

A Supplement to the



# Journal of the American Dietetic Association

The premier source for the practice and science of food, nutrition, and dietetics

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Volume 109 Number 5

## **Marketing Yourself**

**Enhance Your Profile  
and Advance Your Career**

A COLLECTION OF JOURNAL ARTICLE REPRINTS

**ELSEVIER**

# Journal of the American Dietetic Association



The premier source for the practice and science of food, nutrition, and dietetics

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# introduction

## Welcome!

**A**s the market for health care dollars becomes more competitive, American Dietetic Association members must continue to stay abreast of the latest techniques for marketing their services to the public, as well as the expanding variety of opportunities for employment in dietetics. This supplement to the *Journal of the American Dietetic Association* continues a series of reprint supplements dedicated to providing ADA members with the latest in professional development tools and career enhancement strategies.

In April 2007, the first supplement focused on how to best go about finding employment; the second, in May 2008, concentrated on more advanced knowledge, including essential legal information. Members continue to request material on career development skills, so ADA's Member Value Committee is pleased to present this third installment of the series. ADA has commissioned freelance authors to provide articles on these career-focused topics that members continue to request. This supplement provides a collection of previously published articles centered on the essential skills of marketing oneself. Novice and experienced professionals alike will find an array of tools for taking their careers to the next level, whether it be by expanding the reach of a private practice, advancing into management, or taking on new challenges outside of a traditional setting.

This issue is divided into two parts. The first part is focused on the business tools necessary for success in dietetics now and in the future. Included are articles on Web video and other modes of electronic information dissemination, online social and business networking, crafting sound bites and establishing relationships with the media, and developing the cultural competency necessary to properly serve a wide range of clients. Collected in part two are articles that explore career advancement options for experienced food and nutrition professionals, such as moving into management and becoming a consultant, and advice on how to seize those opportunities.

With the tools described in part one and the tips offered in part two, ADA members will be ready to successfully face the future of dietetics, no matter what challenges they face.



*Nancy Siler, MS, RD, LDN, CFCS  
Chair, Member Value Committee*

**Member Value Committee 2008-2009:** Nancy Siler, MS, RD, LDN, CFCS, Chair; Susan Moores, MS, RD, Vice-Chair; Teresa Bush-Zurn, MA, RD, FADA, CDE; Josephine Cialone, MS, RD; Ellen Shanley, MBA, RD, CDN; Yolanda Ortega-Gammill, RD.

**New Member Advisory Sub-Group:** Sherry Coleman, RD; Courtney Gaine, PhD, RD; Melanie Mott, MS; Kate Schluter, RD.

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### Promote Yourself and Your Profession with Sound Bites

*This article is reprinted from the May 2006 issue of the Journal (2006;106:661-662).*

The next time you go to a party or networking function, ask someone what they do. Chances are they will give a vague job title—you won't know anymore about what they do than you did before you asked them. This problem is compounded when the career is complex and the responsibilities are over many people's heads, as with dietetics.

Rosalyn Haase, RD, president-elect of the Wisconsin Dietetic Association and medical nutrition therapist at Memorial Health Center in Medford, WI, realized that when she said she is a registered dietitian (RD), she either got blank stares or "responses that indicate a complete lack of understanding about what RDs do." This has ramifications that go far beyond an awkward moment at a cocktail party. "When people don't understand what we do, they can't possibly value or demand our services," says Haase. "Unfortunately, we don't help them understand what we do, which is the first step in self-promotion when we say, 'I'm an RD.'"

Christine Gerbstadt, RD, MD, American Dietetic Association (ADA) spokesperson and owner of her own business, Nutronics, Inc, echoes her frustration. "Identity crisis is a big problem in our profession," she says. "It seems we have to start from square one in justifying what we do."

To solve this problem, you might want to try something new. The next time someone asks "What do you do?"—come back with a 30-second sound bite.

*This article was written by Jim McCaffree, a freelance writer in Los Angeles, CA.  
doi: 10.1016/j.jada.2009.03.026*

#### WHY SOUNDBITES?

When most people think of a sound bite, they think of a short television or radio quote, but it's not just for the media anymore.

#### Self-Promotion

Rochelle Balch grew a home-based computer consulting firm into a business that earns \$2 million per year; she now gives motivational seminars in the area of self-promotion. Balch writes in her essay "Have I Told You What I've Done Lately" in the book *Confessions of Shameless Self-Promoters*, that "you never know when that opportunity may present itself for a great new job or position and you need to be ready" (1). Balch says that people need to get over their negative connotations about bragging. In an interview Balch urged, "Learn how to brag about yourself and be proud of it! If you don't brag about yourself, who will?" Balch found that instead of telling people she was a contract computer programmer, it was better to say that she works with computers, and give the name of her company. "That could lead into a conversation if the other person had some interest in what I did."

#### Self-Confidence

Balch says that self-promotion and self-confidence go hand in hand. Even the act of sitting down and thinking about what you do can have a positive impact on your self-confidence. "People who know what it is they do are generally more self-confident," Balch says. "My belief is that solid self-esteem leads to good self-confidence. Good self-confidence makes you more self-motivated. When you're motivated, you can promote yourself and your company."

#### WRITING A SOUNDBITE

Balch has a general formula for soundbites. First, start off with a gen-

eral sentence about where you work and your area of expertise, then go more in-depth about what you do, maybe providing an example of how you contribute to your organization. Finally, you can sum up with your title. Balch advises people to come up with a task they do and make it sound interesting and rewarding. Balch offers this example for dietetics professionals: "I'm in the nutrition industry. I really enjoy talking to people about ways they can improve their health; sometimes suggesting a simple diet change can make a world of difference for them . . . and it's very rewarding."

In addition, you might also borrow some of the interviewing tips from ADA's *Working with the Media: A Handbook for Members of the American Dietetic Association*: Keep your sentences short, ideally no more than 25 words. Limit your message to three key points. Avoid exaggeration—be honest about what you do. Anticipate that there will be follow-up questions and prepare for them. Also, keep the "six Cs" in mind and be:

- clear;
- candid;
- concise;
- conversational;
- correct; and
- compassionate (2).

Finally, in a workshop held during the American College of Physicians' Leadership Day 2002, Frank Whyte, a Maryland-based media consultant, advised internists to rehearse saying their sound bites until they sound natural, but don't memorize them, or else they will sound canned (3).

#### Know Your Audience

Gerbstadt says that dietetics professionals need to find a template that will work for them and individualize their sound bites. Haase says that she has several soundbites she can use

“based on what kinds of problems we solve for patients, the general public, and other health team members, and what kinds of groups we work with.” For example, a sound bite you would use for the public would sound different than what you would say to another health care professional who doesn’t work with dietetics professionals, and a practitioner who works in a clinical setting would say something entirely different than one who works in academia or government.

#### HELP YOURSELF, HELP YOUR PROFESSION

While writing a sound bite is an important self-promotion tool, if enough practitioners used it, Haase says, it could help the dietetics profession as a whole. “If 70,000 of us did this, it would help increase the perceived value of our services, and it could help impact our salaries.”

According to Haase, “ADA gets it. They know that ‘RD’ isn’t a household term. They know that the average person doesn’t know what an RD is. So how do we educate the public about the value an RD brings to health care?” Haase adds, “All of us have to find ways to do that individually. The sound bite idea lends itself to that.”

The idea was so well received by the Wisconsin Dietetic Association’s annual meeting planning committee that they will be designing their exhibitor game—which encourages attendees to visit the exhibitor booths—around the sound bite idea. “The members of the planning committee are writing three to four sound bites. They will then be distributed to the exhibitor booths,” says Haase. “Attendees will have to go to each exhibitor to find the sound bites.” Haase asked the planning committee members to write sound bites for different audiences, such as administration, academia, and business/industry. For example, Haase says, a dietetics professional working for a university foodservice might write this as a sound bite: “I help first-year students make healthy food choices and avoid the freshman 15.”

Gerbstadt believes media training in general is a helpful skill for all dietetics professionals to learn. That’s why she acted as emcee in a media-training program held the day after the 2005 Food & Nutrition Conference & Expo ended.

The day-long program included three nationally known media trainers who trained attendees in camera work and preparing to speak to all media. The response from members was extremely positive, with attendance larger than expected.

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### When most people think of a sound bite, they think of a short television or radio quote, but it’s not just for the media anymore.

For Haase, the desire to promote the dietetics profession goes beyond professional. It’s personal. “I care about this for my profession. My daughter is a dietetics student. I’m looking as a mother and a dietitian at the ways sound bites might be of benefit to the profession.”

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## Blogs, Podcasts, and Wikis: The New Names in Information Dissemination

*This article is reprinted from the April 2007 issue of the Journal (2007;107:553-555).*

With new technology coming at us fast and furious (doesn't your 2005 computer already feel outdated?), it may seem difficult to keep track of the ever-changing technological terminology out there. Wiki? Podcast? Vodcast? It may feel even more overwhelming if you are only now getting used to e-mail. But according to those interviewed for this article, professionals in the medical community owe it to themselves to keep up to speed on the latest trends because more and more patients and professionals are gathering and sharing information with these methods.

Consider this a primer on terms you may not be familiar with, as well as an introduction to how others in the health professions are utilizing these tools.

### BLOGS

A blog, short for "Web log," is a user-generated Web site that files entries (or "posts") in reverse chronological order, with the most recent entry first. While many blogs are used as online diaries mostly for entertainment purposes, individuals and groups can use them to advertise events, professional accomplishments, and networking opportunities. Free blogging software ([www.blogger.com](http://www.blogger.com)) allows for the posting of images as well as text.

One example of a medical blog is the Dermatology Interest Group's blog at the University of Texas Medical Branch in Galveston. According

to Richard Wagner, MD, a professor of dermatology at the university, the blog was started in 2004 by medical students interested in dermatology. According to Wagner, DIG@UTMB ([www.digitmb.blogspot.com](http://www.digitmb.blogspot.com)) is run by two student editors who collect, edit, and post information regarding fellowships, conferences, awards, and other news relating to the field. It also advertises meetings of the group and visits by guest speakers.

"Students find it a very good resource," says Wagner, who admits to being surprised at how popular the blog has become. "The kids and students are so facile with the Internet these days. This is just a good way for them to communicate."

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**Professionals in the medical community owe it to themselves to keep up to speed on the latest trends because more and more patients and professionals are gathering and sharing information with these methods.**

A recent user poll conducted by Wagner, who published his results in the *Dermatology Online Journal*, shows visits to the blog are increasing. Student editors recently decided to start e-mailing new entries in addition to posting them.

On a larger scale, the well-known health Website WebMD ([www.webmd.com](http://www.webmd.com)) offers site visitors a large variety of blogs to choose from, ranging in topics from pregnancy to asthma to sleep disorders. Blogs are written

by health professionals including doctors, nurses, and registered dietitians. A blog on raising healthy children includes advice from a pediatrician who posts on everything from preschool children on Ritalin to toddlers who are overweight. Blogs with more personal stories written by ordinary people—for example, one mother blogs about raising her autistic child—are also featured.

"On a monthly basis, 30 million individual users come to WebMD to make better decisions for themselves or for their loved ones," says Anne Bentley, senior vice president of consumer marketing for WebMD. How does the site find its bloggers? Bentley says WebMD recruits health professionals with a publishing background who are consumer friendly. Full biographies are available on the site.

"The reason they go on our blogs is they are looking for an emotional connection," says Bentley. "If a patient is diagnosed with a condition, they want advice."

But should registered dietitians worry that their clients will mistake online blogs as their only resource when it comes to making the right choices? According to Bentley, WebMD uses disclaimers informing readers that the information on the Web site should not be substituted for a visit to the doctor. Bentley believes most WebMD visitors use the site for further information *after* they have received a diagnosis from a health care professional.

"We're not playing doctor," says Bentley. "We're a source of information."

### PODCASTS AND VODCASTS

Podcasts are media files that can be distributed via the Internet and played on computers and handheld devices such as iPods or other digital audio players. Vodcasts operate on

*This article was written by Jennifer Mathieu, freelance writer in Houston, TX.  
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the same principle, but video images are transmitted in addition to audio. Many radio shows currently offer podcast versions of their content that users can download and listen to later.

Many medical journals are offering their articles as well as added content via podcasts. According to Kent Anderson, Executive Director of Internet Business and Product Development for *The New England Journal of Medicine*, the journal started podcasting in April 2005. The first audio feed was the reading of an article about the Terri Schiavo story that had appeared in the recent journal. The piece, a perspective essay written by a medical ethicist, generated interest among readers and led the journal to decide to expand the podcasts.

According to Anderson, users can currently download summaries of articles as well as supplemental information that is exclusively available online. (For example, an interview with the mother of a child who committed suicide was available online in conjunction with the publication of a journal article that had discussed screening for mental illness in teenagers.) Podcasts can be downloaded for free via the journal's Web site (<http://content.nejm.org/misc/podcast.shtml>) and iTunes.

Anderson says their data shows more than 30,000 people a week are receiving the information, although he says it's difficult to know how many people actually listen to the podcast after it is downloaded. However, anecdotal evidence seems to suggest the podcasts are popular with medical students and doctors because they tend to have busy schedules.

"It is something they can listen to while doing mundane tasks such as eating lunch or during a commute," says Anderson.

One obstacle was finding the right people to read the article summaries.

"We tried it with professional readers, but the medical terminology was a problem," says Anderson. The journal now employs three doctors to read the summaries, including one former television professional who made medicine a second career. According to Anderson, the journal is exploring plans to offer full articles as podcasts.

While journals can use this technology as another way to distribute their print content, some hospitals are working to develop original content solely for podcasts. Such is the case at Johns Hopkins

Medicine, where staff members produce a weekly podcast that discusses the top four or five stories published that week in peer-reviewed literature (<http://www.hopkinsmedicine.org/mediaII/Podcasts.html>). Elizabeth Tracey, director of electronic media for Johns Hopkins Medicine, hosts the podcast along with Richard A. Lange, MD, chief of clinical cardiology. Each week, Tracey selects recently published articles that she believes would make for a relevant and interesting podcast. Topics have included everything from new breast cancer treatments to expanded prenatal testing for Down syndrome as well as topics that would be of interest to food and nutrition professionals, such as discussions on *trans* fats and obesity. Each Thursday morning, Tracey and Lange discuss the articles and create an hour-long podcast.

"We want it to sound like a conversation," says Tracey, a former radio show host. "When he says something funny, I laugh."

The podcasts, which can be downloaded for free via the Johns Hopkins Web site or iTunes, are another form of community outreach, says Tracey. And so far the response has been positive.

"Tens of thousands download the podcast each Friday directly from the Johns Hopkins Web site," says Tracey. More download directly from the iTunes Web site, but because iTunes does not yet provide detailed downloading data, Tracey says they are unsure of how many more are listening. However, she expects the audience to grow. "People have a voracious appetite for health care information. You can multitask with podcasting," she says. "You can download it and listen to it whenever."

Tracey adds that her podcast comes with the stamp of approval of Johns Hopkins Medicine. She cautions users to consider the source when they download and listen. "You can find loads of places that podcast," she says. "Let's say I produce a certain pharmaceutical for managing high blood pressure. What I produce [on a podcast] is going to reflect that."

What about podcasts replacing tattered magazines in doctors' waiting rooms? It's happening at the Arizona Heart Institute in Phoenix, AZ. Via the Institute's Cardiovascular Multimedia Information Network ([www.cvmid.org](http://www.cvmid.org)), launched in late 2005, vis-

itors can access more than 100 podcasts that address topics such as stress reduction, diabetes, and heart-healthy diets. Patients scheduled for bypass surgery can download a short clip that explains how the surgery is performed. The site, which has both professional and public portals with content specifically geared toward each group, offers its information at no charge. Like Johns Hopkins and *The New England Journal of Medicine*, users can download the podcasts for free via the Web site or iTunes.

#### Nutrition Care Process on Wikipedia

With the Nutrition Care Process revolutionizing the way food and nutrition professionals practice, those closely aligned with its development decided to get the word out by including an entry about the framework on Wikipedia, the popular online encyclopedia that can be edited by anyone.

According to Annalynn Skipper, PhD, RD, FADA, an author and consultant who serves as chair of the Standardized Language Committee for the Nutrition Care Process, "The Nutrition Care Process is a new thing, and we want to get it out there. Wikipedia takes minimal resources but has the potential to reach a lot of people."

During the summer of 2006, committee member and Wikipedia contributor Pam Charney, RD, PhD, drafted the text of the entry which was then reviewed and edited by the committee. The entry is now available on Wikipedia ([http://en.wikipedia.org/wiki/Nutrition\\_Care\\_Process](http://en.wikipedia.org/wiki/Nutrition_Care_Process)).

According to Charney, Wikipedia is the right resource for those who want information quickly. "The Nutrition Care Process might be difficult to find on ADA's Web site," she says. "If you can't find something in one click, you stop looking."

As for concerns over vandalization of content or incorrect content, Charney says vandalization is usually corrected within seconds, and users must register before writing new entries. She also argues that wikis have an advantage over print reference material: they can be fixed not only to correct mistakes but to reflect new information. "Even if you look in published text, you'll find incorrect information," she says. "At least with an online encyclopedia you can change it [right away]."

A teacher as well as a consultant and author, Charney says many of her students regularly use Wikipedia as a source. Because of this as well as her experiences with Wikipedia, she thinks food and nutrition professionals deserve their own online encyclopedia.

"I would love to see a wiki devoted to nutrition issues," she says.

Grayson Wheatley, MD, cardiovascular surgeon at the Arizona Heart Institute and founder and director of the Cardiovascular Multimedia Information Network, says the podcasts help create a more educated patient.

"I've found it improves the quality of the office visit," says Wheatley, who edits and approves all the available content. Even older patients embrace the podcasts. "The compelling interest to understanding one's own health overcomes technological barriers," says Wheatley, who lends iPods to patients while they're waiting to see him. "It's better than a *People* magazine from 1999. Even 90-year-old great-grandfathers think it's awesome."

### WIKI

A wiki, which comes from the Hawaiian word for fast (1), is a special kind of Web site where visitors can edit content. Often used in collaborative projects to document something, Wikipedia (<http://www.wikipedia.com>) is arguably the most famous wiki online, receiving mention in *Time* magazine's recent technology-driven 2006 Person of the Year issue. Wikipedia is an online encyclopedia that can be edited by almost anyone, and features over six million articles on everything from presidents to pop stars (1).

Medical wikis exist as well, including <http://wikimd.com>, <http://www.fluwiki.com>, and the British medical wiki Ganfyd (<http://www.ganfyd.org>) (2). While the fact that so many users can work quickly to create an enormous amount of entries, some medical professionals worry that the information produced won't be accurate.

"There must be professional input into these sites," says Dr Wheatley of the Arizona Heart Institute. "People have to be very, very cautious in any information they're receiving [from them]."

Still, others argue that with the enormous influx of users, an almost Darwinian attitude prevails: only accurate information can make it onto a wiki. Pam Charney, RD, PhD, worked for several months to create a Wikipedia entry on the Nutrition Care Process (see sidebar). A regular contributor to Wikipedia, Charney says the site's policies, guidelines, and almost fanatical users (or "Wikipedians") ensure accuracy. So does the

fact that all entries must include documented references.

"You can't have a thin skin to publish on Wikipedia," says Charney. "You have to be ready to defend your entry."

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### Showcasing Your Expertise: Creating Video for the Web

*This article is reprinted from the April 2008 issue of the Journal (2008;108: 608-610).*

Now that more than half of all adults have high-speed Internet connections in their homes (1), online video is a fast-growing tool for professionals seeking to reach a wider audience (2). Video is an especially great fit for you and your practice, allowing you to show how to prepare a recipe, for example, while at the same time extending your reach and building your audience. "Video creates a sense of personal connection and credibility," says Bill Dyszel, an author, speaker, and media consultant. "When people see your face and hear your tone of voice, they develop a trust in you, and they'll justify their decision to work with you based on that feeling." Here are tips from your peers and video experts on how, where, and when to use online video.

#### RESEARCH AND PLAN

##### Browse Other Sites

Brainstorm ideas and learn what works and what doesn't, say Liz Weiss, MS, RD, member of the Food & Culinary Professionals and Dietitians in Business and Communications dietetic practice groups (DPGs) and Janice Newell Bissex, MS, RD, member of the Food & Culinary Professionals and Nutrition Entrepreneurs DPGs, coauthors

*This article was written by Sara Aase, a freelance writer in Minneapolis, MN. Aase is an award-winning journalist who frequently writes about health, business, and parenting. Her work has appeared in Weekly Reader Current Health, Minnesota Monthly, Twin Cities Business, Pregnancy, Parenting, Hemispheres, and American Baby. doi: 10.1016/j.jada.2009.03.029*

of the site, [www.MealMakeoverMoms.com](http://www.MealMakeoverMoms.com). "We looked at sites like Cooking Light, Prevention, and Martha Stewart," Weiss says. Take notes—how long was each segment? What did you like or dislike about the video? Did the video give you valuable information? Did it lead you to take further action? Did anything detract from the video, such as jerky camera movement or poor sound quality?

##### Decide What You'd Like Video to Do for You

Video is especially good at motivating your viewer to take immediate action, such as buying your book, signing up for your newsletter, or hiring you as a speaker, says Dyszel. Zonya Foco, RD, member of the Nutrition Entrepreneurs and the Sports, Cardiovascular, and Wellness Nutritionists DPGs, uses video on her site, [www.zonya.com](http://www.zonya.com), to provide snippets of her books, DVDs, and television show, and promote herself as a speaker. "I don't think I'd sell anything without it," she says. Her site's latest relaunch will feature Foco herself providing a 90-second audio-visual tour of her site as soon as you enter the site. (Foco notes that viewers will be able to stop and restart the tour as they like.) "I want you to meet me quickly, so you know right away whether you want to stay or not."

Video can also help build your long-term visibility by establishing a loyal following. "Our goal is to continue to build our platform," Weiss says. "We need to build our fan base, and videos are one way to wow them and give them a reason to come to our Web site." Picture doing video in terms of an ongoing campaign, Dyszel says, so that viewers can return regularly to view new material.

Caryn Nistico, MS, RD, member of several DPGs including Weight Management and Consultant Dietitians in Health Care Facilities, says

videos for her site, [www.foodandnutritionnetwork.com](http://www.foodandnutritionnetwork.com), helped win a small-business grant because they so deftly demonstrated what she's been able to do over the course of her career. "It has given me confidence in the ability to show my work."

##### Decide Where to Broadcast

Besides your own Web site, you might want to upload your video to YouTube (<http://www.youtube.com>), GoogleVideo (<http://video.google.com/>), or Motionbox (<http://www.motionbox.com>). You can also post videos on YouTube, for example, and embed them in your blog or link to them from your site. You'll need to know the size (in Megabytes), length, and format of your video. AVI, MPEG, Quicktime, Real, and Windows Media are common formats. It's a good idea to read all the "frequently asked questions" (FAQ) sections and use guidelines before you upload a video, but in general, you'll need to make sure your video is free of material copyrighted by someone else, such as still images or music. (Create your own sound in your editing program, or visit free online sound libraries.) Besides Web sites, if your clip is short enough, you might also consider e-mail, Gatti says. "We encourage our clients to do some electronic marketing with it," she says.

##### Gather Your Resources

Besides visiting other sites, talk to peers, friends, or relatives with video experience. They'll give you a good sense of how to plan and budget for your goal, will likely know professionals they could refer you to, and can apprise you of details you might not think about otherwise. For instance, if you're going to film cooking segments, you'll probably want to hire an assistant to clean the kitchen as you go, Newell Bissex says.

## INVEST IN THE RIGHT EQUIPMENT

### Sight, Sound

You might need as little as a \$25 Webcam and a \$300 lavalier microphone (one that can be attached to you), and be able to produce compelling short clips of yourself, Dyszel says. Those with experience recommend using a microphone in addition to the one built into a camera for better control over ambient noise. "Sound is more important than you think," Dyszel says. "People take 70% of their information from the sound, not the picture, so it has to be clear."

A video camera intended primarily for shooting for the Web will cost from about \$200 to \$600. Visit technology review site CNet and answer its quick questions-and-answer session to lead you to appropriate choices ([http://reviews.cnet.com/4247-6500\\_7-4.html?tag=dtbox](http://reviews.cnet.com/4247-6500_7-4.html?tag=dtbox)). If you have a friend to record you, get a tripod to keep the shots still.

### Lights

Make sure the space is well-lit, with no odd shadows. "You can invest in some lights at a camera shop for a couple hundred dollars," Weiss says. If you're shooting indoors, cover any windows that will be in the shot to avoid glare. Newell Bissex ran into this problem shooting cooking videos in her kitchen. "Buy some wallpaper that looks like clouds to block the window," Weiss says.

### Software

When you're done shooting, you'll need video editing software, but if you have a newer PC or Mac, it will likely have Windows Movie Maker or iMovie already installed. You'll just have to learn how to use it. Your software will tell you which format to save your movie as depending on how you want to use it. Depending on where you want to upload it when it's finished, you might also need video conversion software, such as Aimersoft Video Converter or iSquint.

## FILMING AND PRODUCING

### Be Brief

Above all, video for the Web should be short—think in terms of 1 to 2 minutes per clip, experts say. "One-minute segments are best so people

don't have to wait long for a download," says Susan Gatti, CEO of Que Productions, a film, video, and multimedia production company based in Babylon Village, NY. "And it becomes more interactive for them, too, as they can pick and choose which segments they want to view." On YouTube, which gets by far the most traffic, most videos last 5 minutes or less. None run longer than 10 minutes (3).

Before you do any shooting, write out your script, or what you want to say for each segment. Practice it in front of others and get their feedback. "There's no room for ad lib," Foco says. "Take out every single word that doesn't have to be in there." If you've never done any type of video before, practice your delivery. It's hard to appear natural in front of a camera, so experiment with what works. You might need a partner or an interviewer so that you can relax and forget the camera.

### Pay Attention to Composition

At a minimum, make sure you or your subject is always in focus, with eyes in the top third of the frame. "I chose a three-quarter body shot," Foco says. "A head-to-toe shot makes you look smaller." Avoid a lot of camera movements. "Because the quality of Web video is more pixilated, quick camera moves don't work well," Gatti says. "Interviews should be really close up so people can really see the faces. Remember, on the computer usually it's a window popping up versus a whole screen." And don't wear red, Gatti advises. It's the color most likely to bleed and become fuzzy looking.

### Hire Help

You can hire professionals to help you at virtually any point in the video process. Weiss and Newell Bissex paid (in the Boston area) about \$1,200 a day for a film crew, about \$500 per day for a producer, and \$200 to \$300 an hour for editing—rates that will vary depending on where you live. "Go for the middle-of-the-road company that has shot your exact type of video before," Foco advises. Besides shooting, editing, and possibly converting video for you, you might also need someone to build your Web site and set up a streaming server to handle your video. A production company

can also take your videos or photos by email and add narration, music, or special effects, Gatti says.

## TAKE THE LONG VIEW

Just as you constantly update your skills and knowledge, your professional network, and your marketing materials, you'll need to keep the same eye on the rapidly changing Web. "It's not easy," Weiss says. "You have to keep learning it as you go." The advantage, however, says Dyszel, outweighs the initial work of mastering a new medium. "The advantage to your business is to reach an audience on your own terms and create that chance for personal response. Even Oprah has a channel on YouTube."

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## Networking Moves Online

*This article is reprinted from the February 2009 issue of the Journal (2009; 109:210-211).*

Web sites like MySpace were associated with girls professing their teen crushes and musicians hawking their sounds on the Web, but recently social networking has become en vogue for people well outside of puberty and the music business. The relatively new site LinkedIn is geared strictly toward professionals, while Facebook, the fastest growing site, has more than 60 million active users, a number that is doubling every 6 months. The fastest growing group among Facebook users is composed of people 25 and older (1).

"It's a nice way to be in a community with people who are doing what you are," says Nutrition Care Manual (NCM) Sales Manager Sandra D. Beil. She created an NCM Facebook group after listening to her younger colleagues rave about the social networking site. "The more people join, the more groups will be created and the more specialized the opportunities, weblinks, information, and such. [Networking sites] are easy and they are free."

From referrals to new job opportunities, food and nutrition professionals can truly take advantage of this new digital frontier.

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### LINKEDIN

The newest of the social networking sites, LinkedIn ([www.linkedin.com](http://www.linkedin.com)), is for professionals interested in sharing contacts with other professionals. What occurs is a real-life test of six degrees of separation, the widely-held theory that a person is connected to every other single person on Earth within a maximum of six social contacts.

After filling out what is essentially an online resume, LinkedIn allows members to connect with others. However, the process is relatively stringent: to connect with another professional, one must be affiliated with the same organization or business (via the profile process), have the person's current e-mail address, or be introduced by a mutual contact. Furthermore, the potential contact has the right to reject or simply not answer the LinkedIn request. If a new contact accepts, the member now has access to the contact's full network and can proceed to get introductions to new people.

LinkedIn has several dietetic professional groups, including Air Force Dietitians, Dietitian Jobs Network, and the North Carolina Dietetic Association. LinkedIn also has a discreet job board for employees and employers, intra-LinkedIn e-mail, and other communication tools such as an "Answers" section where members can ask and answer each other's questions, and the "SlideShare" feature, which makes it possible to share slide presentations (2)—but the biggest asset is the opportunity to connect to powerful people within diverse industries.

Finally, it is the most mature and affluent audience among the social networking sites. According to LinkedIn Chief Executive Bill Nye, the average age is 35 years and the average income \$140,000 (3).

### FACEBOOK

Originally a Web site for college students to connect, Facebook ([www.facebook.com](http://www.facebook.com)) has blossomed into the fastest growing social networking

Web site for people of all ages. The easy interface allows members to connect and communicate with a wide group of people quickly.

Facebook can serve as a communication tool. Users can create a Facebook Group, essentially a page within Facebook dedicated to a particular company, brand, product, or cause. For instance, the Louisiana Dietetic Association has its own Facebook Group which, according to the creators, allows food and nutrition professionals to network with others, discuss upcoming events, ask questions, and post media links and upcoming continuing education opportunities (4). Authors, entrepreneurs, and other business people can also create groups for their particular set of services. A note or update can be posted to a member's entire social network, essentially creating a broad e-mail without having to look up addresses or create potentially messy mass e-mails.

Aside from Groups, the basic Facebook page can list any information a member thinks would be pertinent, such as his or her Web site, organization, educational experience, and services. A straightforward photo viewer makes it easy to upload pictures of people or products onto the page.

Similar to LinkedIn, members must be approved by a new friend before they are connected. Since many businesspeople run within the same circles, one can connect to a whole group of other professionals very quickly.

Facebook has a Dietitian/Nutritionist group which, as of October 2008, had about 2,500 members. Though not affiliated with the American Dietetic Association (ADA), the Facebook Dietitian/Nutritionist group gives members the opportunity to ask nutrition questions, post jobs, and announce events (5). And as of January 7, 2009, ADA has its own official Facebook page.

### TWITTER

The newest of the bunch, Twitter ([www.twitter.com](http://www.twitter.com)) is part of a new

phenomenon called “microblogging,” which, according to the *New York Times*, is “[S]hort messages people can send about what they are doing or thinking to others who want to keep up with them. It turns out that this is a very powerful format—to those who like it” (6). The messages on Twitter are very short: no more than 140 characters, including spaces.

One of the advantages of Twitter is that members can follow other members and get automatic updates, via phone or instant messenger, when a new post is created within their social circle. “Twittering” is particularly popular during conferences, emergencies, and other opportunities for short, on-the-ground reporting.

As a Twitter member, a business person can promote his or her newest products, provide links to interesting articles, or announce upcoming appearances and other fast, brief updates. Twitter also allows e-mail for direct conversations with another Twitter member. Finally, Twitter can be tied to Facebook and other social networking sites so instant updates appear on those as well.

By default, following a person or business on Twitter does not require approval, though there is the option to privatize content until the request is approved.

## MYSAPCE

Geared toward younger audiences and musicians, MySpace—along with Friendster—began the modern social networking craze. It is arguably the least professional medium, but it may prove useful to specialized dietetic professionals.

After a brief sign-up, MySpace ([www.myspace.com](http://www.myspace.com)) allows members to give data on their profession and hobbies, request other members for friendship, and upload sound and video files. It is the largest social networking site, bringing in more than 110 million active users (about double of Facebook) (1). If someone is a member of a social networking site, chances are it is this one.

The challenge for many is that MySpace is not a particularly professional setup. The colors are often jarring and the interface is more complicated than the other, newer sites.

That said, MySpace thrives in audio/visual capabilities. While its nearest competitor, Facebook, offers smooth picture interfaces, MySpace is more capable of playing audio files and displaying videos and other multimedia formats. Dietetic professionals interested in showing, for instance, their speech capabilities for potential speaking engagements may benefit from MySpace. However, non-audio/visual professionals may be better off looking elsewhere. And, while not a social networking site, YouTube can be used directly to upload videos and used in conjunction with social networking sites.

MySpace does not have any major dietetic professional support groups, but it does offer several career opportunities through the MySpace Jobs listings (7).

but online you can post a question to a group of experts and truly use it as a portal of knowledge,” Beil says. “Otherwise, you might have to wait until your state meeting or your dietetics practice group meeting to get things answered on such a large scale.”

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## MORE OPTIONS EVERY DAY

There are new social networking websites popping up every day. For instance, newcomers Plaxo ([www.plaxo.com](http://www.plaxo.com)) and Ryze ([www.ryze.com](http://www.ryze.com)) are solid social networking Web sites similar to LinkedIn, while specialty sites SciSpace ([www.scispace.net](http://www.scispace.net)) and BioMedExperts ([www.biomedexperts.com](http://www.biomedexperts.com)) have a smaller, but more concentrated, clientele. However, it is important to know where most of your colleagues—and your clients—reside, as there is no use in joining one Web site when your network is actually focused on another.

No matter which you choose, adding a social networking site or two to your career arsenal has many advantages over older, traditional communication lines—including the ability to connect and to learn faster.

“E-mail and listservs are great . . .

### SOCIAL NETWORKING SITES

#### LinkedIn

- Best for: Creating a wide network of serious businesspeople

#### Facebook

- Best for: Organizing and communicating with social groups easily

#### Twitter

- Best for: Creating an online following and communicating quickly

#### MySpace

- Best for: Sharing audio/visual material

## Cultural Competency: Where It Is and Where It's Headed

*This article is reprinted from the March 2009 issue of the Journal (2009;109:388-394).*

With all of medicine currently in a struggle to improve quality, much of the emphasis has been on encouraging providers to take a new view of patients as active participants in their own health care, so that services can be designed to meet their individual needs and preferences (1). One issue considered a roadblock to successful implementation of patient-centered care, however, is the “evidence suggest[ing] that bias, prejudice, and stereotyping on the part of healthcare providers may contribute to differences in care” (2). So how does allied health address the need to understand patients on an individual level without being confounded by an individual’s “otherness”?

The expected changes in the nation’s demographic makeup in the race and age categories have been cited numerous times as reason enough for health professionals to pursue personal competence in cultural knowledge. The latest Census Bureau data project that multiple cultural groups will see a shift in numbers over the next 40 years. For example, as the number of deaths will overshadow the number of births among whites, the number of persons in that group in the United States will begin to decline from 65% of the population in 2010 to 46% in 2050.

During that same time period, the percentage of blacks among the US population will be unchanged, the percentage of Asians will nearly double, and the percentage of non-white Hispanics will triple. Outside the racial divisions, the nation’s average age will increase substantially, with persons older than 85 years booming from 5.4 million in 2008 to 19 million in 2050 and the percentage of persons aged 18 to 64 years dropping from 63% of the population in 2008 to 57% in 2050 (3).

Thus, “cultural competency,” identified as a main route toward eliminating disparities in health care by calling on individuals and organizations to effectively understand the language, thoughts, communications, actions, beliefs, values, and institutions among a variety of racial, ethnic, religious, or social groups (4), is currently a buzzword in health care, as it moves from a marginal movement to a mainstream issue in health policy (5). Although the idea of cultural competency itself is not new—it has been consistently referenced in the medical literature since the 1990s (6), with one study of the literature identifying one article that used the term in 1990, 132 between 1990 and 2000, and 303 from 2000 through 2005 (7)—it is still in its infancy in terms of organizational realization, currently focusing mostly on cultural awareness with an eye on future competency at the provider and systems levels.

But how is it possible that a model of care could be discussed, researched, and analyzed for nearly 20 years and yet be at an immature phase of implementation? Culturally competent health care is seen as a way for health care providers and patients to “come together and talk about health concerns without cultural differences hindering the conversation, but enhancing it,” with an expectation that valuing a patient’s

beliefs, practices, and needs will yield positive health outcomes (4). But this level of respect was not always deemed necessary—in fact, cultural awareness as a noteworthy subject was once perceived as “unscientific, exotic, and distracting” by academic health care and thus was omitted from the curricula. Cultural competency became the paradigm of choice when, in the past decade, there was a “sudden, intense demand for solutions to health care disparities amidst a void of information to address it” (8).

There are many resources being put toward establishing a culturally competent model of care, but there are also many challenges that lie ahead. Will all these efforts transform what it means for a registered dietitian (RD) and dietetic technician, registered (DTR) to be culturally competent, say, 20 years from now?

### NAVIGATING CULTURAL COMPETENCY TODAY

It has been commonly acknowledged by now that “increasingly more of the customers [RDs] serve will be immigrants whose first language is not English” (9). But how does that translate to practice? This question is especially relevant when considering, as noted by Jennifer Jarratt—a principal at Leading Futurists LLC, the Washington, DC-based consultant group that provided the American Dietetic Association’s (ADA’s) environmental scan report (10)—that assimilation is not the same today as it was a century ago. Persons of all cultures today expect space to be made for their cultural norms, and individuals who accept the United States as their new home, although they may adopt US portion sizes and fast-food culture, typically maintain many of their own cultural food practices (10). “There are unseen rules we live by, and people unconsciously keep up cul-

*This article was written by Karen Stein, MFA, a freelance writer in Chicago, IL. Stein is a former editor of the Journal and is currently an associate editor for the American College of Surgeons. Stein has also taught English and composition at the academic level. doi: 10.1016/j.jada.2009.03.031*

tural norms, the rules that were learned at home and that they feel obliged to obey," Jarratt says.

However, an additional factor that RDs and DTRs should consider is that where an immigrant lives will affect that person's ability to maintain dietary customs. According to Janet Chrzan, PhD, a lecturer in Nutritional Anthropology at the University of Pennsylvania in Philadelphia and president-elect of the Society for Anthropology of Food and Nutrition, the inherent cultural diet from one's home country is determined by access to ingredients—so, whereas an immigrant in a large, urban area might be able to continue the diet to which he or she is accustomed, an immigrant in a rural setting is more likely to have to adapt to the US meal socialization pattern. Chrzan notes, however, that most people are able to make this transition rather quickly as needed.

Also at issue, observes Deborah Silverman, MS, RD, FADA—assistant professor of Human Nutrition and Dietetics in the School of Health Sciences and associate director of Technology at the Bruce K. Nelson Faculty Development Center at Eastern Michigan University in Ypsilanti, as well as chair of the Dietetic Educators of Practitioners Dietetic Practice Group (DPG)—is that RDs have had to contend with family structures in which the children have stronger skills in speaking the adopted country's language than their parents and older relatives. As a result, while becoming acculturated to the US diet, weight gain is possible for some individuals because a young child is brought to the grocery store for language assistance and can substantially influence food purchasing decisions, often leading to less healthful choices.

In conducting numerous studies to determine how best to translate a culturally competent model of care from idea into practice and address the major concerns in dealing with culture groups among immigrants and minorities, many missteps and bad decisions throughout allied health have been uncovered by researchers. Part of the problem is that there is a lot of room for error in judgment within the constructs of cultural competency. A one-size-fits-all approach to nutrition counseling doesn't work for anyone, particularly if an RD has a cross-cul-

tural client/patient base with varied needs; indeed, it is risky to make assumptions "that clients will speak a certain language, consume certain foods, or understand a specific nutrition prescription" (11). On the other hand, efforts targeted at immigrant and refugee populations that have emphasized culture-centered care have been unsuccessful, as they "emphasized patients as members of ethnic and cultural groups, rather than as individuals with unique experiences and perspectives, possibly leading providers to stereotype and make inappropriate assumptions" (6). Yet a 2008 study criticized physicians for not accounting for cultural differences when providing nutrition counseling to diabetes patients. The study published in the *Archives of Internal Medicine* noted that there is not necessarily a conflict in "providers doing different things for different patients. It's that [they are] doing the same thing for every patient and not accounting for individual needs"—for example, "counseling black or Latino patients with diabetes to lower their carbohydrate intake by cutting rice from their diets" or recommending fruits and vegetables that are not indigenous to one's culture—which can result in advice that remains unheeded by the patient (12).

What should be accounted for, now and in the future, is that cultural competency encompasses all people and their possible terms for self-identification, not just any one group: cultural identity can include a person's sex, age, lifestyle, language, religion, social class, health status (particularly in the case of the presence of chronic illness), and so forth. Thus, the emphasis should be on seeing the patient as an individual.

Likewise, notes Tawara Goode, MA, director of the National Center for Cultural Competence at Georgetown University in Washington, DC, many definitions of the term have roots in the cultural competence framework described in the 1989 monograph by Cross and colleagues (13). There are multiple, discipline-specific variations of the definition that "have evolved from diverse perspectives, interests, and needs and are incorporated in state legislation, federal statutes and programs, health and mental health organizations, and academic settings" (7).

From an individual, professional standpoint, though Chrzan believes there will never be a time when providers are fully conversant in all the needs of every other culture, the focus on difference among cultures should diminish with each generation as American society becomes increasingly multicultural and individual citizens have more frequent early exposure to persons of other cultures, which has the potential to increase understanding and eliminate conflict over time.

### IDEA TO ACTION

Despite the growing pains associated with determining what cultural competency should be—though it might be seen, in the best sense, simply as a means of helping a patient, notes Chrzan, there doesn't seem to be a clear idea of what it is or how it can be institutionalized—many groups have entered the fray, establishing cultural competency requirements that underscore its integration into contemporary care.

To help organizations navigate what it means to be culturally competent and implement it into practice—and to provide an outline for individual practitioners across allied health who are encouraged to follow suit—the Office of Minority Health of the US Department of Health and Human Services (HHS), in conjunction with the Agency for Healthcare Research and Quality, established National Standards on Culturally and Linguistically Appropriate Services (CLAS), a collection of 14 mandates, guidelines, and recommendations designed to eliminate racial and ethnic health disparities. The idea behind the CLAS system is that better communication leads to better adherence to medications and lifestyle changes, which leads to improved health status, which leads to less use of emergent care services and less frequent hospitalizations (14). All health care-based recipients of federal funds are required to adhere, at a minimum, to standards 4 through 7, which include details regarding required provision of language-assistance services at no extra cost to patients, including the note that, unless requested by the patient, "family and friends should not be used to provide interpretation services" (15), which addresses the con-

The Cultural Competence Health Practitioner Assessment:  
<http://www11.georgetown.edu/research/gucchd/nccc/features/CCHPA.html>

Promoting Cultural and Linguistic Competency Self-Assessment Checklist for Personnel Providing Primary Health Care Services:  
<http://www11.georgetown.edu/research/gucchd/nccc/documents/Checklist%20PHC.pdf>

Self-Assessment: An Essential Element of Cultural Competence:  
<http://www11.georgetown.edu/research/gucchd/nccc/foundations/assessment.html>

Cultural and Linguistic Competence Policy Assessment:  
<http://www.clcpa.info/>

**Figure.** Available cultural competency self-assessment tools for practitioners.

cern noted previously by Silverman. In a report on cultural competence for the Commonwealth Fund, Goode and her colleagues included linguistic competence as a separate, yet comparably important, goal for organizations and providers. This framework encompasses a broad view of linguistic competence, defining it as the capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities. It also includes organizational and provider capacity to address the health literacy needs of populations served. Linguistic competence is facilitated by the following approaches: staff fluent in multiple languages or sign language; interpretation and translation services; telehealth technologies; assistive technologies, including TTY (teletypewriter); educational materials printed for low literacy individuals; and ethnic media in languages other than English (7).

State governments have also begun to look to mandates for cultural competence, as Washington State and New Jersey have both enacted legislation that requires cultural competency training for practitioners in all health care professions regulated by the state Department of Health. Similarly, California requires cultural competency curricula in continuing medical education courses and Maryland has piloted a new competency training program. Though still pending at the end of 2008, Illinois, Ohio, New York, and Arizona were identified in 2007 as considering such mandates for their own states (16).

Academic institutions and accrediting bodies too have heeded the call for

integration of cultural competency by way of offering programs meant to enhance attitudes, knowledge, and skills that address cultural competency needs. The Liaison Committee on Medical Education, for example, added to its accreditation standards in February 2008 that physician training must include teaching of basic principles of culturally competent health care, recognition of health care disparities and the development of solutions to such burdens, the importance of meeting the health care needs of medically underserved populations, and the development of core professional attributes for provision of effective care in a multidimensionally diverse society (17). The Association of American Medical Colleges, in turn, created a cultural competency training assessment tool to help medical schools fulfill these accreditation requirements (5).

On an individual level, says Goode, a heightened self-awareness and capacity to question oneself as it relates to cultural groups are essential components to becoming culturally competent. All human beings are subject to stereotyping, she notes, but building an internal capacity to check assumptions can help to overcome any tendency toward hasty generalizations and labeling among groups that are different from one's own. To do so, Goode says, an individual should first acknowledge cultural differences without making any value judgment. The individual should understand his or her own cultural background, as it affects how that person might view others, and develop the willingness and capacity to engage in self-assessment. See the **Figure** for a list of available cultural competency self-assessment tools. An individual should acquire cultural knowledge and skills through the process of inquiry, re-

placing assumptions with fact. The practitioner then should be able to view the cultural behaviors of others in a cultural context. This process is one that requires continued development and learning, notes Goode, and rather than attempting to memorize all potential cultural needs of any or all groups—something that may not be achievable, given the multitude of variations in cultural identity from person to person—individuals, including RDs and DTRs, should strive to be humble and willing to learn and inquire within the context of their discipline.

At the dietetics end of the spectrum, according to Grady Barnill, director of Recertification and Professional Assessment at the Commission on Dietetic Registration (CDR), CDR does not require specific coursework in cultural competency—in fact, CDR believes the practitioner as an individual is the best judge of his or her own knowledge and skills, and thus the areas that need improvement—but it does recognize and support concepts of cultural competency by offering learning need codes in cultural sensitivity, foreign languages and cultures, and cultural/ethnic food and culinary practice for Professional Development Portfolios. The Commission on Accreditation for Dietetics Education, on the other hand, has joined the accrediting bodies of other medical professions in requiring that cultural competency become an integral part of dietetics curricula in 2009 (9). ADA also offers numerous tools for the RD and DTR regarding cultural issues and competencies. See sidebar for more information on ADA initiatives.

At this point in time, says Silverman, most programs have a cultural education component, most frequently modeled on the community in which the institution resides. However, experts on this subject note that the curricula are crafted in a variety of ways, with no evidence of attempts to standardize these programs, something that is of concern among the cultural competency researchers in all areas of academic medicine. Though the cultural programs are deemed “well intentioned and helpful, [these experts] noted the need for a unified conceptual teaching framework” and increased outcomes research on cultural competency interventions, which they currently describe as sparse (5).

### CULTURAL COMPETENCY PROGRAMS AT ADA

The mission of the Commission on Accreditation for Dietetics Education (CADE) is to “serve the public by ensuring the quality and continued improvement of dietetics education that reflects the evolving practice of dietetics.”<sup>a</sup> The reality of dietetics today is that to remain competitive in practice, some level of cultural competency is critical. Toward that end, encouragement of educational innovation and diversity as a means to address the evolving requirements of practice is one of CADE’s six strategic goals.

Furthermore, among CADE’s 2008 Foundation Knowledge and Competencies (voluntary as of March 2008, mandatory as of March 2009) are that students in dietetic technician programs should be able to “prepare and deliver sound food and nutrition presentations considering life expectations, cultural diversity, age, and educational level of the target audience,”<sup>b</sup> and for students in coordinated dietetics programs to be able to “design, implement and evaluate presentations considering life experiences, cultural diversity, and educational background of the target audience.”<sup>c</sup>

CADE offers multiple resources to help programs and individuals work toward the goal of enhanced cultural diversity, knowledge, and skills. The CADE Diversity page provides links to a Resource page ([http://eatright.org/cps/rde/xchg/ada/hs.xsl/CADE\\_3207\\_ENU\\_HTML.htm](http://eatright.org/cps/rde/xchg/ada/hs.xsl/CADE_3207_ENU_HTML.htm)) that lists videos, articles, books, and other resources that can be used toward cultural diversity education. Also available from the Diversity page is *Building Our Future: Toolkit for Mentoring Diverse Students for Dietetics Careers*.

<sup>a</sup>CADE Vision, Mission, and Goals. [http://www.eatright.org/cps/rde/xchg/ada/hs.xsl/CADE\\_815\\_ENU\\_HTML.htm](http://www.eatright.org/cps/rde/xchg/ada/hs.xsl/CADE_815_ENU_HTML.htm).

<sup>b</sup>Commission on Accreditation for Dietetics Education 2008 Eligibility Requirements and Accreditation Standards for Dietetic Technician Programs. [http://www.eatright.org/ada/files/DTP\\_Final\\_ERAS\\_Document\\_7-08.pdf](http://www.eatright.org/ada/files/DTP_Final_ERAS_Document_7-08.pdf).

<sup>c</sup>Commission on Accreditation for Dietetics Education 2008 Eligibility Requirements and Accreditation Standards for Coordinated Programs in Dietetics. [http://www.eatright.org/ada/files/CP\\_Final\\_ERAS\\_Document\\_7-08.pdf](http://www.eatright.org/ada/files/CP_Final_ERAS_Document_7-08.pdf).

At Eastern Michigan, courses in cultural competency offered by Silverman’s department range from the popular general education Food and Culture course to the skills and practice classes for dietetics students. In the Food and Culture course, she says, students do not just learn about what foods people eat in various worldwide locales but also the global economic impact of food and cultural differences. In the courses specifically for the nutrition and dietetics major, however, the students learn about verbal and nonverbal behaviors relative to patient/client encounters among diverse cultures and the mistake of making assumptions about the people they work with, both as clients/patients and as colleagues. Students also are taught that it is their responsibility to be aware of the behaviors and needs of their clients.

Given the large amount of information available on cultural competency, notes Silverman, just as educators have had to teach students of research how to differentiate legitimate Web sites (as providers of information) from those of dubious quality, so, too, must students be taught how to discern the worthwhile cultural competency resources.

### OUTSIDE THE CLASSROOM

Besides academic offerings in cultural competency, there are real-time lessons that are quick and easy. Silverman says that a grocery store’s “ethnic foods” aisle might provide a cursory lesson in diet diversity. Furthermore, she notes, simply watching some television programming targeted toward immigrant groups and non-native speakers can reveal a wealth of cultural and/or culinary information.

Some organizations and businesses have created their own products—from the traditional, including books and seminars, to interactive multimedia tools—to help meet the needs of health care practitioners in navigating this “new” approach to health care. The ADA’s online Nutrition Care Manual ([www.nutritioncaremanual.org](http://www.nutritioncaremanual.org)), for example, has a robust section regarding cultural food practices of various ethnic groups. Private companies are entering the fray as well. CultureVision ([www.crculturevision.com](http://www.crculturevision.com)), for example, is an online database that provides what the company describes, in part, as “access to user-friendly information about a variety of ethnicities and religions, guidance in understanding how and what patients believe will make them well, questions to ask to

yield better health outcomes, [and] information about the prevalence of diseases within certain populations” (18). The Health Resources and Services Administration of the HHS also hosts a Web page (<http://www.hrsa.gov/culturalcompetence/>) with links to resources regarding cultural competence for health care providers, from assessment tools to culture-specific information that focuses on the cultures themselves, language, disease, socioeconomic variables, age, and geographic considerations.

The current generation of technology allows for more learning opportunities than just quickly accessible information about cultural practices. Silverman refers to the American Academy of Family Physicians as an example of an organization that offers a multitude of interactive resources in cultural competency. On the publicly accessible Cultural Proficiency Resources page (<http://www.aafp.org/online/en/home/clinical/publichealth/culturalprof.html>), along with research and assessment materials, is Quality Care for Diverse Populations, a collection of streaming videos that exemplify clinical encounters that require some degree of cultural competence, including how to work collaboratively with medical interpreters or

how to recognize why and when cultural factors related to obesity may have a negative effect on communication and outcomes.

### AN OLD IDEA IS REBORN

The term “cultural” transcends easy labels, and, as mentioned previously, cultural competency itself is not a new idea. In fact, in decades past, it was simply considered a part of good medicine. In a 1963 article about his experiences at Hôpital du Dr Albert Schweitzer in Lambaréné, Gabon, Mattison (19) detailed some of the lessons he learned, some of which are very much relevant to cultural competency today:

- In every culture and in every person is some concept of wholeness that has to be understood and appreciated if that patient is to be helped.
- If you are to help a patient, you have to love or like or at least respect that person. You cannot hold yourself aloof and ignore needs, even when you are unaware of them or when they are not your own.

Since then, pursuit of cultural competency has transformed from a worthwhile professional goal to an entire industry. With more and more people requiring such knowledge, more and more organizations have capitalized on the surge in demand for obtaining that knowledge. However, participants in the ADA’s 2006 environmental scan (10) acknowledged a lack of confidence that additional education—as a means to provide them the new tools, approaches, and skills to address the public’s future needs—will necessarily enhance the profession or their own status within it. Will taking a class, viewing a PowerPoint presentation at a seminar, or using an online tool provide an RD or DTR with the complete armamentarium necessary for being able to self-identify as “culturally competent” over the next few decades?

Chrzan believes that as long as an RD has completed comprehensive training in cross-cultural dietary habits, then shortcut tools can be helpful—perhaps for use when the client is present, to find out what the client is actually eating and to help prompt certain questions to facilitate the tai-

loring of change. However, it is essential that users of these programs consider them as informational starting points and use their own cognitive skills to process the facts and ideas before them. RDs and DTRs should be vigilant that they are not measuring patients and clients against these tools and ceasing to look at them as individuals, matching patient needs to a cultural description rather than considering individual food choices. “Trying to shoehorn individuals to a cultural diet can be inappropriate—you don’t know where that person was raised, what is the cultural background of the spouse, and so on,” Chrzan explains. “The connection with the patient is the most important component.

### CULTURALLY COMPETENT DIETETICS IN PRACTICE

Based on the environmental scan survey responses from more than 200 RDs, it was clear that many fear becoming “well-intentioned professionals at sea in a society undergoing turbulent change” and that some “believe that they are at the low end of the medical totem pole without the ability to climb higher” and have general worries about competition from other professionals (10). “If other professions are becoming more culturally competent in practice, and RDs don’t keep up,” warns Silverman, “practice infringement is possible.”

Thus, Jarratt says the RD looking to adjust his or her business model to a culture where information is plentiful can still remain competitive by creating a more specific business plan that formally or informally works with cultural communities—whether those communities are defined by ethnic groups, illness, or some other unifying factor—where there is interest in specific types of diets.

According to Silverman, another way for RDs and DTRs to stay competitive in the future requires proper adaptation of technology and an extensive knowledge of cultural practices beyond one’s own. Hosting online appointments, where a practitioner may “see” patients from all over the globe, Silverman says, is one example of a new, potentially lucrative way to practice. Many people now have webcams, she explains, noting how inexpensive they have become, and labo-

ratory tests can be done at home, with a means for directly transmitting the output of a finger prick blood analysis.

However, for those who are not interested in pursuing the level of technological sophistication required of online practice, Silverman also notes an underdeveloped skill set among RDs and DTRs: working with newly arrived immigrants. “We need greater understanding for working with this group in operational practice,” she notes. “We can tell them to eat certain foods, [but] we need to improve how we address the poor dietary practices from their home countries that they continue.”

The literature that addresses cultural competency also has room for improvement. In the study by Goode and colleagues (7), the authors noted “a preponderance of the literature exploring and defining the concepts and issues and identifying important research questions” regarding cultural competency; however, they also noted the following gaps among these studies: lack of definition and standardized measurement of cultural and linguistic competence or designs that isolate effects of cultural and linguistic competence, and no direct assessment of ultimate health and mental health outcomes. The authors note that these components should be incorporated into the future directions for research in health outcomes.

### BEYOND CULTURALLY COMPETENT SOUND BITES

Although practicing health care with a degree of cultural competency often requires knowledge of specific facts to apply to specific groups, it is essential to avoid following a playbook and reducing cultural competency to a simplified sound bite such as, “Muslims don’t eat pork,” cautions Chrzan.

When speaking of cultural competency in health care, Chrzan notes, it’s important to consider whose competency is at issue. “Are we talking about culturally competent RDs in the sense that they treat clients with a variety of backgrounds, or the primary medical endeavor to get patients competent to understand the medical outcomes desired?” Though she notes that both models are designed to ensure greater patient health in the long run, she believes

that the concept of cultural competency should be taken a step back to make sure it's not a one-to-one correspondence from practitioner to individual—focusing on cultural competency only when there is a patient or client with specific needs present for his or her appointment—because it's much larger in scale.

Also a challenge is the fact that it's very hard to change dietary habits, and even the average middle class American doesn't always understand what the RD is saying. "Cultural dissonance in general can swamp RDs even if it's framed within the constructs of cultural competence," Chrzan argues. "Improving what patients know and what they can do to improve their diet and health is something that hopefully will increase in the future." It will really serve RDs and DTRs best, Chrzan contends, to understand how best to get patients and clients to comply with a more healthful diet if they first understand the principles of the traditional diet and the American diet principles with which it collides, as well as patient preferences that have been adapted from tradition.

Goode believes that the most noticeable difference between cultural competency now and 20 years from now will be the significant increase in the number of individuals in this country who self-identify as being members of culturally and linguistically diverse groups. These demographics in and of themselves may be a major impetus for change. However, because of the deep-seated negative feelings regarding race and ethnicity that remain a part of this nation's society, she says, it is hard to say that it will change 20 years from now. As it relates to cultural competency within medical institutions, she notes, the way cultural needs are addressed may change in format and nature, and it's possible that the areas of focus may shift; however, it is unclear whether the disparities in care among cultural and linguistic groups can be fully eliminated, because there is still bias and prejudice that needs to be addressed by society—including within the health and mental health care systems.

Yet, a large part of what makes true cultural competency so difficult for clinical RDs and DTRs is not so much education or knowledge as hav-

ing enough time to consult with their patients as thoroughly as they would prefer, says Chrzan. The Institute of Medicine, in its report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, cast a spotlight on time pressure in the clinical setting to eliminate stereotyping and other uncertainties that could have a negative effect on quality of care. "In the process of care, health professionals must come to judgments about patients' conditions and make decisions about treatment, often without complete and accurate information. In most cases, they must do so under severe time pressure and resource constraints. . . [leading to] those factors identified by social psychologists as likely to produce negative outcomes due to lack of information, to stereotypes, and to biases" (2). In other words, says Chrzan, "Cultural competency could easily get boiled down very quickly to, 'You are Chinese, so I can't tell you to give up rice.'"

Hopefully, such consequences of the fast pace of health care, which "speeds up medical work, interrupts continuity with patients, and erodes the privacy and autonomy of doctor-patient partnerships," will be addressed by the health care community, paving the way for a basic level of cultural competence in care that acknowledges that "[The] 'technologization' of medicine undermines the therapeutic importance of recognizing patients in the context of their lives" (20).

Chrzan believes that many nutrition professionals want to increase their understanding of options for all patients to ensure that they are within the individual paradigm for meeting whatever dietary goal they need to address, but the time constraints really affect the facility of doing so. "You can learn all you want about cultural competency," Chrzan argues, "But if you don't have the time to sit with patients and find out what they are actually doing and work with them to modify it, you're not going to achieve any change in dietary habits."

Despite the mandates for increased proficiency, cultural competence is an amorphous idea that cannot be taught in quickie seminars or bulleted PowerPoint presentations. Rather, it necessitates an intellectual

approach combining humanism with a respect for individuality that should be inculcated in professionals from early childhood, through interactions with other children, up through their educational training. Beyond meeting the basic requirements set forth by accrediting and licensing institutions, how far an individual goes to become culturally competent is a personal decision. However, the increasing momentum of this movement to encourage and require health care workers to obtain this knowledge underscores just how essential it will be to remain professionally competitive in the future, and although ADA is focused on helping its members achieve such goals, individuals should actively pursue avenues for obtaining these skills and knowledge toward career growth.

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### Moving into Management

*This article is reprinted from the September 2008 issue of the Journal (2008;108:1423-1425).*

**F**or Rebecca Cservek, RD, making a move into management was not something she had always anticipated.

"I never thought that I'd go into a leadership position," says the current director of food and nutrition services for Harbor Hospital in Baltimore, MD, a 203-bed facility. "It came as a surprise to me almost."

Still, Cservek, who began her career as a clinical dietitian with Morrison Healthcare Food Services in 1999, has found the position rewarding both personally and financially. She believes more food and nutritional professionals should remain open to the possibilities of a management career, whether that includes managing other dietitians as a clinical nutrition manager or working with hourly employees as part of managing patient services.

"We are seeing more dietitians going into operations and becoming managers," says Cservek. "They're seeing their peers do it, and they know it can be done."

So how does a food and nutrition professional make the move into management? Cservek and others in-

terviewed for this article offer several tips to smooth the transition.

#### KNOW YOUR PERSONALITY

"People who want to go into management have to be action-oriented, personable, able to negotiate, and have great organizational skills," says Sharron Lent, RD, vice president of patient and clinical services for ARAMARK Healthcare. "They have to want to improve on a process and deal with complex situations."

Those who crave a predictable, strict routine may not find a home in a management career.

"Every day, you could walk into a crisis," says Cservek. "A flooded kitchen, a health department inspection. You have to be flexible and able to roll with the punches."

Susan Laramee, RD, MS, FADA, and past president of the ADA, urges outgoing professionals who like working with people to explore management.

"You have to enjoy all types of people, have a degree of confidence, and an ability to make a decision quickly and think fast on your feet," says Laramee, now a clinical recruitment manager with Sodexo. Laramee would like to see more registered dietitians join the ranks of management.

"They're in demand because they understand nutrition education," she says.

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#### Those who crave a predictable, strict routine may not find a home in a management career.

Even if you don't think you might fit the total package for a manager, Cservek says it is often possible to grow into the role. Cservek faced a change when a promotion took her from managing fellow registered die-

titians to supervising hourly employees in the kitchen.

"That was really when I felt like I was developing my skills," she says. "I was having to conduct disciplinary actions, and that was scary at first because, like most people, I don't enjoy confrontation. But I had great mentors and support, and soon my own leadership style began to develop." Currently, Cservek has five managers and 60 hourly employees under her direction.

#### FOCUS ON YOUR LEADERSHIP SKILLS

Because careers in management demand quality leadership skills, those interviewed for this article say it is important to strengthen and highlight those skills when considering the move into management. Some food and nutrition professionals may believe that their clinical background would not apply, but Lent says that's not true.

"Maybe they established National Nutrition Month or organized a program at their place of employment," she says. "They led a team or chaired a committee. They need to search for any example in their previous work life. Many think they don't have leadership experience when they do."

Laramee adds that it is also acceptable to highlight leadership roles outside of work, for instance, presiding over a neighborhood or church group. The bottom line is being able to show you have successfully managed a group of people and produced a positive outcome.

Before transitioning into management, Cservek looked for opportunities at her hospital to grow her skills.

"I got involved in committees and started attending meetings and was able to understand hospital policy. I became a point of contact for my department, worked with The Joint Commission, and helped design an outpatient bariatric program." Later, when Cservek interviewed for a management position, she was able to show measurable results she had been responsible for.

*This article was written by **Jennifer Mathieu**, a freelance writer in Houston, TX. Mathieu is a former editorial assistant for the Journal and her writing has appeared in The Washington Post, Houston Chronicle, Miami Herald, The Kansas City Star, and several other publications. She has received awards from the Association of Alternative Newsweeklies, the Dallas Press Club, the State Bar of Texas, and the Gay & Lesbian Alliance Against Defamation for her writing.  
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### TAILOR YOUR RESUME

According to Laramee, too often those seeking management careers do not tailor their resumes correctly. Those with a clinical background may be tempted to send in information that focuses on clinical competencies instead of leadership skills, and may apply using a curriculum vitae that would be more appropriate for an academic or clinical environment.

“We don’t need CVs, we need resumes,” says Laramee. “And not four- or five-page resumes. Focus on the competencies the job requires and indicate those skills high up on the resume. I suggest beginning with a summary of skills instead of listing a job you had 20 years ago.”

Those who entered dietetics as a second career should consider highlighting skills from their first career that would be applicable, she adds. Any position that focused on analytical thinking, managing finances, negotiating, building a team, and developing staff should be part of the resume.

### NAIL THE INTERVIEW

When it comes to the important interview, candidates need to dress for the job they want, not the job they have, says Lent.

“It’s a leadership position, and they need to dress as such,” she says. “A conservative suit, pantyhose, neutral colors, no nail polish. It’s hard to get past a bad appearance in the interview.”

All those interviewed for this article stress the importance of coming to the interview prepared. Research the company first before your arrival, and come armed with several concrete examples of how you successfully handled different situations. Tailor your stories to match the skills the company is looking for.

“Be prepared to talk about your experience with customer service, your interpersonal skills, your team building,” say Laramee. “Think about actual situations when your skills were used.”

“Practice telling these anecdotes to friends and family until you can speak comfortably about them,” suggests Lent. “Remember to focus on outcomes.” Being able to discuss measurable outcomes—increasing patient satisfaction or employee participation by a

certain percentage, for example—is critical for a successful interview.

### NETWORKING

“From my perspective, if you can get that resume into the hands of someone you know, it can make all the difference,” says Lent. Networking, say the experts, is critical and can also provide an opportunity to develop those all-important leadership skills.

“Join the ADA, join a dietetic practice group, and get actively engaged in the local and national levels,” says Lent. “Run for a position, collect business cards, volunteer for a subcommittee. Once you make connections, doors open for you.”

Lent also suggests joining different professional organizations, such as the American Society for Healthcare Food Service Administrators, Women’s Foodservice Forum, and the National Association of College & University Food Services, and attending their conferences and workshops. The National Restaurant Association’s annual show is also a great place to network.

Joining a professional organization and networking is also a way to find a mentor, an important step in building a management career, say those interviewed for this article.

“I attribute most of my success to those who listened and helped me and supported me along the way,” says Cservek.

“Many of these groups are made up of embracing people who are very willing to mentor,” adds Laramee. “Find one and develop a relationship. Someone who can advise you on what you need to do to grow.”

Careers in management can be rewarding for those who seek them out, and opportunity for growth is unlimited, say the experts, in addition to an often larger paycheck and even opportunities for travel.

“There are so many opportunities out there for those who want to be innovative and continue to improve,” says Laramee. “If you have drive and determination and are willing to take risks, the openings are out there to take on many different roles.”

Adds Lent, “In management, I see the impact of my work every day. The difference you can make to employees, giving them a chance to grow, and knowing you’re making a differ-

ence to the patient population. You get to make a difference fairly quickly.”

### Consulting Do's and Don'ts

*This article is reprinted from the November 2008 issue of the Journal (2008;108:1827-1828).*

The world of consulting offers a variety of opportunities for food and nutrition professionals who are interested in being their own bosses and regularly seeking out new challenges. Consulting with individuals and families, providing expert feedback to grocery store chains, and assisting food manufacturers in achieving regulatory compliance are just a few of the possibilities open to those interested in entering consulting. For those who want to explore the field, several registered dietitians (RDs) offer their opinions on how to achieve success.

#### WHY CONSIDER CONSULTING?

For some RDs, consulting fills a desire for a different atmosphere than might be found in clinical work. "I wanted to work with people in wellness and was much more interested in education and disease risk reduction," says Liz Marr, MS, RD, an independent consultant and cofounder of Marr Barr, a Colorado-based food and nutrition communications company. "I knew I didn't want to work in a hospital."

Karen C. Duester, MS, RD, presi-

dent of Food Consulting Company, a California-based company that provides food companies with nutrition analysis, food label development, and Food and Drug Administration regulatory support services, was attracted by the ever-changing workload and flexibility. In addition to being able to express her creativity through her own company, because she owns her own business, there is no ceiling on her income.

"I reached the top of my pay scale at age 25, after working in a clinical environment for just 2 years," says Duester. "I absolutely loved the work, but I came to understand that to increase my earning power, I had to increase my value and probably be working in a for-profit environment." Duester founded her company in 1993.

For Margaret Roche-Dudek, MS, RD, FADA, a partner in Illinois-based Roche Dietitians, founded in 1986, the excitement of the business world served as a factor in her decision to become a consultant.

"I wanted to combine my passion for dietetics with an interest in business," says Roche-Dudek, whose company has 30 RDs on staff who provide services to a variety of companies, including food manufacturers, hospitals, and assisted living facilities. Having her own business also allows Roche-Dudek freedom from the bureaucracy that can sometimes accompany working for a large health care facility. "There are zero politics," she says.

#### PERSONALITY PLAYS A PART

All those interviewed for this article stressed the importance of honestly evaluating personal strengths and weaknesses before venturing into consulting. Having a strong work ethic, great interpersonal skills, and an adaptable personality that enjoys change are key.

"My dietitians have to navigate a huge metropolitan area, figure out where to park the car, where to meet the client, and that's before they have to acclimate to the client's work envi-

ronment," says Roche-Dudek. "They're meeting new people everyday, and there may not be a predictable schedule." Those who like a 9-to-5 schedule may not be well-suited, she adds.

"One day you may be in jeans and clodhoppers with an agricultural client and the next day you're sitting in a corporate boardroom," says Amy Barr, MS, MEd, RD, cofounder of Marr Barr.

Adds Duester, "It is not for people who are not self-driven, who need a lot of direction." And if owning your own consulting company is your plan, it is also not for those who are uncomfortable with risk. If security is a premium for someone, says Duester, he or she may want to reconsider independent consulting. Duester also adds that those who enjoy working with lots of people may not enjoy the potential loneliness that sometimes occurs when working for yourself or with a few other people. Working from home may also provide challenges for the work-life balance. "I have an office in my home, and when I am done working, I have to turn off the light and shut the door and say, 'The office is closed,'" she laughs.

Barr says being willing to stay current on trends and changes in nutrition is essential. Those who seek a comfort zone in their work may have a difficult time succeeding in consulting. "Your client can quit tomorrow or get taken away," says Barr. "You, too, are a brand. You cannot rely on one or two clients."

The upside to the uncertainty? "I'm never bored," says Barr.

If after assessing your background and personality type you feel you lack a necessary skill, such as being able to develop a budget or working with the latest technology, Marr suggests taking a class to get caught up or teaming up with a business partner who can complement your skill set.

Perhaps the most critical personality trait is confidence. "You've really got to believe in yourself to succeed," says Marr.

*This article was written by Jennifer Mathieu, a freelance writer in Houston, TX. Mathieu is a former editorial assistant for the Journal and her writing has appeared in The Washington Post, Houston Chronicle, Miami Herald, The Kansas City Star, and several other publications. She has received awards from the Association of Alternative Newsweeklies, the Dallas Press Club, the State Bar of Texas, and the Gay & Lesbian Alliance Against Defamation for her writing.*  
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**BE BUSINESS SAVVY**

Staying current on trends both in nutrition and business is a must for any great consultant, say those interviewed for this article. Constant learning makes you a more marketable and desirable choice for clients. Recently, Roche-Dudek had to advise a longtime client on a diabetic dessert product.

"They'd met the sugar-free goal, but the carbohydrate profile was not there yet," says Roche-Dudek, who was knowledgeable about current trends in diabetic meals because of her regular research and reading. "We saved them a lot of trouble in the end. If we hadn't kept up, we wouldn't have been able to do that."

"I read *Advertising Age*, *PRWeek*, and *The Wall Street Journal*," adds Barr. "I have to be well-rounded and well-read to keep up with my clients."

Those interviewed say consultants need to remember that their clients are primarily concerned with the bottom line. "You have to understand corporate culture," says Roche-Dudek. "Even if nutritionally you have ideas for a product, it ultimately has to make money for your client."

If you're running your own business, you may want to take accounting or business courses if you believe you need to strengthen your skills, say those interviewed for this article. Duester invests in a business coach she found through the International Coach Federation. She speaks with her coach regularly and calls it "the best money I've ever spent."

Despite the steady flow of clients, Duester also never stops marketing her business. "We have a monthly newsletter that goes out, no matter what," she says. "Emergencies, busy times, fires in southern California, it goes out. There have been many times when it would have been easier not to do it, but it's an important part of our marketing strategy. Clients come and go, and there is no guarantee."

Marr believes that being a successful consultant also means being a strong personal financial manager. "When you work for a company, you know what your paycheck is going to be," she says. "When you're working for yourself, you have to plan for the good times to put that money away for when times aren't so good. When those come, you can go out and look for new business instead of stressing

out." In addition to managing finances, consultants who work for themselves need to be able to handle their own taxes, retirement, and benefits. If they hire employees, they have to take on added responsibilities.

"That is a lot to put on your shoulders, to generate enough income to pay for your employees," says Marr. "We have always been very careful about when is the right time to hire."

**FIND YOUR NICHE**

In addition to being business savvy, it's also important to know what aspect of consulting you want to focus on. Often, the most successful consultants are the ones who clearly state their specialty and market it strategically, say those interviewed for this article. "You have to decide your expertise and specialty," says Barr.

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## Knowing how to network is key for every industry, and consulting is no different.

Adds Duester, "You must define your niche. I see some dietitians who don't want to limit themselves. But you may end up as a jack of all trades and a master of none. You have to be specific and clear to your clients." Duester adds that referring clients who don't fit your specialty to other consultants who can help them is a great way of building business through referrals. "If you refer to others, then you yourself will start getting referrals," she says.

It may take some research and soul-searching to discover what you want to focus on. When first beginning her career, Marr spent time interviewing RDs and doing research to best decide in which aspect of the field she would be most interested. She knew that combining nutrition and communication would be a perfect match.

**NETWORKING IS KEY**

Knowing how to network is key for every industry, and consulting is no

different. All those interviewed for this article are members of various dietetic practice groups, including Consultant Dietitians in Healthcare Facilities, Dietitians in Business and Communications, and Nutrition Entrepreneurs. All have also been involved in local dietetic associations.

"You want to volunteer strategically," says Marr, who is currently chair-elect of the Food & Culinary Professionals dietetic practice group. "Don't fritter away your time. Tie your volunteering to your goals. You can learn about teamwork, group decision making, and small business management."

In addition to picking up tips, volunteering builds reputation. "If you do good work, others will notice," adds Marr. "Your reputation is your best selling point."

Marr also advises that consultants network in the right direction. "Put yourself in front of the gatekeepers," she says. "If you're interested in consulting individuals or doing outpatient work, you need to connect with doctors, clinics, and hospitals. If you want to be in private practice, you may at least look for part-time work first in the industry you're interested in. Pay your dues to make those personal connections."

"Networking is everything," says Barr. "In nutrition, it's not six degrees of separation—it's three." Barr also suggests getting involved outside the food arena, including joining the local chamber of commerce or another business group.

Consulting can be a rewarding career for those food and nutrition professionals who choose to pursue it. Perhaps the best aspect of consulting, say those interviewed, is the unlimited opportunity for growth.

"The most important thing is not to sell yourself short," says Duester. "Go as far as you can see, and when you get there, you can see a little further. New doors will open up. New vistas will open up."

### Marketing Yourself and Taking Risks

*This article is reprinted from the January 2009 issue of the Journal (2009; 109:28-29).*

**K**athy McClusky, MS, RD, FADA, Treasurer-Elect of the American Dietetic Association and a patient services consultant for Morrison Management Specialists, a member of the Compass Group, has had a long and varied career that has capitalized on her skills, increased her earning potential, and has never left her feeling stagnant. But when she first started working as a public health nutritionist over 20 years ago, she had no idea how many leaps of faith she would have to take to get to where she is today.

"If I hadn't made a couple of scary moves, I know I would have missed opportunities to grow," says McClusky, who has served as the director of the New York State Office of Mental Health's bureau of nutrition services as well as the director of dietetics at Barnes Hospital in St Louis. "I had many nights when I thought, 'What on Earth did I just do?' Now I can't imagine not having had those experiences."

McClusky has learned an important lesson she wants other food and nutrition professionals to learn as well: by taking risks and promoting yourself, you can have the career of your dreams. But she doesn't think

enough dietitians have realized how powerful that statement can be.

"It is a perceived weakness we have as a profession," says McClusky. "We have dietitians who think about a job and not a career. But when we practice in a way that puts limits on us, we're immediately limiting the scope of practice, and that's never healthy."

#### REALIZE YOUR UNIQUE STRENGTHS AS A FOOD AND NUTRITION PROFESSIONAL

Research tells us that we have a natural tendency to focus on the negative instead of the positive, with one study noting that people are four times more likely to talk about a negative memory over a positive one when asked to recall an important emotional event in their lives (1). But as Gallup Organization researchers have discovered, the smartest way to be your best self is to focus on your strengths, not your weaknesses. Tom Rath, author of *StrengthsFinder 2.0*, synthesizes what Gallup scientists have learned through research: "It's clear [from research] that each person has greater potential for success in specific areas, and the key to human development is building on who you already are (2)."

So what are the skills and strengths that food and nutrition professionals need to play to?

"Dietitians have organizational skills, we have to go through a tough curriculum, and we know what the consumer wants," says McClusky. "We believe in evidence-based work, and we are used to developing an argument and a case. These are all valuable skills."

Perhaps more valuable than most food and nutrition professionals realize. Sheila Kelly, MS, RD and the president of Skelly Publishing, an accredited provider of Continuing Professional Education for food and nutrition professionals, first understood how valuable she could be when she left her work as a clinical dietitian and began working for [WeightWatchers.com](http://WeightWatchers.com), where she focused on product development and was involved in the creation of Weight Watchers' online

presence. She quickly realized she possessed the important skill of making sure the online program had interactive tools and content that reflected weight loss research but also appealed to potential consumers. By tapping into the business side of her brain, Kelly was able to ensure she was a valuable commodity.

"We as dietitians are the biggest segment of the health profession that straddles clinical and consumer wellness," says Kelly. "So we need to be adept at both applying the science of our mission and consumerizing our message and our services. When I first started at Weight Watchers, I had such great insight into how consumers lose weight and change behavior because of my background in education and counseling. There were some key decisions on the table that were at odds with how I knew consumers viewed weight loss and could impact their success. I stood my ground on these, and soon people started to look to me to know what the consumers wanted. I had a tangible value." For instance, Kelly made sure that the Web site included images that showed accurate portion sizes because she knew consumers would need to see examples.

Why are so many food and nutrition professionals hesitant to speak up about what they know or venture into the business world to share their skills? Kelly believes that part of the reason may stem from the fact that food and nutrition professionals are taught that "marketing" is a dirty word.

"It's drilled into us in our ethical training that there are people out there marketing unsafe products to consumers," she says. "I think because of that, we've lost the awareness that marketing yourself and safe, effective products and services is a good thing. And we have a lot we can offer."

Food and nutrition professionals may be able to learn a lesson from business executives and other professionals who have participated in executive coach Marshall Goldsmith's

*This article was written by Jennifer Mathieu, a freelance writer in Houston, TX. Mathieu is a former editorial assistant for the Journal and her writing has appeared in The Washington Post, Houston Chronicle, Miami Herald, The Kansas City Star, and several other publications. She has received awards from the Association of Alternative Newsweeklies, the Dallas Press Club, the State Bar of Texas, and the Gay & Lesbian Alliance Against Defamation for her writing.*  
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training programs. As Goldsmith discovered when surveying more than 80,000 participants, 80% to 85% of respondents ranked themselves in the top 20% of their peer group. While Goldsmith argues that success can sometimes block people from hearing critical feedback, he also argues that successful people are able to rank themselves in this way because they build on previous successes, carry themselves with self-confidence, and retrieve “mental images when you were the star, when you dazzled everyone and came out on top (3).”

“Dietitians must understand their intrinsic value first and internalize it,” says Kathy Gillen, a business coach who has counseled food and nutrition professionals looking to make career changes or venture into new arenas. Many come to Gillen feeling undervalued, she says. That may be because they are not patting themselves on the back first.

“The toughest challenge is to sing your own praises,” acknowledges Gillen. “A dietitian must understand why her work is important and make a case for it.”

**ACKNOWLEDGE RISK CAN BE SCARY**

Despite being aware of your strengths, promoting yourself and taking career risks can still be scary because risk taking in general is supposed to be scary, say those interviewed for this article. This is partly because we’re raised to believe this is so.

“We’re told all our lives to be careful, you’ll fall, you’ll poke your eye out,” says Gillen. “We internalize that.” But Gillen adds it’s important to recall the toddler inside us who thought he or she was unstoppable.

“Three-year-olds think they can do anything,” she says.

While some have argued that certain people are more hard-wired to avoid risk than others (4), Gillen says the process of taking chances can become easier and even enjoyable for everyone when it starts with asking what she calls “magic questions” such as, “How can I make each day the best day yet?” or “How can I make it fun?”

“It’s not wishful thinking,” she says, “it’s outcome-oriented thinking. Successful companies almost always ask outcome-oriented questions.”

Because dietetics is a profession that is dominated by women, it is important to note that research has shown us that

women are less likely to take risks when compared to men (5,6).

“Research tells us that there is hard-wiring that women are a little more risk-averse,” says Gillen. “The female brain may think in a more fear-based way. But that doesn’t mean women can’t take risks or step out and try something new.”

Kelly agrees, and adds that it’s important to note women may also be less likely to show off the good work they’ve done.

“I think it’s a female trait not to promote ourselves,” says Kelly. “Research on women has borne out the fact that we think that if we work hard, we’ll get noticed. But promoting ourselves is important” (7,8).

Both Kelly and McClusky acknowledge that it may not just be a fear of taking chances that holds some food and nutrition professionals back, but a desire for a work-life balance or the demands of raising a family. But that doesn’t mean risk taking is off the table completely.

“There are those of us who’ve made career changes later in life, and in the beginning it may be painful to leave that comfort zone,” says McClusky. “But if a dietitian didn’t have the security before [to take a risk], later on may be the time to try.”

**NETWORK AND KEEP A CIRCLE OF SUPPORT**

Gillen recommends not just networking but creating what she calls an “inner circle” of people who accept you for who you are and will tell you the truth about yourself. In the same breath, she suggests setting boundaries and distancing yourself from those who don’t want to help you be your best self.

“You have to ask yourself, ‘Are the people in your life supporting you or tearing you down?’”

McClusky urges members to get involved with the American Dietetic Association on a local or state level.

“Every job I’ve gotten has somehow been connected to contacts from professional activities,” she says.

Kelly, a member of several dietetic practice groups include Nutrition Entrepreneurs, Dietitians in Business and Communication, and Dietetic Educators of Practitioners, agrees and adds that food and nutrition professionals who want to venture down a new career path also network outside of the profession as well.

“It’s important to cultivate relationships beyond dietetics,” she says. “Networking with those in marketing, communications, or in consulting is very valuable, particularly if a dietitian is looking to move into a more business-focused area. The perspectives they bring and the skills they have can help dietitians better communicate their value and broaden their own skill sets.”

**WHAT’S THE WORST THAT CAN HAPPEN?**

While some may believe that taking a risk and failing is the worst thing that could happen to them, those interviewed for this article believe allowing yourself to remain static in a position you don’t like could be even worse.

“If you’re not sure you’re happy, you’re not happy,” says Kelly. “When I was first leaving the clinical world, and I was scared, a friend told me to give it 6 months, and if I hated the new position, I could leave.” Kelly says food and nutrition professionals should take comfort in the fact that they are in “the catbird’s seat” because they are always employable somewhere.

Adds McClusky, “It makes me nervous when people don’t like what they’re doing and they stay in it. Ask yourself what is the worst that could happen if I change jobs, and if you can handle that worst thing, you will be all right. Expand your horizons.”

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## Clothes Call: Your Professional Image Can Have a Big Impact on Your Career

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As a skilled food and nutrition professional, you might think your education, training, and experience speak for themselves when it comes time for an interview, a review, or a promotion, but that's not necessarily true according to a recent [CareerBuilder.com](#) survey. The survey—conducted among 2,765 employers during early 2008—found that 41% of employers thought that people who dress better or more professionally tend to be promoted more often than others in their organization (1). A similar survey conducted by Yahoo! HotJobs and Banana Republic a year prior found that a majority of the general workforce (68%) and of human resource professionals (82%) agree that the way employees dress at work directly affects their prospects for a promotion (2). Interestingly, 61% of the employees polled in the Yahoo! HotJobs/Banana Republic survey—which collected data from more than 1,400 employees and 750 human resources professionals—admitted that they either didn't know, or didn't care, about their company dress code, and while they confirmed that maintaining a professional appearance was a top priority, they chose to express themselves in business casual and comfortable styles (2). What do all of these survey results mean for dietetics professionals who function in a variety of settings from face-to-face consultations, to clinical environments, to public or television appearances?

This article was written by **Tony Peregrin**, a freelance writer in Chicago, IL, and a former editor of the Journal.  
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According to Susan Morem, a leading career consultant and author of *How to Gain the Professional Edge*, 2nd edition, “fair or not, employees—including food and nutrition professionals—are often judged by their clothing even before they have a chance to open their mouths to speak.”

“Being well groomed and wearing appropriate clothing is evidence that you take yourself and your job seriously. Don't give people a reason to underestimate your ability,” advises Morem, who has been featured in *The Wall Street Journal*, *USA Today*, and on CNN.

This statement may be especially true for practitioners in the medical community. In an article titled “Physicians, Their Appearance, and the White Coat” published in the September 2008 issue of *The American Journal of Medicine* (3), Amir Kazory, a member of the Association of Professors of Medicine, makes the following observation: “The majority of studies evaluating the potential influence of appearance of a physician on a patient's perception have found that patients do care about their physician's appearance and might inadvertently use it to measure a physician's competency and credibility.”

### FOLLOWING SUIT: LET THE SETTING SET THE STYLE

Jean R. Caton, MS, RD, MBA, a business and lifestyle coach and speaker, and Christine M. Palumbo, RD, MBA, a Director-at-Large for the American Dietetic Association and a nutrition communications consultant, offer guidance for selecting suitable attire for three situations that food and nutrition professionals often encounter throughout the course of their careers. For face-to-face consultations, Caton says it is important to “think about your image and what you want to say to your patient. It may be that

you want your patient to feel confident that you ‘know what you are talking about’ and that the patient can trust you to help them with their dietary issues. Then decide what that looks like in the form of attire. If you are a pediatric dietitian that may be very different than if you work in a teaching hospital in a highly specialized clinical research unit. There are no firm rules that apply to every situation.” Palumbo advises dietetics professionals to “dress in a professional, yet approachable manner, for face-to-face consultations. “If a patient cannot relate to your appearance he or she may have difficulty relating to your educational message.” Due to the close physical proximity of these consultations, Palumbo also emphasizes the importance of personal grooming. “For women, fingernails should be an appropriate length (no longer than 1/8 past the finger tips), smoothed, and buffed. Chipped nail polish should be removed. Nail art and extreme polish colors have no role in the professional workplace.”

For a clinical setting, such as a hospital or outpatient clinic, Palumbo suggests possibly wearing a lab coat over street clothes. “In that case, a freshly laundered lab coat looks crisp and professional. A well-tailored blouse or sweater and dress slacks that fit well with comfortable shoes says, ‘I care about what I look like.’” In settings where a lab coat is not worn, she suggests similar attire or a blazer over a blouse or shell with a skirt or dress slacks. For clinical settings, Caton says that good common sense is key. She advises dietetics professionals to be “conservative, spotless, and professional in all aspects” and to think of successful attire as the total package, from hair to heels.”

For a public presentation or media appearance, Caton says the same general rules apply. She suggests that dietetics professionals conduct some re-

search beforehand to determine the audience and audience expectations. For television appearances, Palumbo points to the traditional rules regarding attire (solid colors, minimal jewelry), but she also warns that conservative outfits on TV can read as “un-hip.” “Take a cue from the station’s anchors and reporters. It’s usually okay to wear a moderate print, perhaps some bold jewelry to jazz things up and add a little style to your look.”

For all three situations, both Caton and Palumbo assert that it is important to let the situation dictate your wardrobe choices.

**THE INTERVIEW SUIT MAKES A COMEBACK**

One situation that inevitably faces all dietetics professionals no matter what setting they work in or where they are in their career is the interview. An article in the November 12, 2008 issue of *The New York Times* titled “The Return of the Interview Suit” announced a “detectable shift in the way people are dressing for work” and cited the high unemployment rate as a determining factor for the rise in popularity of somber, serious suits for both women and men, especially individuals looking for a new job—or competing to hold on to jobs they already have (4).

Caton appreciates the merits of traditional interview attire, but she is also quick to point out that a formal suit may make you “appear out of sync” if you are interviewing for a position in an organization with a very casual corporate culture. “The best advice is to do a little research about the organization and its culture using online resources and personal contacts. Identify the typical work attire for the position you seek and then dress it up a notch or two.”

“Most people have an idea of what professional dress is,” notes Morem. “For men, it’s usually a dark suit and tie, but for women it can be everything from a suit to a dress to a skirt or slacks. The media, retailers, and fashion magazines dictate their ideas about what professional dress should be, but rarely do these mediums pin down what works in business. The styles shown are often too tight, too short, or too trendy. What works best is simple, well-tailored clothing in neutral colors.”

According to Morem, the following list (in order of professional appearance) are the best options for women and men (5):

Women (from most professional to most casual):

- Two-piece matching skirted suit
- Two-piece matching pantsuit
- Skirt with blouse/top and jacket
- Business dress with jacket
- Slacks with blouse/top and jacket
- Business dress with or without sweater
- Skirt and blouse or sweater set
- Slacks with blouse or sweater set
- Slacks with sweater
- Casual pants with casual shirt or sweater

Men: (From most professional to most casual):

- Two-piece matching suit, shirt, and tie
- Slacks with shirt, tie, and blazer
- Slacks with shirt, tie, and sport coat
- Slacks with shirt and tie
- Slacks with shirt, tie, and sweater
- Slacks, shirt, and sport coat
- Slacks with sweater
- Casual pants with sweater
- Casual pants with long-sleeved shirt
- Casual pants with short-sleeved shirt

**CASUAL CAN BE CONFUSING**

What began as a once-a-week benefit for employees (“Casual Friday”), Business Casual attire has grown to an everyday occurrence for many organizations—although the tides are changing and many offices now prohibit denim and other nonprofessional attire, especially for employees that interact with clients, customers, or patients. In “Physicians, Their Appearance, and the White Coat,” a study cited in the article featured patients who were shown a male and female physician in different articles of clothing and asked them to rank them from the most to least preferred doctor. The different styles of dress included casual, jeans, semiformal, white coat, and formal suit. In this study, the least preferred clothing was jeans; the most preferred clothing was semiformal followed by white coat (3).

The question really is how do you define “business casual” and “casual Friday,” says Caton. “It once meant professional, comfortable, and casual

clothes. It soon became sweats, flip-flops, and outfits that could be mistaken for pajamas. Trendy, relaxed, comfortable clothes are fine, but this does not mean you should wear something that you’d paint the deck in or go to the gym in.”

“A casual dress code is not the equivalent of not having any dress code,” notes Morem. “Keep in mind the following: You are always better off slightly overdressed than terribly underdressed—always dress better than you need to. It’s the best insurance against projecting the wrong image and, whether you realize it or not, people will notice and you will be rewarded for your efforts.”

“Having a moderately professional jacket in your office is a great safety net,” advises Caton. “Put on that jacket over any casual outfit when that unexpected meeting is called with senior management and you are good to go.”

**ABOUT FACE: FOR MEN, GROOMING IS KEY**

“Dressing professionally is essential to making our nutrition messages stick,” says Stephen Roch, RD, LDN, CFT, chair of the National Organization of Men in Nutrition, “and good hygiene is very important to maintain and improve a professional image.” Roch says male dietetics professionals “should have a clean-shaven face, maintain facial hair, have well kept nasal/ear hairs, and hair should be maintained, trimmed and organized.” If the skin is prone to oil, maybe a little powder, suggests Roch, who also encourages men to have fingernails well maintained and perhaps consider getting regular manicures. Roch says earrings and piercings, worn in a work environment, are not appropriate.

While professional attire may be generally easier to determine for men (slacks, shirt, tie, and dress shoes) Roch says there are some definite wardrobe “do’s” for the male dietetics professional:

- Do color-coordinate wardrobe
- Do wear loafers or a rubber-soled shoe
- Do wear a name tag or photo ID in plain view on the top half of your body
- Do button shirt to the neck

- Do wear a belt
- Do cover any body art
- Do wear matching socks

As for tips for men dressing in a female-dominated profession, Roch borrows a quote from the Army, “Be All You Can Be.” “Always dress ‘up to’ any occasion. If male RDs and DTRs handle themselves in a professional manner and with integrity—doors will open for us in the future.”

### PULLING IT ALL TOGETHER

“Professional image, often referred to as ‘executive presence,’ may be hard to define, yet most of us ‘know it when we see it,’” observes Canton. “It is that indefinable impression that some people create when they walk into a room or meeting.”

No matter where you are in your career or what setting you work in, “dressing for success” means taking an inventory of who you are as a dietetics professional and making sure those traits and characteristics are reflected in your image and physical appearance every day.

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**Commentary**

# Management Matters

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**ABSTRACT**

Fewer than 50% of registered dietitians (RDs) supervise personnel and 76% have no budget authority. Because higher salaries are tied to increasing levels of authority and responsibility, RDs must seek management and leadership roles to enjoy the increased remuneration tied to such positions. Advanced-level practice in any area of dietetics demands powerful communication abilities, proficiency in budgeting and finance, comfort with technology, higher-order decision-making/problem-solving skills, and well-honed human resource management capabilities, all foundational to competent management practice. As RDs envision the future of the dietetics profession, practitioners must evaluate management competence in both hard and soft skills. Just as research is needed to support evidenced-based clinical practice, the same is needed to support management practice across the profession. Dietetics educators and preceptors should be as enthusiastic about management practice as they are clinical practice when educating and mentoring future professionals. Such encouragement and support can mean that new RDs and dietetic technicians, registered, will understand what it takes to advance to higher levels of responsibility, authority, and subsequent enhanced remuneration. In the ever-changing social, legal, ethical, political, economic, technological, and ecological environments of work, food and nutrition professionals who are willing to step forward and assume the risks and responsibilities of management also will share in the rewards, and propel the profession to new heights of recognition and respect.

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*"While 43% of all practicing RDs have some supervisory responsibility, only a quarter (24%) manage budgets" (1).  
—Dick Rogers*

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According to a recent Commission on Dietetic Registration study (1), clinical positions remain the primary setting for registered dietitians (RDs). Only 12% of all RDs are employed in food and nutrition management, whereas 55% are employed in inpatient, ambulatory, or long-term care clinical settings (1).

"We don't get paid enough," is a complaint frequently voiced about the dietetics profession. When food and nutrition professionals shy away from budgetary and supervisory responsibilities, salaries suffer. Are RDs abdicating power to others outside the profession because of unwillingness to assume managerial authority and the responsibility that comes along with it?

**WHY DOES MANAGEMENT MATTER?**

The American Dietetic Association Phase 2 Future Practice and Education Task Force, in their draft report presented at the 2007 Food & Nutrition Conference & Expo in Philadelphia, echoes the belief that management, indeed, does matter:

"The Task Force reiterates that management is a critical component across all advanced practice in dietetics. Advanced-level management is tied to salary levels in every area of dietetics practice. Higher salaries are commanded by advanced-level practitioners who assume the risk and rewards of high-level decision making and who manage a broad scope of resources" (2).

In other words, the greater the resources managed, including budgets and personnel, the higher the salary is likely to be. Managing budgets and personnel means doing the hard work of analysis and decision making. In the most recent Compensation and Benefits survey, Rogers (1) reported that supervision and budget authority are highly correlated with substantial increases in pay. It is the assumption of responsibility and risk that is scary, challenging, and yet lucrative.

Management is not all about being the stern taskmaster, the bean counter, or the adjudicator of decisions. Management and its alter ego, leadership (3), explain, in part, how food and nutrition professionals work effectively with and through people. Management is about how to think strategically, how to make sound decisions, and how to arrive at complex solutions to challenges that appear insurmountable—all to achieve the mission and goals of the business entity or the volunteer organization of which food and nutrition professionals are a part. As Paul Hawken said, "Good management is the art of making problems so interesting and their solutions so constructive that everyone wants to get to work and deal with them" (4).

With all of the social networking advances made possible by technology, it seems that practitioners are losing critical soft skills like the ability to sit down and have a civil, frank conversation with someone face to face. In an

article by Kate Lorenz posted on [CareerBuilder.com](http://CareerBuilder.com), the top 10 soft skills sought in today's business environment include a strong work ethic, positive attitude, great communication skills, time management abilities, being a team player, possessing self-confidence, demonstrating the ability to accept and learn from criticism, flexibility/adaptability, and the ability to work well under pressure (5). How do RDs measure up on this top 10 list? Every one of these 10 skills is critical to managerial success. RDs need to develop these in ourselves, and, if we carry the title of manager, we need to develop these skills in employees. It has been said, "The conventional definition of management is getting work done through people, but real management is developing people through work" (6).

Management is one more tool that must be a part of the toolkit of every food and nutrition professional. Management principles transcend disciplines and practice areas. Management of resources—human, physical, and financial—is a core concept taught in the entry-level dietetics curriculum. Although often taught in conjunction with foodservice systems, these concepts are pertinent in any practice area. The same management principles apply whether one is directing a school foodservice operation, a staff of clinical dietitians, a multimillion dollar research grant, or a Fortune 100 company.

Management matters in all facets of the social, political, educational, and economic environments. According to Mintzberg (7), "The manager determines whether our social institutions will serve us well or whether they will squander our talents and resources." The fundamental management skills that for years have been inherent in the education of entry-level food and nutrition professionals are the same management concepts taught in general business courses and outlined in many of the great books on management (8-10). More advanced management skills are needed as food and nutrition professionals climb the administrative ranks.

The Phase 2 Task Force outlined a common core of competencies required of all advanced-level food and nutrition. Advanced-level practitioners need to demonstrate high-level skills in communications, information technology, finance and budgeting, leadership, management principles, marketing, human resource development/management, and organizational development/administration (2). These skills begin to be developed during supervised practice as a dietetics student or intern, and practitioners must continue to hone these skills throughout their careers.

Management skills are integral to success in an increasingly complex dietetics profession. These remarks are meant to evoke dialogue among professionals in an attempt to change the negative reactions that often surface when management is mentioned. Management and leadership are a balancing act—distinct yet complementary (3). If RDs are to become major change agents, we must step up and step forward to be leaders in the food and nutrition arena. This means taking responsibility for tough and sometimes risky decisions. The principles that make for success or failure in day-to-day operations are severely put to the test in extreme, risky, or emergency situations. As revealed regularly in the media, crisis situations turn the spotlight on leaders, revealing the best and the worst about their planning, organizing, directing,

staffing, and controlling abilities. On the other hand, how many of us can identify crisis situations in which the management skills of RDs have come to the rescue? The successes of such individuals should be recognized, celebrated, and emulated.

We hope that readers of this article will look at issues facing the world, understand the potential effect on the profession, and learn from those who solve complex problems. The dietetics profession is trying to keep pace with changes in the workforce, organizational restructuring, issues with the safety of the food supply, plummeting financial support for higher education, never-ending technological developments, the health care crisis . . . the list goes on and on. If ever there was a time for food and nutrition professionals to demonstrate leadership and management competencies, it is now.

#### **HOW CAN THE VALUE OF MANAGEMENT SKILLS IN THE DIETETICS PROFESSION BE SHOWCASED?**

Science is the foundation of our profession (11), and this includes management science. RDs need to conduct research in the area of management practice. Practitioners need to inundate both peer-reviewed and lay literature with articles focusing on management theory and practice. Educators and preceptors need to create as much enthusiasm for management as for clinical practice when educating students. Cluskey, Gerald, and Gregoire (12) tout the domino effect of a more positive perception of management earlier in a career.

#### **HOW CAN FOOD AND NUTRITION PROFESSIONALS CONTINUOUSLY HONE THEIR MANAGEMENT SKILLS?**

##### **Be Well-Read**

Read the latest management and leadership books, peer-reviewed business articles, or trade journals. Grasp the issues of the day and the challenges for the future.

##### **Peruse the Occupational Information Network Resource Center and O\*Net Online**

O\*Net (<http://online.onetcenter.org>) can be searched for comprehensive occupation information, including key attributes and characteristics of occupations (Figure). With the educational background, knowledge, and skills of RDs, the titles chief executive officer, chairperson of the board, and president are within our grasp. RDs with this set of management skills can land these roles. For each job family, occupation, and/or discipline, O\*Net has a listing of job titles, tasks, knowledge, skills, ability, work styles, interests, and more. Read the descriptors carefully. Practitioners could use these data to develop their own skills and to mentor staff. Likewise, dietetics faculty can use these to develop their own management skills, revamp the dietetics management curriculum, and develop continuing education for practitioners.

##### **Participate in Organizations that Develop Management Skills**

Join Toastmasters, Rotary, Kiwanis, or any of the host of civic or philanthropic organizations. Such networks can give RDs a forum to become involved, practice public speaking, or lead committees that are not work-related.

**To search the O\*Net database of occupation-specific descriptors:**

1. Connect to <http://online.onetcenter.org/>.
2. Click Find Occupations.
3. In the Occupation Quick Search box, type in "CEO" (or relevant job title or occupation).
4. Click Go.
5. Click the Chief Executives link.
6. Review the summary report with tasks, knowledge, skills, abilities, work activities, work context, job zone, and more.

**To find O\*Net self-assessment tools:**

1. Connect to [http://www.onetcenter.org/dev\\_tools.html](http://www.onetcenter.org/dev_tools.html).
2. Select an assessment tool by clicking the appropriate link.

**Figure.** Navigating the O\*Net occupational information network.

**Network with Leaders and Managers Outside the Profession**

Learn from others who are facing similar challenges and achieving successes outside the world of dietetics. Wheatley (13) dares her readers to sit next to someone they have never met and strike up a conversation. Incredible opportunities can come from seemingly random and casual conversations.

**Attend to the Soft Skills**

Being the boss requires balancing hard and soft skills. When given the option between technical and soft skills training, managers often choose the former because the latter is not well understood or valued (14). Yet the soft

skills are the most often desired when hiring new talent. Hard skills can be taught. Soft skills must develop within and be nurtured in our personal and professional lives.

"Management's job is to see the company, not as it is . . . but as it can become" (15). RDs must take the long view to become true change agents for food and nutrition issues in our world. Management must matter.

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