurion
0045

Tel: 012 677 8485
082 9711 800

Fax: 012 677 8554

6 October 2009

Yvette Daffue
IT Department
HPCSA

E-mail: yvetted@hpcsa.co.za

Dear Yvette

Request for database of all HPCSA registered dietitians for 2010 – 2011

Further to our conversation on Friday 2 October 2009, I would like to request a complete database of all dietitians registered with the HPCSA for 2010 – 2011. I am a dietitian in the process of conducting research amongst registered dietitians. The information provided will be treated in the strictest confidence.

As well as the information you have provided, I request the following:

- A complete and full census of dietitians currently registered with the HPCSA. I am looking for a complete census of all dietitians currently registered who need to comply with CPD requirements.
- I require the contact information of the registered dietitians – you stated that the HPCSA database will furnish me with postal addresses.
- I would prefer the database in an Excel format.

I would appreciate it if you would provide me with a quote for the abovementioned information.

Please do not hesitate to contact me if you need any additional information.

Thank you in advance for your assistance.

Yours sincerely

Elize Craucamp RD(SA)

APPENDIX 2
DEMOGRAPHIC AND ETHICS QUESTIONNAIRE

Do registered South African dietitians require standardised ethics update courses to comply with CPD requirements for ethics points?

Please read the following instructions before completing the questionnaire:

- Please mark all relevant boxes with an X, unless stated otherwise.
- Please type / write your answer in the boxes where required.
- Please do not disclose any names or addresses on the questionnaire to maintain anonymity and confidentiality.

SECTION 1: DEMOGRAPHIC QUESTIONNAIRE

PERSONAL INFORMATION					
Age: (In Years)					
Sex:	Male		Female		
First Language:					
English		Afrikaans		IsiZulu	
IsiXhosa		Sepedi		Setswana	
Sesotho		IsiNdebele		SiSwati	
Tshivenda		Xitsonga		OTHER	
Please specify:					
Province you live in:					
Eastern Cape		Free State		Gauteng	
Kwazulu-Natal		Limpopo		Mpumalanga	
Northern Cape		North West		Western Cape	

PROFESSIONAL INFORMATION AS A DIETITIAN			
1. Year qualified as dietitian:			
2. University qualified from (Please mark with an X)			
University of Cape Town	<input type="checkbox"/>	University of Pretoria	<input type="checkbox"/>
University of the Free State	<input type="checkbox"/>	Stellenbosch University	<input type="checkbox"/>
University of Kwazulu-Natal	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
North West University	<input type="checkbox"/>	Please specify below:	
Medunsa	<input type="checkbox"/>		
3. Which area of dietetics do you predominantly work in?			
Community Nutrition	<input type="checkbox"/>	Food Service Management	<input type="checkbox"/>
		Industry	<input type="checkbox"/>
		Diet Therapy	<input type="checkbox"/>
If you work in Diet Therapy, please indicate which speciality/ies:			
Intensive Care	<input type="checkbox"/>	Surgical	<input type="checkbox"/>
		Oncology	<input type="checkbox"/>
Gastroenterology	<input type="checkbox"/>	Medical	<input type="checkbox"/>
		Other	<input type="checkbox"/>
Diseases of Lifestyle	<input type="checkbox"/>	Renal	<input type="checkbox"/>
		Please specify below:	
Paediatrics	<input type="checkbox"/>	Allergies	<input type="checkbox"/>

SECTION 2: ETHICS QUESTIONNAIRE

ETHICS QUESTIONNAIRE					
1	Have you obtained the minimum 5 Continuing Education Units (CEU's) on ethics annually?	Yes		No	
2	Do you exceed the minimum requirement of 5 CEU's on ethics annually?	Yes		No	
3	Do you feel the current available CPD activities provide sufficient opportunities to gain 5 ethics CEU's per year?	Yes		No	
4	Are you satisfied with the content of current available CPD activities on ethics?	Yes		No	
5	As a registered dietitian (RD), are you aware that the HPCSA website contains a section on: " <u>CONDUCT & ETHICS – ETHICAL RULES & REGULATIONS</u> "?	Yes		No	
6	As an RD, have you ever visited the HPCSA website on " <u>CONDUCT & ETHICS – ETHICAL RULES & REGULATIONS</u> "?	Yes		No	
7	Have you carefully read and studied all the content on " <u>CONDUCT & ETHICS – ETHICAL RULES & REGULATIONS</u> " on the website?	Yes		No	
7.1	If <u>YES</u> at question 7 do you think the information is relevant for you as an RD?	Yes		No	
7.2	If <u>YES</u> at question 7 do you think the information is valuable knowledge for you as an RD?	Yes		No	
7.3	If <u>YES</u> , do you think the information is necessary and essential knowledge for an RD?	Yes		No	

8	Where do you obtain your CEU's at present? <u>Please select ALL the applicable choices</u>	Lectures	
		Conferences	
		Postgraduate studies	
		Journal clubs	
		Internet-based	
		OTHER	
		Please specify below	

9	<p>Which <u>format</u> do you prefer <u>most</u> for CPD activities?</p> <p>Please select the format <u>MOST</u> preferred (Tick only <u>one</u> answer)</p>	Lectures	<input type="checkbox"/>		
		CD-ROM / DVD	<input type="checkbox"/>		
		Journal clubs	<input type="checkbox"/>		
		Internet-based	<input type="checkbox"/>		
		Small group discussions	<input type="checkbox"/>		
		OTHER	<input type="checkbox"/>		
		Please specify below			
10	<p>Which <u>format</u> do you prefer <u>least</u> for CPD activities?</p> <p>Please select the format <u>LEAST</u> preferred (Tick only <u>one</u> answer)</p>	Lectures	<input type="checkbox"/>		
		CD-ROM / DVD	<input type="checkbox"/>		
		Journal clubs	<input type="checkbox"/>		
		Internet-based	<input type="checkbox"/>		
		Small group discussions	<input type="checkbox"/>		
		OTHER	<input type="checkbox"/>		
		Please specify below			
11	Do you think the existing CPD activities on ethics have led to a change in your practices?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
12	Do you think there is a need for ethics update courses that are standardised and available for all dietitians?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
13	<p>Should standardised courses be developed, in which format would you prefer these update courses?</p> <p>Please select <u>ALL</u> that apply</p>	Lectures	<input type="checkbox"/>		
		CD ROM / DVD	<input type="checkbox"/>		
		Journal clubs	<input type="checkbox"/>		
		Internet-based	<input type="checkbox"/>		
		Small group discussions	<input type="checkbox"/>		
		OTHER	<input type="checkbox"/>		
		Please specify below:			

14	Are you computer literate?	YES		NO	
15	Do you have access to a computer at home or work?	YES		NO	
16	Do you have access to Internet facilities at home or work?	YES		NO	
17	Do you currently access web-based CPD sites such as NNIA and/or NICUS?	YES		NO	
18	Which topic/s would you prefer to be included for discussion / presentation in a standardised ethics course? Name <u>up to three</u> topics	1.			
		2.			
		3.			

THANK YOU FOR COMPLETING THE QUESTIONNAIRE

APPENDIX 3
LETTER TO ADSA FOR ASSISTANCE

2 July 2010

**ADSA PRESIDENT
ADSA
PO BOX 868
Ferndale
2160**

Dear ADSA President

I am a postgraduate student currently completing my Master's degree with the University of Stellenbosch. My research title is:

Do registered South-African dietitians require standardised ethics update courses to comply with CPD requirements for ethics points?

The study has received ethics approval from the Committee of Human Research, Stellenbosch University (Ethics Reference no: N10/04/132)

Dietitians will receive two self-administered questionnaires (via either e-mail or post). There will be a demographic and an ethics questionnaire. The covering letter will have clear instructions regarding participation and will it clearly explain that participation is voluntary, and that by submitting the questionnaire the participant gives his/her consent to participate in the study. Participants need to sign a Participant Declaration form.

I would like to request the assistance of ADSA with my research project as I believe the results of the study will benefit all registered South African dietitians. I have requested a full census of all registered dietitians within South Africa from the HPCSA. The HPCSA provided their full and comprehensive list of registered dietitians on the database, but their only contact information is postal addresses. The information obtained from the HPCSA will be treated in the strictest confidence.

I would like ADSA to assist me as ADSA holds e-mail addresses of registered dietitians. Due to the large study population and the very wide geographical area included in the study it will ease distribution and data collection if done via e-mail. Furthermore it will save a significant amount of time and money.

I appreciate that ADSA is unable to provide me with the actual e-mail addresses, and would like to apply for assistance with:

- distribution of the questionnaires to ADSA members with an e-mail address.
Participants will reply to the researcher and not to ADSA;
- a full list of dietitians for whom ADSA holds e-mail addresses. Dietitians not on this list will be cross-checked with the full list of HPCSA registered dietitians and will receive postal questionnaires. The researcher will distribute postal questionnaires;
- re-distribution to non-responders via email after a 4-week follow-up period.

I would like to thank ADSA in advance for their assistance with this project. Please do not hesitate to contact me or any of my study leaders should you require any additional information.

Principal investigator: Elize Craucamp (Tel: 082 9711 800)
elize.craucamp@googlemail.com

Supervisor: Berna Harmse
bernaharmse@gmail.com

Co-supervisor: Mrs HE Koornhof
hek@sun.ac.za

Yours sincerely

Elize Craucamp RD(SA)

APPENDIX 4 PARTICIPANT DECLARATION FORM

DECLARATION BY PARTICIPANT

By signing below, I agree to take part in a research study entitled '**Do registered South African dietitians require standardised ethics update courses to comply with CPD requirements for ethics points?**'

I declare that:

- I have read the attached information leaflet and it is written in a language in which I am fluent and comfortable.
- I have had a chance to ask questions and all my questions have been adequately answered.
- I understand that taking part in this study is **voluntary** and I have not been pressurised to take part.
- I may choose to leave the study at any time and will not be penalised or prejudiced in any way.
- I may be asked to leave the study before it has finished, if the researcher feels it is in my best interests, or if I do not follow the study plan, as agreed to.

Signed at (*place*) on (*date*) 2010.

.....

Signature of participant

APPENDIX 5
ELECTRONIC PARTICIPANT INFORMATION LETTER

PARTICIPANT INFORMATION LEAFLET

TITLE OF THE RESEARCH PROJECT:

Do registered South African dietitians require standardised ethics update courses to comply with CPD requirements for ethics points?

ETHICS REFERENCE NO: N/10/04/132

ADDRESS:

Division of Human Nutrition, Department of Interdisciplinary Health Sciences, Stellenbosch University

Dear Colleague

My name is Elize Craucamp and I am currently undertaking studies for my Master's Degree. I would like to invite you to participate in a research project that aims to investigate the demand for standardised ethics update courses amongst dietitians registered in South Africa with the HPCSA. I would like to encourage participation as the results will benefit all South African registered dietitians.

Please take some time to read the information presented here, which will explain the details of this project, and contact me if you require further explanation or clarification of any aspect of the study. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the Health Research Ethics Committee (HREC) at Stellenbosch University and will be conducted according to accepted and applicable **national and international ethical guidelines and principles, including those of the international Declaration of Helsinki, October 2008.**

You will receive a self-administered questionnaire via either e-mail or post. **Please do not fill in your name, address or other contact details to ensure that your questionnaire remains anonymous. If you received this letter via e-mail, your questionnaire which is returned via e-mail will be detached from your e-mail address immediately, numbered and saved and then your e-mail will be deleted.** This is to ensure that your reply stays anonymous and confidential.

If you are willing to participate in this study please sign the attached Participant Declaration of Consent and e-mail back to the Principle Investigator.

INSTRUCTIONS FOR COMPLETION OF THE QUESTIONNAIRES

1. Open the attached Demographic and Ethics Questionnaire and complete according to instructions.
2. Save your completed questionnaire under research.elize on your computer.
3. Please compose a new e-mail and attach your completed questionnaire.
4. Sign and also attach your completed Participant Declaration form.
5. Please e-mail both to research.elize@gmail.com on or before 17 September 2010.

PLEASE DO NOT REPLY TO ADSA BUT TO THE RESEARCHER AT THE E-MAIL ADDRESS SUPPLIED

Please do not hesitate to e-mail me with any queries at research.elize@gmail.com.

Yours sincerely

**Mrs EA Craucamp
Principal Investigator**

APPENDIX 6
POSTAL PARTICIPANT INFORMATION LETTER

PARTICIPANT INFORMATION LEAFLET

TITLE OF THE RESEARCH PROJECT:

Do registered South African dietitians require standardised ethics update courses to comply with CPD requirements for ethics points?

ETHICS REFERENCE NO: N/10/04/132

ADDRESS:

Division of Human Nutrition, Department of Interdisciplinary Health Sciences, Stellenbosch University

Dear Colleague

My name is Elize Craucamp and I am currently undertaking studies for my Master's Degree. I would like to invite you to participate in a research project that aims to investigate the demand for standardised ethics update courses amongst dietitians registered in South Africa with the HPCSA. I would like to encourage participation as the results will benefit all South African registered dietitians

Please take some time to read the information presented here, which will explain the details of this project, and contact me if you require further explanation or clarification of any aspect of the study. Also, your participation is **entirely voluntary** and you are free to decline to participate. If you say no, this will not affect you negatively in any way whatsoever. You are also free to withdraw from the study at any point, even if you do agree to take part.

This study has been approved by the Health Research Ethics Committee (HREC) at Stellenbosch University and will be conducted according to accepted and applicable **national and international ethical guidelines and principles, including those of the international Declaration of Helsinki, October 2008.**

You will receive a self-administered questionnaire in the post. **Please do not fill in your name, address or other contact details to ensure that your questionnaire remains anonymous. If you received this letter via post, your questionnaire and signed declaration form will be detached from one another.** This is to ensure that your reply stays anonymous and confidential.

If you are willing to participate in this study please sign the attached Participant Declaration of Consent and send back to the Principle Investigator.

INSTRUCTIONS FOR COMPLETION OF THE QUESTIONNAIRES

1. Complete the Demographic and Ethics Questionnaire according to instructions.
2. Sign the Participant Declaration Form.
3. Post both the Questionnaires and the signed Declaration in the self-addressed envelope provided before end September 2010.
4. Please e-mail the Principle Researcher at research.elize@gmail.com with any queries or write to me using the envelope provided.

Yours sincerely

**Mrs EA Craucamp
Principal Investigator**

11-MAY-2010 08:40 From:HUMAN NUTRITION

0219332991

To:+1000

P.1/2



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06 May 2010

MAILED

Mrs EA Craucamp
Department of Human Nutrition
Tygerberg Hospital
Parrow
7500

Dear Mrs Craucamp

Do Registered South African Dietitians Require Standardised Ethics Update Courses to Comply with CPD Requirements for Ethics Points?

ETHICS REFERENCE NO: N10/04/132

RE: APPROVAL

It is a pleasure to inform you that a review panel of the Health Research Ethics Committee has approved the above-mentioned project on 06 May 2010, including the ethical aspects involved, for a period of one year from this date.

This project is therefore now registered and you can proceed with the work. Please quote the above-mentioned project number in ALL future correspondence. You may start with the project. Notwithstanding this approval, the Committee can request that work on this project be halted temporarily in anticipation of more information that they might deem necessary.

Please note a template of the progress report is obtainable on www.sun.ac.za/rds and should be submitted to the Committee before the year has expired. The Committee will then consider the continuation of the project for a further year (if necessary). Annually a number of projects may be selected randomly and subjected to an external audit.

Translations of the consent document in the languages applicable to the study participants should be submitted.

Federal Wide Assurance Number: 00001372
Institutional Review Board (IRB) Number: IRB0005239

The Health Research Ethics Committee complies with the SA National Health Act No.61 2003 as it pertains to health research and the United States Code of Federal Regulations Title 45 Part 46. This committee abides by the ethical norms and principles for research, established by the Declaration of Helsinki, the South African Medical Research Council Guidelines as well as the Guidelines for Ethical Research: Principles Structures and Processes 2004 (Department of Health).

Please note that for research at primary or secondary healthcare facility permission must still be obtained from the relevant authorities (Western Cape Department of Health and/or City Health) to conduct the research as stated in the protocol. Contact persons are Ms Claudette Abrahams at Western Cape Department of Health (healthres@pgwc.gov.za Tel: +27 21 483 9907) and Dr Hélène Visser at City Health (Helene.Visser@capetown.gov.za Tel: +27 21 400 3961). Research that will be conducted at any tertiary academic institution requires approval from the relevant hospital manager. Ethics approval is required BEFORE approval can be obtained from these health authorities.

06 May 2010 14:32

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Fakulteit

Faculteit van Gesondheidswetenskappe



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Afdeling Navorsingsontwikkeling en -steun • Division of Research Development and Support
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11-MAY-2010 08:41 From: HUMAN NUTRITION

0219332991

To: +1000

P. 2/2



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Approval Date: 06 May 2010

Expiry Date: 06 May 2011

Yours faithfully

MS CARLI SAGER

RESEARCH DEVELOPMENT AND SUPPORT

Tel: +27 21 938 9140 / E-mail: carlis@sun.ac.za

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06 May 2010 14:32

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17 May 2011

MAILED

Mrs EA Craucamp
Department of Human Nutrition
Tygerberg Hospital
Parrow
7500

Dear Mrs. Craucamp

Do Registered South African Dieticians Require Standardised Ethics Update Courses to Comply with CPD Requirements for Ethics Points?

ETHICS REFERENCE NO: N10/04/132

RE : PROGRESS REPORT

At a meeting of the Health Research Ethics Committee that was held on 16 May 2011, the progress report for the abovementioned project has been approved and the study has been granted an extension for a period of one year from this date.

Please remember to submit progress reports in good time for annual renewal in the standard HREC format.

Approval Date: 16 May 2011

Expiry Date: 16 May 2012

Yours faithfully


MRS MERTRUDE DAVIDS
RESEARCH DEVELOPMENT AND SUPPORT
Tel: 021 938 9207 / E-mail: mertrude@sun.ac.za
Fax: 021 931 3352

17 May 2011 14:23

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