Management and Leadership Across Practice

HOD Backgrounder

House of Delegates

February 2010

Executive Summary

Fact Sheet

Backgrounder
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Being employed in management positions has many positive benefits, including increased remuneration, increased authority, increased value, increased job satisfaction, sense of accomplishment and, the positioning of Registered Dietitians (RD) or Dietetic Technicians, Registered (DTR) in key decision-making roles. For these reasons, management skills are imperative to all areas of practice for the success of the profession.

**Mega Issue Questions:** How can we effectively influence and encourage RD/DTRs to hold, aspire to hold, or function in a leadership or executive role in all practice environments?

**Expected Outcomes:** Participants at the May 2010 House of Delegates Meeting will: (1) understand and value management and leadership skills as essential components of all areas of practice; and (2) recommend methods to internalize a management and leadership mindset that assures career success.

This mega issue addressing management and leadership across practice was revived under the resurrected Management Work Group appointed by the House Leadership Team in August of 2008. This work group felt that sufficient progress on the issue had not been made since the previous 2003 mega issue, *The Future of Management in Dietetics*. The vision of this group is that “Management competencies are elevated in all areas of dietetics practice with maximized professional effectiveness and enhanced career growth.” In order to accomplish this vision several recommendations were made, including that the House of Delegates (HOD) revisit the issue of management at the Spring 2010 House of Delegates Meeting, to which the HLT agreed.

*Management* is typically defined to include functional activities such as organizing, planning, leading, and monitoring, with emphasis on supervision of work. Those activities may engage one person or many and involve consistent skill sets across all departmental, organizational, and professional boundaries. Goal setting, strategic thinking, and measuring outcomes are common in all aspects of dietetics practice and are key tasks in both management and administration. *Administration* can be defined as the universal process of organizing people and resources efficiently so as to direct activities toward common goals and objectives. Administrative skills are developed with advanced training and experience, and often involve greater levels of risk, high level decision-making and a broad scope of resources. Managers often assume administrative roles with the accumulation of experience. *Leadership* is the capacity to direct the operations, activity, or performance to guide someone or something along a way. Alan Keith of Genentech states that, “Leadership is ultimately about creating a way for people to contribute to making something extraordinary happen.”

The Phase II Dietetics Education Task Force reiterates that management is a critical component across all advanced practice in dietetics and is tied to salary levels in every area of dietetics practice. Advanced-level practitioners need high-level skills in communications, information technology, finance and budgeting, leadership, management principles, marketing, human resources, and organizational development/administration.

Management tools are critical in the dietetics toolkit. Although often taught in conjunction with foodservice systems, these concepts are pertinent in any practice area. Pace *et al* contended that dietetics leaders are defined by their ability to communicate a vision to the team and to inspire individual members to take responsibility for team actions and decisions. Barker, Arensberg, and Schiller...
noted, “The cry for dietetics leadership has been heard for decades” and described the need for dietitians to serve as leader-managers, integrating both the role of leader and manager into one. Employers are looking for RDs to be prepared to think critically, solve problems, and make decisions. Flexibility, enterprising and versatility are qualities that employers seek. The broad area of “management” skills continues to be the top priority from employers’ perspectives.

The 1995 and 2000 CDR employer studies identified the core trend to be the need to do more and better with less. Employers will rely on professionals who know how to focus their efforts on the organization’s outcomes and bottom line — and who know how to show professional and public audiences that they are doing so. Organizations relentlessly focus on outcomes and results. The skills employers are looking for in entry-level dietetics practitioners include 1) the need for entry-level professionals to take on leadership roles more quickly; 2) an entrepreneurial approach from practitioners to achieve needed results and 3) putting a premium on efficiency, prioritizing, and decision-making.

The quality of leadership and management provided within the healthcare industry will be pivotal to its success over the next five years. The health sector represents a major career opportunity for talented and effective managers and leaders.

Challenges identified by RDs echo a persistent theme—the need to improve the recognition, respect, and reward received by those in the dietetics profession. Creating career laddering and holding positions in management and leadership will enhance the recognition as well as the satisfaction of practitioners. Greater responsibilities associated with positions of leadership within organizations have been demonstrated to enhance salaries and recognition.

RDs and DTRs have the potential to hold positions in management and leadership. The Commission on Accreditation for Dietetics Education standards focus on knowledge, learning outcomes and competencies which include management, administration and leadership. Preparation should apply management skill development across all practice areas. The Commission of Dietetics Registration includes sufficient management and business codes to be used to develop portfolio plans with management and leadership skill enhancement.

Dialogue is needed to determine strategies for preparing dietitians to be effective managers and leaders, to pursue higher level positions, and to endorse the value of management and leadership to their personal success and to that of the profession. An emphasis on honing our skills in technical aspects of practice will not assure us of involvement in decision making within our organizations, which may impact our positions or our practices.

Discussion Activity

- Think of a leader (outside of dietetics) you admire. What are the skills and attributes that make that leader successful and admirable?
- Think of a leader specifically in the profession of dietetics that you admire. What are the skills and attributes that make that leader successful and admirable?
- Looking at the list of skills and attributes you identified for these leaders. Which skills and attributes are reflected in your colleagues within the profession of dietetics and which are missing?

Talk with your delegate(s) about the skills and attributes you identified and your ideas regarding this mega issue. Delegates will be discussing this issue at the Spring 2010 HOD Meeting (May 1 and 2). Delegate contact information is available at [www.eatright.org/leaderdirectory](http://www.eatright.org/leaderdirectory).

To obtain the full backgrounder “Management and Leadership Across Practice”, visit [www.eatright.org/HODMegaIssues](http://www.eatright.org/HODMegaIssues).
Why Management and Leadership?

Management skills offer Registered Dietitians (RD) and Dietetic Technicians, Registered (DTR) an avenue for professional development and opportunity for career ladder advancement with increasing years of experience. Management and leadership abilities ultimately benefit the entire profession of dietetics, as RDs and DTRs become more highly valued employees in our institutions and organizations. Some of the positive benefits of management and leadership include:

- increased remuneration,
- increased authority,
- increased value,
- increased job satisfaction,
- a sense of accomplishment, and
- the positioning of RDs or DTRs in key decision making roles.

The four items rated as challenges by the greatest numbers of RDs echo a persistent theme:

- recognition of the value delivered by the profession of dietetics to the larger society,
- public awareness of our field,
- reimbursement for services, and
- compensation.

Big Question

What is needed to influence and encourage RDs/DTRs to hold, aspire to hold, or function in a leadership or executive role in all environments?

Practitioners need to understand and value that management and leadership skills are essential components used in all areas of practice. The education and training of dietetics practitioners already includes curriculum and competencies in management and leadership; however, RD/DTRs do not always adopt a mindset or promote themselves as managers or leaders; other professionals whose academic training in management may be minimal are promoted to positions of leadership more readily.

Why Does Management and Leadership Matter?

RDs and DTRs may perceive that management is focused on positions in foodservice or industry. But the skills needed to prepare for a secure future within many organizations will be tied to the ability to successfully demonstrate the application of management within all areas of dietetics practice.
The core trends in the 1995/2000 CDR employer studies reveal a focus on the need for organizations to do more and better with less as they face rising costs, increased competition, and higher customer expectations. Organizations will downsize, reorganize, outsource and automate.

And, they will rely on multi-disciplinary teams of cross trained, flexible, versatile, creative, proactive professionals who know how to focus their efforts on the organization’s outcomes and bottom line – and who know how to show professional and public audiences that they are doing so.

We also know that advanced-level managers who assume risk and high-level decision making receive higher salary levels in every area of dietetics practice. Management and leadership matter!

**How Will this Impact Us?**

- The quality of leadership and management provided within the health care industry will be pivotal to its success over the next five years.
- Barker, Arensberg, and Schiller noted, “The cry for dietetics leadership has been heard for decades” and described the need for dietitians to serve as leader-managers, integrating both the role of leader and manager into one.
- When surveyed, employers of dietetics professionals indicate that they are seeking entry-level practitioners who can:
  - take on leadership roles more quickly,
  - use an entrepreneurial approach from practitioners to achieve needed results,
  - put a premium on efficiency, prioritizing, and decision-making, and
  - consider marketing, sales, product development, and grant writing.

**Discussion Activity – Talk with Your Delegate**

- Think of a leader (outside of dietetics) you admire. What are the skills and attributes that make that leader successful and admirable?
- Think of a leader specifically in the profession of dietetics that you admire. What are the skills and attributes that make that leader successful and admirable?
- Looking at the list of skills and attributes you identified for these leaders. Which skills and attributes are reflected in your colleagues within the profession of dietetics and which are missing?

Talk with your delegate(s) about the skills and attributes you identified and your ideas regarding this mega issue. Delegates will be discussing this issue at the Spring 2010 HOD Meeting (May 1 and 2). Delegate contact information is available at [www.eatright.org/leaderdirectory](http://www.eatright.org/leaderdirectory).

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Being employed in management positions has many positive benefits, including increased remuneration\(^1\), increased authority, increased value, increased job satisfaction\(^2\), sense of accomplishment, and the positioning of RDs or DTRs in key decision making roles. For these reasons, management skills are not only important in foodservice management, but are imperative to all areas of practice for the success of the profession.

*Background of Issue*

During the Spring 2003 HOD Meeting, a dialogue was conducted on the Future of Management in Dietetics. The outcome of that discussion was the formation of a task force to study ways to strengthen the management skills of RDs and DTRs (Appendix A). The activities of that task force resulted in a campaign to promote management in dietetics and the development of a Web site that provided supporting resources (Appendix B). At that time, it was noted that the Member Value Committee had been home to the ADA Management Campaign. The resources from the campaign were not maintained and were removed from the Web site as they became outdated. Utilization of the campaign materials was not tracked. Select materials were published in the *Journal* and are the only remnants of the campaign that exist on the ADA Web site\(^3\).

In the Fall of 2008, a group of concerned members formed with the approval of the House of Delegates Speaker. The Management Work Group found that insufficient progress had been made in integrating management skills across all areas of dietetics practice and developed a set of recommendations (Appendix C). The mega issue of the importance of management in all areas of dietetics practice was revived and the new work group provided recommendations to achieve the vision that “Management competencies are elevated in all areas of dietetics practice with maximized professional effectiveness and enhanced career growth.” One key recommendation was for the House to conduct a dialogue at the Spring 2010 House of Delegates Meeting, to which the House Leadership Team agreed. The House of Delegates Leadership Team also discussed the fact that the FNCE Program Planning Committee and the Professional Development Committee had only received a few proposals related to management.

*Mega Issue Question*

How can we effectively influence and encourage RD/DTRs to hold, aspire to hold, or function in a leadership or executive role in all environments?

*Expected Outcomes*

Delegates will:

- Understand and value management and leadership skills as essential components of all areas of practice.
- Recommend methods to internalize a management and leadership mindset that assures career success.
Knowledge-based Strategic Governance is a mechanism for consultative leadership. It recognizes that “strategy” is the necessary and appropriate link in the Board’s role to govern the organization, the House’s role to govern the profession and the staff’s role to manage implementation. To assist you in thinking about the issue to be addressed, four key background areas are presented as standard questions used for each Mega Issue. These questions create an environment of awareness of what we know and what is unknown. A wide range of resources have been used to provide you with what is known.

This background was developed by the HOD Leadership Team, Management Work Group, especially Mary Cluskey, Chair, and the HOD Governance staff. Information in this Backgrounder includes quotes directly from resources which are cited in the body of the text and is not intended to be presented as original work. A list of references is included at the end of the Backgrounder.

Traditional Definition of Management

- The traditional definition of management is a functional one that includes activities such as organizing, planning, leading, and monitoring\(^4\), with emphasis on supervision of work.
- Management crosses all departmental, organizational, and professional boundaries, with responsibility involving as few as one or as many as hundreds. The principles of management can differ in application and most managers, regardless of location, spend their time doing similar kinds of tasks. Goal setting, strategic thinking, and measuring outcomes are common in management and all aspects of dietetics practice.
- In business, administration consists of the performance or management of business operations and thus the making or implementing of major decisions. Administration can be defined as the universal process of organizing people and resources efficiently so as to direct activities toward common goals and objectives\(^5\).
- Management skills may be more technical and entry-level, and administrative skills are developed with advanced training and experience.
- Leadership is the capacity to direct the operations, activity, or performance to guide someone or something along a way.\(^6\) Leaders have vision, influence the activities of people to action, and identify strategies and direction.
- Alan Keith of Genentech states that, "Leadership is ultimately about creating a way for people to contribute to making something extraordinary happen."\(^7\)

**Question #1: What do we know about the needs, wants and expectations of members, customers and other stakeholders related to this issue?**

Management Matters\(^8\)

- The American Dietetic Association Phase 2 Future Practice and Education Task Force 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."\(^9\).
- 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.
- Management is not all about being the stern taskmaster, the bean counter, or the adjudicator of decisions. Management and its alter ego, leadership, explain, in part, how RDs and DTRs 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 RDs and DTRs are a part.

- 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.
- How Can the Value of Management Skills in the Dietetics Profession Be Showcased?
  - Science is the foundation of our profession, 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.
- How Can RDs and DTRs Continuously Hone Their Management and Leadership Skills?
  - Be well-read, read the latest management and leadership books, peer-reviewed business articles, or trade journals.
  - Find leaders that are admired and identify their qualities that can be emulated in practice.
  - Grasp and digest the issues of the day and the challenges for the future.

**Final Approved Phase 2 Future Practice & Education Task Force Report and Recommendations**

- The Phase 2 Task Force outlined a common core of competencies required of all advanced-level food and nutrition practitioners. 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.

**Leadership: Reflections over the Past 100 Years**

- Dietetics publications have been discussing the role of management and leadership in dietetics since the mid-1990s.
- Barker, Arensberg, and Schiller noted, “The cry for dietetics leadership has been heard for decades” and described the need for dietitians to serve as leader-managers, integrating both the role of leader and manager into one.
- Pace *et al* contended that dietetics leaders are no longer defined by their ability to perform management-related or supervisory skills, but by their ability to communicate a vision to the team and to inspire individual members to take responsibility for team actions and decisions. Both leader-managers and vision-inspirational managers have value in dietetics practice, as one style of leadership is not effective in all situations.
- Research [and dialogue] is needed to determine strategies for preparing dietitians to be effective leaders and assume leadership positions.

**Management and Leadership Skills Needed In Health Care Industry**

- The cost of delivering care is increasing. We must find ways to manage our resources more effectively.
• The quality of leadership and management provided within the industry will be pivotal to its success over the next five years.
• The health sector represents a major career opportunity for talented and effective managers and leaders.
• Government plays a central role in the health sector, as a payer, regulator and policy maker. Government, at the state and national levels, regulates the delivery of care to ensure acceptable quality. At the same time, it is the largest single purchaser of services. Government also plays a pivotal role in the life sciences, through the patent process and the role of the Food and Drug Administration in approving drugs and medical devices. No company in the health sector can be successful without understanding and dealing with these multiple roles of government.
• Managers in the health sector must understand and be effective in all the traditional quantitative and qualitative skill areas of business management. However, they must also be able to deal effectively with the role of government and the impending transformation of the industry through technology while understanding how to operate as entrepreneurs.

Environment for Employers

• The 1995 and 2000 Commission on Dietetic Registration employer studies identified “the core trend to be the need to do more and better with less. Rising cost, increased competition, and rising customer expectation pressures drive this trend. Private and public organizations are downsizing, reorganizing, outsourcing, automating and relying more on multidisciplinary teams of cross-trained, versatile, flexible, creative, proactive professionals who know how to focus their efforts on the organization’s outcomes and bottom line – and who know how to show professional and public audiences that they are doing so.”
• The focus is relentlessly on outcomes and results for patients and for the employing organizations.

What Employers Want

The 2006 Employer Qualitative Research Study solicited the views of 140 employers of RDs and DTRs with the focus on entry-level practitioners.
• The broad area of “management” skills continues to be the top priority from employers’ perspectives.
• Skills employers are looking for:
  - entry-level professionals to take on leadership roles more quickly,
  - entrepreneurial approach from practitioners to achieve needed results,
  - efficiency, prioritizing, and decision-making (all premium skills),
  - staff that have or can be trained in complimentary skills like marketing, sales, product development, and grant writing.
  - Staff that are flexible, enterprising and can be cross trained.
• Employers report that there is little to no time to train RDs on the job.
• Employers look for Certified Dietary Managers (CDM) as the employee to focus on foodservice in the areas of management, supervision, and production. It was noted that in institutions that employ RDs as consultants, their role is not in management or in foodservice.
• Employers did not value the RD credential when filling positions in the areas of foodservice management and other management.
• RDs were seen as the professional to provide clinical nutrition services to high risk patients with other responsibilities, such as management, being handled by non-RDs.
• Management remains the biggest issue (broadly understood as): ability to work in a team; ability to work across levels/departments in the organization (patients, doctors, nurses, techs, administrators,
cooks); supervision; coaching/mentoring; negotiation; accounting/finance; budget/cost control; inventory; quality assurance/quality improvement; marketing/selling; revenue generation: reimbursement, sales, and grant writing.

- The Commission on Accreditation for Dietetics Education (CADE) has put increasing emphasis on the Foundation Knowledge Area of Management and Health Care Systems, yet a shortfall is still perceived. There is a disconnect between what standards call for and what employers want. Wanted are RDs and DTRs who “look at the big picture, know how to run a program, know how to justify a program, understand that health care is a business, can be entrepreneurial, add value, and can market themselves and their profession”.

- Employers are looking for RDs to be prepared to think critically, solve problems, and make decisions. Flexibility, enterprising and versatility are qualities that employers seek.

- This research might have been stronger with better representation of those who do not have so much of a stake in the current system of professional education and preparation. Only 11% of respondents were non-RDs.

**What RDs Want**

- RDs want to be better known, more visible, and more respected in society for their values and their expertise in problem solving.

- The four items rated highest echo a persistent theme (Figure 1):
  - recognition of the value delivered by the dietetics profession to the larger society
  - public awareness of dietetics
  - reimbursement for services
  - compensation that matches RD and DTR skills and education

**Figure 1. Major challenges facing the profession as rated by registered dietitians (RDs) and dietetic technicians, registered (DTRs)**

<table>
<thead>
<tr>
<th>Challenge</th>
<th>RDs (%)</th>
<th>DTRs (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognition of value delivered</td>
<td>62%</td>
<td>77%</td>
</tr>
<tr>
<td>Public awareness of our field</td>
<td>64%</td>
<td>75%</td>
</tr>
<tr>
<td>Reimbursement</td>
<td>49%</td>
<td>74%</td>
</tr>
<tr>
<td>Compensation</td>
<td>51%</td>
<td>74%</td>
</tr>
<tr>
<td>Keeping up with new info</td>
<td>59%</td>
<td>73%</td>
</tr>
<tr>
<td>Expanding body of knowledge</td>
<td>50%</td>
<td>68%</td>
</tr>
<tr>
<td>Keeping pace with technology</td>
<td>57%</td>
<td>68%</td>
</tr>
<tr>
<td>Achieving high-quality outcomes</td>
<td>46%</td>
<td>63%</td>
</tr>
</tbody>
</table>

**Question #2: What do we know about the current realities and evolving dynamics of our members, marketplace, industry, profession, that is relevant to this decision?**

**Description of Dietetics Profession**

- The demographics of the dietetics practitioners are an important consideration when discussing any mega issue being addressed (Figure 2). Typically, Association initiatives to improve the profession, first reach members.
The typical (median) RD is 45 years old, with 25% under the age of 35 and 23% 55 or older. The proportion of males in each segment varies somewhat: 2% for RDs, 4% for DTRs, 6% for NCPs, and 4% for students. RDs are the least diverse of the segments in terms of heritage and race as well, with 84% calling themselves white (not Hispanic/Latino), 5% Asian, 3% Hispanic/Latino, 2% black or African American, and 2% some other response. The proportion white is 78% for DTRs, 65% for NCPs, and 75% for students. According to the 2008 survey, 34% of RDs hold an advanced degree in dietetics, food, nutrition, or a related field. An additional 6% indicated holding an advanced degree in a field not related to dietetics. An informal search of ADA’s database shows that 1,111 credentialed practitioners hold a Masters of Business Administration (877 ADA members, 322 non-members). This data is unsolicited and self-reported. As discussed in the beginning of this paper, management skills and responsibilities cross all areas of practice. However, only 15% of members identify themselves in the area of food and nutrition management (Figure 3).
Compensation and Its Link to Management

- The Compensation & Benefits Survey of the Dietetics Profession 2007 was sponsored jointly by the American Dietetic Association (ADA) and by the Commission on Dietetic Registration (CDR). The importance of increasing responsibility to earn increased compensation was again underscored by respondents. In this most recent Compensation and Benefits survey, Rogers reported that supervision and budget authority are highly correlated with substantial increases in pay.

- What responsibilities do practitioners have? (Figure 4)
  - Six percent of RDs and 1% of DTRs indicated they are owners of or partners in their practice, while 2% of RDs and less than 1% DTRs reported an executive level of responsibility. Twenty percent of practitioners are directors or managers, and another 20% are supervisors or coordinators (results similar between RDs and DTRs).

Figure 4. Responsibility level of dietetics practitioners (n=9,698) from Compensation & Benefits Survey of the Dietetics Profession 2007.

- Forty-three percent of RDs and 47% of DTRs reported they directly or indirectly supervise employees. For those supervising, the median number supervised is eight for RDs and 14 for DTRs.

- Twenty-four percent of RDs and 21% of DTRs reported managing a budget, less than the previous survey of 2005. Median budget size managed is $313,000 for RDs and $240,000 for DTRs, with 10% of RDs and 6% of DTRs managing budgets of $500,000 or more.

- The wide range of RD compensation continues to be of interest: RDs in the top 10% continue to earn more than twice as much per hour as those in the bottom 10%. Having one or more specialty certifications (e.g., certified diabetes educator [CDE], certified nutrition support dietitian [CNSD], and the various Certified Specialist credentials offered by the CDR) is associated with an increased median wage, adding $1.92 per hour median wage over those with no such certifications.

- To achieve wage gains, it is important that experience reflect increasing responsibility. Attaining and increasing supervisory responsibility can be one component in increasing responsibility, and it is strongly associated with wage gains: those reporting direct and/or indirect supervision of 100 or more employees have a median wage nearly 50% greater than the average RD. Percentage gains in median wage since 2005 were again lowest for the nonsupervisory cohort; since 2002, this group has failed to keep pace with inflation. With more than half of RDs having no supervisory responsibility; this appears to represent an area of opportunity for RDs.

- Budget responsibility also correlates strongly with wages, with gains increasing as budget size increases: those responsible for budgets of $1 million or more earn a median wage nearly 50% greater than those with no budget responsibility. One fourth of those managing the largest dollar budgets earn an annualized wage of over $88,000 ($42.55 per hour). While 43% of all practicing RDs...
have some supervisory responsibility, only a quarter (24%) manage budgets, which might mean less influence in decisions made. Acquiring budget responsibility represents another possible growth opportunity for RDs.

- RD wages tend to be highest in the practice areas of food and nutrition management, consultation and business, and education and research. Wages tend to be lower in the areas of acute care/inpatient, ambulatory care (outpatient), and community. Median wages outpaced inflation in all reported practice areas from 2005 to 2007, led by consultation and business (+11.6%). The largest percentage gains in median wage since 2002 have been seen for education and research (+21.4%), acute care/inpatient (+18.0%), and food and nutrition management (+17.4%).

**Employee and Career Satisfaction**

- Employee satisfaction studies have shown a direct correlation between patient satisfaction and employees’ job satisfaction, emphasizing the need to address employee concerns and raise job satisfaction. Defined as “the balance between work stressors and work reward,” job satisfaction fits into Maslow’s top 2 categories in the hierarchy of human needs: self-actualization and the need for positive self-esteem.
- Herzberg’s motivational theory relates job satisfaction to intrinsic factors such as achievement, recognition, and responsibility. A survey of health professionals to measure job satisfaction found that opportunities for autonomy, upward mobility, and self-esteem are important contributors to job satisfaction.
- An employee satisfaction survey conducted at one hospital indicated that dietitians desired to have greater opportunities for career advancement. In response, the management team revised the department’s career ladder and expanded promotional opportunities from 2 options to 5, with 2 major tracks for development.\(^9\)
- Results of the 2008 ADA/Commission on Dietetic Registration Professional Needs Assessment Survey show students and “late-career” members (over age 62) tend to be more enthusiastic than “novices” (eligible for registration within the past 5 years) and “veteran” members (eligible for registration for at least 5 years and under age 62). For example, more than 60% of students and late-career members said they would tell someone considering a dietetics career, “I would do it again, [it is] a rewarding career.” Just over half of novices and less than half of veteran members said they would encourage someone to pursue a dietetics career.
- A 2003 study found 80% of allied health professionals would choose their current or another health profession again. A 2007 survey of primary care physicians found 60% would “either become a specialist or leave medicine altogether.”\(^21\)
- A majority of RDs and DTRs are either very satisfied or satisfied with their positions (Figure 5).

Figure 5. Satisfaction with position for registered dietitians (RDs) and dietetic technicians, registered (DTRs) currently working in dietetics surveyed for 2008 Needs Assessment
• RDs in dietetics also appear to be satisfied with their RD credential: 72% agree that the RD credential is valued in the marketplace, while only 11% disagree. The balance was neutral, or didn’t answer. More than four in 10 RDs see marketplace value for each of the specialty Board Certifications currently offered by the Commission: Renal Nutrition, Pediatric Nutrition, Oncology Nutrition, Gerontological Nutrition, and Sports Dietetics.

**Entry-Level Practice Audit**

- The primary objective of the research was to provide quantitative measures of activity involvement levels, frequency of involvement levels, frequency of involvement, and assessed risk for a wide variety of activities that might constitute entry-level practice.
- Entry-level was validated and defined as the first three years of practice for the purpose of the practice audit conducted by the CDR.
- 30% of entry-level RDs hold a Master’s degree with 12% enrolled in Master’s degree programs.
- Positions of entry-level RDs: clinical dietitian; clinical dietitian, specialist; outpatient dietitian, general; outpatient dietitian, specialist; clinical dietitian, long term care; WIC nutritionist; and public health nutritionist (76%).
- Only 14% of those surveyed said they spend at least 20% of their time in organizational (not functional) administration/management as opposed to 85% doing nutrition care/counseling for individuals.
- Twelve percent of entry-level RDs characterize their responsibility level as director or manager, 11% as supervisor or coordinator and 68% as staff. 26% directly supervise other people, primarily other (non-credentialed) food and nutrition employees, but also including other RDs and DTRs. Eleven percent are responsible for managing budgets (mean $519,000).
- Areas in which entry-level RDs are infrequently involved include managing human resources (average percent involved in some way for 16 activities=22%), marketing of services and products (9 activities, 14% average involvement), conducting research (8 activities, 12% average involvement), managing food and other material resources (23 activities, 22% average involvement), managing financial resources (13 activities, 9% average involvement), and managing facilities (8 activities, 15% average involvement). These results are reflective of the relatively small proportions of entry-level RDs who have management, supervisory, and/or budget responsibilities.
- Perhaps in keeping with their greater age and longer work experience, practicing entry-level DTRs show significantly higher levels of responsibility for management activities than do practicing entry-level RDs. Thirty-seven percent of practicing entry-level DTRs say they are directors, managers, supervisors, or coordinators; among practicing entry-level RDs, that proportion is 22%. Forty percent of entry-level DTRs directly supervise one or more individuals (typically non-credentialed food and nutrition employees); compared with 26% of entry-level RDs. Twenty percent of entry-level DTRs have responsibility for managing budgets, compared with 11% of entry-level RDs. All of these differences are significant at P<0.001.
- The most pronounced differences are highly concentrated in the area of managing food and other material resources, although entry-level DTRs are also significantly more often involved in other management areas as well, such as human resources, financial resources, and facilities.

**Evolving Dynamics**

- Job opportunities will be good, especially for applicants with work experience in health care and who have strong business, leadership and management skills.
• A valued image of management in dietetics is important if RDs and DTRs are to achieve advanced levels of practice and administrative-level positions. The future demands RDs and DTRs who can function at many levels in achieving outcomes. The success of RDs and DTRs may be contingent upon their continuing to enhance their knowledge of and competency in management. As economics continue to drive decision making, dietetics practitioners will need to be assertive in influencing organizational decisions. Greater management skills will increasingly be required for success in the future.

Other Professional Associations
• Relatively few of either RDs or DTRs belong to professional associations other than the American Dietetic Association. The most common affiliations for RDs are the American Association of Diabetes Educators (8%), the American Diabetes Association (8%), and the American Society for Parenteral and Enteral Nutrition (6%). DTRs are most commonly members of the American Diabetes Association (5%) or the Dietary Managers Association (5%).
• Several current and former members of the Association have expressed the opinion that management as a practice area is not well represented in ADA. As a result, RDs and DTRs have chosen to affiliate with other more management oriented professional groups such as Association for Healthcare Food Service and Dietary Managers Association (DMA).
• In 2009, the American Society for Healthcare Food Service Administrators (ASHFSA) and the National Society for Healthcare Food Service Management (HFM), two leading health care foodservice associations, merged to become The Association for Healthcare Food Service (AHF). AHF is dedicated to professionals and suppliers in the self-operated health care foodservice industry (facilities with foodservice departments on staff rather than outsourcing to third-party contractors). Membership in AHF provides tools and resources for self-operating health care RDs and DTRs. As of October 1, 2009, there were 1,100 AHF members. [http://www.ashfsa.org/about.html](http://www.ashfsa.org/about.html)
• The North American Association of Food Equipment Manufacturers (NAFEM) is a trade association of more than 625 foodservice equipment and supplies manufacturers, that provide products for food preparation, cooking, storage and table service. In 1987, NAFEM instituted the Certified Food Service Professional (CFSP) Program to recognize established standards for foodservice professionalism. [http://www.nafem.org/index.aspx](http://www.nafem.org/index.aspx)
  - Currently there are 11 RDs who report holding a CFSP in ADA’s database (10 members and 1 non-member). There are no DTRs reporting this certification.
• These groups may be very supportive in building management skills and recognition among practitioners. Keeping a close alignment with them may be useful for the profession.

**Question #3: What do we know about the capacity and strategic position of ADA in terms of its ability to address this issue?**

**The Commission on Accreditation for Dietetics Education (CADE)**
• The Commission on Accreditation for Dietetics Education is ADA’s accrediting agency for education programs preparing students for careers as registered dietitians or dietetic technicians, registered. CADE exists to serve the public by establishing and enforcing eligibility requirements and accreditation standards that ensure the quality and continued improvement of nutrition and dietetics education programs. Programs meeting those standards are accredited by CADE.
• Recommendations for educating future RDs and DTRs has included management competencies since the first outline for a standard course for student dietitians was published in 1927.
The current Eligibility Requirements and Accreditation Standards for dietetics education programs details management-related foundation knowledge and many skills and competencies required for entry-level registered dietitians\textsuperscript{27} (Appendix D). These management skills are valuable and useful tools upon which a successful dietetics practice is developed.

**Commission on Dietetic Registration (CDR)**
- The Commission on Dietetic Registration (CDR) protects the nutritional health and welfare of the public through certification of registered dietitians (RD) and dietetic technicians, registered (DTR).
- The vision statement of CDR is that “The public and other professionals rely on CDR's optimal credentialing processes to identify knowledgeable and skilled dietetics practitioners”.
- In regards to Professional Development Portfolio Learning Needs Codes, there are over 40 codes that could relate to professional development of management skills (Appendix E). Most of the codes are under Business and Management, 7000.
- Data from the most recently completed fiscal year demonstrate Professional Development Portfolios containing Learning Needs Codes in the 7000s (Figure 6).

**Figure 6. Learning Needs Codes (2008)**

<table>
<thead>
<tr>
<th>Total Reported</th>
<th>Mgmt LNCs</th>
<th>Mgmt Codes</th>
<th>Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>49898</td>
<td>1000s Professional Skills</td>
<td>22187</td>
<td>44%</td>
</tr>
<tr>
<td>51434</td>
<td>2000s</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>64577</td>
<td>3000s</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>69566</td>
<td>4000s Wellness &amp; Public Health</td>
<td>2223</td>
<td>3%</td>
</tr>
<tr>
<td>241928</td>
<td>5000s</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>62149</td>
<td>6000s</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>35086</td>
<td>7000s Business &amp; Management</td>
<td>35086</td>
<td>100%</td>
</tr>
<tr>
<td>25758</td>
<td>8000s Food Service Systems &amp; Culinary Arts</td>
<td>5273</td>
<td>20%</td>
</tr>
<tr>
<td>9080</td>
<td>9000s Research</td>
<td>2980</td>
<td>33%</td>
</tr>
</tbody>
</table>

| Total Mgmt      | 67749                |
| Total Codes     | 609476               |
| Percent of Codes Used Are Mgmt Related | 11% |

- In 2001, RDs and DTRs most frequently listed learning needs that were related to the broad categories of Professional Skills and Business and Management. The professional skills listed most frequently were computer technology, verbal communication skills, presentations, and written communication skills\textsuperscript{28}. Management is also one of the areas in which RDs and DTRs report having the greatest difficulty finding continuing professional education programs to attend to enhance these skills.
  - It should be noted that this data is from 2001. In able to draw conclusions, up to date information needs to be compiled on continuing professional activities that are actually completed.
- Beyond those already offered, RDs and DTRs in dietetics would most like to see CDR develop and offer new specialty credentials in the areas of Health Promotion and Disease Prevention, Food and Food Protection and Service Management (appeals especially to DTRs), and Clinical Health Care\textsuperscript{17}.

**Professional Development Capacity**
- In an unpublished survey conducted by ADA, 163 members responded to “How do you personally keep up with management/business issues”? Many read management-related Web sites (44.5%) and management-related books in the popular press (37.2%). Attending managerial training such as
seminars and workshops was by far the most common means of keeping current (64.0%). Only 37.2% read books specific to the profession of dietetics on managerial topics. This may be due to the lack of these types of resources. Mentoring relationships are used by 31.7%. Twelve percent responded that they did not have time to formally keep up with managerial issues.

- **Food & Nutrition Conference & Expo (FNCE) 2009**
  - FNCE offers a Business & Management track of educational sessions. Other tracks cross over into management issues as well.
  - The following sessions with a focus on leadership areas were offered in 2009:
    - Funding Nutrition Research: Who Can You Trust?
    - A Congressional Look at Health Care Reform
    - Entrepreneurship: Six-figure Success or Simply Surviving?
    - From Contracts to Compliant Billing: Trouble Shooting for Proper Reimbursement
    - The Business Savvy Dietitian: Generating Nontraditional Revenue Sources
    - Challenges Everywhere: Foodservice Solutions in Trying Times
    - Identify, Use, Protect and Enforce Your Intellectual Property
    - Building Your Career Toolbox
    - Education & Effective Communication
    - Challenges and Barriers to Incorporating Management into Dietetics Curricula

- **ADA Leadership Institute** has been conducted for the past six years, training approximately 250 members per meeting for a total of 1500 leaders. Leadership Institute supports the Association’s commitment to develop its members by ensuring they embody a leadership mindset for innovation, adaptability, empowerment and risk-taking

**ADA Publications**

- Currently there are no matches when searching for “management” through American Dietetic Association publications. However, ADA does publish Achieving Excellence: Clinical Staffing for Today and Tomorrow, which focuses on managing clinical staff.

- **Measure It, Manage It: Laying the Foundations for Benchmarking in Health Care Foodservice Operations** is a workbook that provides the foundation for any performance benchmarking program by outlining a responsible and comprehensive financial operating system.

**Dietetic Practice Groups (DPGs)**

- A DPG is a professional-interest group of American Dietetic Association members who wish to connect with other members within their areas of interest and/or practice.

- The DPGs are in a unique position to assist in understanding how management skills may vary across the profession. In the interest of gaining better understanding, DPG members were surveyed to explore how important and how often specific management related skills were used by practitioners within that DPG area. The following DPGs might be of interest to members in management.
  - Clinical Nutrition Management (CNM) DPG - Managers who direct clinical nutrition programs across the continuum of care. Membership = 2045.
    - The 2010 Clinical Nutrition Management DPG Symposium, Pioneering the Future of Clinical Nutrition Management: Innovative Leadership in 2010 and Beyond will take place April 10 – 13. Some of their objectives are related to building management skills, such as, participants will identify strategies to lead efficiently, effectively, and inspirationally and to strive for improved practice and evidenced-based research in the area of clinical nutrition management.
- Dietitians in Business and Communications (DBC) DPG - RDs and DTRs who are working for or consulting with local or global corporations, businesses or organizations in food, nutrition, communications, public relations, and health care industries, or who are self employed or business owners. Membership = 1240.
- Dietetics in Health Care Communities (DHCC) DPG (formerly CD-HCF DPG) - Practitioners typically employed under contract who provide nutrition consultation to acute and long-term care facilities, home care companies, health care agencies and the foodservice industry. Membership = 4586.
- Healthy Aging (HA) DPG - Practitioners who provide and manage nutrition programs and services to older adults in a variety of settings — community, home, health care facilities and education and research facilities. Membership = 2019.
- Management in Food and Nutrition Systems (MFNS) DPG - Food and nutrition care leaders generally employed in institutions, colleges, and universities; includes directors of departments of facilities and administrative dietitians and technicians. Membership = 1116.
- Nutrition Entrepreneurs (NE) DPG - NE members are shaping the future of dietetics by pursuing innovative and creative ways of providing nutrition products and services to consumers, industry, media and businesses. Their mission is to help members achieve their professional and financial potential by providing the tools to build and maintain a successful nutrition-related business. Membership = 3099.
- Public Health/Community Nutrition (PHCN) DPG - Nutrition professionals who provide nutrition services to all age groups in a community setting. Membership = 1589.
- School Nutrition Services (SNS) DPG - School foodservice directors and nutrition educators employed in child nutrition programs, and corporate dietitians working in companies supplying products or services to school foodservice operations. Membership = 1028.

**Standards of Practice and Professional Performance**

- The Standards of Practice (SOP) and Professional Performance (SOPP) guide the practice and performance of RDs and DTRs in all settings. These standards and indicators reflect the minimum competency level of dietetics practice and professional performance for RDs and for DTRs.
- The SOP in Nutrition Care is composed of four standards representing the four steps of the Nutrition Care Process.
- The SOPP for RDs and DTRs consists of six standards representing six domains of professionalism.
  - Standard 4: Utilization and Management of Resources calls for RDs to use resources effectively and efficiently. The rationale for this standard is that “mindful management of time, money, facilities, staff, and other resources demonstrates organizational citizenship”.
- There are currently 9 practice specific standards which are required to give an example of Standard 4 related to the specific area of practice.
  - [SOP and SOPP for RDs in Nephrology Care](September 2009 Journal article)
  - [SOP and SOPP for RDs in Pediatric Nutrition](August 2009 Journal article)
  - [SOPP for RDs in Education of Dietetics Practitioners](April 2009 Journal article)
  - [SOP and SOPP for RDs in Sports Dietetics](March 2009 Journal article)
  - [SOPP for RDs in Management Food and Nutrition Systems](March 2009 Journal article)
  - [SOP and SOPP for RDs in Nutrition Support](October 2007 Journal article)
  - [SOP and SOPP for RDs in Behavioral Health Care](April 2006 Journal article)
  - [SOP and SOPP for RDs in Oncology Nutrition Care](June 2006 Journal article)
  - [SOP and SOPP for RDs in Diabetes Care](May 2005 Journal article)
• There currently is no quantitative data on the awareness and usability of the SOP and SOPP. However, some anecdotal and unofficial data is available:
  - From responses received during the Spring 2009 presentations to Dietetics Educators of Practitioners (DEP) DPG membership, it was estimated that 10-15% of DEP members are aware of the Scope of Dietetics Practice Framework, SOP, and SOPP. Based on open discussion sessions at FNCE, it was estimated that about 20% of the members are aware of practice specific SOP SOPPs.

Leadership Skills and Volunteering
• Information on the capacity for volunteerism in the Association is important since volunteering often builds skills. Volunteering can give the opportunity to build skills that one might not have the opportunity to build at work, such as management.
• Questions from the 2008 needs assessment survey sought to understand the extent of volunteer involvement with the Association; as such involvement has been seen to correlate with member satisfaction and continuing affiliation (Needs Assessment Survey).
• Thirteen percent of current member RDs in dietetics have been active in ADA at the governance level in the last 2 years, typically through service on state or district boards; 6% at the committee level (again most frequently at the state or district level); and 15% in ad hoc activities, most frequently presenting, and/or participating in a listserv or community of interest.
• Two in three reported no volunteer involvement with ADA in the last 2 years.

Are We Prepared?
• Competencies
  - Unique competencies appear to be important for those aspiring to become hospital foodservice directors. Hospital executives who had worked with RDs perceived the competency level of RDs to be higher than did executives who had not worked with RDs.
  - Often, areas rated as most important for the role of hospital foodservice director were not areas in which RDs were perceived to be highly competent.
  - Additional competency development may be needed to better prepare RDs to assume the role of hospital foodservice director.
• Leadership
  - The authors asked those currently working in leadership positions and hospital executives who hire and supervise these directors about the importance of these competencies and the preparation of the registered dietitian to assume this position. RDs and DTRs were not perceived to be highly competent in some of the leadership and operations management skills that were identified as important.
  - Although we cannot conclude that the dietetics students described in the first article will not become leaders, we do have many mid-level and senior-level RDs and DTRs who are not willing or able to take leadership roles. Certainly, our academic and clinical standards address leadership knowledge and skills (3), yet it seems that our profession has many “followers” who feel underappreciated, complain about their compensation, and generally feel unhappy about their professional lives.
  - As we talk about and plan for changes in the academic and clinical preparation of RDs and DTRs, we must make sure that they are prepared to be leaders.
  - Their education and work lives must offer them many opportunities to become good communicators, to lead multidisciplinary groups in solving problems, to have the flexibility and freedom to question how things are done, and the willingness to take professional risks.
We should recognize that if RDs and DTRs are only competent, accurate, and safe in their practice but have no leadership skills; they will be part of a group of followers, not the leaders.

- While we have management related competencies in dietetics education, preliminary work has shown that most educators when asked about teaching management in dietetics practice reported that management is only taught within the foodservice area\textsuperscript{33}. The survey was sent to all dietetics educators, and many of them forwarded it to their colleagues in management, believing that management was not part of their area of practice. In this study 82\% of faculty teaching Medical Nutrition Therapy (MNT) do not include any information about financial management in MNT; this likely includes reimbursement. Eighty percent of all competencies that were relevant to management were taught by food systems management faculty/courses. The study also found that faculty background had no relevance to whether or not management is taught in courses.

**Question #4: What ethical/legal implications, if any, surround the issue?**

**Ethics in Action Column**

“Ethics in Action” columns provide education for members on ethical practice. The column is published in the *Journal of the American Dietetic Association*. In 2008, *Ethics in Action: Ethical Practice in Foodservice Management* was published\textsuperscript{34}. This article focuses on ethical issues that arise from competition, pressure from sales tactics, and human resources issues. The article reviews several scenarios linking them to principles of the Code of Ethics.

**A Case for Change**

RDs and DTRs will need to maintain quality of care, quality of foodservice, and quality of staff, while at the same time dealing with budget cuts. This will require careful documentation, fairness, and balance of resources. With increased regulatory focus and reduced budgets, managers have to determine how to provide the very best care possible with limited resources. We will be less influential in these decisions if we are not perceived (or are not considered skillful) to be integral players in this aspect of management and leadership.

The ethical issues throughout society will undoubtedly impact management in dietetics. The special nutrition needs of hospitalized clients escalate the need for managers to have quality measures in place to control liabilities related to laws and regulations. There are also the ethical/legal challenges of providing good patient care within the cost constraints of current health care. Managing the business part of the department for a profit competes for time the manager has to devote to the less than profitable aspect of inpatient care where there is no reimbursement. More pressure to focus on the bottom line will come from the contracted services. Our ADA leaders need to consider the ethical climate as part of the ADA Strategic Plan and its implementation.

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.
The leaders of the profession also have an ethical obligation to make tough but important decisions to provide the leadership development that is required for the profession to survive and progress, and not merely be an association of highly technical members. Greater responsibility that comes with management dictates the need to take risks and the potential for greater liability. Salaries will be expected to be commensurate with these increased responsibilities and liabilities. We must be willing to accept greater risk to achieve greater recognition and reward.

Greater recognition of the value of management and administrative skills for professional advancement, recognition, success and survival is needed. Traditional perception is that management is a function needed for the foodservice practice area alone. Focusing solely on technical skill development (e.g., renal nutrition, lipid metabolism, etc.), at the expense of developing overall skills in organizational system views, critical thinking and resource related decision making, may serve as an obstacle that prevents the profession from competing in the future. We need to work toward having greater confidence in our ability as managers and administrators and to assert and promote ourselves as such.
Appendix A

Final HOD Electronic Motion #3 Subject: The Future of Management in Dietetics
5/27/03

As a result of the House of Delegates (HOD) dialogue on the future of management in dietetics practice, the House believes that management practice has generally been viewed as a specialty area of practice rather than skill sets to be integrated across all areas of dietetics practice.

The House believes that it is important to dietetics practitioners to:

- Integrate management skill sets across all areas of practice;
- Market to all stakeholders that the dietetics practitioner has expertise in management that can be utilized in all areas of dietetics practice; and,
- Demonstrate their effective role as managers in foodservice management areas and outside of the traditional foodservice arena.

Therefore, be it resolved that the HOD recommends:

1. A task force of representatives from the House, CADE, CDR, DPGs (including DEP DPG) and Professional Development Team staff is appointed to develop a matrix of all practice areas at all levels of professional development (undergraduate, supervised practice, beyond entry-level, advanced level education, and advanced level practice) with prioritized methods for incorporating management throughout the profession based on the 2003 HOD Spring Meeting dialogue. Some examples of items for inclusion in the matrix are broad-based management courses and a management certificate;
2. And, that the task force will report back to the HOD during the Spring 2004 Meeting and present the matrix for review and approval, which will include recommendations for implementation.

Originator: Future of Management Reference Panel
2003 HOD Spring Meeting Dialogue Session
During the Spring 2003 HOD Meeting, a dialogue was conducted on the Future of Management in Dietetics. The Mega Issue Questions for this dialogue session were: How can the profession promote and strengthen the practical and theoretical management skills for both students and practitioners to ensure success?

- What should be done to strengthen the awareness and commitment of students at the undergraduate level to acquiring effective management and business skills?
- What can be done to strengthen the awareness and commitment of practitioners in all practice environments to employ more effective management and business skills?
- What skills are essential that are not currently easily acquired, either at the undergraduate or practitioner level?

2003 HOD Spring Meeting Motion
Based on the HOD dialogue, a motion was developed for consideration by the House of Delegates. HOD Electronic Motion #3 was crafted by the Future of Management Reference Panel consisting of the following delegates: Deborah Lasker, MS, RD (California Delegate); Dori Finley, PhD, RD (North Carolina Delegates); and, Cynthia Broadhurst, MS, RD (Professional Issues Delegate-Management) following the conclusion of the Spring Meeting. Motion #3 was approved by HOD on May 27, 2003 and is noted below:

**MOTION #3:** As a result of the House of Delegates (HOD) dialogue on the future of management in dietetics practice, the House believes that management practice has generally been viewed as a specialty area of practice rather than skill sets to be integrated across all areas of dietetics practice. The House believes that it is important to dietetics practitioners to:
- Integrate management skill sets across all areas of practice;
- Market to all stakeholders that the dietetics practitioner has expertise in management that can be utilized in all areas of dietetics practice; and,
- Demonstrate their effective role as managers in foodservice management areas and outside of the traditional foodservice arena.

Therefore, be it resolved that the HOD recommends:

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2. And, that the task force will report back to the HOD during the Spring 2004 Meeting and present the matrix for review and approval, which will include recommendations for implementation.

Management Task Force Established
As a result of HOD Spring Meeting Motion #3, names of potential Task Force members were submitted to Robert Earl, Speaker, House of Delegates. The following members were appointed to the Task Force: Mary Cluskey (DEP DPG Representative; Oregon Delegate), Chair; Marcia Pfeiffer, (CADE Representative); Georgia Wentzel, (DTR Representative) and Cynthia Broadhurst (CDR Representative). Following the Fall 2003 HOD Meeting, Management in Food and Nutrition Systems DPG (DPG #41) requested a member of their DPG to be added to the Task Force. At that time, Joyce Scott-Smith (DPG #41 Representative) was added to serve in this capacity and also to represent the National Society of Health Care Food Service Management. In February 2004, Georgia Wentzel resigned and was replaced by Bonnie Gerald as the DTR Representative on the Task Force.

The HOD Leadership Team reviewed HOD Spring Meeting Motion #3 and developed a Task Force Charge to provide clarity for their work. The Task Force Charge is as follows:

“It is believed that management practice has generally been viewed as a specialty area of practice rather than skill sets to be integrated across all areas of dietetics practice. Therefore, the task force will:

- develop a matrix of all practice areas at all levels of professional development (undergraduate, supervised practice, beyond entry-level, advanced level education and advanced practice) with prioritized methods for incorporating management throughout the profession based on the 2003 HOD Spring Meeting dialogue. Examples of items for inclusion are broad-based management courses and a management certificate.
- provide recommendations for implementation of the matrix.
- consider the guiding principles what state what the House believes to be important to dietetics practitioners (noted below).
- present a report to HOD during the Spring 2004 HOD Meeting including the matrix for review and approval.

The Guiding Principles state that it is important to dietetics practitioners to:

- Integrate management skill sets across all areas of practice;
- Market to all stakeholders that the dietetics practitioner has expertise in management that can be utilized in all areas of dietetics practice; and,
- Demonstrate their effective role as managers in foodservice management areas and outside of the traditional foodservice arena.

Overview of Management Task Force Activities
The Task Force conducted a series of five (5) conference calls during which discussions addressed the following:

- Explored and sought clarity for the Task Force charge.
- Formulated a draft matrix that appeared to be a reasonable strategy to succinctly illustrate a compilation of management skill sets across levels and areas of practice. However, the Task Force agreed that the matrix format might impose unintended limitations on addressing all of the Guiding Principles.
- Solicited input from HOD and DPGs on an alternative strategy to the matrix.
• Solicited information to three questions from DPGs related to RDs and DTRs who have utilized management skills in various areas of dietetics practice.
• Worked to produce an efficacious strategy, the Management Campaign, to address the issue.
• Developed initial components of the Management Campaign.

ADA Management Campaign

Rationale for Establishing the ADA Management Campaign
Task Force members agreed that RDs and DTRs do receive educational preparation that should provide them with managerial skills and that modification to the educational standards is not a significant element for addressing this issue. There was a concern among the Task Force members regarding the perception among both students and practitioners that dietetics practice does not embrace the necessity or relevance of management to practice. There is uncertainty why management practice is not always viewed positively, but broadening the context of how management related competencies and teaching strategies are utilized appears to be relevant. Creating positive images through the promotion of successful practitioners in management roles may be useful for integration into recruitment and print materials and in promoting mentors and role models for students.

Re-positioning the role and image of management in dietetics practice may better serve to motivate RDs and DTRs to acknowledge the value of management and promote themselves as candidates for managerial positions. While creation of certificate programs or seminars may enhance the integration of management into practice, currently those efforts don’t seem to attract participation. Some may be more likely then to take advantage of management related educational opportunities and resources when it becomes more evident of the potential of those positions. The task force believes that the ultimate result may occur that stakeholders share the perception that RDs and DTRs are also capable candidates for managerial roles.

Therefore, based on our discussions and input from HOD, the Task Force identified the need to establish a campaign to promote the value of management skills for all members regardless of their practice area. This campaign would be in place of a matrix to create awareness of the value of management skills. The HOD Leadership Team supported this change in direction for the Task Force.

Objective of the Campaign
The Objective of the Management Campaign is: To identify methods to stimulate member’s enthusiasm for management by highlighting a variety of resources and job opportunities available.

Purpose of the Campaign
1. Promote management as an existing, critical area of practice and an excellent career opportunity.
2. Promote the value and integration of management skills for all members.
3. Change the perception of management with students and new practitioners.
4. Assist members to understand that management skills transfer to all job positions and create new career opportunities which impact salary and compensation.
5. Create awareness of the value of management skills.
6. Motivate members to seek out educational opportunities.
7. Encourage the teaching of management as an integral part of all areas of dietetics.

Guiding Purpose of the Campaign
All activities would be linked to ADA’s value of “Life-long Learning” and CDR’s Professional Development Portfolio.
Components of the Management Campaign

1. ADA Web-based Information: Resources and toolkits (for students and practitioners) [listed in the order of priority].
   a. Develop real member stories demonstrating the value of management skills to career enhancement/advancement (see Appendix A for an example).
   b. Create case studies (for both educators and practitioners that demonstrate application of management skills to unique situations).
   c. Encourage the development of mentoring or career guidance opportunities available from DPGs, affiliates and other organizations that would be beneficial for educators or members for enhancing/developing management skills. This opportunity would promote mentoring between management practitioners, educators, students or members (see Appendix B).
   d. Develop a local guest speaker bureau-utilizing members of Management in Food and Nutrition Systems DPG and the National Society of Health Care Food Service Management.
   e. Create a list of key management publications (books and journals) related specifically to dietetics and outside the profession (see Appendix C).
   f. Promote the use of the ADA Self-assessment/Self-Study Module: “Marketing Products, Services and Yourself” to current members and students.
   g. Develop a list of FNCE Program Sessions (along with info on how to obtain the audiotapes of appropriate sessions) and other educational opportunities offered by the ADA Center for Professional Development (see Appendix D).
   h. Provide sample resumes which highlight management skills and career enhancement. (see Appendix E)
   i. Provide a list of ‘buzz’ words for use in revising job descriptions to highlight management skills (see Appendix F).

2. ADA Publications (ADA Times, CEO Digest, Journal, CADE Newsletter, DPG newsletters):
   a. Publish articles highlighting how management crosses all areas of practice (e.g., community, clinical and foodservice systems management).
   b. Publish articles promoting foodservice management as a career opportunity.
   c. Publish articles related to basic management concepts with application to practice.
   d. Develop recruitment materials to illustrate practitioners in photos that are consistent with managerial roles and responsibilities (i.e., practitioner working with an architect to design a kitchen or clinical manager meeting with staff).

3. Education of Practitioners (collaboration between CADE and DEP DPG):
   a. Identify and promote best practices for educating students regarding management.
   b. Develop a packet of exercises and toolkits to assist educators for use in management related learning activities incorporated into class work (i.e., scheduling issues: students have assignment to schedule staff for coverage; budget: develop WIC program budget; customer satisfaction: develop survey to evaluate clinical services) (see Appendix G for example).
   c. Address the issues of university staffing for management courses within the dietetics education programs (consider utilization of local management practitioners).
   d. Offer educational sessions to dietetics educators that are conducted by CADE/DEP DPG during DEP Area Meetings or at FNCE.

Availability of Campaign to Members
The campaign could be web-based and provide free resources and toolkits for members. The campaign would also utilize FNCE program sessions, ADA Times, CEO Digest, Journal of the American Dietetic Association, CADE Newsletter, DPG meetings and newsletters to promote increased understanding for the role management plays in all practice areas of dietetics.

**Sample Products for the Campaign**

Please review Appendices A-G for sample products developed for the Campaign.

**Timeline for the Campaign**

Following the approval of the ADA Management Campaign by the House of Delegates (June 30, 2004), the Task Force will forward the Campaign to the Profession Development Committee and appropriate staff for implementation on the ADA Member-only Web site. The initial phase of the implementation will be the placement of the various completed components on the Web site by September 1, 2004. The other components to be completed will be forwarded to the various ADA organizational units for development by January 2005.

**Recommendations**

The Management Task Force makes the following recommendations to the House of Delegates:

1. Recommend that the Professional Development Committee with assistance from various DPGs and CADE will provide oversight for implementation and further development of the ADA Management Campaign.

2. Recommend the adoption of the final Management Task Force Report including the ADA Management Campaign.

**Report Submitted by the Management Task Force:**

Mary Cluskey, PhD, RD, LD, Chair, (DEP DPG Representative)

Marcia Pfeiffer, MS, RD, LD (CADE Representative)

Bonnie Gerald, PhD, DTR (DTR Representative)

Cynthia Broadhurst, MS, RD, LDN (CDR Representative and Professional Issues Delegate-Management)

Joyce Scott Smith, MS, RD (DPG #41 Representative)

Tracy Petrillo, MS, RD, ADA Professional Development Team

Harold Holler, RD, LD, ADA HOD Governance Team

**Appendices**

- Appendix A: Real Member Story Demonstrating the Value of Management for Advancement and Enhancement
- Appendix B: Mentoring or Career Guidance Opportunities Available from DPGs to Enhance/Develop Management Skills
- Appendix C: Resources Related to Management
- Appendix D: Current Management Programs Provided by the AD Center for Professional Development
- Appendix E: Sample Resume
- Appendix F: Key Words for Highlighting Management Skills in a Job Description
- Appendix G: Case Study/Assignment Examples Infusing Management in Curriculum
Appendix C

Management Work Group Action Steps  
*December 2009 (working document)*

**VISION FOR MANAGEMENT WORK GROUP:** Management competencies are elevated in all areas of dietetics practice with maximized professional effectiveness and enhanced career growth.

**PRIMARY ACTIONS:** Enhance current context of management in dietetics and build critical mass (steps x-x) to launch symposium, certificate and credential. Identify groups necessary to collaborate and facilitate tasks.

**MAIN GOALS TO ACHIEVE VISION:**
1. Develop a certificate program and advanced practice credential in management in dietetics practice.
2. Initiate an annual symposium on management.

<table>
<thead>
<tr>
<th>Goal</th>
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<tbody>
<tr>
<td><strong>DEFINE MANAGEMENT ACROSS THE BROAD SPECTRUM OF DIETETICS PRACTICE; ELUCIDATE HOW MANAGEMENT AND LEADERSHIP ARE INTEGRAL TO THE PROFESSION</strong></td>
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<tr>
<td>A. Utilize the Workgroup to revise the Association’s definition of dietetics to include management and other aspects of practice not in the current definition.</td>
<td>✑ NOTES: In process</td>
</tr>
<tr>
<td>B. 1. Identify and engage all DPGs for support in developing practice profile for management within their areas of practice.</td>
<td>✑ NOTES: Standards of Professional Performance Standard 4 and 5 (Management of Resources) from all published SOPPs. Figure examples of use of SOPP documents by RDs in different practice roles from all published SOPPs</td>
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<tr>
<td>B. 2. Use this to develop didactic and supervised practice competencies that highlight applications of management in the full spectrum of practice.</td>
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<tr>
<td>C. Conduct a dialogue by HOD on defining management within dietetics practice with emphasis on exploring management related deficiencies identified in focus groups of employers. Explore relationship between management skills and development of leadership competence.</td>
<td>✑ NOTES: May 1 &amp; 2 2010: Participate in Spring 2010 HOD Meeting dialogue discussion.</td>
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<td>D. The Workgroup supports two of the charges related to management for the newly established Education Committee:</td>
<td></td>
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<tr>
<td>• provide professional development of educators to prepare them to teach leadership and management across the curriculum</td>
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<td>• teach management and leadership skills beyond foodservice (practice)</td>
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<tr>
<td><strong>DEVELOP VISIBILITY AND ACTIONS THAT FOSTER “BUY IN” OR SERVE TO PROMOTE MANAGEMENT AS INTEGRAL TO PRACTICE</strong></td>
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<tr>
<td>E. Recommend to FNCE PPAC that a major management speaker be a keynote to a major session to assure a large and diverse audience. The presiding officer could use this as an opportunity to stress the importance of management as a key skill for all areas of practice.</td>
<td>✑ NOTES: FNCE 2009 has a “Business &amp; Mgmt” track and a “Building Your Career Toolbox” track. Does the development of an annual Management and Administration Symposium?</td>
</tr>
</tbody>
</table>
**Goal**

F. Request CADE, CDR and the Council on Future Practice to assess level of management related competencies within the CADE standards, RD exam and CPE levels and codes to assure they reflect appropriate levels for entry-level management and advanced levels of administration in current dietetics practice.

   Also, request CDR to promote the importance of management in practitioner’s Professional Development Portfolios.

G. Request that FNCE speakers be asked to consider the role of “management” in all presentations.

H. Increase the visibility and image of management as part of practice in ADA and DPG brochures, Web sites, photos, publications.

**EFFORTS TO FACILITATE DEVELOPMENT OF MANAGEMENT AND LEADERSHIP IN THE PROFESSION**

I. Gather data on available management resources. Develop a list of current graduate courses related to management (on-line and other) and conferences developed to address the topic. Ask for information from DPGs.

J. Request 2-5 names of members who are experts in each affiliates and DPGs who would serve as the champions for management.

K. Assist affiliates and DPGs to incorporate more continuing education on management skills in their programs and publications.

L. Support the creation of a management certificate program and an advance practice credential for administration.

M. (formerly I) Utilize the Workgroup as a steering committee for overseeing future activities including:

   1. Management Certificate program (see D and L)
   2. Administration Advance Practice Credential (see L)
   3. Annual symposium on management/administration (see D and E)
   4. Expand the number of resources available on ADA’s Web site related to management and leadership, food and foodservice (see I).
   5. Develop a management resource bank for use by educators, students and practitioners (see I).
Appendix D

Foundation Knowledge & Competencies/Learning Outcomes

2008

Practice Management and Use of Resources: strategic application of principles of management and systems in the provision of services to individuals and organizations

Knowledge Requirement
KR 4.1 The curriculum must include management and business theories and principles required to deliver programs and services.
KR 4.2 The curriculum must include content related to quality management of food and nutrition services.
KR 4.3 The curriculum must include the fundamentals of public policy, including the legislative and regulatory basis of dietetics practice.
KR 4.4 The curriculum must include content related to health care systems.

Competencies/Learning Outcomes
Upon completion of the CP, graduates are able to:
CP 4.1 Use organizational processes and tools to manage human resources
CP 4.2 Perform management functions related to safety, security and sanitation that affect employees, customers, patients, facilities and food
CP 4.3 Apply systems theory and a process approach to make decisions and maximize outcomes
CP 4.4 Participate in public policy activities, including both legislative and regulatory initiatives
CP 4.5 Conduct clinical and customer service quality management activities
CP 4.6 Use current informatics technology to develop, store, retrieve and disseminate information and data
CP 4.7 Prepare and analyze quality, financial or productivity data and develop a plan for intervention
CP 4.8 Conduct feasibility studies for products, programs or services with consideration of costs and benefits
CP 4.9 Obtain and analyze financial data to assess budget controls and maximize fiscal outcomes
CP 4.10 Develop a business plan for a product, program or service including development of a budget, staffing needs, facility requirements, equipment and supplies
CP 4.11 Complete documentation that follows professional guidelines, guidelines required by health care systems and guidelines required by the practice setting
CP 4.12 Participate in coding and billing of dietetics/nutrition services to obtain reimbursement for services from public or private insurers
### Appendix E

**Professional Development Portfolio Learning Needs Codes Related to Management**

<table>
<thead>
<tr>
<th>Professional Skills</th>
<th>Codes</th>
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<tbody>
<tr>
<td>1070 Leadership, critical and strategic thinking</td>
<td>7110 Legal issues, malpractice</td>
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<tr>
<td>1090 Media skills</td>
<td>7120 Marketing</td>
</tr>
<tr>
<td>1100 Photography, video and graphic production</td>
<td>7130 Managed care</td>
</tr>
<tr>
<td>1110 Risk taking</td>
<td>7140 Materials management</td>
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<tr>
<td>1120 Time and stress management, life balance</td>
<td>7150 Negotiation</td>
</tr>
<tr>
<td>1130 Verbal communication skills, presentations</td>
<td>7160 Quality management</td>
</tr>
<tr>
<td>1140 Written communication skills, publishing</td>
<td>7170 Reimbursement, coverage</td>
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<td></td>
<td>7180 Strategic planning</td>
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<tr>
<td></td>
<td>7190 Supervision, crisis management</td>
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<tr>
<td></td>
<td>7200 Team building</td>
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<tr>
<td></td>
<td>7210 Sales, merchandising</td>
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<thead>
<tr>
<th>Wellness and Public Health</th>
<th>Codes</th>
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<tr>
<td>4020 Community program development</td>
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<table>
<thead>
<tr>
<th>Business and Management</th>
<th>Codes</th>
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<tbody>
<tr>
<td>7010 Business plan development</td>
<td>8010 Child and adult food programs</td>
</tr>
<tr>
<td>7020 Conflict management</td>
<td>8020 Equipment management</td>
</tr>
<tr>
<td>7030 Contract management</td>
<td>8030 Facilities layout, planning and design</td>
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<tr>
<td>7040 Consultation</td>
<td>8070 Food production, quantity purchasing</td>
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<tr>
<td>7050 Customer focus</td>
<td>8110 School foodservice</td>
</tr>
<tr>
<td>7060 Emergency and disaster management</td>
<td>8120 Sales, merchandising</td>
</tr>
<tr>
<td>7070 Entrepreneurship, private practice</td>
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<tr>
<td>7080 Financial management</td>
<td></td>
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<tr>
<td>7090 Human resources management, labor relations</td>
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<tr>
<td>7100 Institution/regulatory policies and procedures</td>
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<thead>
<tr>
<th>Research and Grants</th>
<th>Codes</th>
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<tbody>
<tr>
<td>9010 Data analysis, statistics</td>
<td></td>
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<tr>
<td>9030 Outcomes research, cost-benefit analysis</td>
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</tr>
<tr>
<td>9040 Proposal development, grant applications</td>
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</tbody>
</table>
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