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2011 Future Connections Summit on Dietetics Practice, Credentialing, and Education: Summary of Presentations on Shaping the Future of the Dietetics Profession

The 2011 Future Connections Summit on Dietetics Practice, Credentialing, and Education gathered 207 American Dietetic Association (ADA) members and practitioners from other professions around the country to help shape the future of the dietetics profession with the mission of providing a forum to bring together educators, practitioners, and employers to explore a future vision for educating, developing, and advancing dietetics practitioners.

A dozen professionals from disciplines spanning medicine to design thinking (a methodology for practical and creative resolution of problems or issues) shared their work with hundreds of Summit participants from seven regions around the United States through presentations between March 24 and 26, 2011—all hosted live via an online meeting center.

This article offers a summary of the presentations provided at the summit and used to facilitate discussion on the future of the dietetics profession.

CHANGES DRIVING THE FUTURE OF THE DIETETICS PROFESSION

Summit facilitator Marsha Rhea, MPA, offered the initial presentation the morning of March 24 titled “Future Search: Future Connections—Summit on Dietetics Practice, Credentialing and Education.” Rhea, consultant and president of Signature i, LLC, Alexandria, VA, offered a sys-

temic view of the future of dietetics, distinguishing between what she termed an “official future” and the “provocative future,” which takes into account disruptions, unexpected roadblocks, and surprising innovations. The 10 change drivers impacting the practice, education, and future credentialing of dietetics were based on the Commission on Dietetics Registration’s Workforce Demand Task Force-sponsored “Future Changes Driving Workforce Supply and Demand, Future Scan 2011-2021” (1). Change drivers included:

- education within the workforce;
- the need for interdisciplinary teaming;
- the question of whether registered dietitians (RDs) should be generalists or specialists;
- the population’s own health risk factors and ongoing nutrition initiatives;
- personalized nutrition plans;
- changes within the food industry;
- an aging population base;
- increased diversity in the population and workplace;
- increased technology; and
- health care reform legislation.

Within the scope of future practice, demand for dietetics and nutritional

expertise should increase as the American population ages and more attention is given to wellness through health care reform legislation. Concomitant with increased demand we should see increased career opportunities. In addition, RDs will want to become adaptable generalists, developing what Rhea termed “a portfolio career” as “serial specialists” (individuals who, instead of spending 30 years with one employer, make a career out of numerous jobs, edging their way upward by re-educating themselves as needed). The RD’s workplace will become more interdisciplinary as technology broadens the reach of each RD, just as it broadened the reach of summit participants. Networking will continue to be a necessary and highly prized skill for those wanting to remain active agents of change.

The future of education must reflect changes within the profession. Continuing education within the workforce must be coupled with lifelong learning to keep pace with advancements made within health care and technology. Alternatives to traditional classroom-based education, as well as different pathways to registration and credentialing, will have to emerge as the lock-step status quo

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Final Report: 2011 Future Connections Summit on Dietetics Practice, Credentialing, and Education

The final report created through the Summit provides in-depth details to the various discussions that occurred plus the 76 pilot initiatives generated during this historic event. This 126-page article was distributed to ADA organizational units on May 18, 2011, as a follow-up to the event. Members may access this document on ADA’s Web site at www.eatright.org/future-practice. For any questions about the report or the summit, please send an e-mail to: futurepractice@eatright.org.

does not fit a society now embracing distance-learning and nontraditional models. The goal of learning to learn will need to be reached as RDs work in transformative environments and engage different career paths within one lifetime.

Meanwhile, the issue of credentialing is crucial to professional relevance, Rhea explained. "Credentialing is very much about establishing a perceived value," she said. "How might you use credentialing to evolve the profession?"

Credentials provide a competitive edge in the job market, offering the sense of a guarantee toward quality of service. But this competency must be demonstrated as often as it is perceived, evolving perhaps into more practice-based research and documented outcomes.

Rhea described a "preferred future" in which RDs become "can-do diverse dietitians," able to handle the variety of issues facing the profession such as diversity in the client base and access to quality food. Making this happen, instead of letting it happen to the profession, will require action. "A vision is only a dream without a commitment to act," she said.

RD OPPORTUNITIES BASED ON INDUSTRY NEED

Lynda Fanning, MA, MPH, RD, recently retired as director of clinical nutrition of the University of Virginia Health System in Charlottesville, VA, presented informal polling research taken among dietetics employers, delving into the opportunities available to professionals based on industry needs. Employers polled suggested the dietetics profession strengthen its clinical path by including more science courses at the undergraduate level in coordination with a focused curriculum path in dietetics practice. Education needs to be career-oriented versus job-oriented, preparing a mindset for ongoing critical thinking skills. Undergraduates should come to the workforce "master's prepared," meaning having completed additional studies toward the completion of graduate degree and ready to initiate graduate-level work as needed, and able to contribute to a cultivated therapeutic presence (consciously being with a client in an emotional and psychological

sense—guiding a patient into revealing information to facilitate the process of the patient's discovery regarding new health choices and behaviors, and insights into effective ways to cope; resulting in the practitioner being able to make a more accurate diagnosis and prescribe an appropriate therapeutic approach).

Future RD candidates will most likely be older and more diverse, driving the need for continuing education models and flexible programming. Fanning herself noted she rebooted her career while in her 40s, obtaining a second undergraduate degree and additional graduate degrees, to become an RD. Many RDs find themselves progressing from one job to another, as opposed to seeking a lifelong career with one organization.

"So I applaud the direction that we're going in," she said regarding discussions about online degree programs and nontraditional educational models. The days of large lecture halls filled with passive listeners are being replaced by learning studios where teachers act as facilitators. In point of fact, that's more akin to the manner in which workplaces are operated.

The food system, which Fanning said is often described as broken, needs to be addressed with RDs at the table. Access to quality food at all income levels needs to be addressed with consideration given to social justice and the humane treatment of animals balanced with food safety and security. Because the average age of American farmers is now 57 years, discussions need to be conducted regarding long-term supply of foods. The future of nutrition is one in which many disciplines will work together, and RDs need to be prepared to lead that charge. The coming years might bring a shift from the traditional idea of an "eater's responsibility" to a more positive-eating environment in which making healthy food choices is easier. The idea of an eater's responsibility is that consumers must choose among an assortment of nutritional options that span the range of value. It is currently up to consumers to educate themselves about the choices they should make. From labeling laws to healthy vending programs and policies, such as the 2012 Farm Bill, the country is trying to position good nu-

trition within a closer reach for people.

"In the future, there will be different ways of shopping," she said, optimistic that those changes will be in favor of nutrition. New professional opportunities will emerge as well. Among those Fanning noted is the developing program FOOD CORPS, a 501(c)(3) nonprofit facilitated by the National Farm-to-School Network, a joint initiative of the Center for Food and Justice at Occidental College and the Community Food Security Coalition (2). The Hunger and Environmental Nutrition dietetics practice group's School-to-Farm Program is rife with opportunities, she said.

ALTERNATIVE EDUCATION

Joye Norris, EdD, professor of education at Drury University, Springfield, MO, addressed the issue of alternative education with her presentation "Novel Approaches: From a Teacher-Centered to a Learner-Centered Approach to Education."

"We educators do too much of the work of learning while our learners do too little, although they are capable of so much more," she said, speaking from more than 20 years experience both in the classroom and working with extension educators, as well as social services agencies.

In teacher-centered approaches, the educator comes with the question: "What do I need to do to teach this information?" Meanwhile, in a learner-centered classroom, the educator asks: "What do they need to do to learn this information?"

Drawing inspiration from the 19th century naturalist John Muir, she stated, "When we try to pick out anything by itself, we find it hitched to everything else in the universe." Norris juxtaposed a list of examples illustrating the difference between teacher-centered and learner-centered approaches. Instead of the teacher's voice dominating the classroom, a learner-centered atmosphere is one in which all voices are raised routinely, most often in small groups and pairs. Instead of actively telling students what to notice, a learner-centered atmosphere is one in which students are asked what they notice. Instead of calling on students to answer questions, the practice of "voice by choice" can be used. Teachers can shift their

perspective from asking about things to asking the question “how.” Switching from recall-oriented questions to ones more open-ended and analysis-based was also encouraged. Whereas in a teacher-centered approach, interaction is primarily between the teacher and one student at a time, a learner-centered atmosphere fosters interaction between numerous students simultaneously.

Citing Maryellen Weimer’s work, “Learner Centered Teaching,” Norris explained, “Being learner-centered focuses attention squarely on learning: what the student is learning, how the student is learning, the conditions under which the student is learning, whether the student is retaining or applying the learning, and how current learning positions the student for future learning.”

Norris offered examples of how this approach can be used in a variety of nutrition scenarios. Courses would be formatted to include lectures with question and answer periods, panel discussions, and a variety of concurrent sessions.

“On completion of this program, the participants should be able to: explain the importance of Dietary Reference Intakes for framing nutrition policy at national, state, and local levels; describe federal child nutritional program requirements; identify opportunities to support child nutrition programs [and create] healthier environments [for] children; state the key components of effective nutrition education; describe a systematic process for designing nutrition education.”

PROXIMITY OF DIETETICS TO OTHER HEALTH CARE PROFESSIONS

Colleen Kigin, DPT, FAPTA, chief of staff at the Center for Integration of Medicine and Innovative Technology in Boston, MA, presented information from the profession of physical therapy, noting the number of similar issues faced by both physical therapists and RDs. The models in place in professions, such as physical therapy, offer insights into possibilities within nutrition. In fact, the American Physical Therapy Association (APTA) has a lot in common with the ADA in terms of readying for future challenges. In February 2009, the APTA hosted a similar meeting, the Physical Therapy and Society Summit

(PASS), in which it outlined future initiatives.

APTA’s vision for its summit targeted directing the profession internally, asking members “Who are we, what should we become?” Meanwhile, the external perspective was also examined to determine future focus and responsibility. The mission of PASS was stated to be: “PASS will determine areas of opportunity to empower physical therapists to be leaders in integrating innovative technologies and practice models and establish collaborative interdisciplinary partnerships that address current, evolving, and future societal health care needs.”

That summit yielded an adjustment of the organization’s overall paradigm of care, while identifying major opportunities and course corrections. Specific possibilities for education, practice, and research were also identified as well as the establishment of a method for prioritizing opportunities.

Paradigms of care were identified as: A period of self identity, a period of patient-focused identity, and a period of societal identity. To illustrate, Kigin showed a circle titled “I the PT” surrounded by a larger circle titled “PT and the Patient.” This circle joined another containing four rings: Society, community, health care team, and physical therapist, and finally at the center, consumer.

“Patients are not just patients,” she said. “They are our consumers. They become the drivers.”

Major opportunities presented within the field include the chance for physical therapists (PTs) to become leaders in prevention and wellness, as well as advancing the development and implementation of new technologies. PTs also need to lead multidisciplinary collaborations that cross education and research, as well as drive a new vision of health care delivery.

Becoming “leaders in wellness” means transcending the roles of responders and followers, she said. While the profession’s traditional life-line has been focusing on disability and impairments, it now must move into the area of prevention and wellness. PASS attendees observed that they are not traditionally known as advocates for lifelong wellness, and their educational preparation and practices are not well aligned.

Looking to become innovators in technology, PASS participants said they must “define ourselves as collaborators to innovate and use technology.” Issues involved in this ranged from fear of being replaced by the technology they design to partnering more heavily with engineers. Participants also noted a need to break down the silos across their own profession and understand the value of strategic alliances. RDs were named by participants as professionals with whom PTs can make potentially strong alliances.

With regard to the new consumer-oriented market of health care, PASS recommended that PTs “assume a model that the ‘patient’ is a lifelong consumer, in the center and in the driver’s seat.” Presently, the practitioner is in the driver’s seat and patients do not own, or have access to, their own medical records. The summit recommended that PTs structure their education and practice around the idea that patients and clients are in fact consumers.

A need to address changes in education was also discussed, as PASS advised PTs to reorient their training to focus on the consumer as a center point, and add courses such as genomics, molecular science, behavioral science, health services research, information technology, and interdisciplinary clinical work to the preparation model.

The similarities between the nutrition and physical therapy profession were noted in discussions throughout, particularly in the area where both fields are intertwined in work settings and opportunities for collaboration abound. The need for educational programs to reflect the changing needs of the professions was also noted, as both are faced with the new paradigm of consumer orientation rather than one in which patients are directed. The need for more interdisciplinary education and perhaps even liberal arts courses was addressed in both fields.

BROADENING UNDERGRADUATE EDUCATION

Nathan Kase, MD, professor of obstetrics, gynecology, and reproductive science at the Mount Sinai School of Medicine (MSSM), New York, NY, likewise addressed the topic of a

broader education base as he explained the structure of the school, which has a traditional track and a unique track (that emphasizes a liberal arts background for its physicians). Referring to a study published in the *Journal of Medical Education* (3), Kase explained the origins of this particular Mount Sinai medical education program came as physicians noted a need for more liberal arts background in medical students.

Recommendations made in a 1984 article titled "General Professional Education of the Physician and College Preparation for Medicine in the 21st Century" (4) called for a broadened undergraduate experience, to include the natural and social sciences as well as humanities. The issue would have to be solved by modifying admissions requirements to allow for this, he explained.

Among the recommendations was, "College faculties should make the pursuit of scholarly endeavor and the development of effective writing skills a requirement," and "Medical school admissions committees should make final decisions using criteria that appraise students' abilities to learn independently, to acquire critical analytic skills, to develop attitudes essential for members of a caring profession, and to contribute to the society of which they are a part."

Additional rationalizations for broadening what had traditionally been a science-oriented curriculum was that leisure, yet mentored, reading, brings additional insight and intensity into peoples' lives, replacing the "unlived, inexperienced, surmised, personal intuitive judgments of a postadolescent." The value of leisure reading, he said, is that it broadens one's experiences and makes for a well-rounded person. Courses in the humanities and social sciences should also prepare physicians for what to look for in others, as well as developing communication skills that informs them of personal preferences and individual prejudices, the article stated. These articles also described a "pre-med syndrome." This behavior was described as being sometimes divisive and even uncivil in its competitive nature. This is aggravated by a number of factors. Some of those include medical school admission emphasis on outstanding performance in science grade point average and the

Medical College Admission Test scores, involvement in science courses beyond traditional science studies and all-nighter cramming before tests for grades. The traditional medical school favored a "testocracy" over cultivation of true scientific curiosity. Also, the process of assessing students' performance by tests focused on the memorization of current knowledge, a problem given that life science is not static. This was described as undesirable because the understanding of science is not presented as the portal of entry through which the wonders of biomedicine can be engaged, rather it is distorted into a set of obstacles to be surmounted, functioning solely as a filtration mechanism by which admissions committees select applicants.

The MSSM thus launched its Humanities and Medicine Program (Hu-Med). This program is targeted to undergraduate sophomore liberal arts majors with a minimum grade point average of 3.5 with Scholastic Aptitude Test (SAT) verbal scores a minimum of 650. To qualify, the participants had to remain liberal arts majors, but were required to take at least 1 year of general biology and chemistry, earning a minimum of a 3.0 in both. They would also participate in an 8-week summer program at MSSM between their junior and senior year that would include clinical service rotations in all specialties, seminars in medical topics, and an abbreviated course in organic chemistry and physics as it pertained to medicine. Given a successful completion of these requirements, the students were brought into the medical school upon graduation.

According to Kase, outcomes analysis from 2003 to 2007 demonstrated that liberal arts majors with those additional courses did perform as well or better than their classmates in rates of graduation from medical school, clerkship, test scores, and additional awards. Kase said the traditional pre-med curriculum was not essential for successful completion of a medical school curriculum. In point of fact, "the HuMed contributions to the school, the community, pursuit of independent research, and choice of future primary care training, it appears something positive may have been added." For some undergraduates, the traditional pre-med curriculum is a limiting, nonbeneficial, nonessen-

tial barrier to studying medicine, the article added, noting that "radical change, initiated from the bottom-up, carefully planned and validated, is feasible and achievable."

Kase noted during his talk that science professors and even undergraduate administrators had been dubious about the program. Changes to educational curricula will often face resistance, but over time that has been overcome as graduates return to their alma maters and discuss their success. The program's applicability to a changing dietetic future was clear to participants, who sought to implement various ideas throughout the regional discussion forums.

DISTANCE LEARNING

Deborah D. Canter, PhD, RD, LD, professor and graduate program director for Kansas State University's hospitality management and dietetics program, in Manhattan, KS, offered another perspective on changing educational models, advising colleagues in her presentation "The Future is Online: Distance Education in Dietetics."

Manhattan, KS, she joked, is "equidistant from nowhere," which helped foster its initiative to lead the way in distance learning. Budget cuts in the 1990s forced the program to consider online programs and the university obtained a grant for such development in August of 1995. Their first students to graduate with bachelor's degrees in dietetics by distance came in August 2001, and by July 2008 their first graduate program in dietetics was approved.

Kansas State University is now part of the eight-university consortium, which comprises the Great Plains Interactive Distance Education Alliance (IDEA)—Colorado State University, North Dakota State University, Iowa State University, Oklahoma State University, Kansas State University, South Dakota State University, the University of Nebraska at Lincoln, and the Kansas University Medical Center. This program allows graduate students to take online courses offered by each of the different universities toward a degree with one of them. This represents a cost savings for each school as well as opportunities for collaboration. The consortium now has nine different

undergraduate degrees and multiple graduate programs.

“So, success breeds success,” she said, pointing out that before online learning became a norm, numerous naysayers tried to discourage the idea.

Canter’s presentation was grouped with discussions from other “trailblazers” who shared their personal experiences with colleagues around the country. From practice models, to education to credentialing, the future of dietetics was under discussion by those shaping it today.

TRAILBLAZING THE FUTURE OF A PROFESSION

Colleagues noted as trailblazers were also featured in the series of presentations, each offering an outline of their work and suggestions for the profession.

In the Media

Ellie Krieger, MS, RD, *The New York Times* bestselling author and host of the television show “Healthy Appetite” on the Food Network, shined light on potential trails others might blaze with her presentation. In addition to maintaining an active presence both online and in print, Krieger serves as a contributing editor for *Fine Cooking* magazine, *Women’s Health* magazine, as well as the Food Network’s own magazine. From the time she earned her undergraduate and postgraduate degrees from Cornell and Columbia Universities, respectfully, she wanted to be a dietitian in the media.

“I knew there wouldn’t be an ad in *The New York Times* for a nutritionist in the media, so I would have to carve out my job,” she said.

While participating in an internship at the CBS network, she learned the art of pitching ideas and making press kits, an aspect of self-promotion necessary in that realm of the field, she said. The credentialing of an RD is “the gold standard” in nutrition, she said, noting it’s hard-earned. In some cases, people with an interest in nutrition become discouraged in the face of credentialing because of the clinical experience required and the internship process. The science-based background has been of great value to her own career, even if

she’s focused her work away from the clinical realm and into the media, she added. RDs can be chefs, authors, and community educators, but going after the goal is the key.

“The future of food and nutrition is multifaceted,” she said. The range of opportunities is incredible given the public’s interest, but communication skills are requisite for success. In her current position, Krieger employs other RDs and said writing skills seem to be lacking. “It’s a critical communication skill,” she said, suggesting that undergraduates studying nutrition would be well served to incorporate that into their studies. Basic cooking skills are also important, and while the science background of an RD is essential, a clinical career path is not necessarily the right fit for everyone. Despite being counseled to do clinical, Krieger chose to go against this advice and do something truly unique.

In Medical Research

Back to the clinical setting, Gail Cresci, PhD, RD, LD, CNSD, explained just how far one can go in the realm of medical research. After her undergraduate work in dietetics at the University of Akron in Ohio, Cresci accepted a commission in the US Army where she completed her dietetics internship at Walter Reed Hospital. Now a researcher at the Cleveland Clinic and published author, she described a career that took her right into surgical operating rooms and classrooms as a professor teaching medical students, places some thought unreachable by an RD.

“As a trailblazer you’re always out there on your own. You’re on the island and sometimes it can be a little lonely,” said Cresci.

The experience of serving as an Army dietitian was valuable given the diversity of work, which ranged from clinical research to day-care and school lunch programs. The military values its dietitians and her workload was heavy from the beginning, she said, greatly crediting the internship with her future success. After her discharge in 1994, Cresci accepted a position at the Medical College of Georgia working with a general surgeon, eventually earning the title Nutrition Support Dietitian at the school’s surgery department. In the meantime,

she accepted a teaching position instructing first- and second-year medical school students, then third- and fourth-year students. The experience at the medical school was challenging in many regards, as Cresci explained that the atmosphere was opposite that of the Army in many ways. Whereas military personnel respected and listened to her as an expert, surgeons and other faculty at the school were very different. In some cases surgeons did not even read her notes, she recalled, adding that by the time she left, however, she was also placed in charge of training nurses, thus paving the way for future RDs there.

But the route from RD to professor was not made overnight, nor was it made with ease. While working at the school, she got a taste for research, at first to simply answer common questions. Those questions and that research led to an online master’s program and eventually her PhD in biochemistry. While working on her PhD she initiated her own clinical practice and with that, entered the world of pay justification. The ability to get reimbursement for services is obviously crucial to offering them, and this can be achieved through documentation and outcomes analysis, she said. Another key is to be able to bill for services independently, a process made possible only by the use of her credentials, she said.

Along the way, older RDs sometimes seemed threatened by her initiative, particularly in the clinical setting where she was willing to be hands-on and place feeding tubes in patients. But others were supportive, particularly among physicians who saw with their own eyes the product of her work ethic.

In Private Practice

For those considering a launch into private practice, Lucille Beseler, MS, RD, LD/N, CDE, said the trail is rough but worth it. “Owning my own business is my proudest accomplishment,” she said of the organization, the Family Nutrition Center of South Florida, Margate, FL, which now employs six full-time RDs and 35 RDs on a part-time basis. But her work hours regularly exceed 60 per week, and she said the Family Nutrition Center

grew from her own eclectic background.

While working as an RD in New York, her career included pediatric and adolescent nutrition in children's hospitals, as well as service as the chief clinical dietitian for a commercial foodservice company. In 1991 she decided to relocate to Florida. While she wanted to stay in the field of child and adolescent nutrition, she wanted to avoid hospital work and chose the route of independent practitioner. Her first office was a room so small three people couldn't stand inside it at the same time, she joked. But even in the early 1990s, childhood obesity was a big topic of concern, and so Beseler began a practice she continues today, going door-to-door visiting pediatricians and networking for work. Along the way, she learned that patients prefer their care to be covered by insurance. While pediatricians were excited about using her services, the big challenge was navigating Florida's health maintenance organization- (HMO)-dominated market. This was achieved as pediatricians and subspecialists, with whom she was working, helped get her into their networks through referrals. Physicians wrote letters of support on her behalf and she became termed a "Pediatric RD" to get through the doors of the HMO system. By this point, her caseload had grown to the point she required a secretary, and her business continued to grow.

"You need many streams of income to make your business successful in this day and age," she said, explaining the variety of services an RD can offer. While Beseler continued to specialize in pediatric nutrition, she realized adults also needed the services, and with this idea came her first part-time employee who was followed by more.

In addition to the clinical work, Beseler ventured into publishing as she co-authored "Nurturing with Nutrition: Infants and Toddlers."

"Self-publishing a book is a challenge and filled with many lessons," she said, explaining that writing is the easy part. Selling the product is hard work, and for those authors who are publishing their own work, sales of 4000 books is quite an accomplishment. For future projects, she said hiring a marketing firm to help promote the book would be a wise invest-

ment as it leaves her to do what she does best, generating income by working with patients.

In Business

Business careers come in many flavors, explained Marilyn Schorin, PhD, MS, MPH, RD, FADA, principal of Schorin Strategies LLC., as she advised colleagues to be passionate about their work.

Before founding her own consulting firm, Schorin served as the Chief Nutrition and Regulatory Officer of Yum! Brands, after years of work with organizations ranging from Weight Watchers to Pepsi. Her interest in sports nutrition led her to help found the Sports Cardiovascular and Wellness Nutrition (SCAN) dietetics practice group.

"Be passionate. You'll probably hear that in my voice. I am very passionate about the things I do and I am very passionate about the field," she said, encouraging others to be proactive and resourceful.

Dietetics is more than a job, it's a lifestyle, she said, emphasizing the need to stay true to the field's scientific base. Recounting projects at Pepsi involving high-fructose corn syrup, she said it's imperative that those making the decisions understand the difference between fructose, glucose, and sucrose. While working at Weight Watchers, Schorin noticed that the low-calorie menus of the 1980s often lacked nutrients, vitamins, and minerals needed. Again, the contributions that helped advance her career were made thanks to her background in the sciences.

And having the courage of one's convictions can be tough in those business environments, she acknowledged, describing the difficulty in explaining problems with *trans* fats to executives at Yum! Brands, which owned, among other restaurant chains, Kentucky Fried Chicken.

"As you can imagine, I was met with a lot of skepticism," she said. Concerns about *trans* fats had not yet hit the mainstream media, but Schorin said she foresaw what would eventually become a topic of national concern. "A multimillion dollar project as you can imagine," she said, describing efforts she led to investigate different food preparation methods at a restaurant specializing in fried

chicken. Those efforts included studies comparing various seed oils, specialty farmers, and packaging methods. The issue of taste was crucial, as was the dynamic elements of public relations and the franchise owners who would have to implement the necessary changes. Handling the issue of *trans* fats at Yum! Brands turned out to be one of the biggest achievements of her career, she said.

But concern about people's health was a significant passion for Schorin, who lost both her parents at an early age to heart disease. Those concerns led her to get a PhD some 8 years after obtaining her masters, the last degree she once thought she'd ever need.

"I would encourage all of you to get as much education as you can," she said.

HOW DESIGN THINKING CAN INNOVATE THE PROFESSION

Gretchen Wustrack, a Project Lead at IDEO, said creating a culture of innovation is essential for growth in any field. IDEO is an award-winning design firm based in San Francisco, CA, which prides itself on bringing a human-centered, design-based approach to its clients. Launched 30 years ago, the company currently employs 550 people in eight global locations. With undergraduate degrees in industrial design from the Art Center College of Design in Pasadena, CA, and economics from Stanford University, Palo Alto, CA, Wustrack offered ideas from another discipline as she expressed inspiration at the technology used by this summit.

"Now more than ever, the world needs leaders in the field of nutrition," she said.

The concept of "Design Thinking" (see "The Design Thinking Process" sidebar) is a tool for answering seemingly simple questions such as: Who are we? What do we do? How do we create value for our customers?

"We believe anyone can use this process and be a Design Thinker to make an improvement in their world," she said, explaining part of the process is finding the intersection between what people desire and what is technically and fiscally feasible.

Along these design-thinking principles, Wustrack encouraged RDs to rethink a day in the life of a patient to

explore new ways to demonstrate their empathy for the patient. Also, be optimistic and work with the belief that at least one potential solution is better than the existing alternatives. Experiment with collaboration—working with professionals in multiple disciplines can help create better ideas and integrate solutions.

LEARNING FOR THE FUTURE

Following the educational presentations, facilitators noted the importance of the future. Who will be the trailblazers of tomorrow, some asked. In a profession such as dietetics where some 85,000 professionals are credentialed but only 40,000 are actively employed, the op-

portunity to shape the future is wide open and summits are good avenues toward the end. As Rhea offered in a concluding speech, if one wants to change a culture, change the stories its members tell, altering the heroes to the direction desired. The trailblazers of tomorrow are most likely at work today.

2011 FUTURE CONNECTIONS SUMMIT: KEY IDEAS FROM PRESENTATIONS

Presentation: Future Search: Future Connections—Summit on Dietetics Practice, Credentialing, and Education

Presenter: Marsha Rhea, MPA, consultant and president of Signature i, LLC.

Key Ideas: Offered systemic view of the dietetics profession's future

- Centered around 10 change drivers impacting practice, education, and future credentialing.
- Change drivers included education within the workforce; the need for interdisciplinary teaming; the question of whether RDs should be generalists or specialists; the population's own health risk factors and ongoing nutrition initiatives; personalized nutrition plans; changes within the food industry; an aging population base; increased diversity in the population and workplace; increased technology; and health care reform legislation.
- These changes create opportunities for RDs and DTRs, but professionals will have to be able to adapt to the changing climate.

Presentation: An Employer Perspective

Presenter: Lynda Fanning, MA, MPH, RD, retired director of clinical nutrition, University of Virginia Health System

Key Ideas: Presented feedback from employers about opportunities and challenges within the profession

- Employers polled suggested that the dietetics profession strengthen

its clinical path by including more science courses at the undergraduate level in coordination with a focused curriculum path in dietetics practice

- Undergraduates should come to the workforce with the idea of advancing to a master's program already in mind, as well as the ability to contribute to a cultivated therapeutic presence.

Presentation: Novel Approaches: From a Teacher-Centered to a Learner-Centered Approach to Education

Presenter: Joye Norris, EdD, professor of education, Drury University

Key Ideas: Addressed the issue of alternative education

- Teacher-centered approaches, the educator comes with the question: "What do I need to do to teach this information?" In the learner-centered classroom, the educator asks: "What do they need to do to learn this information?"
- Being learner-centered places focus squarely on learning: what the student is learning, how the student is learning, the conditions under which the student is learning, whether the student is retaining or applying the learning, and how current learning positions the student for future learning.
- Whereas the teacher's voice once dominated a classroom, a learner-centered atmosphere is one in which all voices are raised routinely, most often in small groups and pairs.

Presentation: Novel Approaches: Perspectives from Physical Therapy

Presenter: Colleen Kigin, DPT, FAPTA, chief of staff, Center for Integration of Medicine and Innovative Technology

Key Ideas: Presented information about the profession of physical therapy, noting the number of similar issues faced by both physical therapists and RDs

- Both fields are intertwined in work settings and opportunities for collaboration abound.
- The need for educational programs to reflect the changing needs of the profession.
- Both faced with new paradigm of consumer orientation rather than patients orientation.
- Need for more interdisciplinary education and perhaps even liberal arts courses.

Presentation: Novel Approaches: Mount Sinai School of Medicine

Presenter: Nathan Kase, MD, professor of obstetrics, gynecology, and reproductive science at the Mount Sinai School of Medicine

Key Ideas: Addressed the idea of a broader education base and structure of a liberal arts background in physicians

- Recommendations called for a broadened undergraduate experience, to include the natural and social sciences as well as humanities.
- College faculties should encourage the pursuit of scholarly endeavor and develop effective writing skills. This shift would include an appreciation for students' abilities to learn independently and analyze critically.

(continued)

- After launching the Humanities and Medicine Program, analysis demonstrated liberal arts majors with supplemental courses performed as well or better than their classmates in select indices.
- Evidence would appear to suggest that the traditional pre-med curriculum is not essential for successful completion of a medical school curriculum.

Presentation: The Future Is Online: Distance Education in Dietetics

Presenter: Deborah D. Canter, PhD, RD, LD, professor and graduate program director, hospitality management and dietetics program, Kansas State University

Key Ideas: Offered perspective on changing educational models

- Kansas State University is part of an eight-university consortium, which comprises the Great Plains IDEA.
- This program allows graduate students to take online courses offered by each of the different universities toward a degree with one of them.
- This represents a cost savings for each school as well as opportunities for collaboration.
- The consortium now has nine different undergraduate degrees and multiple graduate programs.
- Embracing opportunities presented by this technology can be tough at times, but the move opens doors to more students seeking entry into the field.

Presentation: Trailblazers in Dietetics Practice

Presenter: Ellie Krieger, MS, RD, author and TV personality

Key Ideas: Discussed experiences within the media

- Learning to pitch ideas, as well as create press kits and promote oneself is a key to success in that arena.
- Credentialing of an RD represents a recognized “gold standard” that helps break down barriers.
- RDs can be chefs, authors, and community educators, but going after the goal is the key.

Presentation: Trailblazers in Dietetics Practice

Presenter: Gail Cresci, PhD, RD, LD, CNSD, researcher at the Cleveland Clinic

Key Ideas: Detailed how far one can go in the realm of medical research

- Serving as US Army dietitian gave diversity of work, which ranged from clinical research to day-care and school lunch programs.
- Accepted position at Medical College of Georgia working with general surgeon, eventually earning title of Nutrition Support Dietitian at school’s surgery department.
- Career took her into surgical operating rooms and classrooms as a professor teaching medical students, places some thought unreachable by an RD.
- Got taste for research to simply answer common questions. Those questions and research led to graduate and postgraduate degrees. While working on her PhD initiated own clinical practice and entered world of pay justification.
- The ability to get reimbursement for services is obviously crucial to offering them, and this can be achieved through documentation and outcomes analysis.
- Another key is to be able to bill for services independently, a process made possible only by the use of her credentials.

Presentation: Trailblazers in Dietetics Practice

Presenter: Lucille Beseler, MS, RD, LD/N, CDE, founder, Family Nutrition Center of South Florida

Key Ideas: Detailed her experiences operating her own private practice

- Although she wanted to stay in the field of child and adolescent nutrition, she wanted to avoid hospital work and chose the route of independent practitioner.
- First office was a room so small three people couldn’t stand inside it at the same time.
- Childhood obesity was a topic of concern, so began visiting pediatricians door-to-door, networking for work.
- Learned along the way how to navigate the HMO-dominated Florida market and achieve entry into provider networks, which allowed her to access more patients and ultimately expand business.
- Realized adults also needed the services and decided to expand business.

Presentation: Trailblazers in Dietetics Practice

Presenter: Marilyn Schorin, PhD, MS, MPH, RD, FADA, principal of Schorin Strategies LLC

Key Ideas: Chronicled work in corporate positions and offered tips on staying true to your calling

- Be passionate about your work.
- Dietetics is more than a job, it’s a lifestyle—with emphasis on staying true to the field’s scientific base. The contributions that helped advance her career were made thanks to her background in the sciences.
- The courage of one’s convictions can be tough in business environments, especially when explaining problems to executives.
- Get as much education as you can.

THE DESIGN THINKING PROCESS

“Design thinking is a human-centered approach to innovation that draws from the designer’s toolkit to integrate the needs of people, the possibilities of technology, and the requirements for business success,” says Tim Brown, IDEO president and CEO.

Whereas an over-reliance on either analytical data or pure intuition leaves one vulnerable at both extremes, the design thinking process seeks a third way. The process is broken down into a set of three steps.

Inspiration—represents the problem or opportunity

- What issue you are attempting to resolve?
- Who is the end user?

- What will make this project a success?
- Review history of the issue and any existing obstacles
- Document previous attempts to resolve the same issue
- Discuss issue with your end-users (this brings about ideas for later design)^a

Ideation—the process of generating and testing ideas

- Identify needs of end-user
- Generate as many ideas to serve end-user needs
- Do not judge or debate ideas
- Combine, expand, and refine ideas
- Get feedback, end-user included
- Present ideas to client
- Remain neutral to ideas

- Review objective
- Set aside emotion and ownership of ideas
- Avoid consensus thinking
- Select the best ideas; don’t always have to be the most practical^a

Implementation—the path from project to reality

- Make task descriptions
- Plan tasks
- Determine resources
- Assign tasks
- Execute
- Deliver to client
- Gather feedback from end-user
- Determine whether solution met goals
- Discuss possible improvements
- Collect data; measure success
- Document^a

^aWikipedia. Design thinking. http://en.wikipedia.org/wiki/Design_thinking. Accessed July 15, 2011.

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