A Story of Success – the Power of Mentorship

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Conflicts of Interest: None

Author’s Note: Dear readers, my name is Chen Du. I am currently a doctoral student studying Human Nutrition at Michigan State University, working in Dr. Robin Tucker’s lab. I would not have had the opportunity to study under an amazing mentor nor gained understanding about progressing in academia without joining the Research Dietetics Practice Group (RDPG) Mentoring Program. So, I would like to share the story of how I met and built the relationship with my current mentor through the Mentorship Program. I hope my story will encourage you to join the RDPG Mentorship Program if you are seeking professional or academic mentorship, have questions about your future career direction, feel lost, or just want to build professional and academic relationships.

The Beginning

In the summer of 2018, I was admitted into a PhD program but was struggling with the process. I felt helpless and lost, not sure if I should continue. I still remember the feeling of my world turning gray. I am a high achieving person and had not had such struggle previously nor did I know how to handle it. Receiving rejections from a couple of grant funders certainly did not help at the time but pushed me towards wanting to quit or transfer to a different program. I started to wish “if only I can talk about my struggles with someone who can understand me...if only someone could give me some guidance.”
During my struggles, I attended my first Food & Nutrition Conference & Expo™ (FNCE®) in 2018. I was not intentionally seeking a mentor at the time but just wanted to know what other dietitians were doing and to network. While attending the vendors’ exhibition, I stopped by the RDGP booth where I first met Dr. Tucker. She was working at the booth and said, “hello,” as I stopped by. We started our first conversation, and at the time, I would not have expected this conversation to change my life. After learning I was a graduate student, Dr. Tucker introduced me to the RDGP and the RDGP Mentorship Program. We exchanged contact information at the booth.

Once I got home from the conference, I thought more about how I was struggling and how I needed some guidance. Thinking I should try this Mentorship Program, I reached out to Dr. Tucker. She got back to me within 24 hours and told me that she already emailed my contact information to the mentoring and volunteer coordinators of the RDGP. On top of that, she volunteered to be my mentor. I was really touched by her email and was impressed with how fast she responded which, to me, indicated how much she cares about students. After receiving her email, I could not wait to start the Mentorship Program and to learn from Dr. Tucker.

**During the Mentorship Program**

Under the organization and with the help of Dr. Whitney Linsenmeyer, the Mentorship Chair for the RDGP, Dr. Tucker and I officially “enrolled” in the Mentorship Program. The program is well organized and structured. Both the mentor and the mentee first review an article by the Academy of Nutrition and Dietetics on Mentoring 101 to help them understand what mentoring is, what the process looks like, and what the responsibilities of mentors and mentees are.1 Then, both the mentor and the mentee will need to sign a Mentorship Agreement, which outlines the responsibilities and roles of mentors and mentees. Signing this document made me feel that this is a well organized and established program and that I needed to take this opportunity seriously and get the most out of this program. One other thing that really impressed me about the program was that the mentee completes a Mentee Development Plan in which the mentee writes down a primary vision, mission, and goals including short-term, near-term, and long-term goals. Working through this document really helped me think through what I want to accomplish with my life and my career. It also helped me realize that I have been making progress even though I felt like I was stuck and not making enough progress. I emailed my Mentee Development Plan to Dr. Tucker prior to our first mentorship meeting.

Within the Mentorship Program, mentors and mentees are required to meet once a month, in any format that works for them, for six months. Dr. Tucker and I communicated through phone calls and emails, well in excess of the minimal requirement. The guidance and advice that I got from Dr. Tucker through those conversations not only helped me through my “academic depression,” but was also a treasure for life. I often sent a list of questions, sometimes with more than ten questions, to Dr. Tucker. She answered thoroughly with rationales to all of my questions. I learned building skills to write effective grant proposals, how to transition from a graduate student to faculty, the most important skills to build in academia, how to identify the right journals to publish in, pre-doctoral fellowship and research opportunities, and most importantly, taking some time for myself to prevent burnout, etc.

What I learned from Dr. Tucker and how I interacted with her helped me realize the power and the importance of mentorship. After nine months of being mentored by Dr. Tucker, I was motivated to continue my academic journey with a clearer vision and goals as well as a better understanding of how to be successful in graduate school. I was energized and delighted. More importantly, through this experience, I learned what caring means. Dr. Tucker’s willingness to spend time teaching me, chatting with me, listening to me, and responding to my emails, all showed that she cared. She cared about my growth and students’ growth in general, and she cared about building up the future of the academic world. She is a tremendous mentor, and demonstrates an example of what a good mentor should look like.

Continued on page 3
The Success

After realizing the power and the importance of mentorship, I decided that I want to study with Dr. Tucker for my doctoral degree. I emailed Dr. Tucker on a Sunday afternoon and told her I wanted to work in her lab and to study under her mentorship. She got back to me in two hours and said that she was honored and would love for me to join her lab. At the time, she did not have the funding to support me and she told me about that, but she was in communication with her mentors and the department chair and worked very hard to make this happen for me. With Dr. Tucker’s continued involvement and support, I was admitted into my current program at Michigan State University with the support of a university-level graduate fellowship. Once again, this process really showed me how much Dr. Tucker cares about students and how much she is willing to go above and beyond for students. She is a true advocate for students as well as a role model for me and other students who want to work in academia in the future.

Success to be Continued...

I have been in Dr. Tucker’s lab for six months now, and I am already working on a research publication and a systematic review publication. Dr. Tucker and I have submitted two research proposals to the Human Research Protection Board for approval. I no longer feel stuck and am very thrilled with my progress under Dr. Tucker’s mentorship. I am looking forward to the years to come as well as the research projects that we will develop and conduct. I am also looking forward to continually building each other up through this mentorship, and I hope to see more successful mentorship relations like ours. Once again, without the RDPG Mentorship Program, I could not reach the stage I am at right now. I might have given up on my PhD or might not have been able to overcome my “academic depression.” I want to thank the RDPG Mentorship Program and thank all the board members for making this happen. Last but not least, I want to thank my mentor – Dr. Robin Tucker.

Figure 2. Dr. Robin Tucker’s Lab Picture. G.M. Trout Food Science and Human Nutrition Building, Michigan State University. From left to right: Srishti LNU, Chia-Lun Karen Yang, Clare Feldpausch, Dr. Tucker, Sara Folk, Suzy Gadd, Chen Du, Shefali Merchant, Xinyi Zhang, and Juman Almotawa. Not pictured: Hanah Parag

Reference

# RDPG Budget for 2019-2020

## Revenue

<table>
<thead>
<tr>
<th>Description</th>
<th>Annual Budget ($)</th>
<th>Year to Date as of March 31, 2020 ($)</th>
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<tr>
<td>Membership Dues</td>
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<td>Grants/Contracts</td>
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<td>Meeting/symposium registration</td>
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<td><strong>Revenue Total</strong></td>
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## Expenses

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<tr>
<td>Lodging</td>
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<td>Subsistence</td>
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<td>Transportation</td>
<td>532</td>
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<td>Professional/Consulting</td>
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<td>Postage</td>
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<td>Depreciation</td>
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<td>Food Service</td>
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<td><strong>Expenses Total</strong></td>
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## Operating Excess – Deficit

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<th>Year to Date as of March 31, 2020 ($)</th>
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<tbody>
<tr>
<td>OPERATING EXCESS – DEFICIT</td>
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## Reserve as of March 31, 2020

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<tbody>
<tr>
<td>Reserve as of March 31, 2020</td>
<td>$97,044</td>
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<tr>
<td>Reserve Percentage (reserve divided by expense budget)</td>
<td>$97,044 / $57,681 = 168%</td>
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</table>
1. Please provide a brief description of your current position.

I just began this position in May 2020 and am leading nutrition research efforts on child health, human milk, and biomarkers in addition to advising on nutrition-related government matters.

2. How did you get to where you are now? Please provide a description of your background (e.g., academic, research, and anything else you want to tell us).

I am a first-generation college graduate and, as such, have gotten to where I am by asking many questions of many KIND people who have helped me sort through the ivory tower of academia and the giant machinery of the federal government. I supported myself throughout college - initiating my studies at a local community college and then completing my B.S. in dietetics along with a Coordinated Program at Wayne State University in Detroit, MI. I then worked for several years as a clinical dietitian and food service director across southeastern Michigan and Arizona. I tried on many different jobs, and none was the Goldilocks fit as I was continually frustrated by the limited number of tools available to a dietitian and the lack of evidence to support more personalized care. I decided to do something about it. Specifically, I wanted to increase the amount of evidence that supports nutrition care and sought out graduate school. I asked many questions of many academic program advisors to get a better handle on how the whole grad school process functioned before and during the application process. Ultimately, I completed a Ph.D. in Nutritional Science at the University of Arizona where I focused on nutrigenomics. During grad school, I realized that I had a variety of interests across nutrition research, so academia would not be the best fit for me. Again, I asked many questions to determine where the best fit for dietitians was if they wanted to use their research skills to ultimately improve patient care and public health. One chance conversation led me to apply to the National Cancer Institute’s (NCI) Cancer Prevention Fellowship Program. I was accepted and spent my first year at Harvard University completing an MPH where I focused on bioinformatics and epidemiology. My second and third years I focused on nutrition and microbiome research in a lab at NCI. Again, I asked many questions by doing informational interviews with staff across the National Institutes of Health (NIH), Food and Drug Administration (FDA), and public health organizations. Then one chance job application resulted in my obtaining a position in the Office of the Director at NIH. Finally, here in the Office of the Director, I could use my deep understanding of nutrition, molecular research, and clinical skills to advise on research that should be funded at NIH and across The Department Health and Human Services (DHHS) to make the biggest difference in public health. From all my efforts in the Office of the Director, I was recruited to a new position, and here I intend to put all my efforts into promoting nutrition research in children specifically.

3. Please summarize your current research.

I primarily lead epidemiological research efforts with fellows, but mostly my research now focuses on whether the nutrition research being funded meets the needs of the American people. Where it doesn’t, I spend a significant amount of my time trying to change it.

4. How did you become involved/interested in your current line of research?

See #2

5. What advice would you give to a young researcher for developing a successful line of research?

My goal was never to have a “successful line of research;” rather, my goal was to improve the body of evidence for practitioners, and I do this in a much more global way than I could if I were a traditional researcher focusing deeply on one topic. I can also pursue and problem solve all sorts of research and logistical questions across the broad spectrum of nutrition research which keeps me engaged and loving my job. My advice would be: Continued on page 6
1) **ASK QUESTIONS** to gather enough information about the possible career steps you could take. Most people love to talk about themselves. Ask for an informational interview; the worst someone can do is not respond or say “no.”

2) Don’t choose a career path because it is easiest or expected. At the end of the day, you are the one who has to be satisfied by your decisions, not your advisors, mentors, or friends.

6. **What are your career goals?**
   1) To love my job and love my non-work life; this is a never ending balancing trick where the focus slips in one direction or the other sometimes, and that is okay.
   2) To mentor the next generation; I would not be where I am if there weren’t a generation before me willing to answer many questions.
   3) To look back on my career and see where my work has improved public health.

7. **How has your affiliation with the Academy impacted your career progression?**
   I have been able to demonstrate early, and often, that I am a leader and capable of leadership by pointing to my volunteer work at the Academy. This has been an advantage when competing for promotions and new positions that many peers with the same years of experience could not point to. I also have this outside network to which I can ask questions (you are probably sensing a theme here) which has been vital to designing the career I wanted. Also, I have had the opportunity to do fun things like lead the systematic review of evidence on nutrigenomics.

8. **If someone were to ask you to explain why research is important to the field of dietetics, what would you say?**
   Humans are constantly and necessarily exposed to foods and beverages. Diet is the leading risk factor for death in the U.S. We can and must do better at providing medical nutrition therapy to support the health of our nation; the only way we can do that is through better research.

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**A Letter from the RDPG Chair**

**Barbara Gordon, MBA, RDN, LD, FAND**

*Assistant Professor and Chair, Department of Nutrition and Dietetics, Idaho State University*

**Message from the Outgoing Chair**

It has been an honor to serve as Chair of the Research DPG. As I hand the baton to Dr. Nancy J. Emenaker, I want you to know that you are in good hands. Nancy has been with the National Cancer Institute, one of the National Institutes of Health, for more than a decade. She offers a valuable perspective into the science of nutrition and the importance of evidence-based nutrition interventions.

During the past year, thanks to all of you, I leave with an expanded understanding of the tremendous range of nutrition research efforts that RDNs engage in and their essential role in pursuing new discoveries and establishing scientific foundations for preventive dietary choices and disease-based modifications.

I am pleased to be continuing in the role as Past Chair and look forward to another year of learning and contributing to the successes of this vital DPG.

Best,

Barbara Gordon

*Outgoing Chair, 2019-2020*
1. What are your research interests?

I’m interested in several components involved in food intake and brain activity research. One area of interest is the effect of hormonal changes, such as peptide and steroid hormone changes as well as the use of oral contraceptives, on brain activity during food consumption. Another component of interest is the relation of brain activity and how it may be related to nutrient intake. I’m mostly interested in the macronutrients, carbohydrate, fat and protein, and how each can affect brain activation. Furthermore, I’d like to do more research on the psychology of eating, such as behaviors and habits, and how these are related to the physical aspects of food consumption.

My population of interest is women, more specifically postpartum women. Additionally, I’m interested in community nutrition education and how we can best provide it and create actual behavior changes, taking into consideration that we are all different.

2. Please describe the path (i.e., education, work experience, etc.) that led you to pursue a degree in nutrition and/or nutrition research.

I was born and raised in Honduras. My mother loved cooking, and my dad has always been health conscious, so both of them influenced my pursuit of a bachelor’s degree in dietetics at Mercyhurst University in Erie, Pennsylvania. After graduating, I worked at the WIC Program in Philadelphia providing nutrition education to families. I obtained my Master’s of Public Health in Nutrition at Hunter College in New York City which expanded my knowledge of not only nutrition but also other health concerns in the community. I graduated with a concentration in Maternal, Child, and Reproductive Health which have become my population groups of interest. While in NYC, I worked on a randomized controlled trial. The focus was childhood obesity prevention by providing group nutrition education in the outpatient setting. Currently, I’m pursuing my doctorate in Nutrition Sciences at Drexel University.

3. What is the focus of your graduate work? Please describe one or two highlights of your research career thus far.

The focus of my graduate work is brain activation during food consumption in postpartum women but also evaluating how intuitive eating, using the Intuitive Eating Scale, influences brain activation, food consumption, and postpartum weight change. Although I continuously learn something new from my research, my highlight has been participating in different activities and events where I’m able to teach the public about this research and why it is important. Hopefully, it inspires them to learn more about the topic and potentially be involved in a study as appropriate.

4. What are your plans for the future (e.g., academia, government, and/or industry)?

My career plans have changed over time. However, I currently plan to stay in academia, continue doing research related to the brain, psychology, nutrition, and women’s health, and continue educating the public on research.

5. Do you have any advice or words of wisdom to share with students interested in the nutrition field?

Try your best! Not identifying a significant career choice, taking more time to discover what you’re interested in or just taking your time are not signs of failure. If you try your best, you’ll be successful no matter what, just don’t give up. Also, while working on your own path, don’t compare your work (or anything else for that matter) to what others are doing – focus on your own life.

6. List any published work, if applicable.


Clinical Research Career Options for MS RDNs: Roles, Responsibilities, Opportunities

Samantha Kostelnik, Noelle Brown, Brenda Davy, PhD RDN
Department of Human Nutrition, Foods, and Exercise; Dietetics Program, Virginia Tech

Conflicts of Interest: The authors declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Research is a hallmark of the dietetics profession and is one of the key principles listed by the Academy of Nutrition and Dietetics to fulfill their mission to “accelerate improvements in global health and well-being through food and nutrition.”1 Research dietitians are well positioned to play an important role in advancing the Academy’s mission. Their responsibilities may include planning and implementing dietary aspects of health research; collecting data for research studies; analyzing, interpreting, and summarizing diet records and other research data; supervising personnel and managing research program operations as well as grant and protocol development and manuscript writing.2 Research is also a prominent component of both the bachelor’s and graduate degree competencies for the Academy’s Future Education Model for dietetics education.3 Despite this, dietetics students who earn bachelor’s and master’s degrees may have limited exposure to the research dietitian career pathway. The objective of this article is to describe the roles, responsibilities, and opportunities for MS RDNs in clinical research, highlight the work experiences of three research dietitians, and provide suggestions for individuals interested in pursuing this career path.

According to the Academy of Nutrition and Dietetics 2019 Compensation & Benefits Survey,2 6% of RDNs report “education and research” as their primary practice area. Median hourly wage (50th percentile) in this practice area is reported to be $41.32 per hour which exceeds that of all other RDN primary practice areas listed in the survey. This may be attributed to the relatively higher median wages of those in the college, university, or academic medical center setting as well as higher median wages for RDNs with doctoral degrees compared to master’s and bachelor’s degrees. Within this practice area, the median hourly wage ranged from $58.19 per hour for professors to $34.74 per hour for research dietitians (median annual compensation of $72,300).2 Although most research dietitians work in academic and medical settings, opportunities exist in other settings such as industry, federal government, public health, and community-based organizations.

Three research RDNs were interviewed to provide detailed information about their roles and responsibilities along with the pros and cons of their work. These RDNs also offered specific suggestions for dietetics students and RDNs who may be interested in pursuing research dietitian positions. In general, the RDNs obtained their research positions in university or hospital settings after completing their dietetic internship or graduate degree. They support investigators by providing nutrition and dietary assessment expertise and are involved in research that advances evidence-based clinical dietetic practice. Additionally, they frequently search medical and scientific literature and appraise study findings.4 Details on the specific backgrounds and responsibilities of the three RDNs interviewed are provided in Table 1.
Clinical Research Career Options for MS RDNs: Roles, Responsibilities, Opportunities

Table 1. Summary of Educational Background, Job Title, and Responsibilities of the Interviewed Research Dietitians

<table>
<thead>
<tr>
<th>Research Dietitian</th>
<th>Education</th>
<th>Job Title</th>
<th>Responsibilities</th>
</tr>
</thead>
</table>
| Peter Adintori, MS, RDN, CDN | Master of Science - Nutrition and Exercise Physiology, Teachers College, Columbia University  
Bachelor of Science - Exercise Science  
Minor: Leadership Development/ Education, University of Connecticut | Clinical Research Dietitian, Adult Bone Marrow Transplant Service, Memorial Sloan Kettering Cancer Center, New York, NY | • Plan, coordinate, and publish clinical research projects with the adult bone marrow transplant service; currently investigating dysgeusia after transplant and alterations to the gut microbiota after transplant  
• Establish and implement evidence-based practice (EBP) guidelines for bone marrow transplant service; mentor clinical dietitians in implementations of EBP guidelines in other cancer specialty domains  
• Serve as research expert for dietitians desiring to be involved in quality improvement, process improvement, or clinical trials  
• Support investigators by providing nutrition expertise  
• Assist with manuscript preparation  
• Develop test meals and controlled diets for feeding studies and oversee food preparation and service; conduct dietary assessment using 24-hour dietary recalls, food records, and food frequency questionnaires | |
| Catherine Chenard, MS, RDN, LD | Master of Science - Preventive Medicine and Environmental Health, University of Iowa  
Bachelor of Science - Dietetics, Central Michigan University | Clinical/ Health Care Research Specialist, University of Iowa, Iowa City, Iowa | • Support investigators by providing nutrition expertise  
• Oversee research dietitians’ activities including physiological assessments, dietary assessment, and nutrition education specific to each study protocol  
• Design and develop research recipes, meals, and diets specific to each study protocol; oversee metabolic kitchen activities to provide controlled study diets to study participants  
• Serve as a member of IRB | |
| Linda Easter, MS, RDN, LDN | Master of Science – Health Education, Nova University  
Bachelor of Science – Dietetics and Nutrition, Florida International University (CUP) | Bionutrition Manager, Clinical Research Unit, Wake Forest University School of Medicine Clinical and Translational Science Institute, Winston-Salem, NC | • Support investigators by providing nutrition expertise  
• Oversee research dietitians’ activities including physiological assessments, dietary assessment, and nutrition education specific to each study protocol  
• Design and develop research recipes, meals, and diets specific to each study protocol; oversee metabolic kitchen activities to provide controlled study diets to study participants  
• Serve as a member of IRB | |

a EBP = Evidence-based Practice  
b IRB = Institutional Review Board
The research RDNs mentioned several positive aspects of their positions. Day-to-day activities can vary widely which makes the job interesting and not at all monotonous. For example, one day may revolve around patient care, and the next day may be solely focused on research. Research dietitians may have the opportunity to be involved with grant writing to seek funding from federal agencies, industry, and private foundations, and some are also involved with manuscript development and publication. These tasks can be challenging yet intellectually stimulating and provide opportunities for ongoing learning and creativity. These aspects of the research RDN role can vary across positions. They also engage in translational approaches by taking the knowledge obtained in the clinical research space and contributing that knowledge to dietetics practice.

A few challenges were also provided. These include the difficulty in obtaining sufficient funding for research, which may impact the way a study is designed and carried out. For example, a study which would ideally utilize a controlled feeding approach, which is expensive, may instead be implemented as a free-living intervention where participants select their own foods. Navigating institutional administrative requirements such as Institutional Review Board (IRB) processes can also be challenging. This can be overcome by becoming familiar with the process, by communicating with support staff in the IRB office, and by setting realistic expectations for time to complete the application. During the IRB review process, be patient and respond to questions from board members in a timely manner to expedite the process. A research dietitian must have the ability to collaborate as a research team member and have the desire to advance biomedical research. Additional details on the benefits and challenges of the research dietitian career path are presented in Table 2.

Table 2. Pros, Cons, and Suggestions for Pursuing a Career Path as a Research RDN

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<th>Pros</th>
<th>Cons</th>
<th>Suggestions for Pursuing a Career Path in Research</th>
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<tbody>
<tr>
<td>• Job entails a wide variety of tasks – “there is no day that is exactly like another day”</td>
<td>• Limited funding for research/nutrition research… “financial constraints;” limited research funds challenge the ability to maintain optimal staffing levels</td>
<td>• Positions require MS or PhD degree; advantage to having a PhD is the ability to pursue one’s own research agenda</td>
</tr>
<tr>
<td>• Continual learning</td>
<td>• Language gap between physicians and dietitians</td>
<td>• To gain experience, seek out volunteer or work opportunities for research while in school or in current RDN position</td>
</tr>
<tr>
<td>• Intellectually stimulating and challenging</td>
<td>• Challenging to stay up-to-date on literature base and other relevant developments</td>
<td>• Seek out institutions, i.e., academic medical centers that have investigators in your area of interest and apply to those for research positions</td>
</tr>
<tr>
<td>• Encourages creativity</td>
<td>• Difficult to find a role where you can do both clinical duties and research (mostly difficult due to staffing)</td>
<td>• Seek out a mentor through official mentor programs?</td>
</tr>
<tr>
<td>• Opportunity to impact the lives of other people and the lives of the investigators you are assisting with their research</td>
<td>• Administrative/IRB challenges</td>
<td>• Join AND’s Research DPG and AND’s Nutrition Research Network7 which promote opportunities for all RDNs to participate in research</td>
</tr>
<tr>
<td>• Apply the knowledge gained in the clinical space to research investigation and vice-versa—emphasizing translational approaches to research</td>
<td></td>
<td>• Join National Association for Research Nutrition (NARN)8 to network with others involved in research</td>
</tr>
</tbody>
</table>

Continued on page 11
Clinical Research Career Options for MS RDNs: Roles, Responsibilities, Opportunities

For students or RDNs interested in pursuing this career path, these RDNs suggested seeking out paid or volunteer research opportunities, regardless of the topic or type of research at their disposal (e.g., undergraduate/graduate research). They suggested networking with research dietitians through the RDPG and the National Association for Research Nutrition, at professional meetings such as FNCE and the American Society for Nutrition, and via opportunities through email listserv groups and the Academy’s Nutrition Research Network (Table 2). Although the research dietitians interviewed for this article were primarily involved with clinical research, there are research areas outside of the clinical setting which may offer research opportunities for RDNs. These may include management research, behavioral and social sciences research, food science research, and others. When seeking positions, be aware that a variety of different position titles may be used, such as research coordinator or research assistant. Interested individuals may need to proactively seek out investigators and research groups and offer to lend their nutrition expertise in order to gain experience and be more competitive for these positions. The ability to work as part of an interdisciplinary research team is also critical, and pursuing advanced degrees (e.g., a PhD) may be helpful.

Key factors which motivate clinical research dietitians’ sustained involvement in research include continuous research exposure, maintaining curiosity, and being dedicated to conducting research. The true value of a research dietitian, is demonstrated when the relationship between expertise in complex medical nutrition therapy and rigorous approaches to clinical nutrition research is evident. Evidence-based practice is at the helm of the research dietitian, and the guidelines and approaches developed by research dietitians can improve the breadth of clinical nutrition practice, elevating the role of the dietitian in the clinical space and beyond. Dietetics is an impactful and growing field, and dietitians are well positioned to contribute to advancing the profession through research. All three of the dietitians agree that, “research is what keeps the wheels of progress moving forward.”

Acknowledgements

We would like to give a special thanks to Peter Adintori, MS, RDN, CDN; Catherine Chenard, MS, RDN, LD; and Linda Easter, MS, RDN, LDN for agreeing to be interviewed and for providing feedback during the development of this article. This article would not have been possible without their contributions and insight into their roles as research dietitians.

References
Undergraduate Nutrition Curriculum Does Not Increase Risk of Disordered Eating or Body Image Dissatisfaction in Nutrition Majors

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Abstract

\textbf{Aim:} To determine if nutrition curriculum influences eating attitudes (EA) and body image dissatisfaction (BID) in college students. \textbf{Methods:} A cross-sectional online survey was completed anonymously by nutrition (n=25) and non-nutrition (n=27) college majors. Data included self-reported height and weight, Eating Attitudes Test (EAT-26) score, and the Body Image Scale score that were analyzed using Analysis of Variance (ANOVA) and Chi-square. \textbf{Results:} While 19\% of participants were at-risk for disordered eating, there were no significant differences between majors on any scores examined. Body Image Scale scores were higher (5.3±5.3 vs. 10.9±6.9, p=0.003) and EAT-26 scores tended to be higher (9.6±9.9 vs. 13.9±11.5, p=0.17) in participants at a higher weight compared to those at a lower weight, regardless of major. \textbf{Conclusions:} This study suggests that nutrition education does not lead to poor EA and BID. Weight gain prevention, however, would be beneficial for students’ health and for decreasing risk of BID and disordered EA, regardless of major.

\textbf{Keywords:} eating attitudes; body image; feeding and eating disorders; body mass index (BMI); EAT-26; college students; nutrition education

Introduction

Even though a clinical diagnosis of an eating disorder such as anorexia nervosa, bulimia nervosa, or binge-eating disorder is relatively rare in the general population (6-1.5\%), the number of non-clinically diagnosed disordered eating behaviors is still of growing concern.\textsuperscript{1} With the known obesity epidemic, dieting, and a drive for thinness, especially promoted by the media, are influential. Eisenberg et al. surveyed approximately 3,000 university students and found that 13.5\% of undergraduate females and 2.6\% of undergraduate males screened positively for non-clinically diagnosed eating behaviors.\textsuperscript{2} Also, with America’s growing waistlines, the need for Registered Dietitian Nutritionists (RDNs) is increasing. However, according to some studies, health-oriented academic programs could lead to abnormal concern about food choices and body image and pressure to have the ideal body weight and muscle tone to act as role models for their profession and clients.\textsuperscript{3,4}

Nutrition curriculum includes education related to preventing and treating disease through food and exercise. The results from a few studies suggest that female dietetic students may be at greater risk for disordered eating than women enrolled in other majors; however, the findings have been inconsistent.\textsuperscript{4,5} Some research has shown that females may decide on nutrition and dietetics as their major because of an existing eating disorder, hoping to cope with it or heal others with similar problems.\textsuperscript{6}

This cross-sectional study aimed to investigate the relationship between nutrition education, disordered eating attitudes (EA), and body image dissatisfaction (BID) in students majoring in nutrition versus students in non-nutrition related majors. We hypothesized that nutrition majors would have higher risk of disordered EA and BID compared to non-nutrition majors.

Material and Methods

A cross-sectional survey in fall 2016 was used to assess the prevalence of BID as well as eating disorder risk in students majoring in nutrition versus students in non-nutrition related majors (e.g., Business and Communication Arts). The study was approved by [Blinded] Exempt Review Committee (ERC, protocol number: 2016-E095). The study adhered to Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) guidelines. Based on similar study designs in similar populations our target sample size was calculated to be 100 participants, n=50 nutrition-related majors and n=50 non-nutrition related majors. We aimed to have both genders represented in both groups; however,

Conflicts of Interest Statement: RPP, JRB, TLP, and DMDV have no personal or professional financial conflicts of interest to declare related to the research reported in the manuscript.

Funding Statement: This research was not funded by any awards or grants.
the gender distribution was not equal given the female-dominated university population being sampled. Upon ERC approval, volunteers were recruited via email from specific academic departments and included both males and non-pregnant females, aged 18-26 years. Participants provided consent to participate by clicking on the link that connected them to the Participant Letter and survey questions. The participants were asked to provide their major, minor, and class rank in the beginning of the online survey using REDCap. Participants were also provided with a list of all nutrition curricula to count how many courses they had taken or were currently taking. Additional demographic variables included race/ethnicity and reported height and weight which were used to calculate body mass index (BMI, kg/m²).

The validated Body Image Scale (EDI-Subscale, Body Dissatisfaction; reliability: Cronbach’s alpha=0.91) was used to assess body image dissatisfaction. Body Dissatisfaction is only one subscale of the EDI, which consists of nine questions that could be answered with the responses of “always, usually, often, sometimes, rarely, or never.” The most extreme response (could be always or never depending on the question) gets scored a 3, the next response scored a 2, the next scored 1, and then the last three choices that are opposite of the most extreme answer are scored with a 0. This questionnaire reflects a person’s thoughts about specific parts of his or her body and how they associate them with shape change or increased fatness including the hips, thighs, and buttocks.

The validated Eating Attitudes Test (EAT-26; reliability: Cronbach’s alpha=0.94) was administered to assess risk for disordered eating. This test has been shown to be particularly useful in screening college students and other high-risk people like athletes. A score of 20 or above has been determined to be reflective of significant concerns about body weight, body shape, and eating that warrant seeking further assessment from a professional. Because the university from where we recruited hosts a yearly “Eating Disorders Screening Day” in which students who wish to participate complete the EAT-26, we also asked how many times the participant had taken a self-awareness of eating attitudes questionnaire (e.g., EAT-26) in order to assess exposure to that self-awareness.

Demographic variables were analyzed using frequencies and descriptive statistics using SPSS v. 24. All continuous data was analyzed by major (nutrition vs. non-nutrition) using ANOVA and categorical data using Chi-square. P<0.05 was considered significant.

**Results**

Fifty-seven participants were screened for this study. Five were excluded for the following reasons: being younger than 18 y (n=1), uncompleted responses (n=1), unrelated major (n=1), and having a condition that disrupts their perception of their body (n=2).

Table 1 shows descriptive characteristics of the nutrition majors (n=25) and the non-nutrition majors (n=27) in the final sample (n=52). In the total sample, 84.6% of the participants were female, with a mean age of 19.8 ±1.3 years. Approximately 86.5% of the participants were White. There were no differences between major groups in class rank of the participants.

<table>
<thead>
<tr>
<th>Table 1. Descriptive Characteristics and Anthropometrics of the Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Non-nutrition Majors</strong> (n=27)</td>
</tr>
<tr>
<td>Female (%)</td>
</tr>
<tr>
<td>Age (y)</td>
</tr>
<tr>
<td>Race (% white)</td>
</tr>
<tr>
<td>Freshman (n)</td>
</tr>
<tr>
<td>Sophomore (n)</td>
</tr>
<tr>
<td>Junior (n)</td>
</tr>
<tr>
<td>Senior (n)</td>
</tr>
<tr>
<td>Nutrition courses (n)</td>
</tr>
<tr>
<td><strong>Self-reported Anthropometrics</strong></td>
</tr>
<tr>
<td>Height (in) (cm)</td>
</tr>
<tr>
<td>Weight (lb) (kg)</td>
</tr>
<tr>
<td>Calculated BMI (kg/m2)</td>
</tr>
</tbody>
</table>

BMI=body mass index

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As shown in Table 1, nutrition majors reported taking significantly more nutrition courses compared to non-nutrition majors (p <0.001), confirming that the nutrition majors had obtained nutrition knowledge. Body mass index (BMI) was calculated from self-reported height and weight, and there was no significant difference between major types in BMI.

Table 2. Eating Attitudes Scores by Major Type

<table>
<thead>
<tr>
<th></th>
<th>Non-nutrition Majors (n=27)</th>
<th>Nutrition Majors (n=25)</th>
<th>p-value for difference between groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Been diagnosed with an Eating Disorder (%)</td>
<td>7.4%</td>
<td>16.0%</td>
<td>0.33</td>
</tr>
<tr>
<td>Taken the EAT-26 before (%)</td>
<td>11%</td>
<td>44.0%</td>
<td>0.008</td>
</tr>
<tr>
<td>EAT-26</td>
<td>11.5±10.4</td>
<td>10.1±10.6</td>
<td>0.62</td>
</tr>
<tr>
<td>Body Image Scale</td>
<td>7.0±6.2</td>
<td>6.9±6.5</td>
<td>0.98</td>
</tr>
<tr>
<td>Pressure to look a certain way for your major</td>
<td>54.0±35.1</td>
<td>64.6±25.5</td>
<td>0.27</td>
</tr>
</tbody>
</table>

EAT-26: Eating Attitudes Test

As shown in Table 2, while twice as many nutrition majors reported ever having been diagnosed with an eating disorder, there was no significant difference between major types (p <0.05). There was a significant difference between the two major types in their experience with the EAT-26 (p=0.008) as several nutrition majors reported completing this questionnaire one or more times. There were no differences between major types in scores on the EAT-26 or the Body Image Scale. Nutrition majors tended to report more pressure to look a certain way for their major, this was not statistically significant. When analyzed by BMI (overweight and obese: 25 ≥30 kg/m², n=15 vs. normal weight and underweight:<25.0 kg/m², n=37), Body Image Scale scores were higher (5.3±5.3 vs. 10.9±6.9, p=0.003) and EAT-26 scores (9.6±9.9 vs. 13.9±11.5, p=0.17) were higher in heavier participants compared to their lighter peers, regardless of major.

Discussion

The objective of this cross-sectional study was to examine the differences in BID and disordered EA between nutrition majors and non-nutrition majors. Since the careers pursued by nutrition majors may be associated with upholding a healthy body image, we investigated if differences were observed between the two groups with regard to risk of disordered EA and BID.10,11

To assess the relationships between nutrition education and risk of disordered EA and BID, we used course count as a proxy for education. Several studies have examined body shape concern and disordered eating behaviors in nutrition students because food and weight management are sizeable components of the curricula.11,12,13 While we hypothesized that nutrition majors would have a higher risk of disordered EA and BID, we found no significant differences between the nutrition and non-nutrition majors in their scores on the EAT-26 or the Body Image Scale. Our findings are consistent with Ozenoglu’s research that compared 135 nutrition students to 69 non-medical students and found no significant differences in scores on the EAT-40, Beck Depression Inventory, or the Beck Anxiety Inventory between groups.6 Harris et al. did not find significant differences in EAT-26 subscale scores or eating disorder risk between female college students majoring in nutrition or exercise science or their control group studying any other major outside of nutrition or exercise science.14

We did, however, observe that when analyzed by BMI category, overweight and obese students (n=15) scored higher on the Body Image scale (p=0.003) and tended to score higher on the EAT-26 (p=0.17) compared to normal weight and underweight students (n=37), regardless of major. While mean BMI for both major types was in the healthy range (18.5-24.9 kg/m²), those students with overweight and obese BMIs had the most body image dissatisfaction and eating disorder risk/disordered eating behaviors. This is consistent with what has been reported in the literature: those with higher weight status were at

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higher risk for eating disorder symptoms.\textsuperscript{15} Also, normal weight/underweight participants reported taking more nutrition courses (6.1±7.0) than those who were overweight/obese (2.5±4.0, p=0.06). This is similar to another study which reported that female nutrition majors had lower BMIs compared to female students from other majors, possibly because of their knowledge of healthy foods.\textsuperscript{12}

In our study, 16% of the students majoring in nutrition and 7.4% of students with other majors reported being diagnosed with an eating disorder at some point in time. Also, 19% of our total sample had a current score >20 on the EAT-26, which is higher compared to previous studies reporting about 12% for nutrition majors.\textsuperscript{4,6,16} While there was no significant difference between major groups (\(\chi^2 = 0.20\)), of the participants that scored ≥20, 70% were non-nutrition and 30% were nutrition majors, which is contrary to our original hypothesis that the nutrition majors would have more disordered eating behaviors.

While about twice as many nutrition majors compared to non-nutrition majors reported ever having an eating disorder, our results show no difference between majors in EAT-26 scores. This could be because we asked if they had ever been diagnosed with an eating disorder which does not rule out currently having an eating disorder during the study. Since we did not specify “clinical diagnosis,” we cannot confirm whether or not these eating disorders were clinical or self-diagnosed. We also did not ask if participants had ever been treated for an eating disorder by any means of therapy. Participants who reported eating disorder diagnoses could have undergone therapy for an eating disorder at any time and scored lower on the EAT-26 because of healthier EA and behaviors.

We examined the number of nutrition courses participants had taken as a proxy for nutrition knowledge and hypothesized that those with more knowledge (e.g., more courses taken) would score higher on the EAT-26 and other scales used to assess EA and BID. Nutrition majors did indeed have a higher knowledge of nutrition compared to non-nutrition majors (p<0.001), and when grouped into underclassman (freshmen and sophomores) and upperclassman (juniors and seniors), 26.1% of the underclassman compared to 13.8% of the upperclassman scored >20 on the EAT-26 (\(\chi^2 = 0.26\)), which is contrary to our general hypothesis. A similar study of nutrition majors, students in other health-related majors and non-health related majors, divided participants into academic years and found no significant difference in EAT-26 scores between academic year groups.\textsuperscript{16} They did, however, find a trend showing a slightly higher percentage of high-risk participants (EAT >20) in the nutrition students in their freshman/sophomore year compared to the junior/seniors.\textsuperscript{16}

In the current study, participants with lower EAT-26 scores tended to report taking more nutrition classes (5.7±6.8) compared to those with EAT-26 scores >20 (2.8±4.3, p=0.20). Taken together, these results suggest that increased nutrition knowledge did not lead these students to have more disordered EA or BID. This finding is supported by a previous study of nutrition students reporting that the more nutrition-related courses that were taken, the lower the score on the Eating Pathology Symptoms Inventory.\textsuperscript{17} This assessment, however, includes 45 items designed to assess the psychopathology of eating disorders using eight subscales.\textsuperscript{18} This is a longer survey than the EAT-26, and while it measures some similar items (e.g., binge eating, purging, and restricting), additional items are assessed (e.g., body dissatisfaction, cognitive restraint, excessive exercise, muscle building, and negative attitudes toward obesity).

In the current study, there was a significant difference between the two major types in their experience with the EAT-26 (p <0.05). Forty-four percent (44%) of the nutrition majors reported having taken the EAT-26 at least once, compared to 11% of the non-nutrition majors. At the university, the Psychological Services Center hosts a voluntary “Eating Disorder Screening Day” each year that allows students across campus to be confidentially screened (using the EAT-26) for anorexia, bulimia, and binge eating. Students may then be referred to seek help from a campus or other local professional if results show high eating disorder risk. There were no significant differences seen in the scores of the assessments between participants who had taken the EAT-26 before and those who had not. It is possible that students in health-related majors are more encouraged by their programs...
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to participate compared to non-health related majors. The “practice effect” likely did not affect students’ scores on the EAT-26; however, we cannot rule out that the “experienced” individuals were more aware of the purpose of this assessment which could have influenced their responses. The National Eating Disorders Association believes that students need programs and materials that can educate them about eating disorders and body image because there is a connection between knowledge and behavior. Since the differences in EAT-26 scores were not significant between repeat and novice test-takers, we cannot conclude that being more self-aware of eating disorder risk and being pre-exposed to this questionnaire has any positive or negative outcome on students’ mental health. However, we know that multiple factors are involved with developing disordered EA and BID which could include not enough awareness or exposure to the topic of eating disorders.

Limitations of this study include the cross-sectional design and using a small convenient sample which limits our generalizability. Predispositions to eating disorders were not taken into consideration when studying the reason for developing BID or disordered EA, which includes the possibility of the participants having a family history of eating disorders, clinical diagnosis, and environmental factors. Our participants were primarily White females which also limits the generalizability of the findings, and this population may not necessarily represent the undergraduate population at-large. The proportion of male to female participants is not representative of all college campuses or nutrition and non-nutrition majors themselves, even though it was representative of the university sampled. Participants’ self-reported data may not have been the most reliable information due to recall and social desirability bias.

Implications for Research and Practice

Despite our limitations, the strengths of this study were that we had an equal number of nutrition and non-nutrition majors to make comparisons. This allowed us to observe differences in EA and BID between the two major types. Also, we were able to examine BMI status as well as co-occurrences for EA and BID in different groups.

The concern that nutrition students may be more prone to eating disorders and BID has been studied by many and questioned by nutrition educators. While the current study did not find more disordered EA or BID among nutrition students compared to the non-nutrition majors, students who were overweight and obese had body image dissatisfaction as well as higher EAT-26 scores compared to normal weight students, and 19% of the total sample, regardless of major, scored a concerning >20 on the EAT-26. This suggests that college students as a whole, and not only nutrition students, could benefit from self-awareness and counseling about disordered EA and BID.

Future implications of these results include proactively involving campus registered dietitian nutritionists in screening efforts, education programs on campuses for all students (e.g., development of self-awareness programs), and subsequent nutrition counseling. Inviting students to complete some of these assessments as they begin college as freshmen may also be important to develop self-awareness early on in their academic careers. The findings of this study are important to add to the current body of research because it has shown that all major types have body image concerns, feel pressure to look a certain way, and take on unhealthy eating and exercise practices to try to look a certain way in social settings, and having more nutrition education (e.g., in the form of being a nutrition major) was not seen as a trigger for increased concern.

Conclusions

In conclusion, our study showed that disordered EA and BID is a concern faced by both nutrition and non-nutrition related majors, especially those who are overweight and obese. In addition to trying to prevent and reduce eating disorder risk by helping individuals become self-aware of this problem, other possible implications could result from this research. Since BMI category was an indicator of higher scores, weight management aimed at helping overweight and obese students lose weight and adopt a healthier lifestyle via dietitian-led campus programs could help reduce the development of BID and disordered EA among college students of all majors.

Acknowledgements

This study was conducted according to the guidelines laid down in the Declaration of Helsinki and all procedures involving human subjects/patients were approved by the Institutional Review Board of Marywood University. This research was conducted at Marywood University as a part of Ms. Pacala’s thesis requirements. We thank all of our volunteers at the University who participated in our study.

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References


Updates from the Accreditation Council for Education in Nutrition and Dietetics

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During their July 2019 Virtual Town Hall, the Accreditation Council for Education in Nutrition and Dietetics (ACEND) discussed the Future Education Model. The Future Education Model is a new model of educational standards for dietetics students. Many of us have heard about the Future Educational Model, but some may not know exactly what it is or how it may change dietetics education. This article will explain what it is, why it was created, and the implications for students and dietetics educators.

What exactly is the Future Education Model? How is it different from the 2017 Accreditation Standards?

The Future Education Model refers to a new set of accreditation standards, called the Future Education Model Accreditation Standards, for dietetics programs. The Future Education Model presents a new model for dietetics education with the goal of producing graduates who are well-prepared for the advancing field of nutrition and dietetics practice. Table 1 outlines the key differences between the 2017 Accreditation Standards and the Future Education Model Accreditation Standards which are discussed in more detail below.

The 2017 Accreditation Standards outline accreditation standards for the programs we are familiar with: Didactic Programs (DPD), Coordinated Programs (CP), Dietetic Internship Programs (DI), Dietetics Technician Programs (DT), Foreign Dietitian Education Programs (FDE), and International Dietitian Education Programs (IDE). A student wishing to become a registered dietitian nutritionist (RDN) or a Nutrition and Dietetic Technician, Registered (NDTR) must obtain both their didactic coursework and supervised practice experience through some combination of these programs. Future NDTRs must have a minimum of an associate's degree, and future RDNs must have a minimum of a bachelor's degree (though this will change starting in 2024).

The Future Education Model Accreditation Standards streamline the pathways to becoming an RDN and an NDTR and create standards for a third practitioner level: Nutrition Health Associate. The Future Education Model outlines accreditation standards for three types of programs: Associate Degree Programs (FA), Bachelor’s Degree Programs (FB), and Graduate Degree Programs (FG). Under these standards, future Nutrition Health Associates must have a minimum of an associate's degree, future NDTRs must have a bachelor's degree, and future RDNs must have a master's degree or higher. Didactic coursework and supervised practice/experiential learning are fully integrated in these programs, thus eliminating the need to complete an additional supervised practice program (i.e., a dietetic internship). Following completion of the FB, a student is eligible to sit for the NDTR exam, and following completion of the FG, a student is eligible to sit for the RDN exam.

Another important difference between the 2017 Accreditation Standards and the Future Education Model Accreditation Standards are the criteria used to ensure graduates are prepared for dietetics practice. The Future Education Model Accreditation Standards places greater emphasis on competency-based education. Both the 2017 Accreditation Standards and the Future Education Model Accreditation Standards outline the competencies that students must meet through their supervised practice. However, the Future Education Model Accreditation Standards also introduce performance indicators, which are defined skills that in turn are used to measure and assess competence. This allows programs to ensure that not only are students meeting their competencies but are functioning at a standard that is appropriate and necessary for entry-level dietitians. Besides supervised practice, competence can be demonstrated in a variety of
Updates from the Accreditation Council for Education in Nutrition and Dietetics Future Education Model

ways including class projects, simulations, labs, and other activities. This flexibility helps programs fully integrate coursework and experiential learning. Importantly, because the amount of time it takes students to demonstrate competence will vary, the Future Education Model Accreditation Standards does not specify a minimum number of hours of experiential learning. This is very different from the 2017 Accreditation Standards and the Future Education Model Accreditation Standards which requires 1200 hours of supervised practice.

Table 1.
Key differences between the 2017 Accreditation Standards and the Future Education Model Accreditation Standards*

<table>
<thead>
<tr>
<th>Accredited Programs</th>
<th>2017 Standards</th>
<th>Future Education Model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integration of coursework and supervised practice</td>
<td>Depends on the program • DPD: coursework only • CP: coursework and supervised practice integrated • DI: supervised practice only</td>
<td>Coursework and experiential learning integrated</td>
</tr>
<tr>
<td>Minimum requirements for practitioners</td>
<td>RDN: bachelor’s degree (until 2024) NDTR: associate’s degree</td>
<td>RDN: graduate degree NDTR: bachelor’s degree Nutrition Health Associate: associate’s degree</td>
</tr>
<tr>
<td>Assessing competence of students</td>
<td>Students must meet certain competencies • Competencies are met through supervised practice • Minimum of 1200 hours of supervised practice required</td>
<td>Competence is determined by assessing performance indicators • Competencies can be met through supervised practice, class projects, simulations, labs, etc. • No minimum number of hours of experiential learning required</td>
</tr>
</tbody>
</table>

*CP: Coordinated Programs, DPD: Didactic Programs, DI: Dietetic Internship Programs, DT: Dietetics Technician Programs, FA: Associate Degree Programs, FB: Bachelor’s Degree Programs, FDE: Foreign Dietitian Education Programs, FG: Graduate Degree Programs, IDE: International Dietitian Education Programs, NDTR: Nutrition and Dietetic Technician Register, and RDN: Registered Dietitian Nutritionist

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When do programs need to adopt the Future Education Model Accreditation Standards?

Programs are not required to adopt the Future Education Model Accreditation Standards at this time nor are they required to adopt them by 2024 when the graduate degree requirement for RDNs, set in place by the Commission on Dietetic Registration (CDR) (not by ACEND), goes into effect. All dietetics programs that are currently accredited may continue operating under the 2017 Accreditation Standards, and ACEND will release updated “current” education model standards in 2022. Programs may voluntarily adopt the Future Education Model Accreditation Standards and serve as demonstration programs. Early adopters of the Future Education Model Accreditation Standards will provide valuable data to ACEND about their program and their graduates which in turn will help ACEND make decisions about implementing these new standards. For now, there is no required date or deadline for all programs to adopt the Future Education Model Accreditation Standards.

What pathways can students take to become an RDN?

Currently there is a handful of programs from the early adopter demonstration programs that are already operating under the Future Education Model Accreditation Standards, and there are many programs that are in the process of becoming demonstration programs. This means the majority of programs still operate under the 2017 Accreditation Standards, even if they are moving toward adopting the Future Education Model. This can be confusing for students trying to navigate their way through their dietetics education. Students should make sure they apply to the appropriate programs in the correct sequence to ensure they meet all the requirements to sit for the RDN or NDTR exam. Further complicating this process is the graduate degree eligibility requirement for RDNs set by the CDR going into effect starting January 1, 2024. Figures 1 and 2 outline the most common pathways students may take to meet the eligibility requirements for the RDN or NDTR exam both before and after the graduate degree requirement goes into effect in 2024, respectively.

Figure 1: Pathways to becoming an RDN or NDTR before January 1, 2024: Adapted from: [Link](#)
Updates from the Accreditation Council for Education in Nutrition and Dietetics Future Education Model

Figure 2: Pathways to becoming an RDN or NDTR before January 1, 2024: Adapted from: Link

<table>
<thead>
<tr>
<th>Pathway</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Bachelor’s Coordinated Program</td>
</tr>
<tr>
<td>2</td>
<td>Bachelor’s Didactic Program in Dietetics</td>
</tr>
<tr>
<td>3</td>
<td>FEM Bachelor’s Degree Program</td>
</tr>
<tr>
<td>4</td>
<td>Any Bachelor’s Degree</td>
</tr>
<tr>
<td>5</td>
<td>Associate’s DTR Program</td>
</tr>
</tbody>
</table>

Where can I find more information?
To learn more about the Future Education Model Accreditation Standards, visit this link: https://www.eatrightpro.org/acend/accreditation-standards-fees-and-policies/future-education-model. Here you can read the specific standards for each Future Education Model program, find accredited programs, learn how to apply to be a demonstration program, and find public updates and announcements from ACEND.

A Note from HOD Delegate

David H. Holben, PhD, RDN, LD, FAND
HOD Delegate, 2017-2020

Research DPG Members:
It has been a pleasure serving you as representative of the Research DPG to the Academy's House of Delegates (HOD) for the past three years. Your input has been invaluable to me and has helped to move our profession forward, especially in the most recent HOD meeting on evidence-based practice in early 2020. Over the next three years, please plan to stay engaged with your new delegate, Dr. Kim Beals. She will be relying on you to give her input on important matters for our profession. Again, it has been an honor serving you.

David H. Holben, PhD, RDN, LD, FAND
HOD Delegate, 2017-2020
Awards Announcement

We would like to recognize two very deserving members of the Research DPG who have been selected to receive the Academy of Nutrition and Dietetics Medallion Award. This award recognizes colleagues who have made a significant contribution to the field of nutrition and dietetics. As detailed below, their accomplishments, leadership, and service demonstrate the high standards synonymous with a Medallion Award winner.

David H. Holben, PhD, RDN, LD, FAND

Dr. Holben has served as a member of the Research DPG Executive Committee since 2007 and is a Professor of Nutrition, Gillespie Distinguished Scholar, and Director of the Office of Food and Nutrition Security at the University of Mississippi. He is a passionate educator who eagerly shares his love for nutrition, evidence-based practice, and research with the next generation of dietitian nutritionists (undergraduate and graduate students). In the past 36 years, his contributions — on international, national, regional, and local levels — have been instrumental in tangibly advancing the field of nutrition and dietetics.

Kendra Kattelmann, PhD, RDN, LN, FAND

With decades of contributions in domestic and international settings, Dr. Kattelmann's clinical, educational, research, and leadership efforts continue to impact the lives of her patients, students, colleagues, peers, and indeed, the entire nation through her long-standing active duty and U.S. Army Reserve service, achieving the rank of Colonel. In addition, she has established an exemplary record of teaching and mentorship as director of the Didactic Program in Dietetics and university department head, culminating in the bestowal of the title, Distinguished Professor, an esteemed honor from South Dakota State University. Dr. Kattelmann has selflessly devoted countless hours of professional leadership and service to the Academy as well as multiple state and DPG organizations and the Society for Nutrition Education and Behavior.

Please join us in congratulating Dr. Holben and Dr. Kattelmann on this much-deserved honor!

Letter from the Editor

Tricia L. Psota, PhD, RDN

Editor-in-Chief, The Digest

Dear Research DPG Members,

In my last letter, I’d like to recognize the individuals vital to the publication of The Digest. First, I’d like to thank my right and left hands, assistant editors Judy Gould and Lori Stockert. Their thorough reviews and keen eyes are greatly appreciated. I’d also like to acknowledge former student editor, Chelsea Schulman, for coordinating the review of student articles and identifying students to feature in the Student Spotlights. I also am grateful for the contributions of the chairs during my tenure, Ashley Vargas and Barb Gordon as well as Ines Anchondo, the CPE Administrator. Katie Gustafson, Academy DPG Manager, provides guidance from the national office and reviews each edition for which I am thankful. Copy editors, along with the RDPG webmasters, Valisa Hedrick (2018-2019) and Brooke Wickman (2019-2020), round out the behind-the-scenes team. Lastly, I’d like to thank each and every author and board member for their submissions. The quality content you provide keeps our members informed and up-to-date on nutrition research and RDPG activities.

I’m handing off the baton to Maria Chondronikola, PhD, RDN. I hope you’ll join me in welcoming her! If you are interested in submitting an article to The Digest, you can find the Author Guidelines for doing so here. If you have any questions, email Dr. Chondronikola editor@researchdpg.org.

Thank you for the opportunity to serve as Editor-in-Chief of the RDPG. I appreciate all the new connections I’ve made during my tenure. The RDPG has a wonderful network of members for which I’ll be eternally grateful.

Sincerely,

Tricia Psota, PhD, RDN

Editor-in-Chief, 2018-2020
Policy and Research: Bringing the Stakeholders Together

Nichole Reed, RDN, LDN
Policy and Advocacy Liaison
pal@researchdp.org

At first glance, the worlds of policy and research could not be more different. Policymakers focus on what can be done right now in areas their community needs. They are directly in the public eye, seemingly always on TV. In contrast, researchers investigate a problem or question for years. Often, the problem is complex, theoretical, and typically not understood by the layperson. Let’s be honest: most researchers spend a lot of time locked away in an office or a lab (a great skill for quarantining).

Researchers and policymakers have conflicting decision-making processes primarily due to different influencing factors. Research relies on concrete, airtight evidence from peer-reviewed data and literature reviews. In policymaking, evidence can be as simple as a conversation, a photo, or an event. Most importantly, policymakers at the state and federal levels, have a strong need for policy-relevant information to guide decisions. Yet, the one thing they both rely on is science, and this is where researchers can make a huge impact on policy.

In the arena of food and nutrition, if researchers are not communicating evidenced-based nutrition science to policymakers, gaps prevail. For example, non-RDN “nutrition experts” who circulate in the media, have engaged in misleading conversations with policymakers. Even if self-proclaimed experts are not in the room, policymakers are extremely engaged with the media which blasts nutrition misinformation at an alarming rate.

It is imperative nutrition scientists and dietitians communicate with policymakers and advise them on evidence-based, scientific findings and best practices so this information is evaluated and considered in the policy making process. Fortunately, the Academy of Nutrition and Dietetics (Academy) is taking steps to ensure our members are included in the conversations.

The Academy has a dedicated policy team located in Washington D.C. They are on the pulse of current policy issues and forecasting future nutrition and food policies. The Academy has incorporated policy positions in all sectors of the organization, from local to national levels. Each local and state Academy affiliate includes board members dedicated to managing public policy. DPGs also have policy representation in the Policy and Advocacy Liaison (PAL). I’m excited to share this is my position! My role is to take the legwork out of policy work. A summary of PAL duties is included in Table 1.

Table 1. Duties of the Policy and Advocacy Liaison for the Research Dietitian Practice Group

<table>
<thead>
<tr>
<th>Policy and Advocacy Liaison Duties</th>
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<tr>
<td>• Consolidate and submit member input for regulatory comments, stance or position, or legislative review</td>
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<td>• Identify and recruit content experts in the DPG</td>
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<tr>
<td>• Serve as the Academy’s Policy Advocacy and Initiatives team’s main point of contact to share emerging issues and stay informed about policy in the pipeline</td>
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<td>• Disseminate policy information to DPG members through communication channels</td>
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<td>• Engage members in policy and work with state affiliates, as necessary</td>
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Continued on page 24
Your Work or Insights Could Be Published Here!

We want to communicate your research and expertise to other members. Have interesting findings or specialized knowledge to share?

*Please email the Editor-in-Chief at digesteditor@researchdpg.org to get started!*

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**The final piece of this puzzle is you!** Research DPG members have a wealth of varied experience and are content experts in their area. To learn more about the expertise and interests of RDPG members, a survey to collect information from you is in your inbox. This is the “Research Dietitian Specialty Survey.” If you have not done so, please fill out the Research Dietitian Specialty Survey at your earliest convenience to share your area of expertise. You can also use the provided QR code (Figure 1) to access the survey on your mobile phone or tablet.

**Figure 1.**

QR Code for the Research Dietitian Specialty Survey

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In the upcoming issues of *The Digest*, we will feature members whose work is directly correlated with current food and nutrition policy issues. We want to highlight how your work is influencing and supporting policy. For example, if you study obesity interventions, the Treat and Reduce Obesity Act is incredibly relevant to supporting your work by ensuring patients with obesity have access to specialized healthcare.

If you have any questions or concerns or are interested in being featured, please email pal@researchdpg.org.

**Reference**

# 2020-2021 Research DPG Executive Committee Roster

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