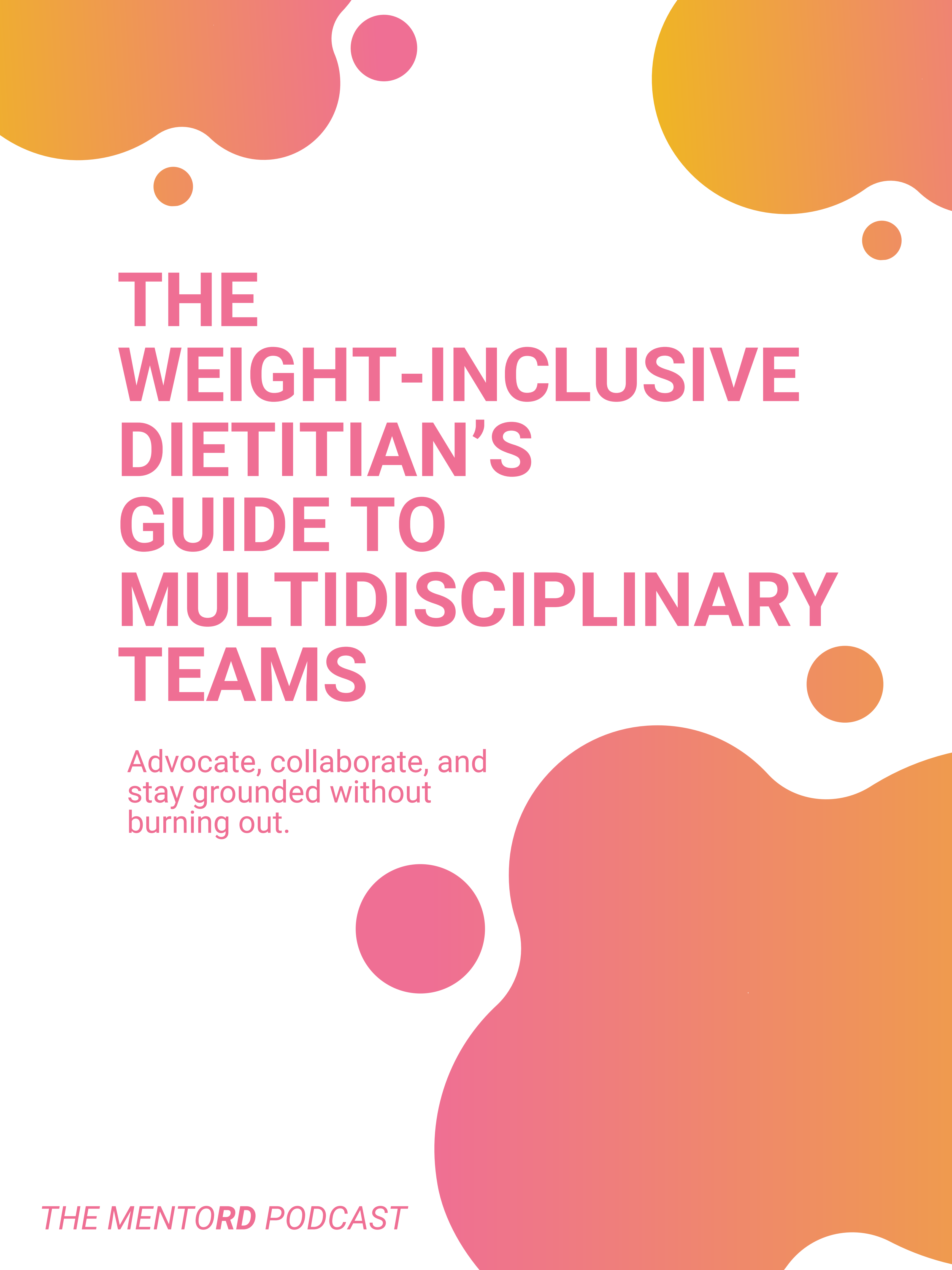




THE WEIGHT-INCLUSIVE DIETITIAN'S GUIDE TO MULTIDISCIPLINARY TEAMS

Advocate, collaborate, and
stay grounded without
burning out.

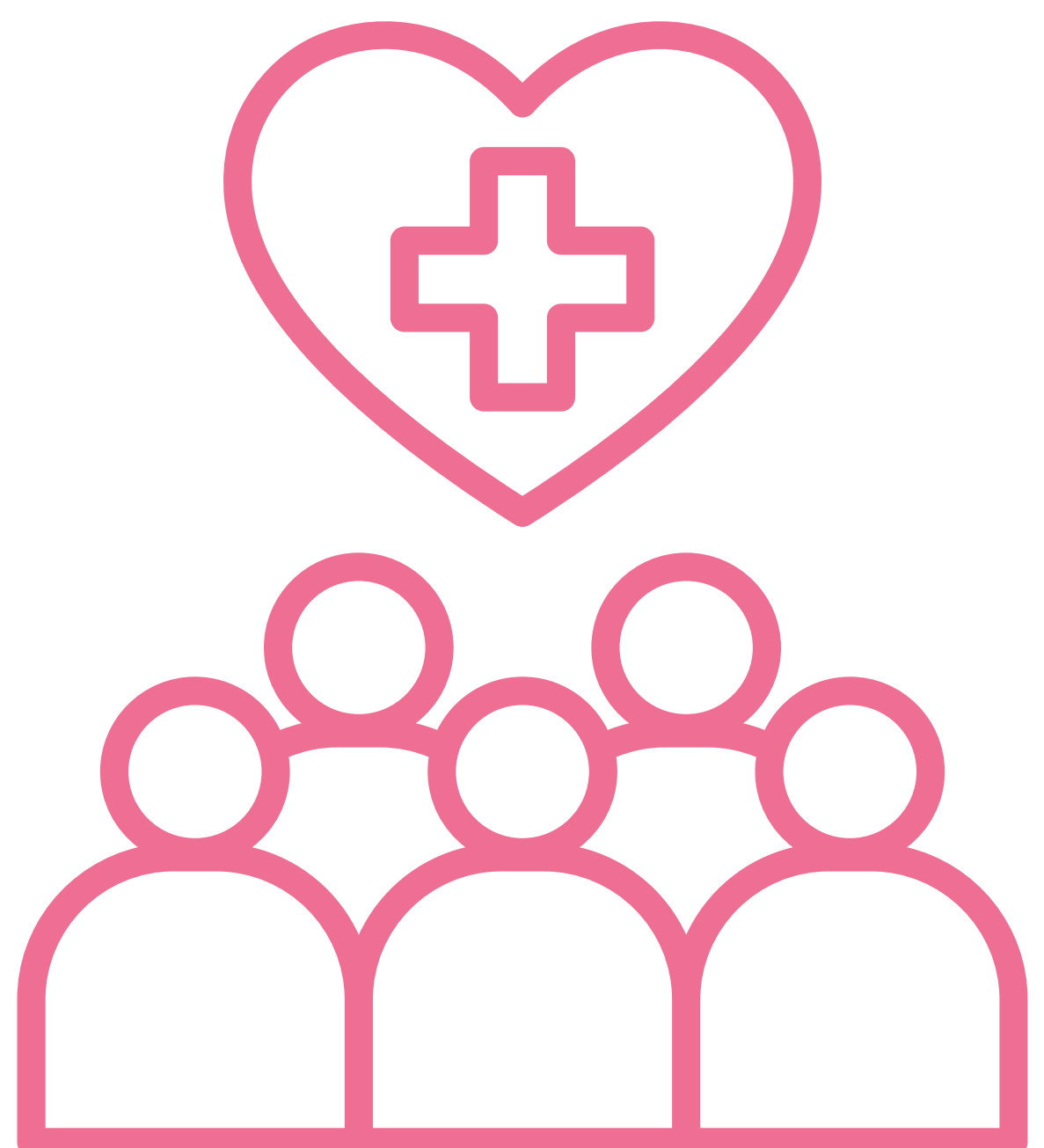
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WHY THIS GUIDE EXISTS

You didn't go into dietetics to feel small in every team meeting.

And yet, too often, weight-inclusive dietitians find themselves as the lone voice of nuance, compassion, and trauma-informed care on multidisciplinary teams.

This guide offers practical strategies and mindset shifts to help you navigate collaboration—especially when your values feel at odds with the culture around you. Whether you work inpatient, outpatient or solo in private practice, this guide is for you.





Just because you might be the only weight-inclusive provider doesn't mean it has to stay that way.

1. YOUR ROLE IS POWERFUL—EVEN IF YOU'RE THE ONLY ONE

Multidisciplinary teams can offer incredible support for clients—when done well. But as a weight-inclusive RD, you may be the only one in the room advocating for harm reduction, body autonomy, and trauma-informed care.

THAT MEANS:

- You're often the voice that gently pushes for systemic change.
- You have the opportunity to plant seeds that may grow later.
- Your language, tone, and presence matter more than you know.

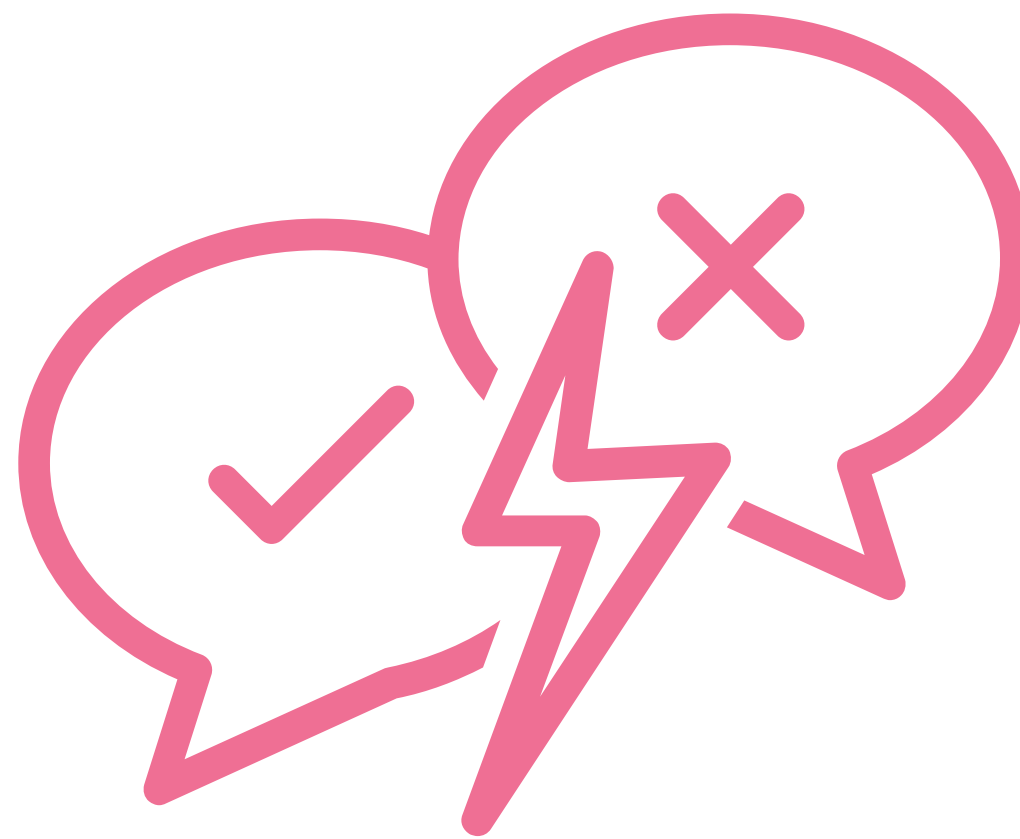
YOU'RE NOT JUST COLLABORATING—YOU'RE MODELING A NEW WAY OF PRACTICING CARE.



2. WHEN THE TEAM ISN'T ON THE SAME PAGE: WHAT TO EXPECT

Multidisciplinary care can be a beautiful thing—but it also comes with complexity.

Especially when you're practicing differently than everyone else.



COMMON SOURCES OF TENSION:

- Differing beliefs about BMI, weight loss, and “progress”
- Pressure to conform to institutional norms (e.g., obesity consults)
- Being a newer provider who hasn't yet found your voice
- Trauma-informed care being misunderstood or completely missing
- Team members unaware of their own bias

YOU MAY FIND:

- That you're code-switching your language just to be heard
- That team members are openly or passively resistant
- Even eating disorder (ED) treatment teams can feel divided

***YOU'RE NOT IMAGINING IT—AND YOU'RE NOT ALONE.
KEEP GOING.***

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3. STRATEGIES FOR COLLABORATION WITHOUT COMPROMISE

Here's how to advocate for your client and your values—without losing yourself in the process.

USE CURIOSITY-BASED LANGUAGE

- ❌ **Instead of:** *"That's harmful and not trauma-informed."*
- ✅ **Try:** *"I wonder what would happen if we shifted focus from weight to behaviors in this case?"*

Other examples:

- *"I'm curious how you've seen clients respond when weight is removed from the conversation."*
- *"Here's something I've noticed in my work—does that align with your experience?"*

STAY REGULATED

- Pre-write your talking points or scripts ahead of time
- Recognize fight/flight/fawn/freeze in yourself and pause if needed
- Return to your clinical lens—it's valid and necessary.

KNOW WHEN TO SPEAK UP—AND WHEN TO CONSERVE YOUR ENERGY

- You don't have to educate every team member
- Focus your energy on those open to change
- Remember: you're planting seeds, not running a one-person revolution

4. PRACTICAL TIPS FOR DIFFERENT SETTINGS

INPATIENT SETTINGS

The stakes (and the emotions) can be even higher here. Here are some practical reminders for inpatient RDs:

- You likely do know more about nutrition than the medical residents. They're learning. You're already a specialist.
- Don't be afraid to ask the attending why a consult was placed. Example: *"I saw you put in a consult for obesity—what were you hoping we'd address? Any specific concerns I can support?"*
- Advocate for ethical care even in subtle ways—like how you word progress notes or how you describe a patient's intake.
- If the root issue isn't nutrition-related, it's okay to say so. Trust your clinical judgment, and don't be afraid to challenge assumptions that may lead to unnecessary or ineffective interventions.
- When you cry after rounds (because sometimes you will), that doesn't mean you're not cut out for this. It means you care.

OUTPATIENT SETTINGS

- You may be one of only 2–3 providers on the team so communication is key.
- Clients often share different information with each provider. Collaboration fills the gaps.
- Be aware of trauma responses—some clients may unconsciously mask struggles with one provider.
- You may be the one noticing patterns others miss. Speak up.

PRIVATE PRACTICE

- Isolation is real—build your own informal network of providers.
- Be intentional about when and how you check in with a client's team.
- Collaborating in private practice builds trust, expands referrals, and improves care quality.
- Use tools like emails, calls or even joint sessions—with clear ROI boundaries.

5. ETHICAL COMMUNICATION IN TEAM SETTINGS

It can be easy for treatment team discussions to veer into unproductive venting or gossip. Stay grounded with this question:

WOULD I STILL SAY THIS IF THE CLIENT WERE IN THE ROOM?

TIPS FOR ETHICAL, COLLABORATIVE COMMUNICATION

- Share facts, not judgments
- Avoid assumptions about motivation or behavior
- Reiterate autonomy—even if an ROI is signed
- Use respectful tone and language in all formats (calls, emails, notes)
- Clarify and stay within your scope

ROIS: THE GATE TO ETHICAL COLLABORATION

- ROIs protect client autonomy and your liability
- Clients choose what is shared and with whom
- You can request one at intake or revisit the ROI if communication becomes more relevant
- Consent can be withdrawn at any time
- Even with an ROI, check in: *“Would you still feel comfortable with me sharing this with your therapist?”*

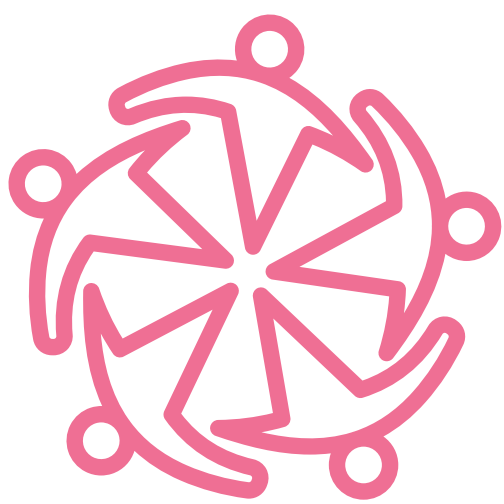
6. STAYING CONNECTED OUTSIDE OF TEAMS

Not currently on a treatment team? That's okay. You still need professional connection.

- Join supervision or peer groups
- Attend networking events (virtual or local)
- Reach out to providers with similar values
- Use directories (like HAES® provider lists) to find aligned professionals
- Pick one connection strategy that feels doable—and stretch just a little outside your comfort zone

YOU BELONG HERE

Whether you're navigating an inpatient unit full of BMI talk or collaborating with a therapist who “just doesn't get it,” know this:



- Your approach is clinically sound.
- Your clients are lucky to have you.
- And no, you're not too sensitive—this work is emotional.

Let this guide be your reminder that you're not here to fix a broken system alone. You're here to practice with integrity, plant seeds of change, and advocate in a way that sustains you, too.

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TAKE A MOMENT FOR REFLECTION

- Where do you feel strong in your collaboration skills?
- Where could you use more clarity or support?
- What's one small way you can show up more intentionally on your next team interaction?



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