FINAL REPORT TO ADA ORGANIZATIONAL UNITS:
2011 FUTURE CONNECTIONS-SUMMIT ON DIETETIC PRACTICE, CREDENTIALING AND
EDUCATION

Executive Summary

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. 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 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.

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 are invited to review this comprehensive report and consider 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 will depend on the openness and sustained interest of the ADA organizational units. 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. If the organizational unit wishes to support a pilot initiative, be sure to communicate this information to the Council on Future Practice. 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.

Rationale and Process 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.
The Council on Future Practice, who was charged to monitor and facilitate the implementation of the recommendations, requested support from the House Leadership Team to develop a plan for conducting a summit. The Council began to discuss the summit in August 2009. This discussion led to a request to Commission on Accreditation for Dietetics Education (CADE), Commission on Dietetic Registration (CDR) and the Education Committee to convene a joint meeting of the four organizational units for initiating action on a plan for a summit. On March 7, 2010, the four organizational units met to discuss plans for a summit. Key outcomes of this meeting were: 1) confirmation of the Summit’s focus to be on education, credentialing and future practice; 2) identification of the focus and outcomes of the summit; 3) agreement that follow-up actions from the summit would be assigned to the appropriate organizational units; 4) identification of potential participants; and, 5) discussions regarding member communications.

In May 2010, the ADA Board of Directors approved funding for a summit. Due to financial constraints, the budget approved was based on conducting the summit using a technology base that would connect seven geographic regions together for a three day event. This technology-based summit was more economical for the Association and allowed for a larger number of members to participate.

The chairs of each organizational unit met on June 2, 2010 and agreed to appoint a Summit Oversight Workgroup, which would have representatives from the Council on Future Practice, CADE, CDR and the Education Committee. In addition, two practitioners (one practitioner would be new to practice) were appointed to the Workgroup. The Summit Oversight Workgroup began convening in July 2010 and met on a regular basis to develop the plans in consultation with Marsha Rhea, Signature i, LLC, who specializes in future search summits. 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).

The Summit Oversight Workgroup in collaboration with Marsha Rhea developed the mission, vision, outcomes and summit agenda (see Appendix A). The Workgroup selected the summit speakers and the participants (see Appendix B). The Workgroup selected the ADA members to participate based on an application process. All members were encouraged to submit an application to participate in the Summit, which requested information about area of practice and years in practice, plus two questions. The questions noted were: 1) How will your participation benefit the activities of the Summit? 2) How do the characteristics of a Summit participant relate to your participation? (see Appendix C). Over 300 applications were reviewed and scored by the Summit Oversight Workgroup to select a group of 160 participants for the seven regions. In addition, 60 individuals were selected to participate virtually. The members selected to participate in the Summit were notified in January 2011. Each regional site was assigned 20-25 members to participate. In addition, the Workgroup identified key external organizations to participate in the Summit. The external organizations were notified in February and asked to identify a representative to attend the Summit at ADA’s expense. Eight external organizations agreed to participate (see Appendix D).

The Summit was conducted using seven regional sites across the US including a group of members who worked virtually. Each regional site was selected via a Request for Proposal process, which was designed to keep costs contained.

Seven ADA members were identified and trained to facilitate each regional location. Plus, one member was selected to facilitate the virtual participants. ADA staff members were identified to assist at each regional site. The development of the plan for executing the summit was developed in consultation with the regional facilitator, the Summit Oversight Workgroup and ADA staff.
All Summit participants were invited to complete a series of pre-Summit reading assignments which were intended to provide them with sufficient background on issues related to future practice, credentialing and education. The pre-summit reading assignments were posted on an electronic discussion board which was used to engage the participants in dialogues via region in advance of the event. A series of discussion questions were developed for use by the regional facilitators (see Appendix E).

On March 1, 2011, a webinar was convened to provide participants with some additional background on the Phase 2 Future Practice & Education Task Force report/recommendations, and unique credentialing opportunities. Also, some logistical information regarding the Summit was provided. The objectives for the webinar were:

1. Participants will understand the purpose and general flow of the Summit.
2. Participants will learn about issues related to future practice, education and credentialing to enhance their participation in the Summit.
3. Participants will be reminded about logistics related to participation in the Summit.

Deborah Canter, member of the Phase 2 Future Practice & Education Task Force addressed the recommendations from the task force. Clarence Chaffee, The Caviart Group, LLC reviewed background on critical challenges facing credentialing and provided examples of credentialing models used by other professions. Marsha Rhea, Summit Facilitator and Jana Kicklighter, Summit Oversight Workgroup members reviewed the purpose, flow and logistics for the Summit. Close to 100 members participated live in the Webinar, which was recorded for use by those unable to attend.

The participants gathered in the seven regional locations and in the virtual meeting space created on March 24-26, 2011. The Summit Oversight Workgroup worked behind the scenes in “Summit Central” at ADA Headquarters in Chicago. Summit Central used a web link to connect the video and audio for speakers originating their presentations from the regions, their offices or Summit Central. Following the conclusion of the Summit, a communication plan was devised for managing the outcomes, plus a participant evaluation was provided to obtain input on the event (see Appendix F).

Future Search Priority Change Drivers

To set the context for the summit’s work, participants explored the key changes in the environment facing the profession. Before the summit, they read reports and articles and discussed several questions in the community of interest platform. During the first day, participants engaged in a future search with plenary sessions and group discussions to explore and identify key changes affecting future practice, credentialing and education. While the summit participants discussed a number of trends and issues that are anticipated in the next ten years, they were specifically asked to name and prioritize the change drivers they perceived would have the greatest impact on the profession. Through collaborative discussions, they created a compelling vision of how these change drivers will reshape the profession over the decade.

The premise for the vision is on the multiple levels of practice, credentialing and education across the practice continuum from entry to advanced practice. This will require flexible and alternative education and experiential models. The profession must foster learner-centered and transformative professional education that emphasizes leadership development, critical thinking for decision making and change, and competency in interdisciplinary teaming. RDs and DTRs must embrace interdisciplinary teaming in both education and all areas of practice. In a globalizing world, there is an increased need to promote reciprocal international acceptance of equivalent education and credentials in the area of food and nutrition.

The dietetics profession must anticipate and respond to a consumer-centered and changing marketplace. Given the more diverse populations projected for the U.S., the profession has to promote diversity and cultural competency. The profession has a great opportunity to capitalize on the increased public and professional interest in food, nutrition, health and wellness. Yet, it will only succeed if we can document and utilize outcomes to establish the value of the work RDs and DTRs provide.
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 (see Appendix F). 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.
5. The dietetics credentials are globally recognized.

**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 (see Appendix G). 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 this 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 (see attachment to report). Change champions have 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.
Next Steps

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 organizational unit leaders stressed that monitoring the Summit’s outcomes would be critical to measuring the effectiveness of this historic event. As a result of this clear directive from the convening organizational units, a communication plan and follow-up activities were developed. The plan was developed in consultation with the Summit Oversight Workgroup following the Summit.

Following the conclusion of the Summit, a participant evaluation tool was developed for input. The evaluation was conducted using an electronic survey tool and was available for completion from March 28 through April 8. A total of 134 participants responded to the evaluation. The overall evaluation was that the Summit achieved its vision and mission. The complete evaluation results are available upon request.

In addition, the Summit Oversight Workgroup, Regional Facilitators and Staff partners participated in a debriefing of the historic event. The evaluation results were shared with this group for their consideration during the April 19 conference call. The overall reflections of this group were that the summit achieved the desired outcomes and now the priority must be on coordinating and encouraging the many pilot initiatives.

On April 11, the participants were asked to review the preliminary Summit Findings and provide additional clarity on any pilot initiatives they had proposed. Pilot Initiative champions were encouraged to collaborate with other participants across the regions especially for initiatives that are similar. This additional input from the Summit participants has been incorporated into this report.

The Summit Oversight Workgroup is conducting conference calls with the Council on Future Practice, CADE, CDR and the Education Committee to review the key outcomes of the Summit. These calls will be followed by individual organizational unit conference calls designed to discuss the impact of the Summit on 2011-2012 programs of work and to determine opportunities for collaboration or development of new initiatives from the outcomes achieved.

The Council on Future Practice will serve as the organizational unit to monitor the progress of the Pilot Initiatives. In addition, the various organizational units that agree to support the Pilot Initiatives will need to submit yearly reports to the Council on Future Practice. 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.

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. This session is being developed by the chairs of the CADE, CDR, Education Committee and the Council on Future Practice. 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.
CONSOLIDATED REPORTS OF PILOT INITIATIVES IDENTIFIED
BY EACH SUMMIT REGIONAL SITE

Currently there are 76 pilot initiatives submitted.

Region 1 ....................................................................................................................................................................8

25 Pilot Initiatives identified
Meeting Site: California State University, Fresno, Fresno, CA; states included in region: Alaska, California, Hawaii, Idaho, Montana, Oregon, Washington, Wyoming

Region 2 ....................................................................................................................................................................44

5 Pilot Initiatives identified
Meeting Site: St. Louis Community College, St. Louis, MO; states included in the region: Iowa, Michigan, Minnesota, Missouri, Nebraska, North Dakota, South Dakota, Wisconsin

Region 3 ....................................................................................................................................................................52

8 Pilot Initiatives identified
Meeting Site: Alpharetta Center, Georgia State University, Atlanta, GA; states included in the region are: Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Puerto Rico, and South Carolina.

Region 4 ....................................................................................................................................................................61

7 Pilot Initiatives identified
Meeting Site: University of Texas Southwestern Medical Center, Dallas, TX; states included in the region are: Arizona, Colorado, Kansas, Nevada, New Mexico, Oklahoma, Texas, and Utah.

Region 5 ....................................................................................................................................................................70

13 Pilot Initiatives identified
Northern Illinois University, Naperville, IL; states included in the region are: Illinois, Indiana, Kentucky, Ohio, Tennessee, and West Virginia.

Region 6 ....................................................................................................................................................................84

7 Pilot Initiatives identified
Meeting Site: John Hopkins Medical Center, Baltimore, MD; states included in the region are: Delaware, District of Columbia, Maryland, North Carolina, Pennsylvania, and Virginia.

Region 7 ....................................................................................................................................................................92

11 Pilot Initiatives identified
Meeting Site: University of Medicine & Dentistry of New Jersey, Newark, NJ; states included in the region are: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island, Vermont, American Overseas
### Region 1

**Participant List**

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Pilot Initiative Report - Region 1

Pilot Initiative 1.1: Customized Internship

Aligns with these Design Principles:
Education Design Principles
#1: Core curricula for education and experiential programs are redesigned to be interdisciplinary, flexible, adaptable and cost efficient.
#4: Diverse and flexible education and experiential pathways, which positively impact students, educators, and preceptors, exist for attaining all RD and DTR credentials.

Desired Outcomes:
- Interns completing internships can focus on areas that they are most passionate about rather than be “forced” to do the concentration of that internship. Most interns go to the internships they can get into or based on location, and not based on the concentration.

Who Will Need to Be Part of This Pilot Initiative?
- Two - four pilot internships to allow interns to help plan their internship rotations to include core competencies and extended “elective” specialization.

First Steps to Launch this Pilot Initiative:
- Find two - four internships willing to pilot this option. I might be able to at San Francisco State University (would need to talk to facility/advisory committee.)

Champions for this Pilot Initiative:
Wanda Siu-Chan
Pilot Initiative 1.2: Evaluation of External Stakeholders Perception of an Advanced Practice Credential in Dietetics

Aligns with these Design Principles:
Credentialing Design Principles
#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.

Desired Outcomes:
- Gather data regarding perceptions.
- Value and utilization of Advanced Practice RD’s in 4 specific specialty areas (Pediatrics, Oncology, Nutrition Support, and Renal).

Who Will Need to Be Part of This Pilot Initiative?
- Specialty DPG’s Stakeholders would include specialty physicians, allied health professionals (rehab specialist, RN’s, ARNP’s Pharmacists, health care/facility administrators).

First Steps to Launch this Pilot Initiative:
- Build a tool with assistance.
- Identify participants.
- Obtain ADA’s expertise in survey development and administration to ensure a valid tool.
- Request CDR and Council on Future Practice to serve as reviewers related to content focus.

Champions for this Pilot Initiative:
Jessie Pavlinac
Becky Brody
Linda Heller
Kelay Trentham
Pilot Initiative 1.3: Long Term Care - Data Collection/Outcome and Consumer Focused.

Aligns with these Design Principles:
Practice Design Principles
#5: The value of the profession is demonstrated through the use of standardized outcomes measures for research and practice.

Desired Outcomes:
Improve food service systems in long term care facilities by making them consumer based. Measure outcomes through data collection, resident satisfaction sheets and company records (i.e., staffing, budget, and resources, etc.).

Who Will Need to Be Part of This Pilot Initiative?
• RD’s, DTR’s and DM’s in SNF’s
• Corporations in SNF’s

First Steps to Launch this Pilot Initiative:
• Get corporate on board for support
• Have facilities input info on weight loss, wound healing, customer service.
• Develop quarterly reports to generate areas for improvement and develop best practices.

Champions for this Pilot Initiative:
Allison L. Mayer DTR
Pilot Initiative 1.4: Best Practice for Precepting

Aligns with these Design Principles:

**Education Design Principles**

#2: Learner-centered education fosters leadership, assertiveness, innovation, critical thinking and problem-solving, strategic planning, effective communications and emotional intelligence.

#5: Dietetics education uses evidence-based and best practices to prepare students with future focused knowledge and skills for emerging roles.

**Desired Outcomes:**
- Maximize education opportunities during internship.

**Who Will Need to Be Part of This Pilot Initiative?**
- Preceptors
- DPD Directors
- DT Program Directors

**First Steps to Launch this Pilot Initiative:**
- Program Directors need to verify precepting sites are provided and current information.
- Preceptors should join/maintain membership in the ADA and stay current with the best practices released by the ADA.
- Discounted ADA Memberships for preceptors for increased incentive and improvement to preceptor sites. To allow CPU’s for preceptors in practice programs- limit to 10 hours in a 5 year period.

**Champions for this Pilot Initiative:**
Allison Mayer, DTR
Pilot Initiative 1.5: Skills Workshop for University Students by Students

Aligns with these Design Principles:
Practice Design Principles
#6: Lifelong mentoring occurs throughout careers and across all disciplines.
#8: RDs and DTRs anticipate, adapt and respond to the changing needs of society.
#9: RDs and DTRs demonstrate competency in technology and informatics.

Education Design Principles
#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).
#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. The accreditation process for education programs is less cumbersome and more streamlined.

Desired Outcomes:
The overall goal and outcome of these presentations will be the increased marketability of skill sets in students, and meeting the increasing expectations of preceptors and employers. The assessment of these goals and outcomes will take place after students participate and can be placed as interns or employees. Surveys will be sent to preceptors and employers of students that participate. The surveys will request the preceptor or employer to compare the performance of the student as related to the presentations they participated in. The surveys will also ask the preceptors and employers to assess the performance of the participant as opposed to students that did not participate. The assessment of these outcomes will be delayed until such a time that such an assessment can be conducted. Because the average student will participate in these presentations months before preceptors and employers can conduct these assessment, interim assessments of each presentation will be conducted. Outcome assessments will be included in each presentation in a manner appropriate to each presentation.

Who Will Need to Be Part of This Pilot Initiative?

- Students/Interns that can teach/demonstrate marketable skills not ordinarily taught, previous experience and aptitude demonstration would be required to be vetted for credibility.
- Students who are willing to commit to the program and to participate consistently.
- Local area experts or faculty oversee and facilitate vetting and participation.

First Steps to Launch this Pilot Initiative:
The initial steps for the program are to assess the feasibility of the project, what content to focus on initially, assess formats for the presentation and to reach out to the target audience.

Feasibility was conducted by contacting from faculty members and Student Dietetic Association (SDA) leaders at California State Univ. Los Angeles. The responses were positive and included pledges of support. Discussion with faculty members included initial topics that would assist them in answering common student questions. It was clear from the responses that the project was feasible, and desired. The content suggested by faculty members was in line with the principles put forth by the 2011 summit members.

1) The format of these workshop presentations would have to reach a diverse target market. The target market is not limited to one small geographic area. The format that fits the needs of the program and the target audience is an online slideshow/video presentation, or through Skype.
a) The program SlideRocket enables online slideshow and video sharing, with embedding into a secure website for later viewing. Currently said program offers a free version that does not include audio. Until funding or a donation can occur the free version of the program will be used.

b) The SDA will create a website with assistance from the Information Technology service dept. of Cal State LA. The student presentations will be posted on this site for dissemination.

c) Presentations that are conducted through Skype will be in real time with the shared screen function of that program. The presenter will use the business account features of conference calling with shared screen. As such the slideshow or video for the presentation will be presented simultaneously to all parties. One limitation of using Skype for these presentations is the presentations cannot be recorded by the program. As such it will be necessary to record the presentations using external video cameras, or repeating the performance at regular intervals.

Student presenters would be required to submit a presentation outline complete with a script to be assessed by faculty and student leadership. Topics for presentation would be either directed by faculty and or student leadership or wholly the conceptual design of the student(s). Student presenters will be allowed to present their workshop in the most appropriate format. These presentations will be made available for students in a website repository. These presentations will be kept until it is determined that it is no longer needed.

Faculty members, student leaders and advisers will inform and encourage students to participate and view the stored presentations. The presentations will assist the students with commonly 3 fielded questions to teachers and advisers. At no point will these presentations replace or compete with class lectures or education competencies. The presentations can be used as a supplement to classes to assist students in expanding professional skill set related to the ADA design principle. Initially, skills taught will assist students in completing assignments and projects. For example a presentation on Microsoft Excel functions and formats will be taught. This will allow students to adequately demonstrate competency with creations of budgets related to food service management. The immediate benefit related to academic curriculum will create a buy in with faculty and students. These benefits will act as an incentive for continued use of the skill workshop presentation. Thus the presentations will continue to be used, meeting the needs of all parties.

Testimonials will be collected to encourage further participation in the program. Although the credibility of faculty with the students is necessarily high, statements of the benefits of this program from students will inspire other students to participate. It is widely believed that when testimonials are made available, the inspiration of others is more feasible. Therefore, testimonials will be collected via a preferred format such as video, webinar or personal presentation.

**Background info:** When a student requires assistance the first person they will approach is another student. Although faculty members are willing and vocal with their solicitations to provide assistance students typically ask peers for assistance. Although this builds shared experiences and creates networking opportunities the information shared may not meet professional expectations. A further issue is the uncertainty of the credibility of the response/assistance from students without guidance. Several students may offer a diverse range of methodology and solutions that can cause confusion and uncertainty in the class.

At the 2011 ADA summit on future practice, education and credentialing preceptors, employers and leaders of the dietetics practice agreed that students should demonstrate more skills and competencies. These leaders commented that to remain competitive these students would have to develop skill sets outside of the required competencies for dietetic students. These leaders shared anecdotal evidence to support these claims. Students met the required competencies of the ADA internship, but did so with difficulty in the identified areas. It was suggested by the pilot champion that students can teach these skills to other students in a structured and reviewed format. Peer to peer education and training is a viable teaching tool when supervised and guided by professionals.

**Champions for this Pilot Initiative:** Edward Burke Dietetic Intern, Cal State LA
Pilot Initiative 1.6: RD/DI to Students Mentoring Program Senior Students to Junior Student Mentoring Program

Aligns with these Design Principles:
Practice design principle
#6: Lifelong mentoring occurs throughout careers and across all disciplines.

Desired Outcomes:
- To foster mentoring relationships between local area RDs, DIs, and students. The outcomes desired include increased exposure to dietetics practice, career advice, and disseminating expectations of RDs and DIs. Senior students can meet with junior students to mentor academic processes.

Who Will Need to Be Part of This Pilot Initiative?
- Local area dietetics groups such as LAD, local chapters of DPG’s etc.
- Interested RD’s and DI’s able to meet commitment of brief mentoring sessions to small groups of students
- Local school Dietetics Associations
- Students interested in participating in this program

First Steps to Launch this Pilot Initiative:
- Collaborate with local area practice groups, student groups’ and individual.
- Start 1 group of 5 students to be matched to one RD, one DI.
- Start senior student program with 5 junior students and one senior student.
- Create outcomes/practice/guidelines determined by participating and expectation.

Champions for this Pilot Initiative:
Edward Burke, Dietetic Intern
Pilot Initiative 1.7: University Organization Cross Collaboration

Aligns with these Design Principles:
Design Principles for the Continuum of Future Practice, Credentialing and Education
#3: RDs and DTRs are integral leaders/members of interdisciplinary teams in education, research and practice.

Practice Design Principles
#1: RDs and DTRs lead, collaborate, and actively engage with inter-professional/interdisciplinary teams in diverse settings.

Desired Outcomes:
- To increase cross collaboration between organizations representing interdisciplinary team members at the University level.
- Cross collaboration at this level will foster greater understanding of our future roles.
- The measure of outcomes will take place after each event. These assessments will be related to the quality of the presentations and collaborative events. Surveys will be provided by surveymonkey.com and will be made available to participants following collaborative events.

Who Will Need to Be Part of This Pilot Initiative?
- Associated student’s organization.
- Organizations at university level, dietetics groups, student organizations of interdisciplinary team member professions.
- Leadership teams of each organization.
- Local area professionals/facility to assist in developing curriculum/presentations. University administrative personnel to facilitate interactions.

First Steps to Launch this Pilot Initiative:
Cross collaboration will occur through shared events, social mixers and presentations to student and professional organizations.
1) Shared events such as health fairs, public health initiatives using students and National Nutrition Month will benefit greatly from the participation of IDT member profession students. The collaboration will also afford each group the opportunity to initiate shared experiences that are the foundation of team building.
2) Social mixers will enable student to engage in networking opportunities. Social engagements allow student to build individual relationships with IDT member profession students. These relationships will positively benefit the participant in their careers.
3) Presentations will be a formal structured means of educating IDT member profession students. Professionals from IDT member professions can describe the opportunities, challenges, and the daily functions of that profession. A minimum amount of presentations per academic year will be assessed related to the availability of these professionals in the university area. Each event proposal will require a written proposal to be submitted to faculty and student organization leadership.

Testimonials will be collected to encourage further participation in the program. Although the credibility of faculty with the students is necessarily high, statements of the benefits of this program from students will inspire other students to participate. It is widely believed that when testimonials are made available, the inspiration of others is more feasible. Therefore, testimonials will be collected via a preferred format such as video, webinar or personal presentation.

Champions for this Pilot Initiative:
Edward Burke, Dietetic Intern
Pilot Initiative 1.8: Cultural Immersion

Aligns with these Design Principles:
Design Principles for the Continuum of Future Practice, Credentialing and Education
#6: RDs and DTRs lead change to promote optimal health for all populations through food and nutrition.

Practice Design Principles
#3: Specialist and advanced practice are accessible to diverse populations and areas of practice.
#6: Lifelong mentoring occurs throughout careers and across all disciplines.

Credentialing Design Principles
#1: Pathways to credentials are broadened to increase flexibility, diversity and numbers of practitioners.
#4: The dietetics credentials promote and protect the health and wellness of the public.
#5: The dietetics credentials are globally recognized.

Education Design Principles
#1: Core curricula for education and experiential programs are redesigned to be interdisciplinary, flexible, adaptable and cost efficient.
#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.
#7: Education, experiential and CPE programs foster the use of client-centered approaches in practice. The accreditation process for education programs is less cumbersome and more streamlined.

Desired Outcomes:
The focus of this pilot is to provide dietetic students and professionals with exchange opportunities in order to be exposed to different cultures. The goal is to increase dietetic students’ and professionals’ cultural competency (cross-cultural knowledge and skills) of diverse cultures in order to provide appropriate and valued products and services that enable clients and patients to maximize their health and well being.

Who Will Need to Be Part of This Pilot Initiative?
- Commission on Accreditation for Dietetics Education
- University-recipients
- DPG’s
- ADA Times
- ADA Meeting Services Team
- Commission on Dietetic Registration
- The next year the recipient RD has the non US person come to the US to reciprocate the process.

First Steps to Launch this Pilot Initiative:
The first exchange may occur during the summer within the United States rather than overseas as originally conceptualized. Dietetic students from one university would exchange with dietetic students from the recipient university. The benefits of having the first exchange located within the United States include but are not limited to:
1. The pilot logistics would be less cumbersome to implement and retool as needed if it occurred stateside rather than internationally.
2. The cost of travel is less for students traveling across the United States rather than flying to Europe or another international destination.
3. Placement of students with RD and DTR host families would be easier because most of the 71,000 ADA members live in the United States.
4. The exchange students would not have to learn a foreign language to fully participate in this cultural immersion process.
5. The group felt that it was not necessary to travel to another continent to be exposed to diverse cultures that already exist within the United States.

**Champions for this Pilot Initiative:**
Lead: Dr. Cindy Wolff, CWolf@csuchico.edu
Dr. Faye Johnson, fjohnson@csuchico.edu
Sylvia Escott Stump, ESCOTTSTUMPS@ecu.edu (Region 6)
Suzanna Nye, snye@cde.ca.gov
Pilot Initiative 1.9: Streamlining and Updating the Credentialing Process for Specialist and Advanced Credentials

Aligns with these Design Principles:

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.
#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.

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.
#8: RDs and DTRs anticipate, adapt and respond to the changing needs of society.

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.
#5: The dietetics credentials are globally recognized.

Education Design Principles
#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.

Desired Outcomes:
- Council on Future Practice and CDR meet demand for specialty and advanced practice credentials, increase visibility, recognition and sustainability of specialist and advance practice credentials.
- Increase numbers of existing credentialed specialist and advanced practitioners to attain and maintain critical mass.
- Online application for the specialist and advanced practice credentials is a streamlined process.
- Treat credentialed practitioners and prospective credentialed practitioners as consumers to increase retention of specialist credentials RDs to 85% - 90% qualified credentialed practitioner.
- Specialist and advanced practice credentials would each that maintain critical masses which results in widespread recognition in the marketplace.

Who Will Need to Be Part of This Pilot Initiative?
- DPG’s that have a stake in developing and sustaining specialty and advance credentials.
- Council on Future Practice
- Commission on Dietetic Registration
First Steps to Launch this Pilot Initiative:

- Propose initiative to CDR and Council on Future Practice.
- Enlist assistance of DPG exports who have participate and lead specialist credentialing efforts.

Champions for this Pilot Initiative:
Alicia Trocker: atmsrd@aol.com: Integrative Nutrition Certification-(DIFM) at the Advanced Practice Level
Suzanna Nye: snye@cde.ca.gov: Leadership Health and Wellness through Federal Child Nutrition Programs (Federal Child Nutrition Program: Certifications)
Katryn Soltanmorad: ksmorad@gmail.com: Credentialed K-12 Dietitian
Suzanna Nye: snye@cde.ca.gov and Patti Steinmuller: psteinmul@msn.com: Globalize the RD/DTR by Embracing a Universal Competency Set

There are many opportunities for collaboration due the widespread interest across regions in developing specialist and advanced credentials and for comprehensive streamlining of the entire credentialing process. The following are Pilot Initiatives and champions from other regions that are compatible with this pilot initiative and are potential collaborators:

Region 2: Defining Dietetic Practice in Food and Water Systems- Developing SOP/SOPP and Specialist Certification:
Erin Berquist – ISU: erin_b@iastate.edu
Kim Robien – U of Minnesota: robie004@umn.edu
Alison Harmon – MSU: harmon@montana.edu
Chris Wharton – ASU: Christopher.Wharton@asu.edu
Angela Tagtow – ENS: angie.tagtow@mac.com

Region 3: Advanced Practice - Residency in Healthcare Food & Nutrition Systems Management
Lynne Ometer: lynne.ometer@emoryhealthcare.org

Region 3: Credentialing Design Principles
*Karen Smith: Karen Smith GA: ksmith@iammorrison.com

Region 3: CEDRD Credential (Advanced Practice; CEDRD- Certified Eating Disorder Registered Dietitian)
Tammy Beasley: tammy@revitupfitness.com

Region 4: New Core Competencies and Credentials
Bruce Rengers: peakranger@yahoo.com
*Marsha Stieber: mstieberrd@msn.com
Maria Duarte-Gardea: Maria Duarte-Gardea TX moduarte@utep.edu

Region 4: Redesign Internships for Specialization (Resemble Coordinated Program)
*Cindy Bonta: banta-cvndra@aramark.com
*Susan Stankorb: susan.stankorb@us.army.mil
*JoAnn Carson: joann.carson@utsouthwestern.edu
*Annette M. Mica: ANNETTE.MICA@childrens.com

Region 4: Reversing CPEUs to Reflect New Core and Specialization Knowledge
*Janice Scott: janice.scott@tsrh.org
Nancy Betts: nancy.betts@okstate.edu

Region 5: Increasing Pathways to RD for Diverse Students from High School (culinary) to DTR (community college) to DPD to Advanced Practice
Jill White: jwhite@dom.edu
*Autumn Marshall: Autumn.Marshall@lipscomb.edu

* Responded to initial invitation as of 4/22 and expressed interest in collaborating on this initiative.
Pilot Initiative 1.10: Best Practices of Innovative Educational Experiences.

Aligns with these Design Principles:
Education Design Principles
#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).
#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.

Desired Outcomes:
- To increase innovative practices or education by communicating best practices to other undergraduate, graduate, student clubs, local dietetic association chapters, state dietetic associations, and the American Dietetic Association,
- Focus is on collaboration: formalized forum to share.

Who Will Need to Be Part of This Pilot Initiative?
- Faculty members interested in sharing with others their best practices,
- Students that are interested in alternative,
- Dietetic interns interested,
- RDs interested.

First Steps to Launch this Pilot Initiative:
- Initiate formalized platform (consistent) for sharing best practices,
- Create initiative for wanting to share best practices (Students’ and RDs’ best practices),
- Acknowledge the create mindset that is important and value driven.

Champions for this Pilot Initiative:
Lisa Herzig
Edward Burke
Pilot Initiative 1.11: Innovative and Formalized Ways to Approve Education Standards

Aligns with these Design Principles:
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.

Education Design Principles
#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.

Desired Outcomes:
- To allow for student recruitment into dietetics major.
- To allow for increased ways to educate students.
- To increase membership and to advance knowledge.

Who Will Need to Be Part of This Pilot Initiative?
- Students from DPDs
- Interns
- DPD and DI directors
- ADA and Commission on Dietetic Registration.

First Steps to Launch this Pilot Initiative:
- Allow DPD students and Dietetic Interns to get continuing education credit for educational seminars and workshops.
- Build on a program established by CDR to allow students to attend professional educational workshops and seminars to receive continuing educational credit.
- They would be allowed to bank hours for after they become credentialed. This would increase membership, recruitment, buy in and increased knowledge.

Champions for this Pilot Initiative:
Lisa Herzig
**Pilot Initiative 1.12:** Integrative Nutrition Certification-(DIFM) at the Advanced Practice Level

**Aligns with these Design Principles:**

Practice Design Principles

#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.

**Desired Outcomes:**

- Certification to recognize the DIFM-Certification as written in SOP which outlines the credential required and proficiency.
- To acknowledge DIFM certification holder as expert in the field.

**Who Will Need to Be Part of This Pilot Initiative?**

- Task force including members of DIFM-EC (Katie Swift, Alicia Trocker, Betsy Redmond, DPG Delegate-Anémie Marie, SCAN DPG-Rep Patti Steinmüller, Mary Alice Gettings (past DIFM Chair)
- Champion-CDR Board-Suzanna Nye

**First Steps to Launch this Pilot Initiative:**

- Form task force
- Conduct survey and analyze findings

**Champions for this Pilot Initiative:**

Alicia Trocker
Pilot Initiative 1.13: Marketing and Design Initiative for ADA

Aligns with these Design Principles:

Design Principles for the Continuum of Future Practice, Credentialing and Education
#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.
#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.
#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.
#10: RDs and DTRs are sought after to advocate for equal access to good food, healthcare, and nutrition education.

Credentialing Design Principles
#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.
#5: The dietetics credentials are globally recognized.

Education Design Principles
#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.

Desired Outcomes:
- ADA is recognized nationally and internationally as the source of food and nutrition information and service in the US.
- ADA responds optimally to internal and external consumers’ goals in healthcare outcome and food systems and food sustain ability. RDs are reimbursed for their services appropriate to their education training and expertise in traditional and emerging areas of areas of practice.
- Add to Desired Outcomes: The brand of the RD and the brand of the DTR as Nutrition Professionals are recognized and valued nationally and internationally. Brand Example: “RD, the Nutrition Professional” or “RD Nutritionist Specialist”
- Add to Desired Outcomes: ADA collaborates effectively with external organizations that share common goals for health and wellness. Example: ADA becomes an official science partner of the President’s Council on Fitness, Sports & Nutrition.

Who Will Need to Be Part of This Pilot Initiative?
- Council on Future Practice,
- House of Delegates,
- DPG’s with experience in marketing, e.g. NE, SCAN, DIFM,
- Professional marketing and design organization outside of ADA (hired by ADA),
- RDs with marketing and business leadership expertise (recruit from all relevant DPGs)
First Steps to Launch this Pilot Initiative:
- Present pilot initiative to ADA,
- Acceptance of initiative by ADA,
- Formation of RFP and advertise to professional marketing and design companies.
- Choose marketing and design organization to be hired to develop options to satisfy the goals of this initiative.

Champions for this Pilot Initiative:
Alicia Trocker: atmsrd@aol.com
Suzanne Nye: snye@cdc.ca.gov
Terri Wagar: wagart@familyhomecare.org
Patti Steinmuller: psteinmul@msn.com

The following are Pilot Initiatives and champions from other regions that are compatible with this pilot initiative and are potential collaborators. Each of these initiatives deal with design, marketing, or education innovations to address health care and consumer concerns and demands.

Region 3: Credentialing Design Principles
Karen Smith: Karen Smith GA: ksmith@iammorrison.com

Region 4: Researching Tele-Nutrition
Rebecca Gould: ragou@ksu.edu
Reno Jain: rjain@labettehealth.com
Linda Eisenhart: lindaeisenhart@sbcglobal.net
Carol Gilmore: carol.gilmore@att.net

Region 6: Professional Development Tools
Nancy Harris: harrisin@ecu.edu

Region 6: Deal of the Day
Cheryl McAfee: rdld615@aol.com

Region 7: Health Promotion Disease Prevention
*Tatyana El-Kour Tatyana@tatyanaakour.com
Mei-Hua Chen: mhchen@lij.edu
Stacey Antina: santine@nyc.rr.com

*Responded to initial invitation as of 4/22 and expressed interest in collaborating on this initiative
Pilot Initiative 1.14: Webinars in Interdisciplinary Teaming

Aligns with these Design Principles:
Practice Design Principles
#1: RD and DTR’s lead, collaborate, and actively engage with interdisciplinary teams in diverse settings.

Desired Outcomes:
- To foster interdisciplinary continuing education programs for RD’s

Who Will Need to Be Part of This Pilot Initiative?
- Allied health professions for collaboration in programs. A university will be the platform for this programming.
- Participants RDs and other health professionals,
- A champion with experience in interdisciplinary teaming to lead series of webinars.

First Steps to Launch this Pilot Initiative:
- Garner support from leaders that will commit to participate.
- Identify experts in interdisciplinary teaming to serve as speakers and resources for content development.
- Build prototype for series of webinars.
- Advertise and launch.

Champions for this Pilot Initiative:
Rebecca Brody
Pilot Initiative 1.15: Dietetic Intern and Chief Partnership for Healthy Food Preparation

Aligns with these Design Principles:
Practice Design Principles
#1: RDs and DTRs lead, collaborate, and actively engage with inter-professional/interdisciplinary teams in diverse settings.
#8: RDs and DTRs anticipate, adapt and respond to the changing needs of society.

Education Design Principles
#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.

Desired Outcomes:
By the end of the internship experience the dietetic intern will have:
- Named the possible ways to include food and food preparation in client education
- Reflected on the cooking skills and ingredients needed to prepare a client for following
- Decided how food preparation and ingredients a therapeutic diet change ideas of diet compliance.

Who Will Need to Be Part of This Pilot Initiative?
- Healthcare Chefs-American Healthcare Foodservice Association Networks
- Food and Culinary Professionals
- Montana State University Dietetic Internship Director

First Steps to Launch this Pilot Initiative:
- Institute food preparation skills with chefs in Healthcare in Montana distance internship with Helena interns.
- Introduce project to Montana FNCE participants in June 2011.
- Meet with MSU dietetic internship director.

Champions for this Pilot Initiative:
Food and Culinary Professionals Dietetic Practice Group.
Deborah Jones
Pilot Initiative 1.16: Learner-Centered Education as the Preferred Learning Method Curriculum.

Aligns with these Design Principles:

Education Design Principles

#2: Learner-centered education fosters leadership, assertiveness, innovation, critical thinking and problem-solving, strategic planning, effective communications and emotional intelligence.

Desired Outcomes:

• Dietetic interns will identify learner-centered education approach as the preferred learning method.
• Add curriculum to CDR/ADA websites.

Who Will Need to Be Part of This Pilot Initiative?

• Dietetic internship directors in Southern California Dietetic Internship Consortium and their interns.

First Steps to Launch this Pilot Initiative:

• Develop the curriculum
• Present the curriculum to dietetic interns
• Assess knowledge transfer

Champions for this Pilot Initiative:
Linda Andrews
Pilot Initiative 1.17: The RD or DTR as the Leaders in Food and Nutrition Curriculum

Aligns with these Design Principles:
Credentialing Design Principles
#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.
#5: The dietetics credentials are globally recognized.

Desired Outcomes:
• Undergraduate students in various majors will identify the dietetics practitioners as the leaders in food and nutrition and recognized and valued by consumers, policymakers and external stakeholders.

Who Will Need to Be Part of This Pilot Initiative?
• Facilitators of the Human Nutrition class at University of Phoenix, South California Campuses and their nursing students.
• Professors of the Human Nutrition class at Fullerton College, Fullerton, California and their undergraduate students.

First Steps to Launch this Pilot Initiative:
• Develop the curriculum,
• Present the curriculum to nursing students in learner-centered format.
• Assess knowledge transfer.

Champions for this Pilot Initiative:
Linda Andrews
**Pilot Initiative 1.18:** Credentialed K-12 Dietitian

**Aligns with these Design Principles:**
**Practice Design Principles**
#1: RDs and DTRs lead, collaborate, and actively engage with inter-professional/interdisciplinary teams in diverse settings.
#3: Specialist and advanced practice are accessible to diverse populations and areas of practice.
#8: RDs and DTRs anticipate, adapt and respond to the changing needs of society.

**Desired Outcomes:**
- RDs would be considered a credentialed part of the team within K-12 educational institutions.

**Who Will Need to Be Part of This Pilot Initiative?**
- RDs working in education/curriculum in K-12 settings
- Federal programs funding RD’s in the non-food service K-12
- RD directors of school food service
- Commission on Dietetic Registration
- US Department of Education
- NEHP DPG
- Society for Nutrition Education

**First Steps to Launch this Pilot Initiative:**
Conduct needs assessment to determine:
- state and federal education codes for credentialing routes for specialists such as RD, RN, School Psychologists, etc.
- number of RD’s affected, baseline data collection.

**Champions for this Pilot Initiative:**
Katryn Soltanmorad
Suzanna Nye
Pilot Initiative 1.19: Home Health Outcomes

Focus: Supportive evidence that MNT improves patient outcomes in home health and establish evidence for RD reimbursement (CMS, MA, and Insurance) in the home health arena.

Aligns with these Design Principles:
Practice Design Principles
#1: RDs and DTRs lead, collaborate, and actively engage with inter-professional/interdisciplinary teams in diverse settings.
#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.

Credentialing Design Principles
#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
#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. The accreditation process for education programs is less cumbersome and more streamlined.

Desired Outcomes:
1. Through the use of supportive evidence/outcomes, RD/MNT will become a recognized discipline in the eyes of CMS, State Medicaid, and Insurance Companies.
2. Establish supportive evidence that home health patient outcomes are improved with RD/MNT intervention, and there are fewer hospital re-admissions for those that have seen a RD.
3. RD/MNT services will be reimbursed for services similar to our professional peers (i.e., Physical Therapy, Occupational Therapy).
4. Expand scope of practice that would allow RD’s to expand what they are able to do in the home. Some examples: Blood glucose testing; simple wound care; evaluating need for adaptive equipment for eating.

Who Will Need to Be Part of This Pilot Initiative?
- Home health agencies using RDs and those not using the RD.
- Focus would be in the Northwest (WA, OR, ID).
- University support to assist with study set-up and data management.
- Research DPG, Dietetics in Health Care Communities DPG.

First Steps to Launch this Pilot Initiative:
1. Assess current research or related research in this field.
2. Assess universities that would be interested in assisting in this study.
3. Set up study parameters, tools to be used, and determine the logistics of obtain the needed information.
4. Create buy in for involved organizations, contact and formalize agreements between organizations.
Champions for this Pilot Initiative:
Terri Wagar: terri.wagar@familyhomecare.org
Sonja Connor: connors@ohsu.edu
Jessie Pavlinac: pavlinac@ohsu.edu
Ed Burke: eduardo.burke@gmail.com

Please contact Terri Wagar if you are interested in participating.
**Pilot Initiative 1.20:** Professional Training and Certification for School Food Service

**Aligns with these Design Principles:**

**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.

#3: RDs and DTRs are integral leaders/members of interdisciplinary teams in education, research and practice.

#5: RDs possess a core education in foods, 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: The RD and DTR are recognized as the leading food and nutrition practitioners.

#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.

#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).

#5: Dietetics education uses evidence-based and best practices to prepare students with future focused knowledge and skills for emerging roles.

#7: Education, experiential and CPE programs foster the use of client-centered approaches in practice

**Desired Outcomes:**

The focus of this pilot is to position the American Dietetic Association as a key partner with the United State Department of Agriculture (USDA) in order to develop and provide nationally acclaimed, high quality, annual professional training and certification of School Food Service Directors and State Agency Directors who administer the National School Lunch Program. The purpose of the training and certification programs is to ensure that the new federal nutrition standards, food safety standards, free and reduced price meal requirements, and proper identification of reimbursable meals at the point of service are communicated in order to meet the USDA laws and policies.
Who Will Need to Be Part of This Pilot Initiative?
- Child Nutrition Program experts-at State/National level
- USDA Nutrition professional leadership
- Employers of Child Nutrition Programs
- Council on Future Practice
- Commission on Dietetic Registration

First Steps to Launch this Pilot Initiative:
The team recommends that ADA establish a core group of champions to initiate the development, training, and marketing to of these required education, training, and certification for all Food Service Directors and State Agency Directors administering the National School Lunch Program (NSLP). Having ADA lead this undertaking at the national level is needed in order to build capacity and shift the tide with healthful eating and healthy food environments that support and promote the goals and objectives of ADA. Startup funds may be available through USDA, as funds have been earmarked in the new law (see attached law).

All 50 states participate in the NSLP. Therefore, each state will receive annual funds from USDA to conduct (or they could simply send staff to attend ADA trainings) training and certification programs that meet these new federal requirements.

States would welcome ADA’s high quality trainings, because they would not have to develop and maintain their own. The cost burden of developing these trainings would be less for ADA because ADA already supports a robust training infrastructure.

What states would develop on their own would be much less then what ADA could create, because ADA routinely develops, provides, and maintains web based training, face-to-face training, simulation for case study training, training to meet the unique needs and challenges of large, medium, and small size agencies and states, as well as distance learning to accommodate rural areas of the United States, etc.

It is critical for ADA to mobilize their efforts as quickly as possible in order to capitalize on this window of time and become a première provider of NSLP trainings and certifications. This would strengthen ADA’s position as a mover and shaker in the NSLP and potentially provide professional training for all Child Nutrition Programs over time. While NSLP is the most visible program of the four Child Nutrition Programs, ADA could expand training in the Child and Adult Care Food Program, Summer Food Service Program, and the Supplemental Women, Infants, and Children Nutrition Program. This would be a ground breaking opportunity to fundamentally shape food and nutrition professionals’ knowledge and skill of the Child Nutrition Programs across America.

When ADA establishes a strong foothold in providing professional training and certificate programs for Child Nutrition Programs, ADA may wish to expand its offerings to paraprofessionals such as food service workers at the local level. Food service workers typically come from culturally diverse populations, which if they were successfully recruited to become RDs and DTRs, would increase the cultural diversity of the profession over time.

Champions for this Pilot Initiative:
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Pilot Initiative 1.21: Synergizing the Health Care Team through Interdisciplinary RD/DTR Education, Training, and Practice.

Aligns with these Design Principles:
Design Principles for the Continuum of Future Practice, Credentialing and Education
#3: RDs and DTRs are integral leaders/members of interdisciplinary teams in education, research and practice.
#4: RDs and DTRs translate evidence-based food, nutrition and health information to guide practice interventions and outcomes.

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.

Desired Outcomes:
• RDs lead with nutrition in the interdisciplinary team when tube feeding is the key treatment.
• RDs place the feeding tubes.
• RDs work on the interdisciplinary team to develop patient care plans for tube feeding appropriate patients in order to ensure that patients receive tube feedings early for maximum nutrition and less days in the hospital.

Who Will Need to Be Part of This Pilot Initiative?
• Clinical RD
• RD Director
• Kaiser Hospital
• Regulators
• Commission on Dietetic Registration
• Clinical Nutrition Management DPG
• Journal of the American Dietetic Association - research/outcome documentation
• UK RD associate where this is the norm for practice.

First Steps to Launch this Pilot Initiative:
• Kaiser in Fresno is interested in this option.
• RDs are at career level 2; the pay is high and career ladder is in place, want to lead in tube feeding placement/tube feeding treatment team.

Champions for this Pilot Initiative:
Judy Osterloh
Suzanna Nye
Pilot Initiative 1.22: Expand RD Registration Reciprocity Agreements

Aligns with these Design Principles:

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.
#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.
#6: RDs and DTRs lead change to promote optimal health for all populations through food and nutrition.

Practice Design Principles

#2: The RD and DTR are recognized as the leading food and nutrition practitioners.
#8: RDs and DTRs anticipate, adapt and respond to the changing needs of society.
#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.
#4: The dietetics credentials promote and protect the health and wellness of the public.
#5: The dietetics credentials are globally recognized.

Education Design Principles

#4: Diverse and flexible education and experiential pathways, which positively impact students, educators, and preceptors, exist for attaining all RD and DTR credentials.
#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.

Desired Outcomes:

- Establish a universal set of competition for one global RD/DTR credential.
- Establish a system of assessing competency mastery in order to test out of competencies to limit duplicative required make up education and experience of practitioners that verifies adequate grasp of each competency using/through computer simulations, case studies professional work experience. Etc.

Purpose: Expand RD eligibility reciprocity agreements to include additional countries beyond the following with whom CDR currently has a reciprocity agreement. Examples: UK, Australia, New Zealand. Be proactive in developing reciprocity agreements. Develop more flexible options for documenting certification requirements (didactic, experiential and examination). Expanding reciprocity agreements would enable qualified dietitians from other countries to become RDs in the U.S.

Who Will Need to Be Part of This Pilot Initiative?

- Commission on Accreditation for Dietetics Education
- Commission on Dietetic Registration
- Dietetic Practice Groups
- Oversees Dietetic Association
- All the International Dietetic Associations
- Computer software systems
- Regulatory groups
- Employers
First Steps to Launch this Pilot Initiative:
- Summit for Globalization of the RD credentials
- First phase with Canada, UK, New Zealand, Australia, Mexico, where practice is similar in the US
- Then add in the other nations over time. ICDA International Congress of Dietetic Associations.

Champions for this Pilot Initiative:
Suzanne Nye: nye@cde.ca.gov
Patti Stermuller: psteinmul@msn.com
Alicia Trocker: atmsrd@aol.com

The following are Pilot Initiatives and champions from other regions that are compatible with this pilot initiative and are potential collaborators:
Region 3: Supervised practice - Assessment of Prior Experience
Catherine Christie: c.christie@unf.edu
Judy Rodriguez: jrodrigu@unf.edu

Region 5: Nutrition Proficiency Exam
Autumn Marshall: Autumn.Marshall@lipscomb.edu
Jill White: jwhite@dom.edu

Region 7: Exploration of Potential Alternative Pathway RD’s
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Marsha Dramond: marshadiamond@gmail.com
Patsy Brannon: pmb22@cornell.edu
**Pilot Initiative 1.23:** Collection of Outcome Data by Preceptors.

**Aligns with these Design Principles:**

**Practice Design Principles**

- #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.

**Desired Outcomes:**

- RDs/DTRs will collect outcomes data, learn a new skill, get electronic collection program for free of charge, end up with data that will be useful to the employer and which would increase the value of the RD/DTR.

**Who Will Need to Be Part of This Pilot Initiative?**

- Preceptors and their employees
- Researchers

**First Steps to Launch this Pilot Initiative:**

- Sonja Connor, Jessie Pavlinac and Martha McMurry will develop a plan.
- Obtain support from the Oregon Health Science University internship program.
- Two or three preceptors will be recruited to pilot test the program.

**Champions for this Pilot Initiative:**

Sonja L. Connor
Martha P. McMurry
Jessie Pavlinac
Pilot Initiative 1.24: National Database of Standardize Recipes for Child Nutrition Programs

Aligns with these Design Principles:

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.
#3: RDs and DTRs are integral leaders/members of interdisciplinary teams in education, research and practice.
#5: RDs possess a core education in foods, 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.
#3: The RD and DTR are recognized as the leading food and nutrition practitioners.
#5: The value of the profession is demonstrated through the use of standardized outcomes measures for research and practice.
#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.

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

Desired Outcomes:
“The focus of this pilot is to establish a national database of standardized recipes that school districts and other agencies that administer the National School Lunch Program can use in order to prepare healthy, delicious, and ‘kid friendly’ meals and snacks that meet the new, stringent federal Child Nutrition Program nutrition standards. Additionally, develop healthy standardized recipes that are well accepted by diverse cultures in order to promote native foods that meet the federal nutrition requirements. A national recipe vault would extend the bridge for school districts and school nutrition professionals to achieve compliance and retain student participation rates.
Who Will Need to Be Part of This Pilot Initiative?
- ADA
- Culinary Institute of America
- USDA Child Nutrition programs

First Steps to Launch this Pilot Initiative:
The team recommends that ADA establish a core group of champions within ADA that work together to establish a pilot that develops standardized recipes that meet the new, improved, proposed federal nutrition requirements. Outreach to additional partners such as the School Nutrition Association and the National School Foodservice Management Institute should be conducted. The group also recommends that a database be established at USDA and maintained by the collaborating partners in order to store and share these recipes across America.

Champions for this Pilot Initiative:
Co-Lead: Dayle Hayes, eatwellatschool@gmail.com
Co-Lead: Amy Myrdal Miller, A_Myrdal@Culinary.Edu
Co-Lead: Alison Kretser, Kretser.a@finnparks.com
ADA Food and Culinary Dietary Practice Group, fcp@quidnunc.net
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Additional Background
The American Dietetic Association (ADA) submitted written comments in early April to the Federal Register notice on the USDA proposed nutrition standards in the National School Lunch and School Breakfast Programs. The comments were prepared with input from the School Nutrition Service DPG, Community Nutrition Public Health DPG and the Hunger and Environmental DPG with final review and approval from the Public Policy Committee leadership and the ADA Washington office. As part of these comments the ADA encouraged the USDA Food and Nutrition Services (FNS) to lead efforts to establish the creation of a database that would serve as a national repository of standardized recipes that meet the new school meal requirements. ADA offered to partner with USDA in this effort to develop tasty and healthy standardized recipes for this purpose. ADA also discussed the concept with another key partner, the Culinary Institute of America (CIA) who immediately voiced an interest in such a partnership with USDA and ADA.

ADA has already been working with the First Lady and her Let’s Move initiative over the past year to promote “Recipes for Healthy Kids” contest as a strategy to help America’s children eat healthy. To kick start the database, the 340 recipes that were submitted for the contest can be used to populate this national database. School districts are clamoring for standardized recipes that meet the new, more stringent nutrition requirements, as districts and other Child Nutrition Program agencies implementing the National School Lunch Program do not have the resources or expertise to develop these recipes on their own.
Pilot Initiative 1.25: Integrated “For Profit” Dietetic Internships

Aligns with these Design Principles:

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.
#3: RDs and DTRs are integral leaders/members of interdisciplinary teams in education, research and practice.
#5: RDs possess a core education in foods, 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.
#5: The value of the profession is demonstrated through the use of standardized outcomes measures for research and practice.
#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.

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.

Desired Outcomes:
The focus of this pilot is to establish a “For Profit” dietetic internship model which can be replicated nationally in order to significantly expand the number and capacity of dietetic internship. The goal is to assure that all qualified dietetic students be accepted into a dietetic internship. At present time nearly half of all dietetic students that apply for dietetic internships are turned away due to program impaction. This results in thousands of dietetic students each year unable to be matched with a dietetic internship.
The purpose of this pilot will be to develop integrated dietetic internships, which are nested within an existing university that, not only trains interns, but provides pre-professional experiences that engage the interns in integrated ancillary healthcare team(s). The goal is to dramatically increase in the number of Registered Dietitians (RD) in the United States, as well as position RDs to actively participate and/or lead integrated healthcare teams upon entering the job market.

Who Will Need to Be Part of This Pilot Initiative?
- CADE
- Local dietetic internship directors
- Administrators
- Faculty from Western University

First Steps to Launch this Pilot Initiative:
The team recommends that ADA establish a core group of champions to identify prospective dietetic internship programs that would serve as a pilot integrated dietetic internships in “For Profit” settings. Startup costs may be accommodated through partnering universities, once they are informed of the huge backlog of dietetic students that have not gotten into dietetic internships, as well as the continuing need for over 1,000 placements for dietetic candidates that did not get placed due to internship impaction. If the “For Profit” model is successful, existing dietetic internships may consider reconfiguring their “Non Profit” status to a “For Profit” status in order to facilitate payment of preceptors, which is a key barrier to the number of interns that dietetic internships accept.

Background
Studies show that the demand for RD services continues to increase with the need for specialized nutrition counseling services especially for the aging population, as well as associated food and nutrition expertise to combat childhood obesity. Rather than continuing to lose nearly half of the potential pool of RDs each year because of inadequate number of dietetic internships and limited dietetic internship capacity, the group urges the American Dietetic Association to support and expand the “For Profit” model to accommodate all eligible dietetic internship candidates.

Champions for this Pilot Initiative:
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## Region 2
### Participant List

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Pilot Initiative Report - Region 2

Pilot Initiative 2.1: Summer Institute in Dietetic Practice

Description: This week long summer institute will engage dietetics, food and nutrition faculty and preceptors in learner-centered education to acquire knowledge and skills for current dietetic practice. Emphasis will be placed on interdisciplinary practice models, evidence-based dietetics, collaboration and mentoring for faculty teaching in food-based dietetics curricula.

Aligns with these Design Principles:
Design Principles for the Continuum of Future Practice, Credentialing and Education
#5: RDs possess a core education in foods, food science, nutrition, health and wellness with the ability to select an emphasis area to position RDs as the leaders in foods and nutrition.

Practice Design Principles
#1: RDs and DTRs lead, collaborate, and actively engage with inter-professional/interdisciplinary teams in diverse settings.

Education Design Principles
#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.

Desired Outcomes:
- Mechanism for attaining and maintaining competence in several areas of dietetic practice.
- Updates on evidence-based dietetics, learner centered education and best practices in dietetics.
- Structured time for faculty collaboration and mentorship is planned.
- This type of initiative may be useful periodically (~7 years) for CDR credentialing.

Who Will Need to Be Part of This Pilot Initiative?
- Experts from DPGs will drive content
- Faculty with appropriate expertise will be recruited
- Sponsoring educational institutions (Michigan State University)

First Steps to Launch this Pilot Initiative:
- Curriculum design
- Recruit partners
- Engage site for delivery

Champions for this Pilot Initiative:
Norm Hord
Jayne Byrne

Supporting Documentation: This pilot initiative proposes a week long summer institute for dietetic, food and nutrition educators to attain and maintain knowledge and skills consistent with the “Advanced Practice RD in Higher Education” description in the Council on Future Practice Visioning Report 2011.
Pilot Initiative 2.2: Food Centered Undergraduate Education Program/Degree

Description: This accredited program of undergraduate education in dietetics will fully integrate an understanding of food system structures, food policy, and factors influencing food choice with the current Knowledge Requirements and Learning Outcomes for accredited Didactic Programs in Dietetics.

Aligns with these Design Principles:

Design Principles for the Continuum of Future Practice, Credentialing and Education
#5: RDs possess a core education in foods, 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.

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.
#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 (learner) client-centered approaches in practice.

Desired Outcomes:
- Promote awareness and greater engagement with food systems and food policy among those at the novice stage of professional development, with the intent to influence and encourage future practitioners in the area of Sustainable Food and Water Systems.
- Prepare novice professionals to develop as leaders in emerging future practice roles.
- Design curriculum that models innovation and effectiveness in meeting food and nutrition needs and interests of consumers.

Who Will Need to Be Part of This Pilot Initiative?
- Educators and practitioners with established expertise in the area of sustainable food and water systems and civic dietetics.
- The Commission on Accreditation for Dietetics Education (CADE).
- Faculty, Program Directors and identified academic officers of sponsoring colleges/universities.

First Steps to Launch this Pilot Initiative
- Working with identified experts, establish Knowledge Requirements and Learning Outcomes for novice professionals enrolled in accredited didactic programs in dietetics.
- Design course work and seek approval to conduct the courses.
- Design assessment tools to validate curriculum.
- Engage partners to pilot the curriculum and engage in ongoing assessment and development.

Champions for this Pilot Initiative:
Jayne Byrne and the DPD at The College of St. Benedict/St. John’s University,
Norm Hord
Pilot Initiative 2.3: Lead Interdisciplinary Teaming and Practice and Create Mini Clinics

Aligns with these Design Principles:
Design Principles for the Continuum of Future Practice, Credentialing and Education
#3: RDs and DTRs are integral leaders/members of interdisciplinary teams in education, research and practice.

Practice Design Principles
#1: RDs and DTRs lead, collaborate, and actively engage with inter-professional/interdisciplinary teams in diverse settings.

Desired Outcomes:
- Improved client health
- Reduction in certain symptoms (menopausal issues, depression)
- Create wellness teams to promote positive healthy outcomes.

Who Will Need to Be Part of This Pilot Initiative?
- MN Dietetic Association
- Chiropractic Association
- Acupuncture Association
- Social Worker Association
- MN Medical Association
- Head of Fitness Clubs
- Heads of Community Centers
- Head of Chiropractic School in Bloomington, MN

First Steps to Launch this Pilot Initiative:
- Request participation by Dietitians in Integrative and Functional Medicine DPG.
- Contact with Minnesota Dietetic Association president and chiropractic association president to get ideas on ways to connect team members.
- Contact the RD at Mayo Clinic (Charla Schultz at the Mayo Clinic) to get some ideas on how to connect at Mayo.

Champions for this Pilot Initiative:
Susan Parks
Pilot Initiative 2.4: Defining Dietetics Education and Practice in Sustainable Food and Water Systems* by Establishing the Standards of Practice (SOP) and Standards of Professional Performance and Specialist Certification

*May include sustainable agriculture; environmental nutrition; food access and hunger; food, nutrition and agriculture policy; biosecurity of the food supply; energy dependency and the food system; impact of climate change on food supplies and health; etc.

Aligns with these Design Principles:

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.
#4: RDs and DTRs translate evidence-based food, nutrition and health information to guide practice interventions and outcomes.
#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.
#10: RDs and DTRs are sought after to advocate for equal access to good food, healthcare, and nutrition education.

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.
#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.

Desired Outcomes:
- To partner with ADA Quality Management to develop and maintain SOP/SOPP for food and water systems.*
- To establish SOP/SOPP in sustainable food and water systems that will define generalist, specialist, and advance levels of practice.
- Use SOP/SOPP for a specialist certification in sustainable food and water systems.

Who Will Need to Be Part of This Pilot Initiative?
- Hunger and Environmental Nutrition DPG
- ADA Quality Management Committee.
- Commission on Accreditation for Dietetics Education
- Commission on Dietetic Registration
- Dietetics education programs for pilots

First Steps to Launch this Pilot Initiative:
Phase 1:
- Meet with Quality Management (use Oncology proposal as guide)
- Form steering committee of content experts
- Survey HEN members on topics, priorities, strategies
- Draft SOP/SOPP – Review, revise, repeat
- Quality Management Committee vote and approval
- Pilot and validate to the SOP/SOPP
- Publish in the *Journal of the American Dietetic Association*

**Phase 2:**
- Determine feasibility of specialty credential
- Start specialist credential process
- Survey HEN members, employers, organizational partners
- Application submitted to the Council on Future Practice
- Market the availability of credential

**Champions for this Pilot Initiative:**
Hunger & Environmental Nutrition DPG Leadership Team
Angela Tagtow – Environmental Nutrition Solutions, Iowa
Erin Berquist – Iowa State University
Kim Robien – University of Minnesota/ School of Public Health
Lisa Dierks, Mayo Clinic, Minnesota

**HEN DPG Leadership and Potential Pilot Sites**
Alison Harmon – Montana State University
Chris Wharton – Arizona State University
Tamara Vitale – Utah State University
Caroline Baum Webber – Western Michigan University

This proposal will be discussed with the HEN DPG Leadership Team at their strategic planning session in spring/summer 2011.

This proposal does not overlap nor coordinate with other proposals.
Pilot Initiative 2.5: Nebraska Innovative Education Initiative

Aligns with these Design Principles:
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.

Education Design Principles
#4: Diverse and flexible education and experiential pathways, which positively impact students, educators, and preceptors, exist for attaining all RD and DTR credentials.

Desired Outcomes:
- Develop a new educational pathway for future food and nutrition professionals and pilot tested.
- Work with the Commission on Accreditation for Dietetics Education, Commission on Dietetic Registration and DPGs to develop a base exam and focus exams for the new pathway.
- Assess and evaluate program outcomes based on the new pathway exit points.
- Survey graduates, employers, and stakeholders for outcome data

Who Will Need to Be Part of This Pilot Initiative?
- University of Nebraska Medical Center – Schools of Public Health and Allied Health
- University of Nebraska Lincoln – Department of Nutrition and Health Sciences
- Futurists from the Nebraska Dietetic Association
- Preceptors
- Commission on Accreditation for Dietetics Education
- Commission on Dietetic Registration
- DPGs

First Steps to Launch this Pilot Initiative:
- Set up brainstorming summit with University of Nebraska - Lincoln, University of Nebraska Medical Center, Nebraska Dietetic Association.
- Develop a method to get stakeholder input.
- Hold a discussion with DPG leadership at FNCE.

Champions for this Pilot Initiative:
Corri Hanson
Jessie Coffey
Wanda Koszewski
Education Model for Future Food and Nutrition Professionals

Base 2 years Liberal Arts Education

(Biology, Chemistry, Into Food and Nutrition, Social Sciences, Humanities)

Junior/Senior Year

Pre Dietetics  Culinology,  Hospitality Mgt  Pre Health  Nutrition Ex  Community Nutr-HP

Base Exam

Graduate from Undergraduate Program

Jobs: Food Service Mgt, WIC, Entry Level Dietetics, Health and Wellness, Food Industry, Civic Dietetics

Post Bac Education

MBA  MPH  Community Nutr  Nutr and Ex  M$ Thesis  MEd  MPP  MCN  Health Promotion

Include focus practice competencies and coursework. Complete degree and experiences take focus area exam

Summer Institute for Food and Nutrition Professionals—Learner entered, collaborative and evidence based exploration of new/best practices for food and nutrition professionals

Advanced Doctorate
# Region 3

## Participant List

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Pilot Initiative Report - Region 3

**Pilot Initiative 3.1**: Advanced Practice Residency in Health Care Food & Nutrition Systems Management

**Aligns with these Design Principles:**
Design Principles for the Continuum of Future Practice, Credentialing and Education
#5: RDs possess a core education in foods, food science, nutrition, health and wellness with the ability to select an emphasis area to position RDs as the leaders in foods and nutrition.

Practice Design Principles
#3: Specialist and advanced practice are accessible to diverse populations and areas of practice.

Credentialing Design Principles
#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.

Education Design Principles
#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.

**Desired Outcomes:**
- RD practitioner credentialed for advanced practice in management
- Increase in the number of RDs electing to have a career in management (FS or other)

**Who Will Need to Be Part of This Pilot Initiative?**
- Emory Healthcare Systems & Management Team
- Possibly a local university
- Possibly the Association of Healthcare Foodservice (AHF)

**First Steps to Launch this Pilot Initiative:**
- Contact chair of CADE Advanced Practice Residency Committee to discuss.
- Outline residency content: didactic & experiential – includes different tracks.
- Determine funding.

**Champions for this Pilot Initiative:**
Lynne Ometer
Pilot Initiative #3.2: Development of Simulations for Supervised Practice / Didactic Programs

Aligns with these Design Principles:
Practice Design Principles
#1: RDs and DTRs lead, collaborate, and actively engage with inter-professional/interdisciplinary teams in diverse settings.

Education Design Principles
#1: Core curricula for education and experiential programs are redesigned to be interdisciplinary, flexible, adaptable and cost efficient.
#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.

Desired Outcomes:
• Equivalent knowledge & achievement of competencies, satisfaction w/education by students, faculty and employers.

Who Will Need to Be Part of This Pilot Initiative?
• Faculty (Meeting standards/ideas), practitioners (will need to help in determining appropriate simulations), students (ideas), employers (outcomes), preceptors (help plan and to overcome initial challenges).

First Steps to Launch this Pilot Initiative:
• Determine the definition of simulations and those knowledge/competency statements that can be met through simulations.

Champions for this Pilot Initiative:
Elaine Molaison
Carol O’Neil
Lauri Wright
Pilot Initiative #3.3: UNFMS/DI - Simulation Experience with Nursing

Aligns with these Design Principles:
Design Principles for the Continuum of Future Practice, Credentialing and Education
#3: RDs and DTRs are integral leaders/members of interdisciplinary teams in education, research and practice.

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.
#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.

Desired Outcomes:
- Replace preceptor supervised practice experience for competency development with inter-disciplinary simulation experience.
- Quality control of simulation experiences and reduced variance of experience from community sites.

Who Will Need to Be Part of This Pilot Initiative?
- UNF nutrition faculty
- Graduate program director & MS/DI/Internship Director
- Nursing Faculty

First Steps to Launch this Pilot Initiative:
- Explore capability of nursing simulation equipment and software and adaptability to nutrition scenarios.
- Create objectives and competencies for simulation experience.
- Evaluate quality & equivalency for meeting competencies designated.

Champions for this Pilot Initiative:
Cathy Christie
Judy Rodriquez
Pilot Initiative 3.4: Supervised Practice - Assessment of Prior Experience

Aligns with these Design Principles:

**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.

#4: Diverse and flexible education and experiential pathways, which positively impact students, educators, and preceptors, exist for attaining all RD and DTR credentials.

#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.

**Desired Outcomes:**

- Establish a valid process for assessment of prior experiences
- Less time required in supervised practice
- Positive exam results
- Increase non-traditional and diverse students entering the profession

**Who Will Need to Be Part of This Pilot Initiative?**

- UNF MSA/DI Program
- Advisors
- Nutrition Faculty
- Preceptors
- CADE

**First Steps to Launch this Pilot Initiative:**

- Develop and test assessment tool.
- Accept students.
- Monitor results.

**Champions for this Pilot Initiative:**

Catherine Christie
Judy Rodriguez
**Pilot Initiative 3.5:** Non ADA Preceptors/Mentors

**Aligns with these Design Principles:**

*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.

**Practice Design Principles**

#1: RDs and DTRs lead, collaborate, and actively engage with inter-professional/interdisciplinary teams in diverse settings.

#6: Lifelong mentoring occurs throughout careers and across all disciplines.

#8: RDs and DTRs anticipate, adapt and respond to the changing needs of society.

**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.

#4: Diverse and flexible education and experiential pathways, which positively impact students, educators, and preceptors, exist for attaining all RD and DTR credentials.

**Desired Outcomes:**

- Increase diversity in preceptors and mentors.
- Engage non-RD preceptors / mentors in ADA activities to promote ADA recognition.
- Increase inter-disciplinary learning in education and practice.

**Who Will Need to Be Part of This Pilot Initiative?**

- ADA Member Services Group
- Commission on Accreditation for Dietetics Education
- Dietetics education program directors

**First Steps to Launch this Pilot Initiative:**

- Ask Commission on Accreditation for Dietetics Education program directors for preceptors (non ADA information).
- Design a “profile” to identify and adjust the actual ADA online Mentoring program to accommodate non-member preceptors.
- Assign a customer number to the non-members.
- Access the mentor’s data base.

**Champions for this Pilot Initiative:**

Ivonne Anglero
Pilot Initiative 3.6: Office of Public Health Nutrition, South Carolina Department of Health & Environmental Control

Aligns with these Design Principles:
Education Design Principles
#4: Diverse and flexible education and experiential pathways, which positively impact students, educators, and preceptors, exist for attaining all RD and DTR credentials.

Desired Outcomes:
- Recognize prior experience towards supervised practice hours through demonstration of competency.
- Demonstrate competency evidenced in a professional portfolio and acceptable test scores with competency.
- Positive exam results.
- Increased diversity of student seeking RD credential.

Who Will Need to Be Part of This Pilot Initiative?
- Dietetic Internship director
- Intern
- Preceptor

First Steps to Launch this Pilot Initiative:
- Expanded publicity on website of current policy.
- Encourage qualified interns to apply for credit for prior experience.

Champions for this Pilot Initiative:
Sandra Spann
Pilot Initiative 3.7: Explore Possible Dual Credentials in DPD

Aligns with these Design Principles:

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.

Desired Outcomes:
- Identify secondary credentials that can be obtained during the DPD studies such as CHES, CMHC, Education, Fitness.
- Develop mechanisms for incorporating requirements for secondary credentials into the DPD program.

Who Will Need to Be Part of This Pilot Initiative?
- Nutrition faculty
- Other discipline faculty
- College advisors
- Credentialing bodies

First Steps to Launch this Pilot Initiative:
- Identify other credentials
- Determine how and if requirements for secondary credentials can be integrated into DPD

Champions for this Pilot Initiative:
Judy Rodriquez
Cathy Christie
Pilot Initiative 3.8: Certified Eating Disorder Registered Dietitian (CEDRD) Credential
(Advanced Practice; CEDRD)

Aligns with these Design Principles:
Practice Design Principles
#1: RDs and DTRs lead, collaborate, and actively engage with inter-professional/interdisciplinary teams in diverse settings.
#3: Specialist and advanced practice are accessible to diverse populations and areas of practice.

Credentialing Design Principles
#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.

Desired Outcomes:
• Collaboration between ADA & IAEDP to recognize the CEDRD credentialing process as the advanced practice credential for RDs in eating disorder field.
• Collaborative application approved by ADA and CEDRD becomes recognized advanced certification:
  o Increase in equivalency application for CEDRD by those RDs experienced in field already
  o Increase in number of RD that attend and collaborate with multi-disciplinary professions in IAEDP
  o Revenue to ADA as approved provided of CEUs for IAEDP symposiums.
• Increase insurance reimbursement for RDs in Eating Disorders using CDE/Diabetes as model (Diabetes was 1st diagnosis covered by insurance companies and similarly, IAEDP & ADA collaboration would strength the agreement of RD coverage.

Who Will Need to Be Part of This Pilot Initiative?
• Tammy Beasley
• IAEDP Certification Committee
• ADA – Harold Holler (Collaboration application)
• Secure support of BHN and SCAN key players (Managers of DPGs) and increase immediate no. of CEDRDs by equivalency application.

First Steps to Launch this Pilot Initiative:
• Contact key players in BHN, SCAN to share details of CEDRD certification equivalency application option (to get them on board).
• Complete phase 6 collaboration application by May 30, 2011 incorporating new standards of practice for education – turn to ADA.
• Request IAEDP complete all requirements for ADA to be provider (CEUs) for symposiums of continuing education.

Champions for this Pilot Initiative:
Tammy Beasley
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Pilot Initiative 4.1: New Core Competencies and Credentials

Aligns with these Design Principles:
CREDENTIALING DESIGN PRINCIPLES
#1: Pathways to credentials are broadened to increase flexibility, diversity and numbers of practitioners.
#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.

EDUCATION DESIGN PRINCIPLES
#1: Core curricula for education and experiential programs are redesigned to be interdisciplinary, flexible, adaptable and cost efficient.
#4: Diverse and flexible education and experiential pathways, which positively impact students, educators, and preceptors, exist for attaining all RD and DTR credentials.
#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.

DESIRABLE OUTCOMES:
- Create a model for varying levels of education and credentialing that allows for a didactic core (food and nutrition) that would lead to an exam and a new credential that if able to be utilized in general nutrition, wellness, prevention, in conjunction with other degrees and as qualification for more advanced training.
- This credential could be followed by experiential/didactic programs (post baccalaureate) for more focused training and practice. This model would then be presented for comment and review by various stakeholders for a comment on feasibility.

WHO WILL NEED TO BE PART OF THIS PILOT INITIATIVE?
1. Educators from both didactic and supervised practice programs
2. Practitioners in the field, post-credentialing, from newly credentialed to those in practice from one to 20+ years, representing a variety of practice areas.
3. Commission on Accreditation for Dietetic Education and Commission on Dietetic Registration
4. Credentialed dietetics practitioners from a variety of practice settings, to include acute care, long term care, long term acute care, food service management, consultation and private practice, sports dietetics, and all categories for which there are DPGs. The latter is a reflection of the diversity of dietetics and practice settings.
5. Healthcare practitioners, excluding RDs and DTRs, from a variety of healthcare settings.
6. Executive management representatives from a variety of settings "touched" by dietetics.
7. Legislators at the local, state, and perhaps national level.

FIRST STEPS TO LAUNCH THIS PILOT INITIATIVE:
Bruce Rengers, Marsha Stieber and Maria Duarte-Gardea will create a model to distribute to Region 4 for comment.

CHAMPIONS FOR THIS PILOT INITIATIVE:
Bruce Rengers
Marsha Stieber
Maria Duarte-Gardea
**Pilot Initiative 4.2: Examination for DPD Graduates**

**Aligns with these Design Principles:**

**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.

**Desired Outcomes:**

- Assess the extent to which current DPD graduates can successfully pass the current RD exam. Will help define competency and Scope of Practice for New Core (more streamlined transcript DPD).

**Who Will Need to Be Part of This Pilot Initiative?**

- Nancy Betts
- DPD programs

**First Steps to Launch this Pilot Initiative:**

- Permission of CDR for students to take RD exam
- Create and obtain IRB approval
- Run power analysis to see # needed in “study”
- Select DPD programs/sites to participate and obtain grant or fee waiver for cost of exam

**Champions for this Pilot Initiative:**

Nancy Betts
JoAnn Carson
Glenna Mc Collum

*Will need to be certain that students do not think they will become an RD after exam – waiver statement. Could randomly select DPDs. Then DPDs who agree to participate will have all students participate.*
Pilot Initiative 4.3: Current DPD Student Survey

Aligns with these Design Principles:

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.
#5: The dietetics credentials are globally recognized.

Education Design Principles

#2: Learner-centered education fosters leadership, assertiveness, innovation, critical thinking and problem-solving, strategic planning, effective communications and emotional intelligence.
#4: Diverse and flexible education and experiential pathways, which positively impact students, educators, and preceptors, exist for attaining all RD and DTR credentials.
#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.

Desired Outcomes:
Determine interest in a specialist for a focused area of practice and assess possible credential.

Who Will Need to Be Part of This Pilot Initiative?
- DPD-senior students
- Employers
- University/college department heads
- Program directors (DPD, DI, CUP)
- Council on Future Practice
- Commission on Accreditation for Dietetic Education
- Commission on Dietetic Registration
- RD/DTR currently in practice
- Future Summit volunteers

First Steps to Launch this Pilot Initiative:
- Develop survey
- Get IRB approval etc
- Determine contact information for survey participant

Champions for this Pilot Initiative:
Janice Scott
Nancy Betts
**Pilot Initiative 4.4:** Redesign Internships for Specialization (Resemble Coordinated Program)

**Aligns with these Design Principles:**

**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 foods, food science, nutrition, health and wellness with the ability to select an emphasis area to position RDs as the leaders in foods and nutrition.

**Practice Design Principles**

#1: RDs and DTRs lead, collaborate, and actively engage with inter-professional/interdisciplinary teams in diverse settings.

#3: Specialist and advanced practice are accessible to diverse populations and areas of practice.

#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.

**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.

#5: The dietetics credentials are globally recognized.

**Education Design Principles**

#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.

#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.

**Desired Outcomes:**

- No one size fits all internships
- Provide a learner centered, specific advanced practice education
- Provide earlier opportunities to grow and establish autonomous practitioners earlier in their careers
- Culminate specialized internships with a method to demonstrate universal competency assessment
- Additional opportunities up to include an advanced degree
Who Will Need to Be Part of This Pilot Initiative?
- Commission on Accreditation for Dietetic Education members
- Commission on Dietetic Registration members
- Internship Directors (hospital, university, military, and corporate based)
- Employers
- Early and seasoned practitioners (preceptors)
- Students
- Academic Administration (Financial Concerns/Contracts)

First Steps to Launch this Pilot Initiative:
A. Define Specialist areas to pilot (limited concentration)
   a. Highly specialized generalist (i.e. rural practitioners, military generalist)
   b. Clinical specialist
   c. Community specialist
   d. Management/leadership specialist
B. Determine associated specialist competencies
C. Attempt to determine current and future needs of these specialties from stakeholders (i.e. employers and public, etc)

Champions for this Pilot Initiative:
Cindy Bonta
Susan Stankorb
JoAnn Carson
Annette M. Mica
Pilot Initiative 4.5: Reversing CPEUs to Reflect New Core and Specialization Knowledge

Aligns with these Design Principles:

Practice Design Principles
#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.

Credentialing Design Principles
#4: The dietetics credentials promote and protect the health and wellness of the public.

Education Design Principles
#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.

Desired Outcomes:
- CEPUs support more meaningful, reflective of new core: add to area of specialization.
- Pending completion of Region 4 Future Summit Pilot Initiatives 4.1 (New Core Competencies and Credentials) and 4.2 (Exam for DPD Graduates).

Who Will Need to Be Part of This Pilot Initiative?
- Region 4 Future Summit volunteers
- Commission on Dietetic Registration
- CPEU providers

First Steps to Launch this Pilot Initiative:
- Evaluate current CPE
- Completion of Region 4 Future Summit Pilot Interventions 4.1 and 4.2

Champions for this Pilot Initiative:
Janice Scott
Nancy Betts
**Pilot Initiative 4.6: Researching Tele-Nutrition**

**Aligns with these Design Principles:**

**Practice Design Principles**

#7: The profession monitors and assesses the viability of future practice roles to meet consumer and marketplace demand and influence policy decisions.

**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.

**Desired Outcomes:**

- Identification of skills needed for practice.
- Summary of tele-nutrition available.

**Who Will Need to Be Part of This Pilot Initiative?**

- RDs
- ADA
- Other health professionals
- Other nutrition professionals

**First Steps to Launch this Pilot Initiative:**

1. Identify systematic approach to researching the topic using various search engines.
2. Identify platform, pay, population, provider, 3rd party payers, information provider, number of sessions provided, is it inter-disciplinary team policies ‘procedures (i.e. malpractice issues?)
3. What does ADA already know about this topic?
4. Summarize and provide recommendations for practice.
5. Send letters to program directors about what system they have used previously; what worked what did not work; possibly use Listserv to ask RD’s what work they’ve done in telehealth.
6. Research and provide legislative policy about telemedicine/telehealth industry and how best RD’s can be utilized to be included as a member of the interdisciplinary team in telehealth to see the direction of the state on this issue.
7. Identify skills needed for practice: MNT – counseling; delivery of education, assessment skills, knowledge of clinical diseases/conditions.
8. What knowledge and credentials will RD’s need to have to perform more independent work in telehealth? Offer telehealth as private practice initiative, not just for an employer, assist RD with skills in telehealth and reimbursement billing practices.

**Champions for this Pilot Initiative:**

Rebecca Gould
Reno Jain
Linda Eisenhart
Carol Gilmore
Pilot Initiative 4.7: Leadership Tool Kit

Aligns with these Design Principles:
Design Principles for the Continuum of Future Practice, Credentialing and Education
#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.

Education Design Principles
#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).

Desired Outcomes:
• Find or create leadership courses that meet core competencies.
• Provide leadership courses for CPE’s (rigorous, learner-centered).
• Leaders demonstrate assertiveness through skill building.

Who Will Need to Be Part of This Pilot Initiative?
• RDs
• ADA
• Educators/program directors
• Employers
• Leaders
• Motivational speakers/other members of the interdisciplinary health care team

First Steps to Launch this Pilot Initiative:
What is already available through CADE and CDR?
1. Identify leadership course taught in undergrad/grad programs (nutrition & non-nutrition)
2. Identify leadership activities/resources within ADA
3. Research literature on competencies required for effective leadership
4. Review learning codes related to leadership from CDR portfolio
5. Identify alternative leadership courses in other professions or available.
6. Identify existing leadership toolkit is already out there;
7. Develop and utilize specific courses geared to assertiveness/how to practice leadership
8. Implement using the toolkit—have selected groups of RDs to utilize leadership toolkit in a variety of settings; foodsystems management, clinical hospital, clinical nursing homes, etc.
9. Begin to utilize pilot leadership courses using RDs to take courses and practice techniques and then report on how they were best able to utilize material.
10. Five core leadership courses; 2 hrs each;
11. Need to identify areas outside MNT that RD’s need knowledge and experience in to create specific toolkit geared to assertively managing MNT
12. Involve members of the interdisciplinary team to help expose RD to different kinds of leadership
13. Use timetable to implement: ex. Preliminary : June 1/Intermediate: August 1/End Sept 1 Final for preparation for ADA Annual Conference—have all findings researched and reported with poster session.

Champions for this Pilot Initiative:
Lori Sigrist
Rebecca Gould
Linda Eisenhart
Reno Jain
### Region 5

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Pilot Initiative 5.1: New, More Interactive Intern/Preceptor Experience in Pediatrics

Aligns with these Design Principles:
Practice Design Principles
#8: RDs and DTRs anticipate, adapt and respond to the changing needs of society.

Education Design Principles
#2: Learner-centered education fosters leadership, assertiveness, innovation, critical thinking and problem-solving, strategic planning, effective communications and emotional intelligence.
#4: Diverse and flexible education and experiential pathways, which positively impact students, educators, and preceptors, exist for attaining all RD and DTR credentials.
#7: Education, experiential and CPE programs foster the use of client-centered approaches in practice.

Desired Outcomes:
- Increase learning from student in focused/cooperative environment
- More comfortable preceptor participation
- Efficiency of e learning experience
- Potential increase in the number of preceptors/intern experiences
- Able to better meet geographic issues in focus area experiences

Who Will Need to Be Part of This Pilot Initiative?
- Dayton’s Children’s Medical Center and internship programs at present
- Lipscomb University

First Steps to Launch this Pilot Initiative:
- Ready to go for physical location (Dayton, OH) internship/interns 2011-2012; 14 interns.
- Aim for distance student involvement (Nashville, TN) Lipscomb University as virtual participants 2012 first part of year.

Further Plans:
- Investigate use of virtual pediatric learning experiences/programs with other internships.
- Investigate use of virtual pediatric learning experiences with other healthcare disciplines – Wright State University Medical School as first target.
- Contact various pilot initiatives that are similar or connected by theory.

Goals:
- 20 outside programs involved with yearly virtual pediatric learning experiences/program

Champions for this Pilot Initiative:
Nancy Nevin-Folino and Rachel Riddleford, Dayton Children’s Medical Center
Autumn Marshall
**Pilot Initiative 5.2:** Change State Licensure Laws in Kentucky

**Aligns with these Design Principles:**

*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.

*Practice Design Principles*

#5: The value of the profession is demonstrated through the use of standardized outcomes measures for research and practice.

**Desired Outcomes:**

- Dietary Managers with no education or certification will NOT complete nutrition documentation.
- RDs will do all clinical documentation related to assessment - DMs may do screening and food preferences.
- DTRs will be allowed to work in KY and do documentation on low-risk residents on start assessments and PASS.

**Who Will Need to Be Part of This Pilot Initiative?**

- Kentucky Dietetic Association
- Kentucky Dietitian Consulting Companies
- Centers Medicare/Medicade Services
- All Kentucky dietitians to lobby for this
- Kentucky Board of Licensure

**First Steps to Launch this Pilot Initiative:**

- Approach Kentucky Dietetic Association to make presentation on the initiative.
- Approach Kentucky Board of Licensure

**Champions for this Pilot Initiative:**

Krista M Clark
Cynthia Chandler
Beatriz Dykes
Amanda Goldman
Pilot Initiative 5.3: Nutrition Proficiency Exam

Aligns with these Design Principles:

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.

Credentialing Design Principles
#1: Pathways to credentials are broadened to increase flexibility, diversity and numbers of practitioners.

Desired Outcomes:
- Provides a way for students in DPD programs who do NOT get internships to demonstrate their proficiency in nutrition.
- Provides a way for DPD directors to maintain accreditation without having to reach the 80% standard.
- A student who is nutrition proficient could work in wellness, PH, schools, extension, etc...

Who Will Need to Be Part of This Pilot Initiative?
- DPD Program Directors
- Dietetics Educators of Practitioners DPG
- Universities who will administer the exam in the manner of a major field test in other disciplines
- Students not matched to internship programs

First Steps to Launch this Pilot Initiative:
- Use the student learning outcomes required for DPD accreditation to build the proficiency exam.
- Get a group of DPD programs to pilot the exam.
- Set a fee that each student would pay Commission on Dietetic Registration to take the exam at the university.

Champions for this Pilot Initiative:
Autumn Marshall
Jill White
Pilot Initiative 5.4: Develop Curriculum Templates for DPD & DI

Aligns with these Design Principles:

Education Design Principles
#1: Core curricula for education and experiential programs are redesigned to be interdisciplinary, flexible, adaptable and cost efficient.

Desired Outcomes:
- Provides a time saving element for program directors (stop reinventing the wheel).
- Provides a consistent experience for all interns.

Who Will Need to Be Part of This Pilot Initiative?
- Dietetic Educators of Practitioners DPG
- Program directors
- Commission on Accreditation for Dietetic Education

First Steps to Launch this Pilot Initiative:
- Find a committee willing to write

Champions for this Pilot Initiative:
Jill White
Autumn Marshall
**Pilot Initiative 5.5:** Paid Preceptors to Increase Internships/Develop Group Internships (similar to nursing)

**Aligns with these Design Principles:**
**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.
#5: The dietetics credentials are globally recognized.

**Desired Outcomes:**
- Increase the number of internship slots available.

**Who Will Need to Be Part of This Pilot Initiative?**
- Program directors
- Clinical sites

**First Steps to Launch this Pilot Initiative:**
- Approach administrators, university for positions
- Approach hospitals

**Champions for this Pilot Initiative:**
Jill White
Autumn Marshall
Pilot Initiative 5.6: Interdisciplinary Learning

Aligns with these Design Principles:

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.
#7: The profession monitors and assesses the viability of future practice roles to meet consumer and marketplace demand and influence policy decisions.

Education Design Principles
#2: Learner-centered education fosters leadership, assertiveness, innovation, critical thinking and problem-solving, strategic planning, effective communications and emotional intelligence.
#4: Diverse and flexible education and experiential pathways, which positively impact students, educators, and preceptors, exist for attaining all RD and DTR credentials.
#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.

Desired Outcomes:
• Develop more competent dietetics practitioners to be leaders in healthcare and educate other allied health professions on the education, credentials, and competencies of the RD/DTR.

Who Will Need to Be Part of This Pilot Initiative?
• Program directors
• Students/Interns, both in dietetics and other disciplines
• Outside healthcare professions

First Steps to Launch this Pilot Initiative:
• Work with local universities to set up educational alliances.

Champions for this Pilot Initiative:
Kristen Lazaroff
**Pilot Initiative 5.7: Dietetic Internship Rotation Site Expansion**

**Aligns with these Design Principles:**
- **Education Design Principles**
  - #4: Diverse and flexible education and experiential pathways, which positively impact students, educators, and preceptors, exist for attaining all RD and DTR credentials.

**Desired Outcomes:**
- Increase the number of rotation practice sites accessible to dietetic internship programs.

**Who Will Need to Be Part of This Pilot Initiative?**
- Dietetic internship directors
- Potential preceptors

**First Steps to Launch this Pilot Initiative:**
- Develop marketing tool/letter to send out to business, restaurants, schools, marketing firms, health clubs, etc...
- Initiate discussions with local internship directors/potential sites.

**Champions for this Pilot Initiative:**
- Amanda Goldman
- Cynthia Chandler
- Jill White
**Pilot Initiative 5.8:** Expand DPD to Include Coordinated Track Emphasis in Cultural Diversity in Child and School Nutrition Programs

**Aligns with these Design Principles:**

*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.

#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.

**Desired Outcomes:**

- Address childhood diversity in child and school nutrition programs.
- Create a culturally competent learning environment.

**Who Will Need to Be Part of This Pilot Initiative?**

- School foodservice directors
- Dietetic education program directors

**First Steps to Launch this Pilot Initiative:**

- Apply programs changes to the Commission on Accreditation for Dietetic Education.

**Champions for this Pilot Initiative:**

Jill White
**Pilot Initiative 5.9:** Research Cultural Bias in RD Test and How It Impacts the Shortage of People of Color

**Aligns with these Design Principles:**

*Credentialing Design Principles*

#1: Pathways to credentials are broadened to increase flexibility, diversity and numbers of practitioners.

**Desired Outcomes:**

- Increase the diversity composition of the RD population.

**Who Will Need to Be Part of This Pilot Initiative?**

- Commission on Dietetic Registration

**First Steps to Launch this Pilot Initiative:**

- Obtain buy-in from the Commission on Dietetic Registration

**Champions for this Pilot Initiative:**

Jill White
Pilot Initiative 5.10: Increasing Pathways to RD for Diverse Students from High School (culinary) to DTR (community college) to DPD to Advanced Practice

Aligns with these Design Principles:
Credentialing Design Principles
#1: Pathways to credentials are broadened to increase flexibility, diversity and numbers of practitioners.

Desired Outcomes:
- Increase the diversity composition of the RD population.

Who Will Need to Be Part of This Pilot Initiative?
- High schools
- Community colleges
- DPD/Internships

First Steps to Launch this Pilot Initiative:
- Develop education agreement.

Champions for this Pilot Initiative:
Jill White
Autumn Marshall (use the nutrition proficiency exam to support this)
Pilot Initiative 5.11: One Year Experience Plus Associate Degree (dietetic technician)

Aligns with these Design Principles:
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.

Desired Outcomes:
- Develop more efficient skilled, knowledgeable DTRs.
- Provide better support of DTR members.

Who Will Need to Be Part of This Pilot Initiative?
- Educators who are receptive to the out of the box way of credentialing the DTR.
- Eliminate the DPD-to-DTR exam pathway - not good enough, especially since there is already a supervised DPD DTR pathway.

First Steps to Launch this Pilot Initiative:
- Talk to Commission on Dietetic Registration.
- Work with DTR program directors, also DPD.
- Solicit preceptors DTR practice experiences.

Champions for this Pilot Initiative:
Beatriz Dykes
Pilot Initiative 5.12: Two or Three year Plus DPD to Achieve Access to RD Exam

Aligns with these Design Principles:
Credentialing Design Principles
#1: Pathways to credentials are broadened to increase flexibility, diversity and numbers of practitioners.

Desired Outcomes:
- Credential more efficient, skilled & knowledgeable RDs.
- Reduce the number of angry DPD graduates who cannot get RD status due to lack of internships.

Who Will Need to Be Part of This Pilot Initiative?
- Educators who are receptive to out-of-the-box way of credentialing RDs plus practitioners who will embrace such pathways.

First Steps to Launch this Pilot Initiative:
- Talk to Commission on Dietetic Registration and Commission on Accreditation for Dietetic Education to explain the sources of previous pathways.
- Start checking on possible preceptors.
- Communicate with DPD educators.

Champions for this Pilot Initiative:
Beatriz Dykes
Pilot Initiative 5.13: Young Member Leadership- ‘You Go!’

Aligns with these Design Principles:
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.
#3: RDs and DTRs are integral leaders/members of interdisciplinary teams in education, research and practice.
#6: RDs and DTRs lead change to promote optimal health for all populations through food and nutrition.

Practice Design Principles
#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.

Credentialing Design Principles
#1: Pathways to credentials are broadened to increase flexibility, diversity and numbers of practitioners.

Desired Outcomes:
- Ultimately train members so that ~50% of leadership positions are filled by members within 5 years of entering profession.
- Better representation of young/new members’ unique needs, ideas, wants and goals

Who Will Need to Be Part of This Pilot Initiative?
- All organizational units of ADA (including President and President-Elect positions)

First Steps to Launch this Pilot Initiative:
- Form a Young Member Coalition to advocate this initiative.

Champions for this Pilot Initiative:
Christina Phelps
Kristen Lazaroff
Amanda Goldman
# Region 6

## Participant List

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Pilot Initiative Report - Region 6

Pilot Initiative 6.1: Preceptor Push for Alternative Pathways: Create a Database of Preceptors

Aligns with these Design Principles:

Design Principles for the Continuum of Future Practice, Credentialing and Education

#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.

Practice Design Principles

#7: The profession monitors and assesses the viability of future practice roles to meet consumer and marketplace demand and influence policy decisions.

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.

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.

#4: Diverse and flexible education and experiential pathways, which positively impact students, educators, and preceptors, exist for attaining all RD and DTR credentials.

#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.

Desired Outcomes:

- Increase the number of preceptors.
- Expand access to preceptors.
- Reduce the barriers to alternative pathways for supervised practice.
- Increase opportunities for student to obtain RD credential.
- Increase exposure to diversity.

Who Will Need to Be Part of This Pilot Initiative?

- ADA
- Commission on Dietetic Registration
- RDs
- Informatics RDs to create database that is user friendly

First Steps to Launch this Pilot Initiative:

- Accept alternative pathways for becoming RD.
- Create preceptor training/identify necessary skills.
- Identify incentives possible.
- Commission on Dietetic Registration contacts all RDs.
- Design database.

Champions for this Pilot Initiative:

Elizabeth Pauter
**Pilot Initiative 6.2: Professional Development Clearinghouse**

**Aligns with these Design Principles:**

**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.
- #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.
- #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.

**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.

**Desired Outcomes:**
- Develop a free, web based resource for ADA members to access current media (written, electronic, webinar, PowerPoint, etc) for many aspects of the profession.
- Develop and disseminate professional development resources in areas strategic to the profession.

**Who Will Need to Be Part of This Pilot Initiative?**
- Dietetic educators
- Graphic designers
- Technology specialists
- Identify qualified practitioners (multidisciplinary)
- And media developers (print and electronic)

**First Steps to Launch this Pilot Initiative:**
- Conduct survey members to identify topics.
- Prioritize topics.
- Recruit volunteers to provide content.
- Design web page component to list resources.
- We could also have a student component of this tool. At our Area VI and VII DEP meeting we discussed the concept of state based student organizations that would host educational/networking/professional development resources/activities for students. This would be a good format to include a clearinghouse of information helpful at that point in their career.

**Champions for this Pilot Initiative:**
Nancy Harris
Amanda Holiday
Pilot Initiative 6.3: Deal of the Day

Aligns with these Design Principles:
Design Principles for the Continuum of Future Practice, Credentialing and Education
#6: RDs and DTRs lead change to promote optimal health for all populations through food and nutrition.

Credentialing Design Principles
#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.

Desired Outcomes:
- Increase RD’s exposure to their local communities.
- Increase demand for RDs.
- Increase understanding of the benefit of having a nutrition professional.

Who Will Need to Be Part of This Pilot Initiative?
- Local RDs/nutrition professionals
- Local dietetic association
- Marketing division of ADA

First Steps to Launch this Pilot Initiative:
- Utilize “web base” discount sites (group-on, living social, etc.) that will allow the nutrition professional to offer introductory nutrition services to the local community.
- Supermarkets, farmers markets will align with RDs to expose consumer to sustainable eating.

Champions for this Pilot Initiative:
Cheryl McAfee
Nutrition professionals that want consumer based clients
Pilot Initiative 6.4: Education and Experimental Program that Fosters Leadership Assertiveness and Innovation

Aligns with these Design Principles:
Education Design Principles
#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).

Desired Outcomes:
- RDs will develop skills in areas of leadership, assertiveness and innovation.

Who Will Need to Be Part of This Pilot Initiative?
- Clinical Nutrition Managers and RDs in leadership positions.
- Area support managers in Sodexho.

First Steps to Launch this Pilot Initiative:
- Development tool with resources.
- Roll out as part of portfolio.

Champions for this Pilot Initiative:
Tami Frable-Newman
Pilot Initiative 6.5: Virtual Environment for Sharing Data for Training and Research

Aligns with these Design Principles:

Design Principles for the Continuum of Future Practice, Credentialing and Education

#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.

#6: RDs and DTRs lead change to promote optimal health for all populations through food and nutrition.

Practice Design Principles

#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.

#9: RDs and DTRs demonstrate competency in technology and informatics.

Credentialing Design Principles

#4: The dietetics credentials promote and protect the health and wellness of the public.

Education Design Principles

#2: Learner-centered education fosters leadership, assertiveness, innovation, critical thinking and problem-solving, strategic planning, effective communications and emotional intelligence.

#5: Dietetics education uses evidence-based and best practices to prepare students with future focused knowledge and skills for emerging roles.

#7: Education, experiential and CPE programs foster the use of client-centered approaches in practice.

Desired Outcomes:

- Research based practice for all practitioners.
- Pairing of professionals with learners.
- Access to data from diverse pools for analysis (registries).
- Strength in numbers for demonstrating cost effectiveness and improved health.

Who Will Need to Be Part of This Pilot Initiative?

- Practitioners
- Third party payers
- Data contributor
- Information technology personnel
- Learner
- Centralized registry- ADA to support

First Steps to Launch this Pilot Initiative:

- Invite and enroll participants.
- Use data collection tools already in toolkit.
- Set up mechanisms build a registry, methods for assembling data.
- Create timelines, find funding, beta testing, define research question.
- Report mechanisms on completion.

Champions for this Pilot Initiative:

Elaine Ayres
Bill Swan
Margaret McDowell
Pilot Initiative 6.6: Re-examining the Program Requirements for Nutrition and Human Performance - Articulation with Master’s Coordinated Program/Collaboration

Aligns with these Design Principles:

Education Design Principles

#4: Diverse and flexible education and experiential pathways, which positively impact students, educators, and preceptors, exist for attaining all RD and DTR credentials.

Desired Outcomes:

- Approval of curriculum revision.
- Established communications with potential program partners.

Who Will Need to Be Part of This Pilot Initiative?

- A potential master’s coordinated program.
- Stakeholders at the university, dept chair, dean, academic affairs committee of the college, academic affairs of the university, provost council.

First Steps to Launch this Pilot Initiative:

- Revise the curriculum talk with the department chair, dean.
- Talk with potential master’s program partner.

Champions for this Pilot Initiative:

Dawna Mughal
Pilot Initiative 6.7: Development of Combined Masters’ DI Program at UVA Health System Using an Innovative Collaborative Approach: Partnership with the School of Continuing and Professional Studies

Aligns with these Design Principles:

Education Design Principles
#2: Learner-centered education fosters leadership, assertiveness, innovation, critical thinking and problem-solving, strategic planning, effective communications and emotional intelligence.
#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.

Desired Outcomes:
- Provide an alternative path to registration to provide students with both the supervised practice experience and a Master’s degree in the “focus” area of clinical nutrition/medical nutrition therapy.
- Provide an alternative teaching model with more interactive, learner centered education in the graduate courses using the online course method of delivery, the traditional face-to-face approach, and a blended model using both teaching delivery systems
- Graduates will be ready to take the RD exam but with a proposed new credentialing model with a clinical focus.
- Graduates will be competent to enter entry level practice, but also within the specialty areas of pediatrics and basic nutrition, thus promoting the path towards development of future “specialist” practice and work towards a credential in either nutrition support (CNSC) or pediatric s (CSP) support will promote future specialist practice.
- Graduates will be knowledgeable of evidence based practice through both graduate coursework, application within clinical rotations all with an evidence based focus, and completion of a “Capstone Project” using both quantitative and qualitative research methods.
- Success of implementation of the combined MS/DI program could potentially serve as a “model” for other health systems based DI programs to partner with alternative schools within their University.

Who Will Need to Be Part of This Pilot Initiative?
- Program director
- Program coordinators
- Nutrition services clinical nutrition managers
- UVA health system administrators
- Dean of school of continuing and professional studies at UVA

First Steps to Launch this Pilot Initiative:
- Development of program development proposal with program coordinator.
- Meet with the Department of Nutrition Services clinical managers.
- Meet with UVA Heath System administration-obtain approval.
- Meet with dean of school of continuing and professional studies- approval to move forward.

Champions for this Pilot Initiative:
Ana Abad Jorge, MS, RD, CNSC
Lynda Fanning, MPH, RD
Brandis Roman, RD, CNSD
Wendy Phillips, MS, RD, CNSD
Kate Willcutts, MS, RD, CNSC
Joyce Green Pastors, MS, RD, CDE
# Region 7

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<td>ADA Staff Partner</td>
<td><a href="mailto:sdenny@eatright.org">sdenny@eatright.org</a></td>
</tr>
<tr>
<td>Marsha</td>
<td>Diamond</td>
<td>NJ</td>
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<td>Tatyana</td>
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<td>Reid Hector</td>
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<td>Regional Facilitator</td>
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Pilot Initiative Report - Region 7

Pilot Initiative 7.1: Health Promotion Disease Prevention.

Aligns with these Design Principles:

Practice Design Principles
#1: RDs and DTRs lead, collaborate, and actively engage with inter-professional/interdisciplinary teams in diverse settings.
#4: RDs and DTRs translate evidence-based food, nutrition and health information to guide practice interventions and outcomes.

Education Design Principles
#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).

Desired Outcomes:
RD & DTR proactively engaged in leadership of resource allocation program planning, management and evaluation through:

- Establishing a forum of practitioners currently involved to define best practices and identify emergent opportunities.
- Creating a task force to lead stakeholders to promote recognition of RD value in this area.
- Publicizing best practices in this field among stakeholders
- Designing practice driven curriculum among educational institutions.

Who Will Need to Be Part of This Pilot Initiative?
- Government (Federal, State, Local)
- International organizations: WHD & UNICEF, WFP, FAO
- Faith based communities
- Schools
- Private practice
- Non-Government Organizations
- Media traditional and social
- Faculty, interns and students

First Steps to Launch this Pilot Initiative:
- Do an online survey to identify best practice.
- Document and share survey results at practitioner forum.

Champions for this Pilot Initiative:
Tatyana El-Kour
Mei-Hua Chen
Stacey Antina
Possible collaboration with Region 1 Best Practices of Innovative Educational Experiences.
Pilot Initiative 7.2: What is Less Important in Terms of Core Internship to a RD Current Career Path?

Aligns with these Design Principles:

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.

Practice Design Principles
#1: RDs and DTRs lead, collaborate, and actively engage with inter-professional/interdisciplinary teams in diverse settings.
#3: Specialist and advanced practice are accessible to diverse populations and areas of practice.
#7: The profession monitors and assesses the viability of future practice roles to meet consumer and marketplace demand and influence policy decisions.
#8: RD and DTR’S, anticipate, adapt and respond to the changing needs of society.

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.

Education Design Principles
#4: Diverse and flexible education and experiential pathways, which positively impact students, educators, and preceptors, exist for attaining all RD and DTR credentials.
#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.

Desired Outcomes:
- Identify core coursework.
- Identify viable core supervised practice and experiences.

Who Will Need to Be Part of This Pilot Initiative?
- DTRs should be included.

First Steps to Launch this Pilot Initiative:
- Build survey (UMDNT Graduate) survey.
- Survey-non-clinical RDs.
- Ten focused interviews with graduate (recent).

Champions for this Pilot Initiative:
Marsha Diamond, NJ
Suzanne Neubauer, MA
Mary-Pat Macrolik, NJ

Possible collaboration: Region 1-Dietetic Internships in “For Profit” Accelerated Programs; Region 4-New Core Competencies and Credentials; Region 4-Redesign Internships for Specialization.
Pilot Initiative 7.3: Recognition and Branding of RD

Aligns with these Design Principles:
Design Principles for the Continuum of Future Practice, Credentialing and Education
#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.

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.

Desired Outcomes:
- Elevate the RD.
- Promote RDs and their collaborations through the annual” Best Practice Gala Awards”= Major Media Event. Oscar like event.
- Visibility and media exposure for the RD.
- Camaraderie among dietetics practitioners.
- Have fun and raise bar in the profession. Sample segments: Trail Blazer Award, Best Health promotion Award, Best Food Service initiative, Best Business Award, Best Global Nutrition Award, Best Social Award, Best Student Project, and Best Military Initiative.

Who Will Need to Be Part of This Pilot Initiative?
- Hire a planning event company.
- Sponsorships from media, corporate El DPG’s Foundation, technology - in person with web based voted by dietitians online. Communities for Awards (criteria, submissions)

First Steps to Launch this Pilot Initiative:
- Executive adversary.
- Put together committee to strategize and execute event and coordinate with innovators and non-dietetics professional.

Champions for this Pilot Initiative:
Wanda Diamond DPG, DBC
Mei Hua Chen
Tatyana El-Kour
Stacey Antine
**Pilot Initiative 7.4:** Fast Track Second Career Concentration

**Aligns with these Design Principles:**

*Education Design Principles*

#1: Core curricula for education and experiential programs are redesigned to be interdisciplinary, flexible, adaptable and cost efficient.

#4: Diverse and flexible education and experiential pathways, which positively impact students, educators, and preceptors, exist for attaining all RD and DTR credentials.

**Desired Outcomes:**
- Decrease time for second career individuals to complete supervised practice.

**Who Will Need to Be Part of This Pilot Initiative?**
- Distance education program staff
- Commission on Accreditation for Dietetic Education
- Preceptors
- Dietetic education program staff

**First Steps to Launch this Pilot Initiative:**
- Ask grads who could have been in “fast track” what could have been eliminated.
- Pilots and non tracks in current incoming class.
- Review competencies to see how each could be evaluated.
- Commission on Accreditation for Dietetic Education to see if there is a minimum number of hours that can be forgiven.
- Write policies, submit to Commission on Accreditation for Dietetic Education and advertise.

**Champions for this Pilot Initiative:**

*Need to have a champion identified*

Potential collaboration: Region #2 Nebraska Innovative Education Initiative; Region #3 Supervised Practice, Assessment of Prior Experience.
Pilot Initiative 7.5: Exploration of Potential Alternative Pathway RD’s

Aligns with these Design Principles:

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.
#4: Diverse and flexible education and experiential pathways, which positively impact students, educators, and preceptors, exist for attaining all RD and DTR credentials.
#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.

Desired Outcomes:
- Understand the desire of other professional to become RD or DTR through an alternative pathway, the value of them, and what they are willing to do.

Who Will Need to Be Part of This Pilot Initiative?
- Community health
- Chefs
- Business
- Chiropractors
- Psychologists
- Public health

First Steps to Launch this Pilot Initiative:
- Structured interviews with 2 to 3 of each potential professional (see above),
- Analysis of emergent memes for desire, value, and willingness to do.

Champions for this Pilot Initiative:
Mary Pat Maciolek
Alice Fornatri
Nancy Johnson
Suzanne Neubauer
Piek Tan
Marsha Diamond
Patsy Brannon

Potential collaboration: Region 2 Nebraska Innovative Education Initiative
Pilot Initiative 7.6: Validation of New Alternative Assessment for Core Competencies.

Aligns with these Design Principles:

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.

Credentialing Design Principles
#1: Pathways to credentials are broadened to increase flexibility, diversity and numbers of practitioners.

Education Design Principles
#1: Core curricula for education and experiential programs are redesigned to be interdisciplinary, flexible, adaptable and cost efficient.
#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.

Desired Outcomes:
- Evidence that the new assignment tool measures competency to same degree as current CP or DPD-DI and registration exam.

Who Will Need to Be Part of This Pilot Initiative?
- Alternate Pathways Group.
- Commission on Accreditation for Dietetic Education
- Commission on Dietetic Registration
- Representative sampling those passing 1st time registration exam across passing scores.

First Steps to Launch this Pilot Initiative:
- Pilot test of new competency alternative assessment with stratified and representative sampling of assumption that DPD-DI and CP passing RD exam achieves competency for verification status.

Champions for this Pilot Initiative:
Alice Fornarri
Patsy Brannon
Suzanne Neubauer
Mary Pat Maciolek
Marsha Diamond
Nancy Johnson
Piek Tain

Potential collaboration: Region 3 Development of Simulations for Supervised Practice/Didactic Programs; Region 3 UNFMS/DI-Simulation Experience with Nursing.
Pilot Initiative 7.7: Streamline Accreditation Process

Aligns with these Design Principles:

Credentialing Design Principles
#1: Pathways to credentials are broadened to increase flexibility, diversity and numbers of practitioners.
#4: The dietetics credentials promote and protect the health and wellness of the public.
#5: The dietetics credentials are globally recognized.

Education Design Principles
#1: Core curricula for education and experiential programs are redesigned to be interdisciplinary, flexible, adaptable and cost efficient.

Desired Outcomes:
- Programs will demonstrate quality and compliance with the standards of education without the current excessive time and effort involved in writing a self study or PAR.
- Make the process more user friendly - one that will be more efficient for existing programs and one that new programs will not be 'put off' by.

Who Will Need to Be Part of This Pilot Initiative?
- Program directors who have written a self study or PAR recently
- Site visitors
- Members who have served on the CADE board
- Task force has been formed of DEP members from areas 6/7.

First Steps to Launch this Pilot Initiative:
- Contact DEP leadership/ present at area 6/7 DEP mtg/ get commitment from small group - this is done!
- Champions:
  - Boston area DI directors -
  - Sodexo DI Directors - Barbara Woodland and Beth Winthrop, coordinating
  - Volunteers from DEP area 6/7
- Would welcome input from all regions.
- Conduct survey through DEP or perhaps through the CADE list of programs once we formulate strategies.

Champions for this Pilot Initiative:
- Boston area DI Director - Kathy Creedon coordinating
- Barbara Woodland and Elizabeth Winthrop, and the Sodexho Distance Education Internship staff
Pilot Initiative 7.8: No name given to initiative

Aligns with these Design Principles:
#1: RDs and DTRs lead, collaborate, and actively engage with inter-professional/interdisciplinary teams in diverse settings.
#3: Specialist and advanced practice are accessible to diverse populations and areas of practice.

Desired Outcomes:
- Pediatric obesity prevalence decreased.

Who Will Need to Be Part of This Pilot Initiative?
- First Lady, Michele Obama
- Local schools
- RDs with Pediatric, Weight Management Certification
- Local government
- Insurances
- PTAs

First Steps to Launch this Pilot Initiative:
- Follow the outcome measurements of current met life-school age students weight management.
- Expand the program to other states.

Champions for this Pilot Initiative:
Mei-Hau Chen
Pediatric Nutrition DPG
Pilot Initiative 7.9: Alternate Pathways to Supervised Practice (Internship)

Aligns with these Design Principles:
Credentialing Design Principles
#1: Pathways to credentials are broadened to increase flexibility, diversity and numbers of practitioners.

Education Design Principles
#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.

Desired Outcomes:
• Improve access to the profession
• Promote diversity within dietetics practice
• Acquire the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice.
• Measure outcomes: success in internship, success in passing exam and success in marketplace.

Who Will Need to Be Part of This Pilot Initiative?
• UMDNJ-Dietetic Internship, other internships if needed or interested.

First Steps to Launch this Pilot Initiative:
• Start design in January 2012, start in Sept 2013.
• Test 2-4-8 students per test site without DPD verification but with site specific prerequisites (our CP Program used for needed prerequisites, UMDNJ partner colleges and universities to promote the program) or portfolio assessment.
• Propose education innovation to Commission on Accreditation for Dietetic Education. Accept a small number into DI that have humanities focus and compare learner outcomes to traditional DPD education.
• Establish criteria for program minimums – using a “HuMed” approach.
• Meet with UMDNJ DI director to explore logistics.
• Meet with UMDNJ preceptors concerning education innovation.
• Add partner schools to recruit the UMDNJ program. Possibly design model with other DI to expand pilots.

Champions for this Pilot Initiative:
Julie O’Sullivan-Maillet
Support from UMDNJ faculty
Pilot Initiative 7.10: Barriers to promotion for RD’s into Management.

Aligns with these Design Principles:
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.

Desired Outcomes:
- Understand why RD’s do not pursue management positions.
- Understand why recruiters do not recruit RD’s for management positions.

Who Will Need to Be Part of This Pilot Initiative?
- Sodexho Survey monkey to clinical RD’s asking about barriers - external and internal.
- Internship alumni and current student - similar survey. Face to face at Aries recruiter, management.
- Survey RD’s who are managers on barriers CNM/PSM/DM/VP.

First Steps to Launch this Pilot Initiative:
Barbara Woodland, Beth Winthrop, Arie Ball: Decide on populations/survey?
Methodology to repair back to surveyed/ADA/SODEXO

Champions for this Pilot Initiative:
Barbara Woodland
Beth Winthrop
Mary Grace Webb
Pilot Initiative 7.11: Advanced Practice Residency in Neonatal Nutrition to include a Didactic and Mentored Practice Experience.

Aligns with these Design Principles:
Practice Design Principles
#1: RDs and DTRs lead, collaborate, and actively engage with inter-professional teams in diverse settings.
#3: Specialist and advanced practice is accessible to diverse populations and area 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.
#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.

Desired Outcomes:
• Profession lacks qualified practitioners in this area of nutrition expertise.
• Residency will add value to RD role.
• RD advanced practice intervention in NICU and NICU follow-up clinics will improve overall nutrition and patient outcomes.

Who Will Need to Be Part of This Pilot Initiative?
• RDs
• Neonatologists
• Specialty pediatric medicine practices (Pulmonary, GI, Cardiology etc)
• Other members of health care team

First Steps to Launch this Pilot Initiative:
• Design residency at UH – UMDNJ with Neonatologists, Clinical Nutrition Services and Graduate Programs in Clinical Nutrition

Champions for this Pilot Initiative:
Jane Ziegler
Janet Reid-Hector
Laura Byham-Gray
Amy Kaminski
Keeping the Future Connections Summit Momentum for Change

By their very nature, summits concentrate an intense amount of learning, inspired thinking and relationship-building into several days. Once the participants disperse, the challenge is to keep the energy and excitement alive. The success of this summit can continue through the pilot initiatives and new directions for the profession. The learning can be shared through the website, toolkit, and the *Journal* article. Our ADA organizational units could adopt the design principles and champion the best ideas through their strategic plans, decisions and programs. The Future Connections Summit is only a bold and intense beginning to a long series of significant changes in the profession. If we keep faith with our design principles and follow through on our commitments to one another, this summit will connect practice, credentialing and education in powerful new ways for our future.

**Appendix**

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<thead>
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<td>Appendix A: Summit Agenda</td>
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**APPENDIX A: SUMMIT AGENDA**

2011 FUTURE CONNECTIONS-SUMMIT ON DIETETICS PRACTICE, CREDENTIALING, AND EDUCATION

March 24-26, 2011

**Mission for Summit:** Provide a forum to bring together educators, practitioners and employers to explore a future vision for educating, developing and advancing the profession of dietetics.

**Vision for the Summit:** A nationwide community of leaders in seven regions will commit to take the first coordinated steps toward creating a dynamic continuum of education, credentialing and future practice roles that will enable present and future practitioners to position themselves as the nation’s food and nutrition leaders.

**Outcomes of the Summit:**
1. Create a shared vision and recommendations about a future direction and design for: dietetics practice, credentialing and education.
2. Discover the drivers and opportunities for change in future dietetics practice, credentialing and education.
3. Establish guiding principles for a coordinated nationwide initiative to pilot new approaches and programs to create an integrated continuum for education, credentialing and future practice.
4. Identify and foster relationships with key stakeholders that can facilitate change and future action related to dietetics education, credentialing and education.
5. Establish a method for coordinating and sustaining these change initiatives.
2011 FUTURE CONNECTIONS-SUMMIT ON DIETETICS PRACTICE, CREDENTIALING, AND EDUCATION
March 24-26, 2011

Summit Day 1: Future Search
Desired Outcome: Discover the drivers and opportunities for change in future dietetics practice, credentialing and education.

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**Summit Plenary—Future Search Summary**
Prioritize opportunities to change.
Shared perspectives and insights.

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<td>Recess at 5 pm</td>
<td>Recess at 4 pm</td>
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**Pacific Region Only**
Facilitated Discussion: How does the multiple levels, multiple paths vision for the dietetics profession from the Phase 2 Future Practice & Education Task Force report guide us in designing a strong system for our future?

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<tr>
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**Summit Day 2: Design Thinking**  
**Desired Outcomes:** Create a shared vision and recommendations about a future direction and design for: dietetics practice, credentialing and education. Identify and foster relationships with key stakeholders that can facilitate change and future action related to dietetics practice, credentialing and education.

<table>
<thead>
<tr>
<th><strong>Summit Focus, Friday, March 25</strong></th>
<th>Eastern</th>
<th>Central</th>
<th>Mountain</th>
<th>Pacific</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Eastern and Central Regions &amp; Virtual Group only</strong></td>
<td>10 am</td>
<td>9 am</td>
<td>Recess</td>
<td>Recess</td>
</tr>
<tr>
<td>Facilitated Discussion: How does multiple levels, multiple paths vision for the dietetics profession from the Phase 2 Future Practice &amp; Education Task Force guide us in designing a strong system for our future?</td>
<td>11 am</td>
<td>10 am</td>
<td>9 am</td>
<td>8 am</td>
</tr>
<tr>
<td><strong>Summit Plenary—Trailblazers in Dietetics Practice</strong></td>
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<tr>
<td>Guest Speakers: Ellie Krieger, Deb Canter, Gail Cresci, Lucille Beseler, Marilyn Schorin Questions and Answers</td>
<td>12:30 pm</td>
<td>11:30 am</td>
<td>10:30 am</td>
<td>9:30 am</td>
</tr>
<tr>
<td><strong>Break</strong></td>
<td>12:45 pm</td>
<td>11:45 am</td>
<td>10:45 am</td>
<td>9:45 am</td>
</tr>
<tr>
<td><strong>Regional Sites &amp; Virtual Group</strong></td>
<td></td>
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</tr>
<tr>
<td>Facilitated Discussion: What are our design principles?</td>
<td>1:30 pm</td>
<td>12:30 pm</td>
<td>11:30 am</td>
<td>10:30 am</td>
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<tr>
<td><strong>Summit Plenary—Change Leadership</strong></td>
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<tr>
<td>Guest Speaker: Gretchen Wustrack Questions and Answers</td>
<td>Listening Lunch</td>
<td>2:30 pm</td>
<td>1:30 pm</td>
<td>12:30 pm</td>
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<tr>
<td><strong>Break</strong></td>
<td>2:45 pm</td>
<td>1:45 pm</td>
<td>12:45 pm</td>
<td>11:45 am</td>
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<tr>
<td><strong>Regional Sites &amp; Virtual Group</strong></td>
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<tr>
<td>Design principles work continues Connections Communication: Electronic sharing and voting on principles. Facilitated Discussion: What are our challenges and design constraints? Connections Communication: Electronic sharing and voting on priority challenges to overcome.</td>
<td>5 pm recess at 6:30 pm</td>
<td>4 pm recess at 5:30 pm</td>
<td>3 pm recess at 4:30 pm</td>
<td>2 pm – 3:30 pm</td>
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<tr>
<td>Facilitated Discussion: What design solutions will keep us at the forefront of food and nutrition? Connections Communication: Transmit top solutions to Summit Central.</td>
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**Pacific Region Only**
Facilitated Discussions:
- Shared vision
- Design principles
- Promising solutions

<table>
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<tr>
<th>Summit Day 3: Executing the Vision</th>
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<td><strong>Desired Outcomes:</strong> Establish guiding principles for a coordinated nationwide initiative to pilot new approaches and programs to create an integrated continuum for future practice, credentialing and education. Identify and foster relationships with key stakeholders that can facilitate change and future action related to dietetics future practice, credentialing and education. Establish a method for coordinating and sustaining these change initiatives.</td>
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<tr>
<td><strong>Regional Sites &amp; Virtual Group</strong></td>
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<tr>
<td>Summit Central Status Report—Update on Vision, Principles and Solutions. Facilitated Discussions:</td>
</tr>
<tr>
<td>- Shared vision</td>
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<tr>
<td>- Design principles</td>
</tr>
<tr>
<td>- Promising solutions</td>
</tr>
<tr>
<td><strong>Working Lunch/Brunch</strong></td>
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<tr>
<td><strong>Break</strong></td>
</tr>
<tr>
<td><strong>Closing Plenary</strong></td>
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<tr>
<td>Pilot Initiative Commitments. Guest Speakers: Jana Kicklighter, Susan Finn Leadership Commitments: Glenna McCollum, Speaker, House of Delegates Local Farewell</td>
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<tr>
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<tbody>
<tr>
<td>10 am</td>
<td>9 am</td>
<td>8 am</td>
<td>8 am (not starting at the same time as the other regions)</td>
</tr>
<tr>
<td>1:45 pm</td>
<td>12:45 pm</td>
<td>11:45 am</td>
<td>10:45 am</td>
</tr>
<tr>
<td>Recess at 3:30 pm</td>
<td>Recess at 2:30 pm</td>
<td>Recess at 1:30 pm</td>
<td>Recess at 12:30 pm</td>
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**APPENDIX B: LIST OF PARTICIPANTS**

*(INCLUDING REGIONAL SITE LOCATION, REGIONAL FACILITATORS AND ADA STAFF PARTNERS)*

### Region 1 Participant List

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>State</th>
<th>Note</th>
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<tbody>
<tr>
<td>Linda</td>
<td>Andrews</td>
<td>CA</td>
<td></td>
</tr>
<tr>
<td>Rebecca</td>
<td>Brody</td>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>Edward</td>
<td>Burke</td>
<td>CA</td>
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</tr>
<tr>
<td>Sonja</td>
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<td>OR</td>
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</tr>
<tr>
<td>Robin</td>
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<tr>
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<td>Evert</td>
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<tr>
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<tr>
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<tr>
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<td>Mayer</td>
<td>CA</td>
<td></td>
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<tr>
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<td>Nye</td>
<td>CA</td>
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<tr>
<td>Jessie</td>
<td>Pavlinac</td>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>Wanda</td>
<td>Siu-Chan</td>
<td>CA</td>
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<tr>
<td>Katryn</td>
<td>Soltanmorad</td>
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<tr>
<td>Patricia</td>
<td>Steinmuller</td>
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<tr>
<td>Kelay</td>
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<tr>
<td>Alicia</td>
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<tr>
<td>Terri</td>
<td>Wagar</td>
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### Region 2 Participant List

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<tr>
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<td>IA</td>
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<tr>
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<td>Byrne</td>
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<tr>
<td>Trisha</td>
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<tr>
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<td>Hanson</td>
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</tr>
<tr>
<td>Norman</td>
<td>Hord</td>
<td>MI</td>
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<tr>
<td>Anne Marie</td>
<td>Hunter</td>
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<tr>
<td>Wanda</td>
<td>Koszewski</td>
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<td>Laurie</td>
<td>Kruzich</td>
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<tr>
<td>Tara</td>
<td>Larson</td>
<td>SD</td>
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<tr>
<td>Susan</td>
<td>Parks</td>
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</table>
Carrolyn Patterson IL ADA Staff Partner
Diane Reader MN
Kimberly Robien MN
Joanne Shearer SD
Vicki Strickland MO
Angela Tagtow IA

Region 3 Participant List

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Region 4 Participant List

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<td>Martin</td>
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<tr>
<td>Cheryl</td>
<td>McAfee</td>
<td>MD</td>
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</tr>
<tr>
<td>Margaret</td>
<td>McDowell</td>
<td>MD</td>
<td>NIH-Division of Nutrition Research Coordination e</td>
</tr>
<tr>
<td>Dawna</td>
<td>Mughal</td>
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<tr>
<td>Beth-Anne</td>
<td>Oliver</td>
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</tr>
<tr>
<td>Elizabeth (Liz)</td>
<td>Panter</td>
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<tr>
<td>Sara</td>
<td>Simard</td>
<td>MD</td>
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</tr>
<tr>
<td>Cathy</td>
<td>St Pierre</td>
<td>PA</td>
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<tr>
<td>William</td>
<td>Swan</td>
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<tr>
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</tr>
<tr>
<td>Laura</td>
<td>Yatvin</td>
<td>PA</td>
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## Region 7 Participant List

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<tbody>
<tr>
<td>Stacey</td>
<td>Antine</td>
<td>NY</td>
<td></td>
</tr>
<tr>
<td>Patsy</td>
<td>Brannon</td>
<td>NY</td>
<td></td>
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<tr>
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<td>Byham-Gray</td>
<td>NJ</td>
<td></td>
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<tr>
<td>Mei-Hua</td>
<td>Chen</td>
<td>NY</td>
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<td>Creedon</td>
<td>MA</td>
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</tr>
<tr>
<td>Sharon</td>
<td>Denny</td>
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<td>ADA Staff Partner</td>
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<td>Marsha</td>
<td>Diamond</td>
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<td>El-Kour</td>
<td>JORDAN</td>
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<td>Fornari</td>
<td>NY</td>
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<td>Reid Hector</td>
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## Virtual Participants

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Appendix C: Characteristics for Summit Participants (Used for Selection)

Participant Characteristics
The following characteristics and definitions were used in the Summit participant application and selection process.

- Team Player – There is evidence the individual is a person who can function effectively as part of a group of individuals, sharing information and striving towards a common goal.
- Effective Communication Skills – There is evidence the individual can transmit information to others in a way that is understandable and receive information from others in the service of achieving desired results.
- Evidence of Opportunistic Behavior/Catalyst for Change – There is evidence the individual has experience making use or taking advantage of existing and new information and resources in a positive manner and for positive purposes, and has demonstrated the initiation/promotion/facilitation of positive change.
- Can be Challenged in an Open Manner and Can Challenge in an Open Manner – There is evidence the individual is able to be honest and provocative and question others in way that is sincere and is not intended to embarrass or belittle or move a personal agenda and is in the service of moving the discussion forward in a positive direction. There is evidence the individual can receive a challenge with an attitude of sincere consideration for others’ perspectives and points.
- Can Engage in Reflective and Constructive Critique – There is evidence the individual is able to provide feedback to others’ that is grounded in careful consideration of what others’ have said and that fosters true dialogue with others’ and helps build a safe and open environment for dialogue. There is evidence the individual has the ability to change his/her paradigms/beliefs based on information offered by others.
- Responds to Emerging Trends with Pro-action not Negativity – There is evidence the individual sees emerging trends as opportunities to be explored rather than something to be feared.
- Displays a Mix of Professional Humility and Professional Will – There is evidence the individual is modest about his/her own abilities and contributions but at the same time not afraid to assert his/herself and share his/her convictions on matters of professional importance.
- Driven by the Greater Good of the Profession versus Personal Good – There is evidence the individual is focused on how his/her own efforts can help others and makes contributions in the service of helping others, and the individual is willing to sacrifice a personal agenda or belief for the benefit of the whole.
- Results Driven – There is evidence the individual cares about meeting defined objectives and targets and measures success based on outcomes achieved.
- Risk Taker – There is evidence the individual has taken calculated risks, is not afraid to take well calculated risks, and learns and grows from each risk taken.
- Evidence-based decision-maker – Makes decisions based on available evidence.
- Represents diversity.

Additional considerations to be used by the Summit Oversight Workgroup will include:
- Meets identified geographic considerations
- Meets identified practice considerations
- Meets diversity representation considerations.
**APPENDIX D: LIST OF EXTERNAL ORGANIZATIONS INVITED TO THE SUMMIT**

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<tr>
<th>External Organization Invited</th>
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<tr>
<td>American Society of Enteral and Parenteral Nutrition:</td>
<td>Carol Ireton Jones, Region 4</td>
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<td>American College of Sports Medicine</td>
<td>Patti Steinmueller, Region 1</td>
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<td>Hope Barkois, Region 5</td>
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<td>Association of Nutrition Departments and Programs,</td>
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<td>American Academy of Nurse Practitioners</td>
<td>Cathy M. St. Pierre, PhD, APRN, FNP-BC, FAANP, Region 6</td>
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APPENDIX E: PRE-SUMMIT READING ASSIGNMENT AND DISCUSSION QUESTIONS

A list of articles was noted as assignments for Summit participants to complete prior to the Summit. The reading assignments were completed according to each participant’s timeline. In addition, a set of discussion questions were provided for Summit participants to consider as they read the articles. An electronic discussion board was created for participants to share their perspectives on the readings.

4. Previous recommendation for credentialing that was removed from the Phase 2 Future Practice & Education Task Force report (spring 2008; internally distributed).
5. CDR Workforce Demand Future Scan (February 2011; internally distributed).
7. Brutal Facts Identified by CDR, CADE and Council on Future Practice (September 2010; internally distributed).

You are encouraged to use the link above to access the document.

The following questions were used to guide Summit participants through the various reading assignments. Also, these questions were used by the Regional Facilitators to stimulate discussions via the Summit Community of Interest in advance of the Summit.

**General Questions Related to the Expectations of the Summit and the Profession**

1. Briefly share with the regional colleagues your experience in practice, credentialing and education.
2. If you were to state the highest priority outcome for the Summit to achieve, what is it?
3. What are your concerns for the future for the profession?

**General Questions Related to Practice, Education and Credentialing**

4. Based on what we know about the current and future environments, what are the two or three steps that could be considered in either practice, education or credentialing?
5. What did you discover from the required reading that caused you to stop and think (your “aha” moment)?
6. Based on what you have read in the supporting documents, what trends (themes, characteristics?) did you identify for practice, education and credentialing of dietetics practitioners in the future?
7. What challenges need to be overcome to ensure dietetic professionals are well-prepared and well-positioned to meet the increasing demands for the future?
8. How do we move our profession to embrace the notion that dietetics is a career, not just a job?
9. What are the implications of transformative learning, as described in the *Lancet* article, for the future of dietetics education?
RD Credentialing Questions
10. Given the credentialing recommendations of the 1994 Future Search Conference, the Phase 2 Future Practice & Education Task Force report and the March 1 webinar speaker, if you had the opportunity to redesign the RD credential what would it be? Would it take the generalist model we have always had or would you consider a core with a range of focus areas or something else?
11. How recognizable do you think the RD and DTR credential are in the current marketplace? If you think the credentials are not widely recognized, what can be done to increase their recognition?
12. How do we create an increased demand for credentialed dietetics practitioners in the marketplace?

Advanced Practice and Specialist Practice Questions
13. What does advanced practice and specialist practice mean to you? Do you think that creating advance practice and specialist credentials will lead to acknowledgment of RD and DTRs as the food and nutrition expert and a higher level of compensation?
14. What do you see as the barriers to the profession having an advanced practice credential? How can we overcome them?
15. For which areas of practice, beyond clinical care, should we consider developing a specialist credential? Explain why.
APPENDIX F: LIST OF CONSTRAINTS AND CHALLENGES IDENTIFIED (CONSOLIDATED LIST)

1. Fear and resistance to change
2. Internal and external stakeholder buy-in and support
3. Varying licensure laws
4. Education needs to be more flexible
5. Lack of resources including lack of the finances and understanding of consumer-centered pedology
6. Lack of diversity in students and profession
7. Competitor and encroachment
8. Reimbursement
9. Effective and marketing for brand recognition
10. Lack of leadership
11. Lack of access to training and mentorship
12. Lack of recognition of the value of the credential
13. Cost of change
14. Timely documentation and communication of best practices
15. Institutional barriers
16. Political uncertainty
17. Need to be more forward thinking
**APPENDIX G: DESIGN SOLUTIONS**

**Practice**
1. Change regulations so RD services are billable in all areas of practice.
2. Define undergraduate education which will lead to career guides that leads to a scope of practice for the new food based practice.
3. Cohesion: DPGs will inform CDR of current practice.
4. Develop avenues of effective communication.
5. Focus on inclusive dialogue.
6. Focus on collaboration and cooperation.
7. Willingness to be brave and innovative and cutting edge.
8. Inter disciplinary practice teams.
9. Develop alliances for practice with other groups that overlap (top down / grassroots up).
10. Develop centralized outcomes management - support justification for the credential and reimbursement enhancement.
11. Create a template for a clinical or professional ladder in the workplace to promote recognition and reward dynamic practitioners.
12. Educate state licensure boards (multi-disciplinary) on the specialty and advance practice credential and the benefits of incorporating these practitioners within their scopes of practices.
13. Educate practitioners in "out of the box" ideas to inspire behavior change in dietetic practitioners, clients and consumers.
14. Create opportunities for joint practice with exercise specialists to create a demand for both sciences in weight loss therapy.

**Future Practice Roles**
1. Genomics counseling
2. Food industry/sustainability
3. Practice based outcomes research
4. Other new practice areas (complementary and alternative medicine, online, telemedicine, computer technology/APPs)
5. Food science/nano technology
6. Global health
7. Food safety/disaster preparedness
8. Eating disorders
9. Develop tele-nutrition opportunities.
10. Promote support for RD roles in new arenas, such as laws that support "an RD in every school district."
11. Informatics
12. Sports dietetics (fitness, recreation, athletes and military)

**Specialist/Advanced Practice**
1. Develop routes to advanced practice through more education options leading to advanced practice doctorate, residencies, fellowships and credentialing. Define advanced practice within focus areas and define what advanced practice RDs are capable of doing.
2. Determine PDP data set and identify candidates for board certification, certificate programs and fellowships. Inform nutrition professionals and external professions of certifications.
3. Involve DPGs in creating specialty board certification through CDR. The process will be streamlined and consumer centered.
4. Write or change regulations to identify board specialist.
5. Advanced practice
   - New title - RD Advanced Nutritionist
   - Portfolio and "Board Certified" competency exam
DTR Practice Roles
1. Establish a ladder for the DTR. New core collaborative with a new 4 year degree program allowing for the career ladder.

Professional Development
1. Develop a certificate program in cultural competence.
2. Develop online multidisciplinary education programs on teaming for CPE which could be based on focus areas.
3. Develop programs at FNCE or at state affiliate meetings on interdisciplinary teaming.
4. Offer CPEs for RD/DTR to learn learner-centered principals and application through outside entities, i.e. learning to listen, learning to teach global partners.
5. Continued education for leadership development.
7. CPEU requirements to maintain core knowledge and CPEUs in the practitioner's focus area, demonstrate continued competency to protect the public.

Marketing
1. Create advertisements for RD profession marketed toward men similar to nursing advertising model. And market dietetics to males in other disciplines within universities, such as kinesiology.
2. Association hires a marketing and design organization to optimize national recognition and demand for dietetics practitioners as providers of food and nutrition information and services.
3. Support with strategic marketing (eg; Social Work MSW given turnkey website-integrative nutrition branding template).
4. Campaign to send out 30 sound-bytes per day to market the RD through electronic media.
5. Offer a marketing database of media work done by RD's in the country to promote the profession.
6. Offer press releases to employers, news media, etc from ADA to recognize practitioners who have received dietetic awards (Medallion, ADAF, RYDY, etc.).

Credentialing
1. This one is actually a diagram showing the flow of credentialing and will be brought back to Chicago. A picture of it is attached and found on page ___.
2. Fast tracking masters to PhD to RD.
5. Potential new credentials.
6. Create levels of credentials: nutrition professional (DPD without internship or no desire to practice clinically, e.g. exercise science/personal trainers, sustainability, public policy, pharmacology research), entry level DTR and RD (focus areas of clinical, food service, community), Certified Specialist RD (renal, peds, etc..) and Advanced Practice RD.
7. Use Practice Groups to develop and attain specialist credential (certification in clinical nutrition management, nutrition support, oncology, sports dietetics, etc.).
8. Explore Advance Practice credential in: public policy, food service, management, culinary, marketing & communication, food safety, IT.
9. Eliminate pass rate threshold to evaluate educational programs since test is problematic.
10. Find a pathway for chefs to certify at some level.

Education
1. Alternative pathways for nontraditional practitioners: a committee at CADE would be created to evaluate transcripts, assess portfolios and evaluate previous work experience to encourage a more flexible and streamlined entrance into the profession. International dietetics professionals would apply directly to this committee for evaluation and direction. The goal would not be to limit
inclusion into the profession but to expand inclusion into the profession. Paid for by ADAF research grant for person applying.

2. Optimize opportunities for education;
   - Incentivize preceptors and DI programs in efforts to grow the number of dietetic internships/supervised practice programs
   - Incentivize and promote non-traditional growth of established DI programs (online/distance learning arm of current DIs).

3. Establish specialization at the internship or graduate level (clinical, generalist, management, public health, etc) a second method of demonstrated competency in the focus area. Specialized route to the RD narrower focus results in possibly less hours - helps to solve current shortage of preceptors and internship dilemma.
   - New title - RD Nutrition Specialist
   - Specialized areas can include: Management, Culinary, Corporate, Sustainability, Informatics, Pediatrics, Case Management - Medical Home Coordinator, Sports, etc.
   - Specialized competency exam - "will involve DPGs to create".

4. Offer fellowships in other countries partnering with foreign universities.

5. Change DPD curriculum to include a core curriculum with option to specialize in specific areas, for example, food science, management, clinical, etc. Add specific curriculum standards for specialties. Consider offering certificate for emphasis areas.

6. Create a model for dietetic education programs that is focused on learner centered education with greater flexibility in course requirements from CADE.

7. Develop opportunities for more interdisciplinary coursework.

8. Establish simulation labs that are part of undergraduate curriculum.

9. Collaboration with others.

10. Simulations in education.

11. Use masters as part of advanced practice.

12. Fast track supervised practice for post/masters/PhD


14. Include nutrition as a component of education in all other healthcare training programs.

15. Set up trial education programs--1 for each area that include: open, flexible, innovative/personal, looking toward future, inclusive to evaluate different models. Emphasis on underrepresented area for education (geographic challenged).

16. Provide basic business education in undergraduate through DPD program and internship. Need to include on RD exam (greater weight applied).

17. All future programs (DPD) should be coordinated with a supervised practice. Internship:

18. Preceptorship should be developed as paid positions and careers.

19. Develop group clinical education models like nursing to include more internship slots in hospitals.

20. CADE shared along with DEP to develop one general curriculum that meets competencies so each program does not have to reinvent the wheel.

21. Require students to have experience in communities diverse from their own.

22. Reformat internships: Internships need to be broader and have equal time spent in clinical, foodservice, wellness, long-term care, journalism, publicity, management, and business. Builds foundation for gaining specialty credentials in different areas.

23. Expand internship rotations to include more non-clinical options.

24. Affirmative action programs for people of color, including: financial support, mentoring, and flexible programs (i.e., part time).

25. Develop a training model to allow advancement in various practice areas.


27. Allow flexibility in internships so interns can have option to spend more time in areas of interest/specialty; can still have generalist focus as one option.
28. Give opportunity to get into the profession - This group has the responsibility to create their future; their niche.
29. Create incentives for preceptors, i.e., a lead preceptor certificate.

**Education for Both RD and DTR Routes:**
1. Simplify the accreditation process so more programs can be developed.
2. Add more seamless program options.
3. There should be a continuous pathway from DTR --> RD --> advanced specialist where courses and requirements are transferred to the next level.

**Continuum of Future Practice, Credentialing and Education**
1. Modify basic nutrition core (i.e., food science, food safety, chronic nutrition disease management, practicum, etc. transforming our current DPD requirements. Followed by a national exam - and a new credential (other than the RD credential). Embrace all those who want to be in the field of nutrition and compensation is commensurate with education (i.e., open the profession up to other individuals).
   - New title - RD Nutritionist
   - RD exam - taken upon completion of 4 year degree
   - Embraces students not placed in internship in our professional
   - Graduate completing degree and exam considered a generalist
   - Can supervise DTR - now referred to as Nutrition Technician (NTR or RNT).
2. Create a sliding scale for the cost of ADA membership to increase participation of less experienced members.
3. Develop programs and credentials to bring in people with years of experience from communities of color to become RDs.
4. Create ADA memberships with a menu of choices: *Journal*, etc.
5. Continue to create more specialty certifications.
6. Bring in chefs, Extension, school nutrition, DMAs at differing entry points.
7. Increase the number of leadership positions for young members and/or encourage younger members to run for leadership positions (re: article in ADA times.)
8. Create mentoring programs that remain viable across all DPGs.
9. Increase research by:
   a. Create a grant system
   b. Require as part of education
   c. Educate students/professionals on food science career opportunities.
10. Have change or others will take over some of our practice areas.
11. Reinforce value of existing practitioner.
12. Create a model (visual maps and share with stakeholders).
13. Pilots with stakeholders input.
14. Don't overwhelm.
15. Allow feedback
16. Move the cheese.
17. Reasonable timeline and transition period.
18. Reassure.
20. Reclaim food continuum.
APPENDIX H: POST SUMMIT COMMUNICATION PLAN

Summit Findings
- Summarized the feedback provided from participants.
- Components of the document:
  - Priority Change Drivers
  - Design Principles
  - Constraints and Challenges
  - Design Solutions (organize according to practice, credentialing and education; these were brainstorming ideas)
  - Pilot Initiatives (need to put into a consistent format and correct grammar/spelling).
- Completed and Distributed.

Report to ADA Organizational Units (including BOD and HOD) and Summit Participants
- Components of report:
  - Similar content to Findings document, but more narrative
  - Include overview of process and rationale for Summit
  - Include projects that ADA has underway related to any of the pilot initiatives submitted; should include timelines for ADA projects; note: we need to encourage members to be patient with progress on the projects due to limitations due to staff/member time and financial resources available).
  - Next steps.
- Completed and Distributed.

Conducted debriefing conference call with Regional Facilitators.

Conferences calls conducted with Council on Future Practice, CDR, CADE, and Education Committee to discuss impact to each organizational unit.

Submitted Request for FNCE Session
- Overview of Summit
- Highlight some pilot initiatives
- Planned by the Joint Chairs of CADE, CDR, CFP and EC; identify a small group to do the planning
- Issue to be on the Joint Chairs April 6 conference call agenda.

Update to Summit Web Page
- Post Summit Readings, Discussion Questions, Findings of Summit, taped segments of the Summit on the Summit Web page
- Creating lesson plan and power point for teaching change leadership related to the Summit
- C. Reidy will contact Sonja Connor to develop the lesson plan and power point (CDR will fund the development)
- Member notified.

Proceeding for the Journal of the American Dietetic Association (September 2011).

Create Interactive Website for the Pilot Initiatives
- Work with IT to create web site and timeline for completing the work