

## 2011 Future Connections Summit on Dietetics Practice, Credentialing, and Education: The Summit at a Glance

The 21st century is one in which registered dietitians (RDs) and dietetic technicians, registered (DTRs) benefit from being technologically advanced, and the American Dietetic Association (ADA) put that into practice at its 2011 Future Connections Summit on Dietetics Practice, Credentialing, and Education conducted March 24–26, 2011. The Summit was a collaborative effort between the Council on Future Practice, Commission on Accreditation for Dietetics Education, Commission on Dietetics Registration, and the Education Committee.

“Who in 1917 would have imagined the dietetics profession as it is today?” ADA President Judy Rodriguez (2010–2011) posed to 207 participants from California to New Jersey, all watching via a Web-based meeting platform. Rodriguez was among those offering opening remarks at the Summit, which had 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.

The country was divided into seven locations—Region 1 in Fresno, CA; Region 2 in St Louis, MO; Region 3 in Atlanta, GA; Region 4 in Dallas, TX; Region 5 in Naperville, IL; Region 6 in Baltimore, MD; Region 7 in Newark, NJ; as well as an eighth group of participants watching from their own offices, participating through secured chat rooms and Twitter feed. Each region was likewise equipped with a large screen on which the Webcast was

displayed. There, participants discussed questions focused on the presentations by the invited speakers. The Summit Oversight Workgroup (Jana Kicklighter, Riva Touger-Decker, Sandy Witte, Ellen Shanley, Matthew Nulty, and Susan Roberts; see Figure 1), the Summit facilitator, and ADA staff kept in contact with regional facilitators by text, cell phone, and e-mails. The screen showed not only the image of the speakers, but the PowerPoint slides they presented.

This article highlights the Summit’s events and offers a synopsis of its daily activities. The Summit featured in-depth discussions facilitated by leaders within the profession and the participating membership. The overarching theme probed what the future holds for individuals practicing within the dietetics profession, broaching main points such as practice, credentialing, and education. Participants were asked prior to attendance to not only bring their experience, but their priorities and thoughts on future challenges.

### THURSDAY, MARCH 24, 2011

On Thursday, March 24, inside ADA’s Boardroom at its Chicago, IL, headquarters, dubbed Summit Central, a dozen participants connected to the Internet and staff prepared Webcams and a large screen at the front of the room.

Marsha Rhea of Signature i, LLC, a consultant, futurist, and author, facilitated the program from Chicago. “This is a bold adventure that we’re in, using technology to connect this group,” she said to the collective participants.

Judy Rodriguez spoke from Atlanta and explained the significance of this move forward. “There are not many things more important than the relevance of our profession, and the continuity of our profession,” she said. Speaker after speaker reinforced the idea that the very technology being used to host the Summit is essential to the profession’s growth.

Rhea offered the initial presentation titled “Future Search: Future Connections—Summit on Dietetics Practice, Credentialing, and Education,” created in collaboration with the Commission on Dietetic Registration’s Workforce Demand Task Force’s study “Future Changes Driving Workforce Supply and Demand, Future Scan 2011–2021.” In consideration of the social changes driving the profession’s future, Rhea explained the need for the profession to evolve, and that lifelong learning would be integral in that process.

Rhea’s presentation and those of others were followed by question and answer periods done by text message and chat. Each region assembled discussion points and suggestions relating to the presentations, uploading

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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](http://www.eatright.org/future-practice). For any questions about the report or the Summit, please send an e-mail to: [futurepractice@eatright.org](mailto:futurepractice@eatright.org).



**Figure 1.** Members of the Summit Oversight Workgroup (from left to right): Matt Nulty, RD, CDN; Riva Tougher-Decker, PhD, RD, FADA; Ellen Shanley, MBA, RD, CDN; Jana Kicklighter, PhD, RD, LD; Susan Roberts, MS, RD, LD, CNSC; and Marsha Rhea, CAE. Missing from the photo is Sandra Witte, PhD, RD.

those to a Google Docs page where Summit Central began merging them into what would become the final report for the process. The Summit Oversight Workgroup observed what would become a pattern throughout the Summit where participants seemed particularly oriented toward creating solutions for problems they've encountered in the profession. Consensus seemed apparent that interdisciplinary teaming and the use of technology would be required in coming years, but how those related to new credentialing and education processes were of primary interest.

A wrap-up broadcast was presented toward the end of the day with regions reporting back their prioritized opportunities for change as detailed throughout the day. Each facilitator had 5 minutes to summarize the first day's observations and ideas:

### Region 1

Region 1 facilitator Sonja Connor, MS, RD, LD, spoke from Fresno, CA, summarizing the group's prognosis that RDs will need continuing education as well as an international bridge for reciprocal registration. The expansion of an "international bridge for education and reciprocity for registration" would allow US practitioners to develop cultural competencies while increasing diversity among the profession. The need for expanded skill sets will require advances within dietetic education, more collaboration with other health care disciplines, as well as discussing innovative educational pathways for the RD.

### Region 2

Trisha Fuhrman, MS, RD, FADA, spoke from St Louis, MO, where her

group too had focused on the need for changes in education and the credentialing continuum. A challenge this region focused on was how to provide for more focus on specific areas of practice within the constraints of the undergraduate and graduate educational curricula. A particular challenge, noted the group, was the continuing expansion of food science and nutrition delivery systems, such that covering everything at the undergraduate level is difficult. Suggestions included providing more emphasis on food and nutrition at the undergraduate level, thus allowing students to focus on practice-specific areas at the graduate level before becoming RDs. The various flashpoints for postgraduate degrees within the continuum of education were addressed.

### **Region 3**

Catherine Christie, PhD, RD, LDN, FADA, reporting from Atlanta, GA, focused her group's discussions on exploring whether fast-tracking practice models for graduate and doctoral students can be used, and when they may be appropriate, for nontraditional students wanting to enter the field, such as nurses or physical therapists. Achieving this idea would require more alternatives to the traditional educational system, perhaps including fast-tracking practice models for graduate and doctoral students.

### **Region 4**

Carol Gilmore, RD, LD, FADA, facilitated in Dallas, TX, and also spoke to modification of educational standards—transforming continuing education requirements and altering initial requirements to become an RD are part of modifying the profession's credentialing programs. The team discussed the pros and cons of modifying the basic nutrition “core” (eg, food science, food safety, and chronic disease management), as well as what types of education should follow a modified core. For example, what would the national exam and subsequent credentialing “look like”? How would, could, or should it change? Other questions addressed were how to modify internships while demonstrating competency in newer areas.

### **Region 5**

Marsha Schofield, MS, RD, LD, in Naperville, IL, commented positively on previous discussions about the “portfolio career,” where future practitioners will find themselves moving amid a number of different employers and employment models within the same profession. This is where credentialing will need to be more fluid, as will continuing education. More interdisciplinary- and collaborative-style educational programs are needed at all levels, as well as credentialing systems that recognize practices at various levels. The lack of demographic diversity within the field—from gender to ethnicity—is best addressed through the educational institutions, and the ever-changing marketplace presents a need for nontraditional credentialing

opportunities. Educational institutions have an opportunity to address many of these issues through the student recruitment process.

### Region 6

Leslie Bonci, MPH, RD, CSSD, LDN, speaking from Baltimore, MD, addressed the need for RDs to be proactive. Bonci's group was among several throughout the Summit to broach the topic of adjusting the mission of the ADA to one that is more consumer-focused; thus, perhaps, making it easier for the public to identify with the opportunities they present. In line with this, the Baltimore group suggested a 5-year academic model comprised of an undergraduate degree followed by a master's degree. Alternative paths to credentialing were also discussed as a solution to the shortage of dietetic internships for qualified didactic program in dietetics graduates.

### Region 7

Julie O'Sullivan-Maillet, PhD, RD, FADA, addressed the group from Newark, NJ, offering her group's ideas for credentialing modification, which would differentiate generalists from specialists and advanced practice RDs. Like others before and after them, the Region 7 team embraced the idea of a "Global RD" that could practice internationally and in the United States, with some form of reciprocity. The group also recommended strongly branding the "RD" through tangible interventions, improving the profession's visibility to other health care professionals as well as the public. These changes in the credentialing process should be accompanied with career-laddering and different salary structures. Meanwhile, RDs need to fight for order-writing privileges and track those data to demonstrate their worth and outcomes.

The summation of the day's information and commentary was broken into three categories: Education, Future Practice, and Credentialing. Common themes under the heading of Education included the recognition of a consumer-driven marketplace where practitioners must be proactive and dynamic. Alternatives to the traditional models found in higher edu-

cation, such as Web-based distance learning, were a factor, as well as the need to shift to learner-centered education. The ability to work with professionals from other fields means dietetic education should allow for interdisciplinary teamwork.

The area of credentialing is bound to shift as the RD, long-respected as a generalist, will have to not only develop the ability to practice across broader spectrums but also maintain various specialty areas of practice. The idea of credentialing at multiple levels (specialist or advanced practice credentials) was also raised and how other credentials in addition to the RD credential would be required to encapsulate specialties at some point.

A challenge was synthesizing the material from each region in such a way as it encapsulated broad concepts while acknowledging individual input. The Summit Oversight Workgroup made it clear that everyone needed to recognize their own words on the big screen, even as many of the themes offered had strong veins of similarity. The day ended with the creation of an updated summary of the content and was disseminated back to the summit participants.

### FRIDAY, MARCH 25, 2011

Before the first round of Web presentations was launched, participants noted some of the issues from which to learn for future cross-country summits. Pouring through hundreds of e-commentary, the lack of associated body language and nonverbal cues came into play. Questions of semantics arose when terms such as "outcomes documentation" and "globalization" were used in different contexts. Hundreds of comments referred favorably to the concept of recognizing a "consumer-driven marketplace," but how that differed from the status quo was often elusive. The idea that educational programming should become more "learner-centered" was also a constant, and defining how learner-centered education can manifest provided fertile ground for many options.

The morning presentation segment was titled "Trailblazers in Dietetics Practice" where innovators from the field offered observations of their practices and took questions from the virtual assembly. After these presentations, groups returned to their dis-

cussions, tasked with the question: What are our design principles, or around which principles should RDs design their solutions to meet future changes? Solutions to potential barriers in those design principles were broached in the afternoon, following more presentations. Summit Central reviewed each of the hundreds of e-mails and texts coming from across the country, consolidating and synthesizing the design principles into one master document resubmitted to regional group leaders. The consolidated design principles, or guiding ideals leading directional advancement, were broken down into four categories: 1) continuum of future practice, credentialing, and education; 2) practice; 3) credentialing; and 4) education (see Figure 2). Design principles would be a key to establishing direction for goals such as pilot initiatives.

Constraints and challenges summarized from the group's input were topped off by fear and resistance to change and followed by the need for internal and external stakeholder support. Varying licensure laws and currently inflexible education standards were also identified as problems, as were a lack of resources, finances, and understanding of the consumer-centered ideology. A lack of diversity within the profession was termed a challenge, as was the encroachment of competitors and the need for effective marketing and brand recognition. Issues inhibiting reimbursement of services and a lack of leadership, access to training and mentorship were also noted. Institutional barriers and political uncertainty were also included, along with a need for more forward-thinking.

Summit Central hosted a live conference with Region 1 in Fresno, CA, where Sonja Connor had members of her team share ideas, explaining some of the concepts in person. Consensus was shared that RDs need to be recognized as the leaders in food and nutrition, and to do this, the profession must safeguard its scope of practice. Lobbying for legislation to increase reimbursements will help as part of the overall marketing strategy that needs to drive the value of credentialing. Increasing the number of men in the profession was also mentioned as a goal, as was increasing the availability of dietetics internships.

**Figure 2.** Design principles for future change in the dietetics profession. Discussed during the 2011 Future Connections Summit on Dietetics Practice, Credentialing, and Education on March 24-26, 2011.

**SATURDAY, MARCH 26, 2011**

Saturday morning the group returned for a final series of discussions before each region offered pilot initiatives they planned to establish within their communities and/or regions. The documentation in progress was as much a roadmap for the future of the profession as it was a point of discussion.

The balance was recognized between what ADA can do to market the RD credentials and what RDs can do to spread that recognition individually. All RDs are innovative trailblazers in their own right, so the question is how can the organization and individuals work together to accelerate each other's success. Either way, it seemed

clear on Saturday morning that the participants were ready to act.

The closing broadcast was Rhea telling participants, "This Summit is the beginning of a leadership process. This is very pioneering, what we've been doing here with seven locations, eight if you count virtual participants."

Each of the seven regions gave brief synopses of the pilot programs members had envisioned during discussions.

- **Region 1** in Fresno produced 25 different potential pilot initiatives, including increasing networking opportunities for RDs at a national level and providing more continuing education opportunities for dietetics staff.
- **Region 2** in St. Louis, with five overall pilot initiatives, developed an innovative educational pathway model for food and nutrition professionals, beginning with the first 2 years of undergraduate work containing more humanities and social sciences classes. The second 2 years of undergraduate work would become more focused in nutrition, followed by cooperative work. This region also posed the idea of multidisciplinary clinics in which professionals ranging from chiropractors, social workers, psychologists, and RDs might practice in shared quarters.
- **Region 3** in Atlanta developed eight pilot initiatives, one of which explored advanced practice residency in health care food and nutrition systems management. A specialist designation would be achieved through certification, with the example given of a hypothetical “advanced practice in management” available to specialists in that area.
- **Region 4** in Dallas developed seven pilot initiatives, focusing on educational curricula changes and the need for more internship opportunities for qualified dietetics students.
- **Region 5** in Naperville created 13 pilot initiatives that addressed retention rates within the profession and opportunities for younger RDs entering the field.
- **Region 6** in Baltimore, with seven pilot initiatives, sought to alter core competencies for entry-level RDs and interns, providing an opportunity to expand the professional portfolio. Meanwhile, the group warned against becoming too “learner-focused,” noting that certain core skills must be universal within the profession.
- **Region 7** in Newark offered 11 pilot initiatives, one of which was an

advanced practice residency in neonatal nutrition. Other ideas coming out of Newark included the ADA hosting a “Best Practice Gala” event with high media exposure, offering awards such as “Best Practice” and “Trailblazer Award.” Broadcasting it online in a similar fashion as the Summit was discussed.

“As a result of this Summit, we now have all of our futuristic thinking documented in one place,” said Jana Kicklighter, PhD, RD, LD, who worked at Summit Central. “The best way to predict the future is to change it,” she said (paraphrasing Peter Drucker, a writer and management consultant), emphasizing the importance for RDs to be innovative in their own right. “Just as we expect our clients to change their behaviors, we must be ready to change ours,” she said. “In closing, remember we are the ADA and the future is in our hands.”

Susan Finn, PhD, RD, LD, FADA, the Summit closing speaker, also addressed the group from Summit Central, encouraging her colleagues to be proactive, inspirational, and motivational.

I believe we have a crisis in the authority position today,” she said, explaining that crisis crosses into nearly every discipline. The general public can’t always distinguish between good and bad studies, between solid research and flawed designs or even simple advertisements. Authorities, such as RDs, need to be honest and accountable, and sometimes aggressive in the face of bad science. “We have to demonstrate our value. We have heard that over and over. In fact, I would put that at the top of the list.”

Knowledge is everywhere, she added, pointing out the availability of data on the Internet. But what clients and businesses really need is results. “Does it work? That’s really what every employer wants to know and what every patient wants to know?” she said. Demonstrating that a nutrition plan effectively lowers cholesterol is crucial in getting someone to buy it. If RDs want jobs inside the grocery store industry, they have to be able to communicate results. “We have to communicate that what we do works.”

Meanwhile, opportunity is abun-

dant. The world’s attention is focused on food, nutrition, and wellness, but the direction in which it heads is yet up for grabs. Competitors know this too. “I believe we have to communicate and we have to communicate with an extreme amount of passion to be heard today,” she said, pointing to the sheer volume of media messages about nutrition. “We are in the right position to be part of a mega-movement.”

Glenna McCollum, DMOL, MPH, RD, speaker, House of Delegates (2010-2011) offered the closing remarks of the Summit, reminding participants of the challenge they’d undertaken—to shape the future of dietetics. “From all I have seen and heard, I would have to say, mission accomplished.”

But as inspiring as pilot initiatives seem and the future looks, it’s the work that eventually makes the difference.

We are ADA. We are the leaders who stepped forward to facilitate this change,” she said. “Each one of us needs to fan this flame of change at the local, state, and national levels. We will do this. And we will implement what we discussed this day.”