The 2011 Future Connections Summit on Dietetic Practice, Credentialing and Education

HOD Backgrounder

House of Delegates

Fall 2011 (streamlined version, 08/11/2011)

The Future Connections Summit on Dietetic Practice, Credentialing and Education March 24-26, 2011 envisioned how the profession can evolve and develop multiple levels of practice. The Summit sought to identify innovative ways to reach these levels and credentials in a vibrant and challenging environment.

Rationale for the Summit

In May 2008, the House of Delegates approved the final report of the Phase 2 Future Practice & Education Task Force. This report contained a variety of recommendations, but Recommendation #9 was specific to convening a summit of educators and practitioners. Recommendation #9 stated: The Task Force recommends that adequate resources be allocated by the ADA Board of Directors to support the planning and implementation of a Future Practice and Education Summit involving both Dietetic Practice Groups and all types of dietetics education programs. The rationale for this recommendation was to increase understanding and communication between educators and practitioners regarding the challenges and needs faced in their respective environments, and to develop mechanisms to provide innovative practice and education experiences for dietetics students across the career ladder.

A Summit Oversight Workgroup, with representatives from the Council on Future Practice, CADE, CDR and the Education Committee and two practitioners (one that was new to the profession) determined how the summit would be organized, who would attend the summit, and how communication and next steps after completion of the Summit would occur. The members of the Workgroup were: Ellen Shanley, (Education Committee), Jana Kicklighter (Council on Future Practice), Sandy Witte (CADE), Riva Touger-Decker (CDR), Susan Roberts (practitioner) and Matt Nulty (young practitioner). Staff support to this summit was provided by Chris Reidy (CDR), Ulric Chung (CADE) and Harold Holler (Governance & Practice); Marsha Rhea, consultant

The Summit – March 24-26, 2011

A select group of 207 participants assembled in seven regional locations and virtually to participate in a collaborative experience of future search and design thinking. Over three days, they worked together in a future search to understand the profession’s future challenges and opportunities and discover a shared vision. Participants used design thinking to express that vision by developing design principles and proposing innovative initiatives to lead changes to achieve their vision. They did extensive pre-meeting reading to prepare for the summit. On the first day of the summit, the priority changes facing future practice, credentialing and education were identified. These changes set the context and urgency for what the profession must do. On day two, they defined the design principles that should guide the future development and integration of practice, credentialing and education. This is a shared vision the profession can work to achieve. On the final day, they proposed, organized and committed to more than 70 pilot initiatives. These are the prototypes for innovation and new directions.
Constraints and Challenges

Whenever leaders undertake significant systemic change, they are wise to confront their own limitations and challenges. The summit participants built a shared sense of the priority constraints and challenges to be overcome. First, they acknowledged fear and resistance to change and too much contentment with the status quo. Instead the profession needs to become more forward-thinking.

ADA’s vision is to have RDs and DTRs recognized as the leaders in food and nutrition. In reality, the profession faces considerable competition and encroachment from other disciplines with an interest and stake in food and nutrition. Some members indicate that the RD and DTR credentials have insufficient marketplace recognition; some members perceive that RDs and DTRs receive inadequate reimbursement and compensation for their work; and, many in the profession want to see more effective marketing and brand recognition.

Institutional barriers do exist across all areas of practice and education. Education institutions and accrediting requirements are seen as inflexible. ADA itself needs enhanced cohesion among its organizational units. Without internal and external stakeholder buy-in and support, it will be difficult to achieve these significant changes. In order to effectively pursue changes for the profession, it is critical to acknowledge, examine and address the constraints and challenges that do exist throughout the profession. Facing the brutal facts and our own contributions to our challenges is a crucial step in leading change.

Design Principles for Future Practice, Credentialing and Education

Design principles set the guidelines for designing a system that can achieve the profession’s shared vision. All seven regions plus the virtual participants contributed to identifying the design principles as the priority guidelines for achieving a shared vision. Although the design principles that address all three facets of the continuum of future practice, credentialing and education set the framework for the future system, these design principles are not listed in any rank order as they were all judged to be important and interdependent guidelines.

Design Principles for the Continuum of Future Practice, Credentialing and Education
1. Multiple levels of practice and innovative ways to reach these levels and credentials enable the profession to grow and develop in a vibrant and challenging environment while protecting the public.
2. The dietetics profession has a defined and workable process for advancement through the career path options.
3. RDs and DTRs are integral leaders/members of interdisciplinary teams in education, research and practice.
4. RDs and DTRs are nationally recognized, sought after and well compensated for innovation and effectiveness in meeting the food and nutrition needs of consumers.
5. RDs possess a core education in food, food science, nutrition, health and wellness with the ability to select an emphasis area to position RDs as the leaders in foods and nutrition.
6. RDs and DTRs lead change to promote optimal health for all populations through food and nutrition.
Practice Design Principles
1. RDs and DTRs lead, collaborate, and actively engage with inter-professional/interdisciplinary teams in diverse settings.
2. The RD and DTR are recognized as the leading food and nutrition practitioners.
3. Specialist and advanced practice are accessible to diverse populations and areas of practice.
4. RDs and DTRs translate evidence-based food, nutrition and health information to guide practice interventions and outcomes.
5. The value of the profession is demonstrated through the use of standardized outcomes measures for research and practice.
6. Lifelong mentoring occurs throughout careers and across all disciplines.
7. The profession monitors and assesses the viability of future practice roles to meet consumer and marketplace demand and influence policy decisions.
8. RDs and DTRs anticipate, adapt and respond to the changing needs of society.
9. RDs and DTRs demonstrate competency in technology and informatics.
10. RDs and DTRs are sought after to advocate for equal access to good food, healthcare, and nutrition education.

Credentialing Design Principles
1. Pathways to credentials are broadened to increase flexibility, diversity and numbers of practitioners.
2. Expanded credentialing opportunities promote career growth and autonomy, cut across levels of practice and ensure the profession has sufficient numbers to meet future consumer needs.
3. The RD, DTR, specialist and advanced practice credentials identify dietetics practitioners as leaders in food and nutrition and are recognized and valued by consumers, policymakers and external stakeholders.
4. The dietetics credentials promote and protect the health and wellness of the public.

Education Design Principles
1. Core curricula for education and experiential programs are redesigned to be interdisciplinary, flexible, adaptable and cost efficient.
2. Learner-centered education fosters leadership, assertiveness, innovation, critical thinking and problem-solving, strategic planning, effective communications and emotional intelligence.
3. Education and experiential programs develop knowledge and skills in food, nutrition, social, business and basic sciences (based on the definition of dietetics).
4. Diverse and flexible education and experiential pathways, which positively impact students, educators, and preceptors, exist for attaining all RD and DTR credentials.
5. Dietetics education uses evidence-based and best practices to prepare students with future focused knowledge and skills for emerging roles.
6. Innovative and formalized ways exist to educate across the continuum of practice (from entry to advanced) to enable the profession to grow and change in response to a vibrant and challenging environment.
7. Education, experiential and CPE programs foster the use of client-centered approaches in practice.
8. The accreditation process for education programs is less cumbersome and more streamlined.

Design Solutions
As a design thinking exercise, the summit participants were asked to brainstorm design solutions that could lead to specific changes and actions to improve the system of future practice, credentialing and education. These solutions served as a warm-up to proposing pilot initiatives. Some solutions did lead
directly to pilot initiatives. This complete collection of possible solutions is included in the final Summit report because it contains some of the seeds for developing future pilot initiatives and innovative changes. The design solutions were submitted by the seven regions and are now grouped and categorized by practice, credentialing and education.

Pilot Initiatives

Pilot initiatives are local or regional efforts to lead change with a commitment to share innovative practices with others within the professional community. On the final summit day, participants were invited to propose and organize pilot initiatives that would be aligned with the design principles and prototype innovations and new approaches for the future. Change champions agreed to take the first steps to get these pilot initiatives underway. They will be working throughout 2011-12 to plan and test the feasibility of these new approaches. The Council on Future Practice will monitor and encourage these initiatives, help connect them to ADA organizational units that may have an interest in promoting their work, and create a process for sharing and advancing what the pilot initiatives learn. ADA is also exploring how it might offer financial support to some of the initiatives in the 2012-2013 program year. A total of 76 pilot initiatives were proposed from the seven regions.

Next Steps

The future vision for the profession is an expansive vision that will prepare RDs and DTRs with the knowledge and skills to lead a consumer-centered focus on food and nutrition and their relationship to health and wellness. The profession embraces multiple levels and multiple paths for entering and advancing in dietetics and welcomes new roles as members of interdisciplinary teams. Education and credentialing must evolve to support these diverse, emerging and adaptive careers in food and nutrition.

The leaders of the ADA organizational units reviewed this comprehensive report and considered how these organizational units can help realize and advance these design principles and encourage successful pilot initiatives. The champions for the pilot initiatives have agreed to lead the future and learn more about what it will take to grow as a multi-faceted and honored profession. They have committed to do the hard work of testing their ideas and innovations to drive change in practice, credentialing and education.

The success of the pilot initiatives depends on the openness and sustained interest of the ADA organizational units and participation by ADA members. Each organizational unit is asked to study the design principles and discuss how each can be part of executing this shared vision. Then study the pilot initiatives and determine if the organizational unit would like to actively sponsor or encourage and serve in an advisory role for any of these initiatives.

The Council on Future Practice, along with CADE, CDR and the Education Committee are committed to following through on the outcomes of this Summit. The Council on Future Practice is responsible for monitoring and coordinating these pilot initiatives to keep the learning and momentum of this summit alive within ADA. The Council on Future Practice will report to the ADA membership on the status of the Pilot Initiatives and will keep all ADA organizational units aware of the work in progress or completed or abandoned. HOD delegates can help develop and sustain grassroots and leadership commitment to the accomplishment of the pilot initiatives.
A FNCE session will be conducted in San Diego to provide an overview of the Summit and to focus on activities of several key Pilot Initiatives. The session is scheduled for Tuesday, September 27, 2011 (8:00 – 9:30 am).

To keep momentum for the Pilot Initiatives, the Summit web page will continue to provide updates. The website will include video segments of the Summit, along with a toolkit containing a lesson plan for teaching change leadership related to the Summit to students and current practitioners. The plan for the web page will include making an interactive section so that Pilot Initiative Champions can update their plans. And, members can watch the development of the Pilot Initiatives over the course of time.

And, finally, the Proceedings of the Summit will be published in the September 2011 *Journal of the American Dietetic Association*. This will document the Summit and provide for literature citations for future activities related to the profession and Association.

Additional details including the following information can be found in the original report: *Final Report to ADA Organizational Units: 2011 Future Connections-Summit on Dietetic Practice, Credentialing and Education*.

1. Summit Agenda
2. List of participants and contact information
3. Characteristic of Summit Participants Selected
4. List of External Organizations Invited
5. Pre- Summit Reading Assignments/Discussion Questions
6. List of Constraints & Challenges Identified
7. Design Solutions
8. Complete list of pilot initiatives by region
9. Post- Summit Communication Plan

⇒ Pathway to the report: [www.eatright.org](http://www.eatright.org) > login > Practice > Council on Future Practice > Final Summit Report > View Report.