EDITORIAL

Compulsory community service for dietitians – monitoring and mentoring

In South Africa eight universities offer a recognised and accredited degree programme in dietetics/human nutrition that consists of both theoretical and practical (including internship) training. A graduate in dietetics/human nutrition is therefore a professional who has successfully met the recommended specific outcomes regarding professional training for entry-level dietitians for registration in South Africa.[1] These outcomes are in accordance with the scope of practice for dietetics (Act 56 of 1974; section 33(1)). However, only after completion of the compulsory community service are such graduates legally entitled to register with the Health Professions Council of South Africa (HPCSA) (Act 89 of 1997).

The stages of professional growth allow for development from being a novice (didactic exposure), to progressing on to beginner (supervised practice), to being competent, to being proficient, to being an expert.[2] Pre-professional dietetics education provides the learning environment for students to develop foundation knowledge and skills, while the supervised practice experience and internship training provides the learning environment to build on this foundation and progress from beginner to entry-level competence. The year of compulsory community service falls within the period of supervised practice. It allows the young, inexperienced dietitian to develop skills and critical thinking as well as professional behaviour and a work ethos, and therefore ought to add to the competence of the professional. However, these values can only be added to the professional growth and development of the young dietitian if the supervision and guidance of the community service professionals is adequate, sustainable and appropriate.

The main objective of compulsory community service for all the different categories of health professionals is to ensure improved provision of health services to all South Africans by attempting to distribute heath professionals throughout the country on an equitable basis.[3] For this to be achieved, sustainable strategies ought to be formulated for the recruitment and retention of health professionals in rural and underserved areas. Although recruitment and retention of personnel falls beyond the scope of this editorial, community service for dietitians nevertheless may be partially seen as affording the opportunity of providing health services to all, albeit for a limited period.

The *monitoring* of community service delivery within a framework of effectiveness, efficiency and continuity, and the *mentoring* of the community service appointee/mentee, are of crucial importance in ensuring improved provision of health services and sustainability of services to those who need them. Mentoring can be defined as a set of behaviours that provides guidance and support in career development,[4] as well as monitoring performance.[5] Currently it is left to the provinces to monitor community service delivery by dietitians. In some provinces a quarterly report on each dietitian has to be sent in to the Directorate of Nutrition. Once the appointee has completed the contractual community service, a report, prepared by the supervisor, has to be submitted to the HPCSA. This report serves as proof of the successful completion of community service and allows the health professional to register with the HPCSA to practise as an independent practitioner (P Magagula, Department of Health – personal communication on monitoring of compulsory community service for dietitians, March 2006). However, the extent to which community service in dietetics meets the professional needs of those who offer it remains largely undefined.

In this issue of *SAJCN* Visser *et al.*[6] report that 79% of dietitians received orientation in their new work environment. Orientation was provided for more than 5 days in only 24% of cases, and by dietitians in 68% (doctors, food service managers, nurses and a variety of other personnel also conducted orientation). The majority of participants (53%) had to report to a dietitian, while the rest reported to other personnel. Support and guidance varied, with only 45% of the study population reporting that their supervisors had a comprehensive insight into the professional capabilities of a dietitian. In this regard, Philippou *et al.*[7] found that the existence of a mentoring programme and the support of an appropriate mentor influenced job satisfaction among dietitians (University of Pretoria graduates only) who did their community service in 2003. One of the responsibilities of a mentor is to help the beginner to carry out tasks successfully, and according to expectations;[4] the higher the achievement of expectations, the higher the yield of satisfaction. Philippou *et al.*[7] also reported that a high level of job satisfaction was associated with a high level of job involvement. In another study, which investigated the perceptions of the mentors (N = 12) who had mentored the community service dietitians (University of Pretoria

graduates), it was reported that although mentors had a positive attitude towards community service and their involvement in it, they had identified actual ethical concerns that reflect on the need for training and support of the mentors themselves.[8]

Training and support of mentors have to focus on four main types of dilemmas:[9]

- **Professional integrity.** This dilemma concerns the mentor him/herself and relates to the application/ implementation of professional standards, rules and criteria for the profession. If these are well communicated and clearly understood by the individuals concerned, appropriate professional behaviour would be expected to prevail.
- **Detached involvement.** This dilemma concerns the mentor-mentee relationship. It implies on the one hand an intensive dedication of the mentor and involvement with the mentee to ensure growth and development of the mentee, but on the other hand a degree of objectivity, experience and strictness that creates a certain detachment on the part of the mentor.
- **Ambivalent manipulation.** This dilemma concerns the aim, content and extent of the training that can form part of the community service delivery. The ambivalence is about influencing the mentee's attitudes and behaviour, which can be seen as a violation of the mentee's dignity. However, effective change (for the better and for the sake of professional service delivery) can only be achieved through the positive manipulation associated with appropriate training.
- **Accepted responsibility.** The core of this dilemma lies in expectations, of both mentor and mentee, concerning expected work output (the what?, how?, when? questions). The solution lies in improved and more open communication, which necessitates well-defined communication channels. Ethical dilemmas ought to be anticipated and recognised by the mentor. This is an important responsibility of the mentor as moral, juridical and professional norms could be implied and/or affected.

Compulsory community service, because of its benefits, is here to stay: it addresses the need for the distribution of health services in an equitable manner, and it creates an opportunity for the inexperienced health professional to become more experienced and competent (gain in knowledge and skills). The findings of Visser *et al.* describe it overall as positive and worthwhile.[6] The challenge, however, lies in the creation of innovative and diligent monitoring and mentoring of community service for dietitians, which will also provide meaningful feedback to the training institutions to alert them of identified gaps in the knowledge, skills and attitudes of their graduates. Such a system will not only ensure that the communities served will be serviced appropriately, but also that the profession of dietetics, through relevant teaching and training, will derive greater benefit and insight in creating more appropriately trained dietitians.

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