University of New Haven
Dietetic Internship Program Handbook
2020-2021

Nutrition Sciences Department
School of Health Sciences

The University of New Haven’s Dietetic Internship Program is granted full accreditation by the Accreditation Council for Education in Nutrition and Dietetics (ACEND) the accrediting agency for the Academy of Nutrition and Dietetics.

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Suite 2190
Chicago, IL 60606-6995
(312) 899-0400 ext. 5400
http://www.eatrightPRO.org/ACEND

February 2020
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- **Appendix C:** (2018) Code of Ethics of the Academy of Nutrition and Dietetics and the Commission on Dietetic Registration (credentialing agency of the Academy)
- **Appendix D:** 2017 Scope of Practice (SOP) for the Registered Dietitian
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University of New Haven Dietetic Internship Program

Handbook Introduction

Welcome to the University of New Haven’s Dietetic Internship Program! A dietetic internship (DI or IP) is a supervised practice experience providing a minimum of 1200 hours of onsite experience under the supervision of a registered dietitian or individual receiving guidance from a registered dietitian. Experiences meet competencies established by the Accreditation Council for Education in Nutrition and Dietetics (ACEND) of the Academy of Nutrition and Dietetics. Successful completion of supervised practice results in a Verification Statement from the Dietetic Internship Director authorizing eligibility to sit for the national registration exam administered by the Commission on Dietetic Registration (CDR), the credentialing agency of the Academy of Nutrition and Dietetics. Successful passage of this exam confers the title Registered Dietitian (RD) or Registered Dietitian Nutritionist (RDN)

Definition of a Dietetic Intern:

A Dietetic Internship is a supervised practice program that often confers graduate level education credits. Therefore, dietetic interns are not considered staff members or replacement of staff at any rotation sites.

Accreditation Statement: The Dietetic Internship Program at the University of New Haven is located in the Nutrition Sciences Department of the School of Health Sciences, University of New Haven, 300 Boston Post Road, West Haven, Connecticut. The program is granted full accreditation by ACEND (February 2020) as a Dietetic Internship (DI) Program.

Credentialing Process - Registered Dietitian

Following successful passage of the national Registered Dietitian exam (as described above), individuals may seek credentialing in their state of residence. In Connecticut, registered dietitians or registered dietitian nutritionists can be certified as a Dietitian-Nutritionist upon submission of proof from the Commission on Dietetic Registration of the Academy of Nutrition and Dietetics to the Connecticut Department of Public Health (860-509-7603 or https://portal.ct.gov/DPH/Practitioner-Licensing--Investigations/Dietitian/DietitianNutritionist-Certification). An application fee is required, as are yearly renewal fees. In most health facilities, Connecticut certification is required for employment as a dietitian.

Graduating interns should seek guidance from their state of residence or state of employment to learn state requirements for gaining legal credentialing to practice in their home state. Some states require licensure, others require certification and other states require no specific state statues and the RD or RDN is deemed the appropriate credential for a practicing dietitian or nutritionist. The RD or RDN credential is recognized nationally and usually does not require further testing or state boards for employment as a dietitian or nutritionist.

Overview of the University of New Haven

The University of New Haven was originally founded as a junior college and was awarded accreditation as New Haven College by the New England Association of Schools and Colleges (NEASC) in 1966 and accreditation continues to this day. (NEASC was recently renamed to New England Commission on Higher Education (NECHE). Post- baccalaureate study and undergraduate programs were added enabling the school to be renamed the
University of New Haven in 1970. An additional satellite campus is located in Tuscany, Italy and most recently, Graduate Business and other programs have been relocated into a new 40-acre picturesque campus facility located in nearby Orange, Connecticut. The University enrolls over 6,800 students, including nearly 1,900 graduate students and more than 4,900 undergraduates on an 82-acre campus. There are over 100 academic programs offered through the College of Arts and Sciences, College of Business, Henry C. Lee College of Criminal Justice and Forensic Sciences, Tagliatela College of Engineering, and, most recently, the School of Health Sciences.

**Philosophy and Location of the University of New Haven**
The University of New Haven is a private, independent, comprehensive university offering quality education with special emphasis on unique and specialized programs to meet current and emerging social needs. Emphasis upon experiential learning opportunities empowers students to apply substantive knowledge and skills with problem solving as they obtain practical experience for leadership success. Students from 40 states and 52 countries attend the university that is known for its cultural diversity, athletic programs and real-life learning focus. The University strives to offer unique academic programs specifically focused upon growing areas of need for college graduates. Individual mentoring, small classroom settings, close faculty and student relationships are fundamental to the university. Emphasis upon experiential learning, as is the ultimate goal of the Dietetic Internship Program, serves the Mission and focus of the university.

The town of West Haven has a population of approximately 54,500 and is bordered on the south by Long Island Sound and to the east by the city of New Haven - a vibrant, intellectual college town with excellent arts, theatre, shopping, and transportation facilities. New York City and Boston are within a two-three hour commute by train. Interstates 95 and 91 are a few miles from campus. New Haven is also known for world-renowned health care and research institutions including the Yale-New Haven Health System which includes Yale-New Haven Hospital, Bridgeport Hospital and Greenwich Hospital, Lawrence + Memorial Hospital, and Rhode Island’s Westerly Hospital. The VA Connecticut Healthcare System is within walking distance of the University of New Haven. Yale University research programs include the Bright Bodies Weight Management Program for Children. The University of New Haven is ideally located in a region of cultural diversity, local and national food policy initiatives, leading health facilities and a convenient, accessible location.

**Overview of the Nutrition Sciences Department, Nutrition Programs and Dietetic Internship Program**
The Dietetics Department was established in 1981 and provided a four-year Bachelor of Science Degree in General Dietetics. The program was awarded approval status as a Plan IV Program in July 1993 by the Council on Education (COE) Division of Education Accreditation/Approval of the American Dietetic Association. The program continued to grow, additional faculty were added, the undergraduate program’s administrative structure was moved from the School of Hospitality to the College of Arts and Sciences and the program was renamed, “Nutrition and Dietetics” approved by the Department of Higher Education of Connecticut in 2002. A newly created Division of Health Professions was created within the College of Arts and Sciences and the undergraduate Nutrition and Dietetics Program and Graduate Human Nutrition Program became part of the Division of Health Professions. The undergraduate Nutrition and Dietetics Program received Initial Accreditation by the Commission on Accreditation for Dietetics Education in May 2007 as a Didactic Program in Dietetics. A successful Program Assessment Report (PAR) was submitted and Accreditation Status was continued as a Didactic Program in Nutrition and Dietetics at the baccalaureate level in July 2012 by the Accreditation Council for Education in Nutrition and Dietetics (ACEND) and continued accreditation was awarded during the summer of 2017.
The undergraduate Nutrition and Dietetics Program attracts both traditional, freshmen college students and non-traditional, transfer students holding a variety of undergraduate degrees. Flexible course schedules along with weekend graduate courses allow students to earn a graduate degree concurrently with undergraduate, dietetics coursework permitting verification to enter post-graduate supervised practice, i.e. Dietetic Internship Programs. In addition, there is an Articulation Agreement with nearby Gateway Community College’s Dietetic Technology Program formally approved in 2006 and currently under review that enables students to begin at Gateway and transfer to the University of New Haven to complete didactic coursework while they earn a Bachelor of Science degree in Nutrition and Dietetics.

Planning for an accredited Dietetic Internship Program began in 2012 with the arrival of a new Dean of the College of Arts and Sciences. The future Dietetic Internship Program’s Initial Application was submitted in June 2015 by the former Director of the undergraduate Nutrition and Dietetics Program. The program was granted Candidacy as a Dietetic Internship Program in 2016 and is granted full accreditation in February 2020 following a Self-Study and successful Site Visit.

**Mission Statements**

**Mission Statement of the University of New Haven**

The University of New Haven is a student-centered comprehensive university with an emphasis on excellence in liberal arts and professional education. Our mission is to prepare our students to lead purposeful and fulfilling lives in a global society by providing the highest-quality education through experiential, collaborative and discovery-based learning.

**Mission Statement of the School of Health Sciences of the University of New Haven**

The mission of the School of Health Sciences is to train competent, caring health professionals by delivering innovative, interdisciplinary healthcare education and services that are student-centered, focused on excellence, with a global reach.

**Mission Statement of the undergraduate Nutrition and Dietetics Program (DP) of the University of New Haven:**

It is the mission of the Nutrition and Dietetics Program to prepare registered dietitians/nutritionists through excellence in arts, sciences and professional leadership, service and experiential, collaborative and discovery-based learning.

**Mission Statement of the Dietetic Internship Program of the University of New Haven:**

It is the mission of the Dietetic Internship Program to emphasize excellence in professional preparation and supervised practice for competence in nutrition therapy and care process, food service systems, community nutrition and wellness so that future entry-level registered dietitian nutritionists lead purposeful and fulfilling lives as leaders in a global society through knowledge, critical thinking, oral and written communication skills and experiential learning with a focus on community nutrition and wellness supported by graduate education.
Program Goal 1: Prepare program graduates for entry-level practice as clinical dietitians, food service managers or community nutritionists with special emphasis upon wellness and sustainable food systems in a global society.

Program Objectives for Goal 1:
1. Program Completion: “At least 80% of program interns complete the program/degree requirements within 15 months. (150% of program length)”
2. Graduate Performance on Registration Exam:
   a. “Eighty per cent (80%) of program graduates take the CDR credentialing exam for dietitian nutritionists within 12 months of program completion.”
   b. “The program’s one-year pass rate (graduates who pass the registration exam within one year of first attempt) on the CDR credentialing exam for dietitian nutritionists is at least 80%.”
3. Graduate Employment: “Of graduates who seek employment, 80% are employed in nutrition and dietetics or related fields within 12 months of graduation as evaluated annually by the Program Director using an average of data able to be collected from the previous three years.”
4. Surveys will show that 85% of employers agree or strongly agree with the entry-level preparation of graduates as evaluated annually by the Program Director using an average of data able to be collected from the previous three years.
5. At least 85% of graduates surveyed will reveal overall satisfaction with the Dietetic Internship’s preparation for employment as evaluated annually by the Program Director and surveyed again 3 years post-graduation.

Program Goal 2: Prepare dietetic interns to effectively communicate and interact with diverse client populations, and interdisciplinary professionals.

Program Objectives for Goal 2:
1. Ninety per cent (90%) of dietetic interns will receive good, very good or excellent evaluations from preceptors demonstrating professional writing skills when preparing written communication documents such as case studies, research papers, diet instruction materials, proposals or management tools such as policies and procedures.
2. Ninety per cent (90%) of dietetic interns will receive good, very good or excellent evaluations from preceptors related to effective oral or electronic communication skills with all patients and clients, including those from diverse backgrounds, in order to enhance nutrition education, training or marketing of programs.

Program Goal 3: Prepare program graduates to actively support the profession as contributing members, managers or as credentialed practitioners following completion of the dietetic internship.

Program Objectives for Goal 3:
1. Dietetic Interns will attend at least one professional meeting during supervised practice. If feasible, interns will present posters at state professional meetings that display research or projects completed during their dietetic internship experience.
2. According to 5-year post-graduate surveys, graduates remain active in at least one professional or community organization related to nutrition, dietetics, wellness or community service/policy as evaluated annually using an average of data from the previous three years.
3. Following graduation, 80% of dietetic interns will exemplify management or leadership capability in a
professional, community or employment setting as evidenced by intern or employer survey data demonstrating these responsibilities or by the graduate obtaining an advanced practice credential or additional graduate education as evaluated annually using an average of data from the previous three years.

All program objectives to achieve program goals will be carefully measured and monitored with the results available to interns, faculty, administrators and the Advisory Committee.
Dietetic Internship Program Description

The Dietetic Internship is a full time, 10 month (42 week- September- June) community nutrition oriented program, with interns in rotation for 5 days per week, generally Monday through Friday. Interns are expected to work some weekends and holidays according to the needs of their assigned rotation. A minimum of 1,200 hours of supervised practice are required and include rotation sites described below. Human Nutrition Internship Seminar courses will be taught a six week intervals during the 10 months.

Orientation: The University of New Haven’s Dietetic Internship Program will begin the first Tuesday of September. The first two weeks will be devoted to a General Orientation (Human Nutrition Internship Seminar I) when interns attend orientation Monday-Friday for two weeks and receive instruction related to program expectations, policies and procedures, pre-testing of dietetics competency in preparation for success in future rotations. Results of Medical Nutrition Therapy (MNT) and Medical Terminology testing will determine additional content to be included during the Seminar Orientation. Individual rotation schedules will also be provided during Orientation.

Continuation of Human Nutrition Internship Seminar I, II, III: Additional “non-rotation” Seminar weeks will be scheduled at 6 week intervals throughout the rest of the program when rotations are not planned. This flexibility enables students to make up or add remedial rotation days during the Seminar week on the days when classes are not scheduled. Seminar days will also include didactic classes, professional meetings, field trips, community activities, projects, etc.

Graduate Credit: Human Nutrition Internship I, II and III (NUTR 6693, 6694 and 6696) are approved as graduate courses in the MS in Healthcare Administration, Master of Public Health and MBA graduate programs. Students accepted into the Dietetic Internship Program will be automatically matriculated into one of the above graduate programs with 9 graduate credits applied toward the degree of the interns’ choice.
## Curriculum and Dietetic Internship Coursework

### Rotation Schedule

<table>
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<tr>
<th>ROTATION AREA</th>
<th>HOURS</th>
<th>WEEKS</th>
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<tr>
<td>Human Nutrition Internship Seminar I (Orientation) &amp; II &amp; III (non-credit bearing), required course for all dietetic interns:</td>
<td>(Total Contact Hours= &gt;120- or equivalent to three, 3 cr. courses - not included in rotation hours)</td>
<td>See Syllabus- 2 weeks Orientation then 5 Seminar Day “weeks” (no rotation) - “arranged” during 10 months</td>
</tr>
<tr>
<td>Medical Nutrition Therapy (MNT) - 1</td>
<td>160</td>
<td>4</td>
</tr>
<tr>
<td>Medical Nutrition Therapy (MNT) - 2</td>
<td>200</td>
<td>5</td>
</tr>
<tr>
<td>Culminating/Staff Relief</td>
<td>80</td>
<td>2</td>
</tr>
<tr>
<td>Outpatient MNT</td>
<td>120</td>
<td>3</td>
</tr>
<tr>
<td>Long Term Care-MNT</td>
<td>120</td>
<td>3</td>
</tr>
<tr>
<td>Institutional (Management) Food Service</td>
<td>80</td>
<td>2</td>
</tr>
<tr>
<td>WINTER/SPRING BREAKS</td>
<td>2, 1</td>
<td></td>
</tr>
<tr>
<td>Retail (Management) Food Service</td>
<td>80</td>
<td>2</td>
</tr>
<tr>
<td>Community Nutrition</td>
<td>280</td>
<td>7 (assorted rotations)</td>
</tr>
<tr>
<td>Child/Adolescent</td>
<td>80</td>
<td>2</td>
</tr>
<tr>
<td>Specialty</td>
<td>80</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTALS</strong></td>
<td><strong>1280 HOURS</strong></td>
<td><strong>42 WEEKS</strong></td>
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Some of the additional coursework including during Seminar Week will include:
- Nutrition Care Process
- Nutrition Focused Physical Exam
- Medical Nutrition Therapy for Diabetes, Cardiac, Gastrointestinal, Renal, Oncology and other diseases
- Parenteral and Enteral Nutrition
- Nutrition Counseling and Theories, Motivational Interviewing, Stages of Change
- Management and Leadership-collaboration, teamwork, problem solving, decision making skills
- Career planning and self-assessment
- Professional values, Code of Ethics, Scope of Practice, Scope of Professional Performance
- Cultural competence
- Food service systems, equipment and layout design
- Research and literature searching skills, national and professional resources such as Academy publications (Evidence Analysis Library)
- Billing and reimbursement for service
- Community Nutrition Resources
- Agriculture and Sustainable Food Practices
- Disordered Eating and Treatment modalities
- Sports/fitness Nutrition
# Program Schedule & Calendar

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<th>Dates</th>
<th>Topics</th>
<th>Academic Calendar</th>
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<td>First Tuesday of September (Total 2 weeks)</td>
<td>Orientation Weeks</td>
<td>Fall Semester</td>
</tr>
<tr>
<td>Weeks 3-8</td>
<td>Rotations (6 weeks)</td>
<td>Fall Semester</td>
</tr>
<tr>
<td>Week 9</td>
<td>Seminar Week</td>
<td>Fall Semester</td>
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<td>Weeks 10-15</td>
<td>Rotations (6 weeks)</td>
<td>Fall Semester</td>
</tr>
<tr>
<td>Week 16</td>
<td>Seminar Week</td>
<td>Fall Semester</td>
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<td>Weeks 17-18</td>
<td>Winter Break</td>
<td>Winter Break</td>
</tr>
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<td>Weeks 19-21</td>
<td>Rotations (3 weeks)</td>
<td>Spring Semester</td>
</tr>
<tr>
<td>Weeks 22-24</td>
<td>Rotations (3 weeks)</td>
<td>Spring Semester</td>
</tr>
<tr>
<td>Week 25</td>
<td>Seminar Week</td>
<td>Spring Semester</td>
</tr>
<tr>
<td>Weeks 26-29</td>
<td>Rotations (3 weeks)</td>
<td>Spring Semester</td>
</tr>
<tr>
<td>Week 28</td>
<td>Spring Break</td>
<td>Spring Semester</td>
</tr>
<tr>
<td>Weeks 30-32</td>
<td>Rotations (3 weeks)</td>
<td>Spring Semester</td>
</tr>
<tr>
<td>Week 33</td>
<td>Seminar Week</td>
<td>Spring/Summer I Semester</td>
</tr>
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<td>Weeks 34-35</td>
<td>Rotations (2 weeks)</td>
<td>Spring/Summer I Semester</td>
</tr>
<tr>
<td>Weeks 36-37</td>
<td>Rotations (2 weeks)</td>
<td>Summer I</td>
</tr>
<tr>
<td>Weeks 38-39</td>
<td>Rotations (2 weeks)</td>
<td>Summer I</td>
</tr>
<tr>
<td>Weeks 40-41</td>
<td>Rotations (2 weeks)</td>
<td>Summer I</td>
</tr>
<tr>
<td>Week 42</td>
<td>Seminar-Final Week</td>
<td>Final Week –End of June</td>
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*During Orientation, Dietetic Interns are provided with a date and rotation specific program calendar.

## Program Costs 2020-2021 Academic Year*

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<th>Category</th>
<th>Notes</th>
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<tr>
<td>$50 (non-refundable)</td>
<td>Dietetic Internship Application Fee</td>
<td>due upon application to the program</td>
</tr>
<tr>
<td>$300 (non-refundable)</td>
<td>Graduate School Deposit</td>
<td>due by May 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Applied toward fall tuition payment</td>
</tr>
<tr>
<td>PROGRAM COST= $15,000</td>
<td>9 credits-Human Nutrition Internship courses</td>
<td>9 credits-Human Nutrition Internship toward graduate program of the intern’s choice: MS in Healthcare Administration, MPH or Master of Business Administration. Interns are automatically matriculated as graduate students. A separate application to the graduate school is NOT required.</td>
</tr>
<tr>
<td></td>
<td>9 credits-Human Nutrition Internship Seminar Courses</td>
<td></td>
</tr>
<tr>
<td>$45</td>
<td>Student Fees (Student Council and Technology)</td>
<td>University Facilities- Technology, Recreation Facilities, Commuter Parking, Student Health Services</td>
</tr>
<tr>
<td>$1,999</td>
<td>Health Insurance-if needed</td>
<td>Health Insurance Coverage is Mandatory</td>
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*Subject to change
**Tuition Refund Policy**

According to University policy, tuition costs are fully (100%) refundable before the first day of class or the start of Orientation. Eighty (80%) percent of costs are refunded after the first week of classes (first week of Orientation) and 60% of tuition is refundable after the second week of classes (second week of Orientation). Following Orientation, 40% of tuition is refundable after the 3rd week (first week of rotations) and 20% is refundable after the 4th week of the semester or second week of rotations. After the 4th week of the semester, refunds are not provided according to university policy. Ideally, students have made a decision to enter the Dietetic Internship Program well before the program begins in order for other potential interns to have an opportunity to apply after the ‘matching process” the prior spring.

**Other Costs**

<table>
<thead>
<tr>
<th>Cost/Year</th>
<th>Category</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>$12,000-$15,000</td>
<td>Housing</td>
<td>Highly variable; shared housing is less expensive</td>
</tr>
<tr>
<td>$1,500-2,000</td>
<td>Transportation</td>
<td>Interns are responsible for their own transportation to and from rotation sites; Travel insurance is covered by student’s own Automobile Insurance Policy</td>
</tr>
<tr>
<td>$200-400</td>
<td>Books</td>
<td>Graduate school text books may also be required</td>
</tr>
<tr>
<td>$2,500-$3,000</td>
<td>Food</td>
<td>Depends upon food choices~!</td>
</tr>
<tr>
<td>$1,500</td>
<td>Entertainment/clothing, etc.</td>
<td></td>
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<tr>
<td>$58 + $35-40</td>
<td>Student Membership in the Academy of Nutrition and Dietetics &amp; liability insurance</td>
<td>Required in order to access Liability Insurance, Use of Evidence Analysis Library and Journal of the Academy of Nutrition and Dietetics and other resources</td>
</tr>
<tr>
<td>$59</td>
<td>Criminal Background Check</td>
<td>Conducted by Castlebranch, Inc.</td>
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<tr>
<td>$50-100 (+$500-$750)</td>
<td>Conference, presentation, printing fees (+FNCE --Northeast or Mid-Atlantic states)</td>
<td>Professional meetings, presentations, projects (When FNCE is located in Northeast or Mid-Atlantic states- dietetic interns cover accommodations and travel to this national conference.)</td>
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</table>

Dietetic interns provide their own transportation to rotation sites including parking and meals. Owning a car is required. Interns must therefore hold a valid driver’s license and auto insurance covering liability and auto insurance while traveling to and from rotation sites.

Dietetic interns must purchase a white lab coat or jacket when rotating through clinical sites requiring such dress. It is the intern’s responsibility to inquire about required dress code while working at each rotation site.

Dietetic interns must attend one or two professional meetings each year, possibly requiring a conference fee. One of the meetings will be the spring or fall (or both) annual meeting of the Connecticut Academy of Nutrition and Dietetics or Food and Nutrition Conference and Exhibition of the Academy of Nutrition and Dietetics if the meeting is located in the northeast or middle Atlantic states.
Dietetic interns must also purchase student membership in the Academy of Nutrition and Dietetics (as described in above chart of “costs”).

A criminal background check/drug screening is also required to be provided to the Program Director prior to admission. Fingerprint clearance may be required for some rotations.

Student Health Clearance/ vaccinations may also be required through the University Student Health Services. Additional health clearance may also be necessary depending upon requirements of rotation sites.

**Commission on Dietetic Registration of the Academy of Nutrition and Dietetics- Registered Dietitian Exam**

The application fee to sit for the registration exam is currently $200. The Dietetic Internship Program Director submits registration eligibility following program completion and final verification. There are approved testing centers nationwide. Further information about the testing agency and process can be found on the website of the Commission on Dietetic Registration: [http://www.cdrnet.org](http://www.cdrnet.org)

**Admission Requirements**

Applicants to the University of New Haven’s (University of New Haven Dietetic Internship (DI) Program must follow the procedures below, as well as, participate in the Dietetic Internship Centralized Application Services (DICAS) and the D & D Digital matching process. Accepted interns will automatically be enrolled as matriculated graduate students after completing a Graduate Admissions Entrance online form. The DICAS application is sent to Graduate Admissions by the Program Director. Students are automatically matriculated as graduate students and they select one of three graduate school options: MS in Healthcare Administration, Master of Public Health or Master of Business Administration. Nine graduate credits (NUTR 6693 Human Nutrition Internship I, NUTR 6694 Human Nutrition Internship II and NUTR 6696 Human Nutrition Internship III) will be conferred toward the MS degree of the student’s choice.

**Minimum requirements for consideration by the Dietetic Internship Selection committee include:**

1. Compliance with the standardized application process must be successfully completed prior to the February 15th deadline for the 2020 application process.

Step 1: Dietetic Internship Centralized Application Services (DICAS)- $40 initial application + $20 each subsequent application

DICAS application process requires:

- Letter of application
- Completion of application form including cumulative and dietetics grade point average information
- Official transcripts from all schools attended
- Didactic Program Director confirmation of Verification Statement or Declaration of Intern information
- Recommendation Forms from three individuals
- Resume
- Additional, program specific information


Step 3: University of New Haven Application Fee- $50: application and fee are sent to the Director of the Dietetic Internship Program

- Minimum cumulative GPA of 3.0 on a 4.0 scale.
- Minimum dietetics cumulative GPA of 3.2. Science cumulative GPA of 3.0, **highly recommended.** Dietetics GPA includes DPD required courses: dietetics, science, math, technology, management, English, social sciences, communication, and all other courses, as
indicated by the student’s DPD Program Director that meet verification requirements. (Nutrition and dietetics classes must meet a 5-year recency requirement—taken within the past 5 years or completion of updated coursework within past 5 years.)

Other criteria for acceptance Include:

1. Work and Volunteer Experiences
2. Quality of personal statement
3. Rigor of academic preparation
4. Honors, awards, activities, including dietetics-related professional activities
5. Recommendations

Applicants may also be requested to participate in a phone or virtual interview process.

All students matched to a Dietetic Internship Program must hold a minimum of a bachelor’s degree from a U.S. regionally accredited college or university or foreign equivalency as evaluated by one of the approved agencies. Upon entry, students must also present a signed Verification Statement from a Didactic Program Director in Nutrition and Dietetics (DPD or DP) assuring didactic requirements were met as established by the Accreditation Council for Education in Nutrition and Dietetics (ACEND) of the Academy of Nutrition and Dietetics. www.eatright.org/ACEND. Please note that in most cases, successful completion of a Bachelor of Science degree from an accredited Didactic Program in Nutrition and Dietetics will usually lead to verification by the Program Director of the Didactic Program.

Students matched to the University of New Haven’s Dietetic Internship Program must complete required background checks, medical clearances including proof of disease immunity, illegal drug testing and proof of medical and car insurance at their own expense prior to entrance into the Dietetic Internship Program. These procedures are explained once students match to the program and must be completed during a specified time period before the program begins.

Statement of Nondiscrimination

The University of New Haven is committed to achieving a diverse and pluralistic community, which reflects the multi-racial and culturally diverse society in the United States through strict non-discrimination in admissions, educational programs and employment. The commitment to Affirmative Action is also a commitment to be proactive in the continuing effort to diversify the student body at the University.

Faculty, Staff, Contact Information

Facilities, Faculty and Staff
The Nutrition and Dietetics Program is within the Nutrition Sciences Department of the School of Health Sciences. The Program Director’s office is located on the second floor of Echlin Hall on the north side of the main West Haven campus. Seminar classes will be held in the newly renovated Conference Room located in Echlin Hall beginning in the fall of 2020.

Georgia Chavent, MS, RD is the Program Director of the Dietetic Internship Program and her office is located in Echlin Hall, Room 217. Professor Chavent’s expertise is in the areas of dietetics management (manager over 15 years), career planning, healthy food preparation, food sustainability and sports nutrition. Her telephone number is 203.932.7410. You may also email: GChavent@newhaven.edu. Office hours are posted.
Dr. Rosa Mo, RD serves as faculty for the undergraduate Nutrition and Dietetics Program and for the Dietetic Internship Program. Dr. Mo's courses include, Principles of Nutrition, Nutrition and Disease I and II, as well as, her specialty area: Nutrition and Culture. Her telephone number is 203.932.7040 and email address is: RMo@newhaven.edu.

Donald Stankus, Jr., MS, RD is the Didactic Program Director of the undergraduate Nutrition Sciences Department. He is also revising the current undergraduate and graduate curricula to be demonstration models of the Future Education Model whereby students accepted into that program can complete undergraduate and graduate coursework, including supervised practice within 5 years. Professor Stankus teaches all food laboratories sections for Food Science and Healthy Food Preparation. He also developed the Institutional Food Service and Culinary Nutrition courses. Professor Stankus has extensive culinary experience and also is employed as an Outpatient Oncology Dietitian at neighboring Saint Vincent’s Hospital in Bridgeport, Connecticut. His email is DStankus@newhaven.edu.

Dominique Doris, MS, RD is an adjunct faculty member who teaches the Service Learning designated Community Nutrition course which includes preparing and serving healthy food and nutrition education in local soup kitchens.

Helana Hoover-Litty, MS, RD is an adjunct faculty member who specializes in community nutrition and food security. Professor Hoover-Litty has taught Nutrition and Disease, Community Nutrition and Nutrition Throughout the Lifecycle. Professor Hoover-Litty was a research scientist with Bayer laboratories prior to obtaining her RD credential. Her email is HelanaRD@gmail.com or HHooverlitty@newhaven.edu

Elizabeth (Beth) Oleschuk is the acting administrative assistant located in Room 119b, Echlin Hall, (203 931 6029) and is available to relay messages, make appointments with faculty or to contact the Program Director. Her email is eoleschuk@newhaven.edu

Nutrition and Dietetics Information Board & Resources

A Nutrition and Dietetics bulletin board is located on the first floor of Harugari Hall. Academy of Nutrition and Dietetics information, announcements, scholarship information, professional meetings, etc. will be posted. Food Laboratory, shared with the Hospitality Program and Harugari Computer Lab are for teaching and meeting use by Nutrition and Dietetics students. The Echlin Hall Conference Room located in Room 210, Echlin Hall which will be used as the seminar and study room by reserve with the administrative assistant. Resources for health fairs, tabling presentations, consumer information and teaching resources are now located in a secure closet
Dietetic Intern Expectations

Welcome and What to Expect During your Dietetic Internship Experience

Welcome to the University of New Haven Dietetic Internship Program. We’re glad you chose our program! Supervised “practice” means you will actually be practicing the profession of dietetics that includes competence in a variety of settings. It will be your responsibility to be sure you are well prepared for each rotation using suggested textbooks, information from preceptors and your own research into the role of the RD. Food Service rotations will require that you be ServSafe© certified or other food sanitation certificate which must be up to date.

As an intern, it is expected that you will approach each rotation with self-confidence, professional demeanor and appropriate dress according to the established dress code. You are now entered the world of “health care” which means that work is important, serious and can affect patient and client care in lasting ways. This includes turning your cell phone off, unless it must be turned on for a specific reason, such as use of an App. Family and friends need to know how to contact your placement setting if an emergency arises. Do not expect to receive phone calls unless on a scheduled break and use of a cell phone is allowed.

You are required to write and speak English coherently in order to communicate professionally with faculty, interns and preceptors. Additional help may be sought from the Office of Academic Services and other tutoring centers on campus, such as the Center for Learning Resources. You must also have access to a computer and printer on a regular basis. Ideally, you own your own computer or device that can be used to prepare projects and you should be able to use a keyboard with proficiency. A “Smartphone” is required for access to Apps used as a counselor or for calculating data while in patient care areas. You must access your University of New Haven email account daily and reply promptly when responses are needed. Do not submit assignments via email unless the Director or preceptors approve this. Gain clarity about assignments while on site or while in Seminar courses. Do not expect to get email directions from your preceptors unless they indicate this is their preferred method. You must learn to use the University of New Haven library (which can be accessed remotely, as well), Academy Evidence Analysis Library and other search tools for completing research projects.

Other university student support services include: Student Health Services, the Counseling Center and offices of the Registrar, Bursar and Financial Aid. As University of New Haven Dietetic Interns, you have full access to each of these offices and support services so be sure to take advantage of every service the university provides.

What the Dietetic Internship Program will offer you:

- Pre-orientation study guides and other Information mailed during the summer.
- Two week Orientation starting first Tuesday of September
- Scheduled Seminar Sessions: guest speakers, nutrition topics, presentations, classmate connections
- Modules of information
- Scheduling of Rotations
- Announcements about professional meetings, webinar topics, Professional Association activities
- RD exam review
- 9 credits toward MS Healthcare Administration, MPH or MBA programs
What is not provided by the Dietetic Internship Program:

- Approved Financial Aid - although there are options that can be discussed with University of New Haven Financial Aid office.
- Student Housing
- Meal Service (use of the University of New Haven cafeteria is available, and meals may be provided during some rotations)
- Transportation
- Medical Care - access to Student Health Center is available
- Childcare
- Psychological counseling although access to University Counseling Center is available

Student Membership in the Academy of Nutrition and Dietetics

Student membership in the Academy of Nutrition and Dietetics is required for dietetic interns enrolled in the Dietetic Internship Program. Membership allows access to Academy resources that are necessary for success in the program. Students choose the affiliate (state) membership based upon where they live, or they select the Connecticut Academy of Nutrition and Dietetics while enrolled as an intern. Each membership year, a different state may be selected, so students can then join their home state association.

The address of the Academy of Nutrition and Dietetics is:

Academy of Nutrition and Dietetics
120 South Riverside Plaza, Suite 2190
Chicago, IL 60606-6995
Telephone: 800-877-1600  www.eatright.org

Student Identification

Students are required to obtain a Graduate Student ID card and University email address via the Campus Card office located in the University bookstore. This card should be carried at all times and is needed to print in the computer lab. An official University of New Haven email address is crucial since faculty and the DI Director will be communicating this way. This card will also prove eligibility for student discounts! A University of New Haven name tag will also be provided and required for interns to wear during Seminar and at rotation sites, along with the required rotation identification.

Parking on Campus

Students are required to obtain a parking pass (no charge) as a graduate student: note where parking is legal for graduate (commuter) students. Shuttle service is also available.

Professional Conduct

As professionals, dietetic interns are expected to behave in a professional manner including appropriate, professional communication, both written and orally. Social media is not an appropriate medium for complaining or criticizing any aspect of the Dietetic Internship Program, rotation settings, preceptors or faculty. Appropriate means for registering complaints will be described below. Interns are expected to ask preceptors what their preferred method for communication will be and not assume that email or texting is appropriate unless the preceptor indicates that it is. Preceptors should be addressed in a professional manner and it is
appropriate to ask how they wish to be addressed. Interns should not assume that faculty, the director or preceptors are “at their service.” On the contrary, most preceptors are offering rotation settings “out of the kindness of their hearts!” so interns should respect the value of their time. As a representative of the Dietetic Internship Program and the University of New Haven, your professional conduct will reflect upon our university and students who follow you, so it is important to maintain professional conduct, demeanor and professional dress at all times.

**Health Clearance, Background Check and Illegal Drug Screening**

As described in the Dietetic Intern Checklist, health clearance, background check and illegal drug screening is required upon entrance into the Dietetic Internship Program. A health clearance form including required immunizations and blood test proving immunity, along with illegal drug screening will be included with the summer packet and must be completed by mid-August prior to entry into the program. Background checks are hand delivered to the Program Director on the first day of Orientation.

**Dress Code**

Students are expected to dress according to the dress code of the rotation setting. A dietetic internship name tag should be worn unless the facility provides an identification tag. Food production areas may require purchase of a uniform or lab coat. Hair must be covered, clean nails without polish and closed toe shoes are usually required in food production areas and many health facilities. Excessive jewelry, piercings and visible tattoos are not acceptable in health or food production areas. Hair should be clean and secured during all intern rotations. Smoking is not allowed and gum chewing is highly unprofessional. Seminar classes are considered professional courses so students should dress appropriately. Field trips, professional meetings, guest speaker presentations are also important professional dress occasions.

*Improper dress or personal hygiene may result in termination from the facility rotation and possibly the Dietetic Internship Program.

**Attendance Policy**

Interns are expected to attend rotation days and Seminar Days, on time, as scheduled with the following exceptions in accordance with the Nutrition and Dietetics Program:

a. Documented or confirmed illness
b. Funeral- note from a family member or copy of a funeral program to document need.
   Bereavement Time needs will be determined at the discretion of the Program Director
c. Accident report (from police officer) or broken-down car with notes from the auto mechanic
   or AAA
d. Wedding- with copy of the wedding invitation (students must take the exam BEFORE the
   wedding since this is pre-scheduled)

Dietetic interns must notify the rotation site and Dietetic Internship Program Director if an emergency, injury or illness occurs on rotation that will result in absence or late arrival to the rotation. Make up hours must be rescheduled during non-classroom days of Seminar weeks.
**Inclement Weather and Other Emergencies**

Seminar classes will be held unless the University is CLOSED due to poor weather or another emergency (the University Web Site will provide this information). Interns should ask preceptors what the policy is at their facility for intern responsibilities during bad weather days. Interns should NOT ASSUME they are excused from a rotation for poor weather. The preceptor will determine the need for the intern on those days. Interns should discuss the best way to communicate with preceptors in the event of an emergency.

**Holidays, Two Week Winter Break & One Week Spring Break**

Holiday schedule for intern attendance is determined by the rotation site with the understanding that health care institutions operate on a 24/7 schedule and holidays are often part of scheduled hours. Interns must be aware that holidays are not automatic days off and practice hours during holiday weeks are maintained according to the direction of preceptors. Religious holidays are not automatic time off no matter what religious practices are followed so interns will need to communicate with their religious leaders and preceptors to determine how rotation hours can be completed within a religious schedule. There will be a two week Winter Break scheduled after the fall semester and before the winter semester begins and a one week Spring Break.

**Leave of Absence**

Leave of absence may be granted for just cause at the discretion of the dietetic internship director and faculty. Need for a leave will be based upon documented need for the leave and intern progress during the program at the time leave is requested. As described in this Program Handbook section entitled, “Program Completion Requirements,” interns requesting a leave of absence are expected to return with the next accepted class of dietetic interns. Students are not automatically granted a leave of absence and may be asked to withdraw from the program. Readmission will also be under the discretion of the program director and faculty.

**Assignments**

Assignments are due according to the rotation schedules and within preceptor requirements. Late assignments are not accepted, and all assignments must be prepared in professional, typed and stapled format. Poor grammar, misspelled words, abbreviations without full name or papers with references not listed in AMA or American Medical Association format (same format as used in the Journal of the Academy of Nutrition and Dietetics), will be handed back to the intern for immediate revision. University resources such as the Office of Academic Services, Center for Learning Resources, Career Services are available to interns for guidance. Most internship assignments are submitted electronically via the Blackboard learning site. Preceptors will instruct interns regarding how assignments submitted to them. Do not assume that electronic submission is accepted, although many preceptors will prefer this method.

**Professional Meetings**

Interns are required to attend at least one or ideally, two professional meeting during their supervised practice experience. Meeting dates and times are communicated to interns. Interns will attend the national Food and Nutrition Conference and Exhibition when located in the northeast or mid-Atlantic states.
**Grievance/Complaint Process**

Student complaints against faculty members or preceptors should be initially discussed with the professor directly associated with the complaint or, if related to a preceptor, the Dietetic Internship Director. A course of action is discussed for resolution of the problem or if this is unacceptable, the student may present their complaint to the Chair of the Nutrition Sciences Department. If the complaint remains unresolved, the student may consult with the Dean of the School of Health Sciences, and then the Office of the Provost. If the student wishes to initiate a formal grievance against a faculty member, the university grievance procedure is described in the University of New Haven Student Handbook. All student complaints in writing are maintained in the Nutrition Office for yearly review by all members of the faculty. Additional policy and procedure information related to submitting student complaints related to program non-compliance with ACEND Accreditation Standards is found in the Policy and Procedure section of this handbook entitled: Intern/Preceptor Complaints.

**Intern Evaluation Procedures**

Interns are tested during Orientation weeks to assure readiness for supervised practice rotations. Intern evaluation forms are reviewed during the Orientation Seminar. Preceptors will complete evaluation forms and are instructed to notify interns and the program director of unsatisfactory performance. Counseling should occur well before the final intern evaluation session along with ongoing communication to the program director. Ideally, dietetic interns should earn a 4 or 5 Likert Scale evaluation to demonstrate competency. A preceptor evaluation form is sent to preceptors electronically (via email) using the *Qualtrics Survey* electronica software and returned for scoring by the Dietetic Internship Director. Additional remedial time may be required to achieve competency and is scheduled during non-classroom days of Seminar weeks according to preceptor scheduling. Students must demonstrate competency to progress through the Dietetic Internship Program and receive a final Verification Statement.

**Student Support Services**

Dietetic interns have access to the same Graduate Student Services that are available to all graduate students including use of the Beckerman Recreation Center, Campus Bookstore, Campus Card (ID card), University Library, Center for Learning Resources, Counseling Center, Dining Services, Health Services, Intercultural Services and International Services. Dietetic interns may also gain advice from the University Financial Aid Office to learn how to apply for financial aid as a full-time student. Eligibility for financial aid is determined by full time status as a graduate student. This means that dietetic interns must take at least one additional course in the graduate program of their choice (MS Healthcare Administration, Master of Public Health, Master of Business Administration) during the fall and spring semesters.

**Suggested Textbooks in General, Descriptive Terms**

*(to be updated yearly- with specific titles, authors, editions & electronic applications)*

*Guide for International Dietetics and Nutrition Terminology (IDNT) Reference Manual-most recent*
*Nutrition Focused Physical Assessment textbook*
*Medical Nutrition Therapy and Nutrition Care Process Textbook*
*Food Service Management and Community Nutrition Textbooks*
*Research Methodology Textbook*
*Food Medication Interactions, Medical Terminology, medical abbreviations resources,*
*Academy resources or “Apps”*
Career Opportunities

A career in dietetics can be exciting and is evolving every day and the public becomes more aware of nutrition and preventive health. Some graduates work for food companies, health consultants for businesses, in hospitals, for physicians, and in nursing homes. Some traditional roles of the dietitian are listed below:

Clinical Dietitians are specialists in food nutrition services in hospitals, outpatient clinics, and private practices. They utilize the Nutrition Care Process when developing nutrition care plans, provide patient counseling, and monitor patient progress.

Community Dietitians work in public health agencies, health and fitness clubs, and childcare centers. They counsel people on food choices and direct programs in nutrition awareness and disease prevention.

Management Dietitians specialize in food service systems or clinical management. They work in hospitals, nursing homes, school food service, cafeterias, and restaurants. They manage personnel, plan and conduct employee training programs, design food systems, and plan budgets.

Consultant Dietitians are independent businesspeople who work as nursing home consultants, book authors, and patient counselors in medical centers and fitness programs. They also develop and evaluate food service systems and serve as independent advisors to industry.
Dietetic Intern Checklist – By First Day of Orientation (except as described below)

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<tr>
<td>![ ]</td>
<td>Original, signed Verification Statement from DPD Director.</td>
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<tr>
<td>![ ]</td>
<td>Final, official transcript from the school awarding bachelor’s degree and where DPD requirements (if completed at two different schools) were fulfilled. A bachelor’s degree is required for entry into the program so the transcript must state the degree has been conferred.</td>
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<tr>
<td>![ ]</td>
<td>Copy of ServSafe® Food Safety certification documenting successful completion of the exam.</td>
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<tr>
<td>![ ]</td>
<td>Complete Dietetic Internship Entrance Documentation (copy will kept on file) including permanent land address, email, emergency contact and decision to complete additional graduate courses.</td>
</tr>
<tr>
<td>![ ]</td>
<td>Graduate School Verification Documentation which includes permanent address, birthdate, mobile phone number and signed agreement to comply with academic standards and financial obligations</td>
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<tr>
<td>![ ]</td>
<td>Obtain (and deliver in person to director) Criminal Background Check forms (from Castlebranch, Inc.) and Fingerprinting, if required, for filing.</td>
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<tr>
<td>![ ]</td>
<td>Submit Drug Testing, record of immunizations, blood test immunity, and complete a Health Clearance test through Student Health Services by mid-August. Clearance is via Student Health Services.</td>
</tr>
<tr>
<td>![ ]</td>
<td>Copy of Academy of Nutrition and Dietetics membership card, professional liability insurance (offered via Academy membership) and documentation of auto insurance.</td>
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Policies and Procedures

Securing Supervised Practice Rotations & Facility Contract Agreements

1. Rotation settings and potential preceptors are usually identified through networks of faculty professional colleagues, alumni, students and others affiliated with the university who express enthusiastic interest in offering a rotation setting. Once preceptors are identified, a master excel spreadsheet and electronic distribution list is created. The program director meets with each preceptor in person or by phone to review the feasibility of rotation assignments and willingness of the rotation setting to accept dietetic interns. Each potential preceptor receives a hard copy Preceptor Notebook containing: 1. Letter of Introduction 2. Dietetic Internship Program Mission, Goals and Objectives 3. Draft Rotation Schedule 4. CRD Competency Chart 5. Preceptor Information Form 6. Overview of the Rotation 7. Syllabus Outline of Assignments 8. Syllabus Planner of Assignments 9. Activity and Assignment Evaluation Guidelines and hard copy of the rotation evaluation form. During the initial meeting with the program director, the assignments are reviewed for feasibility within the future rotation and alternate assignments to meet competency areas are discussed. If necessary, rotation specific activities that meet CRD competency areas will be developed.

Suitability of rotation settings are reviewed annually by the program director following intern evaluation of the rotation site. Intern evaluation forms completed by preceptors, along with intern self-evaluation forms will be carefully reviewed to determine suitability of rotation settings for entry level practice. Preceptor and Student Evaluations of rotation settings are tabulated electronically and discussed with dietetics faculty and the Advisory Committee. Continuous evaluation of rotation settings and continual recruitment of rotation sites and preceptors will be ongoing.

All preceptors must present proof of credentials and, in most cases, will have at least one to two years of experience beyond supervised practice, unless the preceptor completed supervised practice after years of industry experience. Suitability of preceptors is determined by the willingness of the preceptor and the preceptor’s supervisor to offer an intern the rotation experience. Preceptors must be a registered dietitian, food service manager or food service supervisor with advanced (college level) training. Exceptions to these guidelines would be fitness centers, community supported agriculture or farm locations, community settings such as group homes, shelters, soup kitchens, Salvation Army housing, YMCA, etc. which will require the Program Director to serve as the RD preceptor overseeing that assignments are completed with proper managerial or chaperone presence on site. The program director will also visit locations without an RD preceptor to assure safe and sanitary settings. Many rotations settings will require an Affiliation Agreement between the setting and the program director. Settings are usually arranged in the local area. Rotations outside the local area (such as in the intern’s home state) will require an RD preceptor with whom the program director can communicate by phone. As described above, each preceptor will receive a hard copy of the preceptor manual and access to an electronic copy, if desired.

Interns will be encouraged to begin considering their choice for a Specialty Rotation later in the first or early in the second semester of the program so that arrangements can be made in advance of the Specialty Rotation. Specialty rotations are usually scheduled after the dietetic intern has completed at least 10 weeks.

2. All Affiliation Agreements and Liability Insurance are managed by the Program Director in cooperation with the legal departments of each facility (if required) and the University Vice President of Finance’s office coordinator. Certificates of insurance documenting student coverage for liability by the University of New Haven ($1,000,000-$3,000,000) will be provided when required by the rotation setting by the insurance carrier through the
University’s VP of Finance’s Office. In addition, interns will be required to purchase Liability Insurance through required student membership in the Academy of Nutrition and Dietetics. This additional liability insurance will provide coverage for interns rotating through sites where a Certificate of Insurance is not required. Affiliation agreements requiring university sponsored liability insurance will be updated yearly to coincide with the university fiscal year and insurance carrier. If student liability coverage is not required or is covered by the rotation site (as in the case of the VA Healthcare Center), a three year (or unlimited) affiliation agreement will be sought.

Affiliation Agreements must be in place before interns can begin their rotations.

3. Communication with preceptors will occur annually during the final internship month to gain feedback about intern performance, rotation assignments, and other suggestions for improving intern preparation for success during supervised practice. Preceptor training, if needed, will also occur at regular intervals (at least yearly) via in person meetings, webinars or through the Academy Preceptor training program. Preceptors will complete an end-rotation intern evaluation form that is reviewed by the program director. Preceptors will be instructed to immediately communicate directly with the program director if intern performance is below standard so that improvement can be sought as early as possible.

HIPAA Compliance

HIPAA (hip-aah) stands for the Health Insurance Portability and Accountability Act of 1996 and is a set of rules to be followed by health providers and facilities. HIPAA took effect in 2006 and ensures that all medical records, filling information and patient accounts meet standards for documentation and privacy. HIPAA requires that all patients can access their medical records, correct errors and be informed of how information is used. HIPAA laws are meant to protect patient or client privacy and as a dietetic intern and health professional, these laws apply to you, the dietetic intern! Interns are bound, by law, to maintain patient and client confidentiality. Even if a neighbor enters the facility, this is not to be reported to anyone. Employees have been terminated for innocent “searching” on the medical record system for information they had no need to access. Patient charts cannot be copied and all recordings in medical records must describe objective facts and information. Dietetic interns do not discuss medical information with patients other than information about nutrition or dietetics treatment specific to treatment. Most HIPAA training will be required for completion at rotation sites but additional training will occur during Orientation. Other points include:

- Never discuss patient information in public places such as hallways or elevators
- Speak directly to patients related to their nutritional needs. Family members may be included in the conversation but questions should be directed to the patient.
- Patient interaction should only occur in the designated facility, never via email or phone call unless deemed necessary by the preceptor

Health Insurance and Professional Liability Insurance

As described above, interns must provide evidence of student health insurance and professional liability insurance will be provided by the University of New Haven, Office of the Vice President of Finance (Affiliation Agreement Documents) according to rotation settings that require such insurance coverage. Liability insurance offered by membership in the Academy of Nutrition and Dietetics will also be required for dietetic interns.

Travel Liability to Supervised Practice Sites

Students will be required to provide their own means of transportation to supervised practice sites which will usually be via their own personal motor vehicle which is covered by their personal auto insurance policy.
**Injury/Illness While on Supervised Practice Sites**

Dietetic interns who are injured on rotation sites should notify their preceptor immediately and report the injury. An Accident Report, according to facility procedures, should also be completed. Illness should also be immediately reported and although regular attendance is important, as is maintaining health. If an intern becomes ill, this should be reported immediately with permission to leave the premises. All injuries and illnesses should also be reported to the Program Director. Rotation hours need to be made up during Seminar Week when classes are not scheduled.

**Illegal Drug Testing/Criminal Background Checks**

Dietetic interns are required to complete illegal drug screening (with guidance from University Health Services) and criminal background checks prior to beginning their Dietetic Internship Program. All health screening will be processed and cleared by University Health Services and Background Clearance will be maintained in secure files located in the Program Director’s Office.

**Intern/Preceptor Complaints**

Intern complaints against preceptors, rotation sites, staff members, faculty or the Program Director should be initially discussed with the individual directly associated with the complaint. Preceptors should also discuss concerns with the individual associated with the complaint. All complaints (intern or preceptor) should then be reported to the Program Director and a written file, with facts reported, will be maintained by the Program Director. A course of action will be discussed for resolution of the problem or if unacceptable, the intern may present their complaint to the Chair of the Nutrition Science Department. If unresolved, the intern may consult with the Dean of the School of Health Sciences, and then the Office of the Provost. If the intern wishes to initiate a formal grievance against a faculty member, the university grievance procedure is described in the University of New Haven Student Handbook. Written student complaints will be maintained in the Nutrition Offices files for yearly review and maintained for seven years, including resolution of complaints. Dietetic intern or preceptor complaints related to program non-compliance with ACEND Accreditation Standards are the only complaints filed with ACEND as described on the following page.

**Alternate Recourse for Complaints Other than through Program Director**

Interns may also register complaints directly to the Chair of the Nutrition Sciences Department and the above process will be followed. A written file will be maintained by the Chair of the Nutrition Sciences Department, a course of action will be discussed and if resolution is unacceptable, the intern may consult the Dean of the School of Health Sciences and the Office of the Provost. Records of intern complaints filed with the Chair of the Nutrition Sciences Department are also maintained for seven years, including resolution of complaints.
Complaints to Accreditation Council for Education in Nutrition and Dietetics

The Commission on Dietetic Registration and the Academy of Nutrition and Dietetics has a procedure for filing grievances which states that the United States Department of Education mandates an accrediting agency to require accredited programs to include how to file complaints. Written complaints related to non-compliance with ACEND Accreditation Standards by the University of New Haven’s Dietetic Internship Program should be mailed to the Accreditation Council for Education in Nutrition and Dietetics (ACEND) as the accrediting agency for this Dietetic Internship Program.

Accreditation Council for Education in Nutrition and Dietetics (ACEND)
120 South Riverside Plaza, Suite 2190, Chicago, IL 60606-6995
web address: http://www.eatrightPRO.org/ACEND
email: ACEND@eatright.org
phone: (312) 899-0040 ext. 5400
Assessment of Prior Learning

At this time, there is no formal policy for evaluating “Prior Learning” but the need to develop this procedure will be regularly reviewed. Once a potential solution is determined, this solution will be present to the Dietetic Internship Advisory Committee for review and approval. As of Fall 2019, there is no approved procedure for evaluation and assigning credit for prior learning so students entering the future program will not have the ability to evaluation “prior learning.”

Student Learning Assessment

Student learning assessment will be based upon the Curriculum Assessment Plan and monitoring of Student Learning Outcomes according to tracking forms targeting CRD (Competencies for the Registered Dietitian) codes. Learning assessment will be continually evaluated throughout the curriculum and will include online learning modules, classroom lectures, oral presentations, written reports such as case studies, research papers, and examinations: both pre- and post-tests. Supervised practice in health care settings will include patient care activities, case studies, chart notes, nutrition education classes, using the Academy’s Evidence Analysis Library and other search tools for research topics. Community rotations will require interns to access data about their service community and determine nutrition education needs of that community for making and carrying out recommendations. Monitoring program expenses, overseeing budgets and monitoring food costs will be included as tools to measure learning in community and food-related rotations. Food service rotations will require quality assessment tools to monitor food delivery, the tray line, procurement and inventory, and food production. Theme meals, diet office reports and plate waste studies will also be conducted. Public policy activities and active participation with professional associations will also be used to assess learning. Human resource case studies or direct experience managing the workforce will enable interns to apply management theory to real life settings.

Assessment Methods will include testing, rotation evaluation forms, and other evaluation forms such as “Patient Care Checklists,” “Case Study Reports/Presentations,” “Nutrition Education Tools,” “Lesson Plans,” “Product Promotion Proposals,” and “Community Nutrition Evaluation Reports.” All of these tools will be provided to preceptors will ongoing evaluation of their effectiveness measuring student learning and assignments will be uploaded to the Blackboard Learning Platform for review by the Program Director. The Program Director is primarily responsible for ensuring assessment occurs with help from Graduate Assistants and Administrative Assistants. Preceptor evaluation forms are sent to Preceptors via the Qualtrics Survey Tool and reviewed/summarized by the Program Director. The Learning Assessment Summary is reviewed with the Dietetic Internship Advisory Committee, preceptors and dietetics faculty at yearly meetings.

Program Retention and Remediation Procedures

Ideally, dietetic interns will complete the 10-month, Dietetic Internship Program leading to receipt of a signed Verification Statement from the Program Director (see below). If interns are unable to comply with rotation requirements or comply with timely submission of projects according to rotation schedules, remediation procedures will begin by the Dietetic Internship Program Director and, possibly through the Academic Success Center. Counseling and tutoring may be necessary to ascertain if an intern is able to remain in the program and the intern may be offered additional time to complete the program within 15 months of entry. A Remediation Contract will be prepared and signed by the intern and program director with required steps for remaining in the program. If the intern is unable to make satisfactory academic progress by the end of the 15 months, the intern may be counseled to choose an alternate career path for which they are better suited along with guidance from the Career Services Department.
**Disciplinary/Termination Procedures**

Students requiring Disciplinary Action or Termination Procedures will be granted appointment time with the Program Director to determine if Termination from the program is necessary. This process should begin as soon as an intern, preceptors, faculty or director realize difficulty remaining in the program. If termination is based upon unacceptable behavior, interns will be terminated and not allowed to complete the program.

**Program Completion Requirements/Issuing of Verification Statements**

Full time dietetic Interns are expected to complete the Dietetic Internship Program in June of the following year of entry (10 months later). If an emergency arises causing need for a leave of absence or extended time beyond the 10 months, continuation will be determined by the Program Director, faculty and preceptor availability. Dietetic interns are required to complete the program within 15 months. If illness, emergency or personal reasons prevent the dietetic intern from completing the program within 15 months, a leave of absence may be granted by the Program Director allowing the intern to repeat the program with the following year’s class.

Verification Statements will be provided upon program completion and intern data is submitted to the Commission on Dietetic Registration for eligibility to take the RD examination. Intern assignments are uploaded into the Blackboard Electronic Learning Platform. Assessment of learning is based upon electronic processing of preceptor evaluations via the Qualtrics Survey Software tool with results downloaded into an Excel Spread Sheet. Manual records of excel spread sheets demonstrating intern completion of CRD Competency areas will be maintained in the Dietetic Internship Assessment Notebook located in Room 217, Echlin Hall. As described above, Intern Evaluation forms should receive a 4 or 5 rating for the intern to successfully progress through the program. If necessary, the intern can complete additional remediation days to achieve acceptable competency. A final transcript demonstrating course completion (no degree or certificate is conferred) will be requested from the Registrar’s Office after obtaining written permission from each dietetic intern and will be filed in the intern’s file along with a copy of their graduation “diploma.” Interns will be encouraged to continue graduate study at the University of New Haven.

**Commission on Dietetic Registration of the Academy of Nutrition and Dietetics- Registered Dietitian Exam**

Several study guides have been developed by groups including the Commission on Dietetic Registration of the Academy of Nutrition and Dietetics. Review workshops are also offered by Jean Inman Associates: http://www.inmanassoc.com. The University of New Haven is currently providing access to the eatrightPREP study guide platform beginning in April prior to June graduation. Subscriptions will last into mid-July with options for dietetic interns to continue their subscription: https://www.eatrightprep.org/rdn-exam. Graduated dietetic interns will submit their application to take the RD exam through the Commission on Dietetic Registration and it is their responsibility to study for this exam. First time pass rates are important measures to evaluate success in the Dietetic Internship Program.

**Record Keeping, Privacy and Access to Personal Files**

As described above, record keeping for the Dietetic Internship Program will be securely maintained (locked) in the office of the Dietetic Internship Director, Room 217, Echlin Hall. Criminal background clearance offered by Castle Branch (Wilmington, NC) are hand delivered to the Program Director. If preceptors require access to this clearance, hard copies will be hand delivered to preceptors. Background checks will never be emailed, land mailed or scanned to preceptors according to Castle Branch policy. Currently, student records are maintained manually, but options for maintaining electronic records will be considered in the future. Students may view their personal files by making an appointment with the Program Director. All student records, including written complaints, will be maintained for at least seven years.
APPENDIX A

Academy of Nutrition and Dietetics, Commission on Dietetic Registration (CDR) and Accreditation Council for Education in Nutrition and Dietetics (ACEND)

Academy of Nutrition and Dietetics

The Academy of Nutrition and Dietetics is the largest organization of food and nutrition professionals in the United States. The Academy was named the American Dietetic Association for almost 100 years until the name was officially changed in 2012. Members include registered dietitians (RDs) or registered dietitian nutritionists (RDN), dietetic technicians, registered, students, educators, food service managers and other health professionals. Members are automatically enrolled as members in the state affiliate of their choice, usually the state where they reside. The Academy (American Dietetic Association) officially began during America’s involvement in World War I when oversight of food for the troops at war was needed. Since that time, the profession has grown and member expertise continues to include quantity food production, as well as, expertise in managing individuals with complex nutrition needs (medical nutrition therapy), community nutrition programs, school lunch, sports nutrition, and nutrition tailored to the needs of all ages. The Academy publishes the peer reviewed Journal of the Academy of Nutrition and Dietetics every month and the popular Food and Nutrition newsletter several times per year.

Commission on Dietetic Registration (CDR)

The Commission on Dietetic Registration (CDR) is the credentialing agency of the Academy of Nutrition and Dietetics and awards credentials based upon entry and specialty levels. Students who successfully complete accredited dietetic internship programs receive verification from the program director who notifies CDR that the intern is qualified to sit for the national registered dietitian exam to become credentialed as a registered dietitian (registered dietitian nutritionist). Board specialty certifications such as Board Specialists in Pediatric Nutrition, Sports Nutrition, Gerontological, Renal Nutrition and Oncology Nutrition are also granted by this agency. Registered dietitian nutritionists must prepare a professional practice portfolio and submit this portfolio for approval to CDR. Seventy-five continuing education hours submitted and approved by CDR are required within a five-year time frame to maintain registration as a registered dietitian nutritionist (RDN).

Accreditation Council for Education in Nutrition and Dietetics (ACEND)

The Accreditation Council for Education in Nutrition and Dietetics (ACEND) is the accreditation agency of the Academy of Nutrition and Dietetics. ACEND is recognized by the US Department of Education as eligible to grant accreditation status to dietetics education programs such as Didactic Programs (DP) in Nutrition and Dietetics, Coordinated Programs (CP) in Nutrition and Dietetics, Dietetic Technician Programs and Dietetic Internship (IP) Programs. The Accreditation Council (ACEND) prescribes standards that educational programs must include in the curricula of each accredited program. Programs are also required to monitor and assess student learning for review by ACEND to maintain accreditation status. Students meeting educational standards as evidenced by program director verification, are eligible to sit for national examinations administered by CDR.
APPENDIX B

2017 ACEND Accreditation Standards for Internship Programs in Nutrition and Dietetics

Core Competencies for the RD

The program’s curriculum must be designed to ensure the breadth and depth of requisite knowledge and skills needed for entry-level practice as a registered dietitian nutritionist. The program’s curriculum must prepare interns with the following core competencies:

Domain 1. Scientific and Evidence Base of Practice: Integration of scientific information and translation of research into practice.

Competencies
Upon completion of the program, graduates are able to:
CRDN 1.1 Select indicators of program quality and/or customer service and measure achievement of objectives.
CRDN 1.2 Apply evidence-based guidelines, systematic reviews and scientific literature.
CRDN 1.3 Justify programs, products, services and care using appropriate evidence or data.
CRDN 1.4 Evaluate emerging research for application in nutrition and dietetics practice.
CRDN 1.5 Conduct projects using appropriate research methods, ethical procedures and data analysis.
CRDN 1.6 Incorporate critical-thinking skills in overall practice.

Domain 2. Professional Practice Expectations: Beliefs, values, attitudes and behaviors for the professional dietitian nutritionist level of practice.
Competencies
Upon completion of the program, graduates are able to:

CRDN 2.1 Practice in compliance with current federal regulations and state statutes and rules, as applicable and in accordance with accreditation standards and the Scope of Nutrition and Dietetics Practice and Code of Ethics for the Profession of Nutrition and Dietetics.

CRDN 2.2 Demonstrate professional writing skills in preparing professional communications.

CRDN 2.3 Demonstrate active participation, teamwork and contributions in group settings.

CRDN 2.4 Function as a member of interprofessional teams.

CRDN 2.5 Assign patient care activities to NDTRs and/or support personnel as appropriate.

CRDN 2.6 Refer clients and patients to other professionals and services when needs are beyond individual scope of practice.

CRDN 2.7 Apply leadership skills to achieve desired outcomes.

CRDN 2.8 Demonstrate negotiation skills.

CRDN 2.9 Participate in professional and community organizations.

CRDN 2.10 Demonstrate professional attributes in all areas of practice.

CRDN 2.11 Show cultural competence/sensitivity in interactions with clients, colleagues and staff.

CRDN 2.12 Perform self-assessment and develop goals for self-improvement throughout the program.

CRDN 2.13 Prepare a plan for professional development according to Commission on Dietetic Registration guidelines.

CRDN 2.14 Demonstrate advocacy on local, state or national legislative and regulatory issues or policies impacting the nutrition and dietetics profession.

CRDN 2.15 Practice or role play mentoring and precepting others.


Competencies
Upon completion of the program, graduates are able to:

CRDN 3.1 Perform the Nutrition Care Process and use standardized nutrition language for individuals, groups and populations of differing ages and health status, in a variety of settings.

CRDN 3.2 Conduct a nutrition focused physical exams.

CRDN 3.3 Demonstrate effective communications skills for clinical and customer services in a variety of formats and settings.

CRDN 3.4 Design, implement and evaluate presentations to a target audience.

CRDN 3.5 Develop nutrition education materials that are culturally and age appropriate and designed for the literacy level of the audience.

CRDN 3.6 Use effective education and counseling skills to facilitate behavior change.

CRDN 3.7 Develop and deliver products, programs or services that promote consumer health, wellness and lifestyle management.

CRDN 3.8 Deliver respectful, science-based answers to client questions regarding emerging trends.

CRDN 3.9 Coordinate procurement, production, distribution and service of goods and services, demonstrating and promoting responsible use of resources.

CRDN 3.10 Develop and evaluate recipes, formulas and menus for acceptability and affordability that accommodate the cultural diversity and health needs of various populations, groups and individuals.

4. Domain 4. Practice Management and Use of Resources: strategic application of principles of management and systems in the provision of services to individuals and organizations.
Competencies
Upon completion of the program, graduates are able to:
CRDN 4.1 Participate in management of human resources.
CRDN 4.2 Perform management functions related to safety, security and sanitation that affect employees, customers, patients, facilities and food.
CRDN 4.3 Conduct clinical and customer service quality management activities.
CRDN 4.4 Apply current nutrition informatics to develop, store, retrieve and disseminate information and data.
CRDN 4.5 Analyze quality, financial and productivity data for use in planning.
CRDN 4.6 Propose and use procedures as appropriate to the practice setting to promote sustainability, reduce waste and protect the environment.
CRDN 4.7 Conduct feasibility studies for products, programs or services with consideration of costs and benefits.
CRDN 4.8 Develop a plan to provide or develop a product, program or service that includes a budget, staffing needs, equipment and supplies.
CRDN 4.9 Explain the process for coding and billing for nutrition and dietetics services to obtain reimbursement from public or private payers and fee-for-service and value-based payment systems.
CRDN 4.10 Analyze risk in nutrition and dietetics practice.

b. The curriculum must include at least one program-defined concentration that builds on the core competencies and develops additional depth necessary for future proficiency in a particular area. The concentration must include at least two program specific competencies with associated learning activities.

5.4 The program’s curriculum must provide learning activities to attain the breadth and depth of the core competencies and program-defined concentration competencies. Course syllabi and supervised practice rotation descriptions must include these learning activities with the associated CRDN and must have clearly defined course objectives.

a. Learning activities must prepare interns for professional practice with patients/clients with various conditions, including, but not limited to overweight and obesity; endocrine disorders; cancer; malnutrition and cardiovascular, gastrointestinal and renal diseases.
b. Learning activities must prepare interns to implement the Nutrition Care Process with various populations and diverse cultures, including infants, children, adolescents, adults, pregnant/lactating females and the elderly.
c. Learning activities must use a variety of educational approaches (such as field trips, role-playing, simulations, problem-based learning, classroom and web-based instruction, laboratory experiences) necessary for delivery of curriculum content, to meet learner needs and to facilitate learning objectives.
d. Learning activities must provide opportunities for interns to learn professional and ethical behaviors and expectations including ways to contribute to the nutrition and dietetics profession such as serving as preceptors and mentors.
Appendix C

Code of Ethics for the Nutrition and Dietetics Profession
Preamble:

When providing services the nutrition and dietetics practitioner adheres to the core values of customer focus, integrity, innovation, social responsibility, and diversity. Science-based decisions, derived from the best available research and evidence, are the underpinnings of ethical conduct and practice.

This Code applies to nutrition and dietetics practitioners who act in a wide variety of capacities, provides general principles and specific ethical standards for situations frequently encountered in daily practice. The primary goal is the protection of the individuals, groups, organizations, communities, or populations with whom the practitioner works and interacts.

The nutrition and dietetics practitioner supports and promotes high standards of professional practice, accepting the obligation to protect clients, the public and the profession; upholds the Academy of Nutrition and Dietetics (Academy) and its credentialing agency the Commission on Dietetic Registration (CDR) Code of Ethics for the Nutrition and Dietetics Profession; and shall report perceived violations of the Code through established processes.

The Academy/CDR Code of Ethics for the Nutrition and Dietetics Profession establishes the principles and ethical standards that underlie the nutrition and dietetics practitioner’s roles and conduct. All individuals to whom the Code applies are referred to as “nutrition and dietetics practitioners”. By accepting membership in the Academy and/or accepting and maintaining CDR credentials, all nutrition and dietetics practitioners agree to abide by the Code.

Principles and Standards:

1. **Competence and professional development in practice (Non-maleficence)**
   Nutrition and dietetics practitioners shall:
   a. Practice using an evidence-based approach within areas of competence, continuously develop and enhance expertise, and recognize limitations.
   b. Demonstrate in depth scientific knowledge of food, human nutrition and behavior.
   c. Assess the validity and applicability of scientific evidence without personal bias.
   d. Interpret, apply, participate in and/or generate research to enhance practice, innovation, and discovery.
   e. Make evidence-based practice decisions, taking into account the unique values and circumstances of the patient/client and community, in combination with the practitioner’s expertise and judgment.
   f. Recognize and exercise professional judgment within the limits of individual qualifications and collaborate with others, seek counsel, and make referrals as appropriate.
   g. Act in a caring and respectful manner, mindful of individual differences, cultural, and ethnic diversity.
   h. Practice within the limits of their scope and collaborate with the inter-professional team.

2. **Integrity in personal and organizational behaviors and practices (Autonomy)**
   Nutrition and dietetics practitioners shall:
   a. Disclose any conflicts of interest, including any financial interests in products or services that are recommended. Refrain from accepting gifts or services which potentially influence, or which may give the appearance of influencing professional judgment.
   b. Comply with all applicable laws and regulations, including obtaining/maintaining a state license or certification if engaged in practice governed by nutrition and dietetics statutes.
   c. Maintain and appropriately use credentials.
   d. Respect intellectual property rights, including citation and recognition of the ideas and work of others, regardless of the medium (e.g., written, oral, electronic).
   e. Provide accurate and truthful information in all communications.
   f. Report inappropriate behavior or treatment of a patient/client by another nutrition and dietetics practitioner or other professionals.
   g. Document, code and bill to most accurately reflect the character and extent of delivered services.
   h. Respect patient/client’s autonomy. Safeguard patient/client confidentiality according to current regulations and laws.
   i. Implement appropriate measures to protect personal health information using appropriate techniques (e.g., encryption).

3. **Professionalism (Beneficence)**
   Nutrition and dietetics practitioners shall:
   a. Participate in and contribute to decisions that affect the well-being of patients/clients.
b. Respect the values, rights, knowledge, and skills of colleagues and other professionals.

c. Demonstrate respect, constructive dialogue, civility and professionalism in all communications, including social media.

d. Refrain from communicating false, fraudulent, deceptive, misleading, disparaging or unfair statements or claims.

e. Uphold professional boundaries and refrain from romantic relationships with any patients/clients, surrogates, supervisees, or students.

f. Refrain from verbal/physical/emotional/sexual harassment.

g. Provide objective evaluations of performance for employees, coworkers, and students and candidates for employment, professional association memberships, awards, or scholarships, making all reasonable efforts to avoid bias in the professional evaluation of others.

h. Communicate at an appropriate level to promote health literacy.

i. Contribute to the advancement and competence of others, including colleagues, students, and the public.

4. Social responsibility for local, regional, national, global nutrition and well-being (Justice)

Nutrition and dietetics practitioners shall:

a. Collaborate with others to reduce health disparities and protect human rights.

b. Promote fairness and objectivity with fair and equitable treatment.

c. Contribute time and expertise to activities that promote respect, integrity, and competence of the profession.

d. Promote the unique role of nutrition and dietetics practitioners.

e. Engage in service that benefits the community and to enhance the public’s trust in the profession.

f. Seek leadership opportunities in professional, community, and service organizations to enhance health and nutritional status while protecting the public.

Glossary of Terms:

**Autonomy:** ensures a patient, client, or professional has the capacity and self-determination to engage in individual decision-making specific to personal health or practice.¹

**Beneficence:** encompasses taking positive steps to benefit others, which includes balancing benefit and risk.¹

**Competence:** a principle of professional practice, identifying the ability of the provider to administer safe and reliable services on a consistent basis.²

**Conflict(s) of Interest(s):** defined as a personal or financial interest or a duty to another party which may prevent a person from acting in the best interests of the intended beneficiary, including simultaneous membership on boards with potentially conflicting interests related to the profession, members or the public.²

**Customer:** any client, patient, resident, participant, student, consumer, individual/person, group, population, or organization to which the nutrition and dietetics practitioner provides service.³

**Diversity:** “The Academy values and respects the diverse viewpoints and individual differences of all people. The Academy’s mission and vision are most effectively realized through the promotion of a diverse membership that reflects cultural, ethnic, gender, racial, religious, sexual orientation, socioeconomic, geographical, political, educational, experiential and philosophical characteristics of the public it serves. The Academy actively identifies and offers opportunities to individuals with varied skills, talents, abilities, ideas, disabilities, backgrounds and practice expertise.”⁴

**Evidence-based Practice:** Evidence-based practice is an approach to health care wherein health practitioners use the best evidence possible, i.e., the most appropriate information available, to make decisions for individuals, groups and populations. Evidence-based practice values, enhances and builds on clinical expertise, knowledge of disease mechanisms, and pathophysiology. It involves complex and conscientious decision-making based not only on the available evidence but also on client characteristics, situations, and preferences. It recognizes that health care is individualized and ever changing and involves uncertainties and probabilities. Evidence-based practice incorporates successful strategies that improve client outcomes and are derived from various sources of evidence including research, national guidelines, policies, consensus statements, systematic analysis of clinical experience, quality improvement data, specialized knowledge and skills of experts.²

**Justice** (social justice): supports fair, equitable, and appropriate treatment for individuals¹ and fair allocation of resources.

**Non-Maleficence:** is the intent to not inflict harm.¹

References:

APPENDIX D

2017 Scope of Practice for the Registered Dietitian Nutritionist
Academy of Nutrition and Dietetics: Revised 2017 Scope of Practice for the Registered Dietitian Nutritionist

The Academy Quality Management Committee

ABSTRACT

The Academy of Nutrition and Dietetics (Academy) is the world’s largest organization of food and nutrition professionals and the association that represents credentialed nutrition and dietetics practitioners—registered dietitian nutritionists (RDNs) and nutrition and dietetics technicians, registered (NDTRs). The Academy’s mission is to accelerate improvements in global health and well-being through food and nutrition. The RDN integrates research, professional development, and practice to stimulate innovation and discovery; collaborates to solve the greatest food and nutrition challenges now and in the future; focuses on systems-wide impact across the food, wellness, and health sectors; has a global impact in eliminating all forms of malnutrition; and amplifies the contribution of nutrition and dietetics practitioners and expands workforce capacity and capability. The Revised 2017 Scope of Practice for the RDN reflects the position of the Academy on the essential role of the RDN in the direction and delivery of food and nutrition services. The scope of practice for the RDN is composed of education and credentialing, practice resources, Academy Standards of Practice and Professional Performance, codes of ethics, accreditation standards, state and federal regulations, national guidelines, and organizational policy and procedures. The Revised 2017 Scope of Practice for the RDN is used in conjunction with the Revised 2017 Standards of Practice (SOP) in Nutrition Care and the Standards of Professional Performance (SOPP) for RDNs. The SOP and SOPP address activities related to direct patient and client care. The SOP and SOPP address behaviors related to the professional role of RDNs. These standards reflect the minimum competent level of nutrition and dietetics practice and professional performance for RDNs. A companion document addresses the scope of practice for the NDTR.

Purpose

This document describes the scope of practice for the RDN. The RDN is educated and trained in food and nutrition science and dietetics practice. RDNs are integral members and leaders of interprofessional teams in health care, foodservice management, education, research, and other practice environments. They provide services in varied settings, including health care; business and industry; community and public health systems; schools, colleges, and universities; the military; government; research; wellness and fitness centers; agriculture; business; private practice; and communications. The purposes of this document are to:

1. Describe the scope of practice for the RDN.
2. Convey the education and credentialing requirements for the RDN in accordance with the Accreditation Council for Education in Nutrition and Dietetics (ACEND) and the Commission on Dietetic Registration (CDR).
3. Educate colleagues in other health care professions, educators, students, prospective students, foodservice providers, healthcare administrators, regulators, insurers, business owners and managers, legislators, and the public about the RDN’s qualifications, skills, and competence, as well as professional services provided by the RDN.
All registered dietitians are nutritionists—but not all nutritionists are registered dietitians. The Academy’s Board of Directors and Commission on Dietetic Registration have determined that those who hold the credential Registered Dietitian (RD) may optionally use “Registered Dietitian Nutritionist” (RDN). The two credentials have identical meanings. The same determination and option also applies to those who hold the credential Dietetic Technician, Registered (DTR) and Nutrition and Dietetics Technician, Registered (NDTR). The two credentials have identical meanings. In this document, the term RDN is used to refer to both registered dietitians and registered dietitian nutritionists, and the term NDTR is used to refer to both dietetic technicians, registered, and nutrition and dietetics technicians, registered.

4. Describe the relationship between the RDN and the NDTR to illustrate the work of the RDN/NDTR team providing direct patient/client care, and to describe circumstances in which the NDTR works under the supervision of an RDN.2,4

5. Guide the Academy, ACEND, and CDR in developing and promoting programs and services to advance the practice of nutrition and dietetics and the role of RDNs as leaders in providing quality food and nutrition care and services.

The credential, registered dietitian nutritionist, is a nationally protected title issued by CDR. The Academy’s Revised 2017 Scope of Practice for the RDN applies to all, and only, RDNs. This document does not apply to food and nutrition managers, chefs, or nutritionists with or without credential(s). The Academy publishes a scope of practice for the NDTR. The NDTR credential is also issued and administered by CDR and is a nationally protected title.

WHY WAS THE SCOPE OF PRACTICE FOR THE RDN REVISED?

Academy documents are reviewed and revised every 7 years and reflect the Academy’s expanded and enhanced mission and vision of accelerating improvements in global health and well-being through food and nutrition. Regular reviews are indicated to reflect the RDN’s expanded scope of practice due to changes in health care and other business segments, public health initiatives, new or revised practice guidelines and research, performance measurement, consumer interests, technological advances, and emerging service delivery options and practice environments. Questions and input from credentialed practitioners, federal and state regulations, accreditation standards, and other factors necessitated review and revision of the following 2012 documents which were scheduled for updates in 2017:

- Academy of Nutrition and Dietetics: Scope of Practice for the Registered Dietitian;6
- Academy of Nutrition and Dietetics: Revised 2012 Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitians; and
- Academy of Nutrition and Dietetics: Revised 2012 Standards of Practice in Nutrition Care and Standards of Professional Performance for Dietetic Technicians, Registered.8

Noteworthy changes since the Scope of Practice for the Registered Dietitian, published in 2012, are the regulation changes in the Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), Conditions of Participation for Hospitals, Critical Access Hospitals, and Long-Term Care Facilities, which allow a hospital or long-term care facility the option of granting RDNs ordering privileges and/or delegated orders for therapeutic diets and nutrition-related services.9-11

FOUNDAIONAL DOCUMENTS

Academy documents, along with applicable state and federal regulations, state practice acts, accreditation standards, organizational program policies, guide lines and national practice informed standards, serve as guides for ensuring safe, ethical, culturally competent, equitable, person-centered, quality nutrition and dietetics practice. Uses may include any of the following: guide career advancement, assist in self evaluation, develop position descriptions, contribute to hiring decisions, initiate regulatory reform, or determine whether a specific activity aligns with a practitioner’s individual scope of practice, such as ordering privileges. Core documents of the Academy that provide a foundation for the profession of nutrition and dietetics include:

- Academy/CDR Code of Ethics 16
  (Revised and approved Code of Ethics available in 2018):
- Revised 2017 Scope of Practice for the RDN:
- Revised 2017 Scope of Practice for the Nutrition and Dietetics Technician, Registered;16
- Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitian Nutritionists;16
- Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Nutrition and Dietetics Technicians, Registered; and
- Focus Area Standards of Practice and/or Standards of Professional Performance for RDNs http://www.andjrnl.org/content/focus and http://www.andjrnl.org/content/credentialed.

SCOPE OF PRACTICE

For the RDN, scope of practice focuses on food, nutrition, and dietetics practice, as well as related services developed, directed, and provided by the RDN to: protect the public, community, and populations; enhance health and well-being of patients/clients and communities; and deliver quality products, programs, and services. The scope of practice in nutrition and dietetics encompasses the range of roles, activities, and regulations within which nutrition and dietetics practitioners perform as outlined in Figure 1.17

The scope of practice for the RDN includes practice components used in nutrition and dietetics. Its depth and breadth begins with education and credentialing; incorporates practice resources; and concentrates on foundational elements of standards of practice and professional performance, codes of ethics (eg, Academy/CDR, other national organizations, and/or employer code of ethics), accreditation standards, state and federal regulations, national guidelines, organizational policy and procedures, and options and
Figure 1. Nutrition and dietetics practice components for registered dietitian nutritionists (RDNs) and nutrition and dietetics technicians, registered (NDTRs).
Nutrition is defined as the “science of food, the nutrients and other substances therein, their action, interaction, and balance in relation to health and disease, and the process by which the organism ingests, absorbs, transports, utilizes, and excretes food substances.” Dietetics is derived from sciences of food, nutrition, management, communication, and biological sciences—including cell and molecular biology, genetics, pharmacology, chemistry, and biochemistry—and physiological, behavioral, and social sciences. Nutrition and Dietetics reflects the integration of Nutrition—the science of food, nutrients, and other substances contributing to nutritional status and health—with Dietetics—the application of food, nutrition, and associated sciences—to optimize health and the delivery of care and services for individuals and groups.

**Education and Credentialing Requirements**

RDN is the national credential granted to individuals who meet the education and other qualifications established by ACEND and CDR. ACEND is the accrediting agency for dietetics education programs of the Academy and is recognized by the US Department of Education as the accrediting agency for education programs that prepare RDNs. CDR is the credentialing agency of the Academy for all RDNs and NDTRs and is fully accredited by the National Commission for Certifying Agencies, the accrediting arm of the Institute for Credentialing Excellence. Accreditation by the Institute for Credentialing Excellence reflects achievement of the highest standards of professional credentialing.

**Education**

All of the following components are required for eligibility for the CDR Registration Examination for the RDN credential:

1. Successful completion of required nutrition and dietetics coursework through an ACEND-accredited didactic program or coordinated program/dietetics and completion of at least a baccalaureate degree granted by a US regionally accredited university or college or foreign equivalent. Coursework typically includes food and nutrition sciences, lifespan nutrition, community nutrition, communications, business, economics, computer science, foodservice management systems, psychology, sociology, anatomy and physiology, pharmacology, genetics, microbiology, organic chemistry, and biochemistry.
2. Completion of supervised practice through a dietetic internship, individualized supervised practice pathway, or a coordinated program in nutrition and dietetics accredited by ACEND. Approximately 50% of RDNs have earned advanced degrees at the master’s or doctorate levels. There are international programs in dietetics that have been recognized by ACEND under the Foreign Dietitian Education Standards or International Dietitian Education Standards (http://www.eatrightpro.org/resources/acend/accredited-programs/international-programs). For more information regarding the academic requirements and supervised practice for RDNs, refer to ACEND’s website: http://www.eatrightpro.org/resources/acend.

**Credentialing**

Credentialing is maintained through CDR. After completing the degree, nutrition and dietetics coursework, and supervised practice, candidates must successfully pass the required registration examination for dietitians administered by CDR.

CDR currently has reciprocity agreements with foreign regulatory boards or a foreign equivalent. “Reciprocity is extended to individuals who completed all certification requirements (didactic, supervised practice, and examination) in the country with whom CDR has an agreement,” including:

- Dietitians of Canada;
- Dutch Association of Dieticians/Ministry of Welfare, Public Health, and Culture;
- Philippine Professional Regulation Commission; and
- Irish Nutrition and Dietetic Institute.

For more information regarding RDN credentialing, refer to CDR’s website (www.cdrnet.org).

Candidates who have not completed supervised practice through a dietetic internship or individualized supervised practice pathway are eligible for the Registration Examination for NDTRs if they have successfully completed coursework in an ACEND-accredited didactic program in dietetics and completed at least a baccalaureate degree at a US regionally accredited college or university (https://www.cdrnet.org/program-director/registration/eligibility-requirements-for-dietetic-technicians-new-pathway-iii).

**Competence in Practice**

The Academy’s Nutrition and Dietetics Career Development Guide is a cornerstone for practice management and personal advancement in nutrition and dietetics. The Guide uses the Dreyfus model of skill acquisition to illustrate how a practitioner attains increasing levels of knowledge and skill throughout a career. Through lifelong learning and professional development, practitioners acquire and develop skills that lead to enhanced competencies and levels of practice. The Academy’s website features a graphic representation and explanation of the Guide (http://www.eatrightpro.org/resource/practice-career-development/career-toolbox/dietetics-career-development-guide).

RDNs are required to maintain registration, including 75 hours of continuing education every 5 years documented in the CDR Professional Development Portfolio. In 2015, CDR released the Essential Practice Competencies for CDR Certificated Nutrition and Dietetics Practitioners to provide overarching validated standards for RDNs. Practice competencies define the knowledge, skill, judgment, and attitude requirements throughout a practitioner’s career, across practice, and within focus areas. Competencies provide a structured guide to help identify, develop, and evaluate the behaviors required for continuing competence.

In addition to credentials, CDR, the Academy, accredited education
As of 2017, there are 17 focus area Standards of Practice (SOP) and/or Standards of Professional Performance (SOPPs) for registered dietitian nutritionists (RDNs).26 Because RDNs are accountable for their own competence, focus area SOPs and SOPPs are available to assist RDNs in self-evaluation, determining learning needs, and identifying opportunities for advancement. The Journal of the Academy Nutrition and Dietetics houses collections of the SOPs and SOPPs: http://jandonline.org/content/focus and http://jandonline.org/content/credentialed.

INDIVIDUAL SCOPE OF PRACTICE

Each RDN has an individual scope of practice that is determined by education, training, credentialing, experience, and demonstrated and documented competence to practice.13,17 Individual scope of practice is the intersection point of several elements, as illustrated in Figure 2. The RDN reviews the Academy Scope of Practice: state laws (eg, license, sure, certification, title protection), if applicable: regulations and interpretive guidelines, CMS conditions of participation and coverage, accreditation standards and measures, organizational policies and procedures, and additional training, credential, and certification options possibly needed to secure advanced levels of practice, emerging opportunities, and employment positions.

STATE LICENSURE AND PRACTICE ACTS

State licensure and practice acts guide and govern nutrition and dietetics practice. Some laws are based on protecting the title “dietitian nutritionist”; that is, certification or title protection. These statutory provisions ensure the public has access to professionals that are qualified by education, experience, and examination to provide nutrition care services.17 As of 2017, 46 states have statutory provisions regarding professional regulations for dietitians and/or nutritionists (http://www.eatrightpro.org/resource/advocacy/legislation/all-legislation/licensure). This document, the Academy’s Revised 2017 Scope of Practice for the RDN, may also be used to guide the development of state practice acts or regulations.

STATUTORY SCOPE OF PRACTICE

Statutory scope of practice is typically established within a state-specific practice act and is interpreted and controlled by the agency or board that regulates the practice of the profession. “Legal scopes of practice for the health care professions establish which professionals may provide which health care services, in which settings, and under which guidelines or parameters. With few exceptions, determining scope of practice is a state-based activity. State legislatures consider and pass practice acts, which become state statute or code. State regulatory agencies, such as medical and other health professionals’ boards, implement the laws by writing and enforcing rules and regulations detailing the acts.”29 Requirements for continuing education may also be specified in the practice act.

RDNs operate within the directives of applicable federal and state laws and regulations, policies and procedures established by the organization in which they are employed or provide services, and designated roles and responsibilities. Entities that pay for nutrition services, such as insurance providers, may establish additional regulations that RDNs must follow to receive payment for medical nutrition therapy (MNT) for their beneficiaries. RDNs providing telehealth services where the practitioner and patient are located in different states, the practitioner providing the patient care service must be licensed and/or meet the other applicable standards that are required by state or local laws in both the state where the practitioner is located and the state where the patient is located.30 To determine whether an activity is within the scope of practice of the RDN, the practitioner evaluates his or her knowledge, skill, and demonstrated and documented competence necessary to perform the service or activity in a safe and ethical manner. The Academy’s Scope of Practice Decision Tool (www.eatrightpro.org/scope), an online, interactive tool, is
specifically designed to guide practitioners with this process.

NUTRITIONIST QUALIFICATIONS
A nutritionist is a person who studies nutrition and/or provides education or counseling in nutrition principles. This individual may or may not have an academic degree in the study of nutrition, and may or may not actually work in the field of nutrition.17 Some states have enacted licensure laws or other forms of legislation that regulate use of the title “nutritionist” and/or sets specific qualifications for holding the title. Often (but not uniformly), these state laws include an advanced degree in nutrition. According to the Academy’s definition, all RDNs are nutritionists, but not all nutritionists are RDNs.17 Refer to the state licensure board or agency for the state-specific licensing act (http://www.eatrightpro.org/resource/advocacy/quality-health-care/consumer-protection-and-licensure/state-licensure-agency-contact-list).

CREDENTIALS, CERTIFICATES OF TRAINING, AND RECOGNITIONS AVAILABLE FOR RDNs
For RDNs, CDR offers Board Certification in specialty focus areas of practice and advanced practice certification in

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**Figure 2.** Individual scope of practice for registered dietitian nutritionists (RDNs) and nutrition and dietetic technicians, registered (NDTRs).
This document, the Revised 2017 Scope of Practice for the RDN, does not supercede state practice acts (ie, licensure, certification, or title protection laws). However, when state law does not define scope of practice for the RDN, the information within this document may assist with identifying activities that may be permitted within an RDN’s individual scope of practice based on qualifications (ie, education, training, certifications, organization policies, referring physician-directed protocols or delegated orders, demonstrated and documented competence, and clinical privileges).

Clinical nutrition (RD-AP or RDN-AP) for those RDNs who document 8,000 hours of clinical nutrition practice within the past 15 years (800 hours of which must be within the past 2 years). Both require recognition of documented practice experience and successful completion of an examination. The certification period is 5 years. Recertification is required to maintain the advanced practice and specialist credentials. As of 2017, CDR offers Board Certification in the following specialty areas:

- Board Certification as a Specialist in Gerontological Nutrition (CSO);
- Board Certification as a Specialist in Oncology Nutrition (CSO);
- Board Certification as a Specialist in Obesity and Weight Management: Interdisciplinary Certification (CSOWM);
- Board Certification as a Specialist in Pediatric Nutrition (CSP);
- Board Certification as a Specialist in Renal Nutrition (CSR);
- Board Certification as a Specialist in Sports Dietetics (CSSD).

Until 2002, the Academy offered the Fellow of the American Dietetic Association (FADA) credential. FADA certification demonstrated a successful approach to practice that reflected a global, intuitive, and evolving perspective: creative problem solving; and commitment to self-growth through a portfolio assessment. The FADA credential is still held by some Academy members. In 2013, the Academy began offering the recognition certificate Fellow of the Academy of Nutrition and Dietetics (FAND). FAND recognizes members who have distinguished themselves among their colleagues, as well as in their communities, by their service to the nutrition and dietetics profession and by optimizing the nation’s health through food and nutrition.

Additional credentials that may be held by RDNs are listed in Figure 3. Figure 4 outlines health and wellness coaching credentials/certifications that may also be held by RDNs as this is an area of growing interest. This list is not all-inclusive because new programs are emerging and existing programs are being updated. Obtaining additional academic degrees, and/or certificates of training or credentials/certifications are options that may be desirable or required for specific areas of practice or employment settings. Figure 5 lists certificate or training programs offered by CDR and the corresponding continuing professional education (CPE) units for each program. The programs are intensive training programs that include a self-study module and pretest, on-site program, and a take-home post-test. Certificate of training and certification programs offered by nationally recognized organizations may also be beneficial to RDNs but may not be eligible for CPE units without prior approval. See the Professional Development Portfolio Guide for a list of credentials approved for CPE units (https://www.cdrnet.org/pdp/professional-development/portfolio-guide). The lists are not all-inclusive. The credentials listed are not an endorsement and should be appropriately evaluated by the RDN for benefit in meeting patient/client/group/population/employer needs for delivery of food and nutrition-related services.

The Academy’s Professional Development Department offers distance learning through online teleseminars, webinars, self-study options, and certificates of training on various topics for continuing education. Learn more about CPE options at http://www.eatrightpro.org/resource/career/professional-development/distance-learning/online-learning. For certificates of training CPE opportunities, access the list at http://www.eatrightstore.org/products/cpe-opportunities/certificates-of-training.

**Nutrition Care Process, Workflow, and MNT**

RDNs whose practice involves nutrition care, MNT, and nutrition-related services use skills, knowledge, evidence-based practice, and clinical judgment to address health promotion and wellness, and prevention, delay, or management of acute or chronic diseases and conditions for individuals and groups. RDNs use various tools and resources, including practice guidelines from federal agencies such as the National Institutes of Health and other professional organizations (eg, American Diabetes Association, National Comprehensive Cancer Network, American Academy for Parenteral and Enteral Nutrition, and American Academy of Pediatrics) to guide MNT care practices. Another reference for RDNs is the standardized terminology for the Nutrition Care Process (NCP), published by the Academy as the electronic Nutrition Care Process Terminology (eNCP) (formerly the International Dietetics & Nutrition Terminology Reference Manual). It is an online comprehensive resource guide for implementing the NCP and documenting care provided using standardized terminology (http://ncpt.webauthor.com).

The NCP is a systematic approach to providing high-quality nutrition care with its application utilized within MNT services provided by the RDN. The NCP consists of four distinct, interrelated steps: Nutrition Assessment, Nutrition Diagnosis, Nutrition Intervention, and Nutrition Monitoring and Evaluation. The RDN uses the NCP and other workflow elements to individualize and evaluate care and service processes within organization systems specific to the discipline of nutrition and dietetics. Academy nutrition practice guidelines incorporate the NCP as the standard process for guiding patient/client/population care. MNT protocols provide a plan based on systematically analyzed evidence and clearly define the level, content, and frequency of nutrition care appropriate for diseases and conditions. They are a component of the Academy’s Evidence Analysis Library Evidence-Based Nutrition Practice Guideline Toolkits, which include an MNT Flowchart of Encounters and the MNT Encounter Process.
<table>
<thead>
<tr>
<th>Credentialing agency</th>
<th>Credential</th>
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<tbody>
<tr>
<td>American Academy of Professional Coders</td>
<td>Certified Professional Coder (CPC)</td>
</tr>
<tr>
<td>American Association of Diabetes Educators[^a]</td>
<td>Board Certified in Advanced Diabetes Management (BC-ADM)[^bc]</td>
</tr>
<tr>
<td>American Association of Family and Consumer Sciences</td>
<td>Certified in Family and Consumer Sciences (CFCS)[^c]</td>
</tr>
<tr>
<td>American College of Healthcare Executives</td>
<td>Board Certified as a Fellow of the American College of Healthcare Executives (FACHE)</td>
</tr>
</tbody>
</table>
| American College of Sports Medicine | ACSM Certified Personal Trainer (CPT)[^c]  
ACSМ Certified Health/Fitness Specialist (HFS)[^c] |
| American Council on Exercise | ACE-certified Personal Trainer[^c]  
ACE-certified Group Fitness Instructor[^c]  
ACE-certified Advanced Health & Fitness Specialist[^c] |
| American Culinary Federation - Institute for Credentialing Excellence | Certified Executive Chef (CEC)  
Certified Culinary Educator (CCE) |
| Board of Certification, Inc, for the Athletic Trainer | Athletic Trainer |
| Canadian Diabetes Educator Certification Board | Canadian Board Certified Diabetes Educator[^bc] |
| Certifying Board of Dietary Managers - Association of Nutrition & Foodservice Professionals | Certified Dietary Manager (CDM);  
Certified Food Protection Professional (CFPP) |
| Commission for Case Manager Certification | Board Certified Case Manager (CCM) |
| Healthcare Quality Certification Commission | Certified Professional in Healthcare Quality (CPHQ)[^c] |
| International Association of Eating Disorders Professionals[^a] | Certified Eating Disorders Registered Dietitian (CEDRD)[^c] |
| National Academy of Certified Care Managers | Care Manager Certified (CMC) |
| National Certification Board for Diabetes Educators | Certified Diabetes Educator (CDE)[^bc] |
| National Commission for Health Education Credentialing, Inc. | Certified Health Education Specialist (CHES)[^c] |
| National Environmental Health Association | Certified Professional-Food Safety (CP-FS)  
Registered Environmental Health Specialist/Registered Sanitarian (REHS/RS) |
| National Strength and Conditioning Association | NSCA-Certified Strength and Conditioning Specialist (CSCS)[^c]  
NSCA-Certified Personal Trainer (NSCA-CPT)[^c] |
| Project Management Institute | Certified Associate in Project Management (CAPM)  
Project Management Professional (PMP) |
| School Nutrition Association[^a] | School Nutrition Specialist (SNS)[^c] |
| The International Board of Lactation Consultant Examiners, Inc. | International Board Certified Lactation Consultant (IBCLC)[^bc] |

[^a]Commission on Dietetic Registration accredited provider[^34]  
[^b]Seventy-five continuing professional education units approved by Commission on Dietetic Registration for completion of certification for consecutive recertification periods[^23]  
[^c]Seventy-five continuing professional education units approved by Commission on Dietetic Registration for completion of certification for alternate recertification periods[^23]  

**Figure 3.** Credentials that can be held by registered dietitian nutritionists (RDNs) (not all inclusive).
assess the nutrition-related health needs of patients/clients/populations, considering other factors affecting nutrition and health status (eg, culture, ethnicity, and social determinants of health) and develop priorities, goals, and objectives to establish and implement nutrition care plans; provide nutrition counseling and nutrition education to optimize nutritional status, prevent disease, or maintain and/or improve health and well-being; make referrals to appropriate resources and programs and act or collaborate with case managers; evaluate, educate, and counsel related to the use of nutrition-related pharmacotherapy plans and over-the-counter medications, dietary supplements, and food, drug and drug nutrient interactions; and document care provided using standardized terminology.

Unique to RDNs is the qualification to provide MNT, a cost-effective, essential component of comprehensive nutrition care.35-38 Individuals and groups with medically prescribed diets, individualized meal plans, specialized oral feedings, enteral nutrition (tube feedings), and intravenous solutions with adjustments based on the analysis of potential food or nutrient and drug interactions benefit from MNT. MNT involves in-depth nutrition assessment: determination of the nutrition diagnosis; implementation of tailored nutrition interventions for the individual or group; and periodic monitoring, evaluation, reassessment, and revised interventions designed to manage or prevent the disease, injury, or condition.17 Figure 7 lists examples of medical conditions and diseases for which RDNs provide MNT, as outlined in the Academy Nutrition Care Manual.40 For a complete list of Nutrition Care Manual medical conditions, including information in the Pediatric Nutrition Care Manual and Sports Nutrition Care Manual, consult the Academy Nutrition Care Manuals (https://www.nutritioncaremanual.org/ncm-toc). RDNs in clinical practice:

- Provide MNT in direct care of medical diseases and conditions across the continuum of care (refer to Figure 7).
- Apply the NCP and workflow elements in providing person-centered nutrition care of individuals.39
- Perform assessment of a patient’s/client’s nutrition status via in-person, or facility/practitioner assessment application, or HIPAA compliant video conferencing telehealth platform.
- Complete a nutrition-focused physical exam through an evaluation of body systems, muscle and subcutaneous fat wasting, feeding ability (suck/swallow/breathe), oral health, skin condition, appetite, and affect. For additional information and education on nutrition focused physical exams, please see http://www.eatrightpro.org/resour ce/career/professional/development/face-to-face/learning/npe-workshop and http://www.eatrightstore.com/product/EHB27B147C98-40E2-A0EF-6E78AD6FF7D8.

Recommend, perform, and/or interpret test results related to nutrition status: blood pressure, anthropometrics (eg, height and weight, skinfold thickness, waist circumference, calculation of body mass index with classification for malnutrition and obesity), indirect calorimetry, laboratory tests, and waived point-of-care laboratory testing (eg, blood glucose and cholesterol) (http://www.cdc.gov/dls/waivedtests/ and http://www.cms.gov/Regul ations-and-Guidance/Legislati on/CLIA/downloads/waivedbl.pdf).

Order and monitor nutrition-related laboratory tests and waived point-of-care laboratory testing, in cases where an RDN has

<table>
<thead>
<tr>
<th>Credentialing agency</th>
<th>Credential/certification</th>
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<tbody>
<tr>
<td>American Council on Exercise</td>
<td>ACE-certified Lifestyle and Weight Management Coach</td>
</tr>
<tr>
<td>American Institute of Health Care Professionals</td>
<td>Health Care Life Coach-Certified (HCLC-C)</td>
</tr>
<tr>
<td>International Association for Health Coaches</td>
<td>Certified International Health Coach (CHC)</td>
</tr>
<tr>
<td>National Society of Health Coaches</td>
<td>Certified Health Coach (CHC)</td>
</tr>
<tr>
<td>International Consortium for Health &amp; Wellness Coaching</td>
<td>National Board Certified Health &amp; Wellness Coach (NBC-HWC)</td>
</tr>
<tr>
<td>and National Board of Medical Examiners</td>
<td>Certified Health &amp; Wellness Coach</td>
</tr>
<tr>
<td>Well coaches Corporation</td>
<td>Certified Personal Coach</td>
</tr>
</tbody>
</table>

*Seventy-five continuing professional education unit credits approved by Commission on Dietetic Registration for completion of certification for alternate recertification periods.*23

*Commission on Dietetic Registration accredited provider.*34

Figure 4. Coach credential or certification options for registered dietitian nutritionists (not all inclusive).
been granted ordering privileges, or received a delegated order from a referring physician.\textsuperscript{41-45}

\begin{itemize}
\item Order and monitor nutrition interventions to meet person-centered nutrient and energy needs, including but not limited to prescribed diets, medical foods, dietary supplements, over-the-counter medications, nutrition support therapies such as enteral nutrition (tube feeding) and parenteral nutrition support (specialized intravenous solutions), nasogastric feeding tube placement, and provide feeding therapy (pediatric oral aversion).\textsuperscript{41-43}
\item Initiate, implement, and adjust protocol\textsuperscript{\textdagger} or physician order-driven nutrition-related medication orders and pharmacotherapy plans in accordance with established policy or protocols consistent with organizational policy and procedure.\textsuperscript{41}
\item Assist in the development, promotion, and adherence to enhanced recovery after surgery protocols, including elimination of preoperative nothing by mouth order, intraoperative nausea/vomiting prophylaxis and goal-directed fluid therapy, and early postoperative nutrition.
\item Provide nutrition+counseling; nutrition behavior therapy; lactation counseling; health and wellness coaching; and nutrition, physical activity, lifestyle, and health education and counseling as components of preventative, therapeutic, and restorative healthcare.
\item Assess and counsel for the treatment of food allergies to prevent consumption of allergens, prevent over restriction, prevent nutrient deficiencies, and promote optimal growth and/or weight maintenance.\textsuperscript{44}
\item Evaluate, educate, and counsel related to nutritional genomics, gene diet and disease interactions; genetic, environmental, and lifestyle factors; and food drug, drug nutrient, and supplement—drug nutrient interactions.
\item Manage nutrition care, collaborate with other health and nutrition professionals and as members of interprofessional teams, contribute to rounds or care conferences, be part of palliative and hospice care teams; participate in care coordination; and refer to appropriate nutrition resources, programs, or other health professionals.
\end{itemize}

- Determine appropriate quality standards in foodservice and nutrition programs.
- Train nutrition and dietetics personnel and NDTRs and mentor nutrition and dietetics students and interns in the provision of nutrition services.
- Delegate to and supervise the work of the NDTR or other professional, technical, or support staff who are engaged in direct patient/client nutrition care.

**Ordering Privileges** Ordering privileges for RDNs became an option for acute and critical access hospitals to consider with the revisions to the CMS Conditions of Participation, when consistent with state law. Figure 8 is a listing of regulatory changes published by CMS related to order writing privileges for RDNs or clinically qualified nutrition professionals applicable to hospitals, critical access hospitals, and long-term care facilities in 2017. Further regulatory changes for long-term care facilities allow a physician to delegate diet order writing to an RDN or clinically qualified nutrition professional. CMS will periodically revise conditions for coverage and conditions of participation for various practice settings. Use the guidance link to open each Medicare State Operations Manual Appendix for the specific practice area (e.g., hospital, critical access hospital, end-stage renal disease facilities, or long-term care) at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107Appendicestoc.pdf. Click on the corresponding letter in the Appendix Letter column to see any available Medicare State Operations Manual file.

The RDN may write, accept, and implement orders based on federal and state laws and regulations and organization policies as well as implement established and approved protocol orders, and make recommendations for nutrition-related modifications. As part of interprofessional teams, the RDN performs health care functions based on clinical privileges or as delegated by the referring practitioner in collaboration with other health care team members, and performs other activities consistent with individual scope of practice, and role(s) and responsibilities in the organization.

**Ethical Billing Practices**

The RDN must have sound business processes and adhere to the elements of ethical billing across the continuum of practice management and the delivery of clinical nutrition care.\textsuperscript{13,47} For MNT billing and payment purposes, the RDN should review state licensure laws and payer policies to determine practice criteria for providing MNT services. Under Medicare Part B, MNT services are defined as "nutritional diagnostic, therapy, and counseling services for the purpose of disease management which are furnished by a Registered Dietitian or nutrition professional pursuant to a referral by a physician."\textsuperscript{48} Fornutrition services payment resources oncurrence and reimbursement management and

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**Figure 5.** Commission on Dietetic Registration Certificates of Training in Weight Management.
Figure 6. Nutrition Care Process and Workflow: Roles of registered dietitian nutritionists (RDNs) and nutrition and dietetics technicians, registered (NDTRs).

**PRACTICE AREAS, SERVICES, AND ACTIVITIES**

Nutrition and dietetics as a field is dynamic, diverse, and continuously evolving. The depth and breadth of the RDN’s practice expands with advances in many areas, including nutrition, dietetics, food production, food safety, food systems management, health care, public health, community nutrition, and information and communication technology. The RDN understands how these advances influence health status, disease prevention and treatment, quality of life, agriculture, ecological sustainability, business innovation, and the safety and well-being of the public. The diversity of the population, federal and state legislative actions, health and chronic disease trends, and social and environmental trends influence professional practice and the goals and objectives of those served by the RDN. Quality health and nutrition care and services depend on active participation by patients, clients, families, consumers, groups, and communities in decisions that promote health, well-being, fitness, and performance. Integral to this effort, RDNs play critical roles in leading the public in promoting access to and incorporating healthful food supplies, food choices, and eating behaviors; working physical activity into daily lives; and aiding individuals in making informed choices regarding food and nutrition.

The majority of RDNs are employed in health care settings (eg, hospitals, accountable care organizations, health care systems, clinics, mental health centers, rehabilitation centers, dialysis centers, bariatric centers, long-term, post-acute, or assisted-living facilities) addressing wellness, prevention, and nutrition management of diseases and medical conditions. Practice settings, services, and activities are discussed using terminology common in each area. Services and activities are not limited to the areas in which they

<table>
<thead>
<tr>
<th>Nutrition Care Process and Workflow element</th>
<th>RDN role</th>
<th>NDTR role</th>
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<tbody>
<tr>
<td>Nutrition Screening</td>
<td>Perform or obtain and review nutrition screening data</td>
<td>Perform or obtain nutrition screening data</td>
</tr>
<tr>
<td>Nutrition Assessment</td>
<td>Perform via in-person, or facility/practitioner assessment application system, or HIPAA compliant video conferencing telehealth platform and document results of assessment</td>
<td>Assist with or initiate data collection as directed by the RDN or per standard operating procedures and begin documenting elements of the nutrition assessment for finalization by the RDN</td>
</tr>
<tr>
<td>Nutrition Diagnosis</td>
<td>Determine nutrition diagnosis(es)</td>
<td>Per RDN-assigned task, communicate and provide input to the RDN</td>
</tr>
<tr>
<td>Nutrition Intervention/Plan of Care</td>
<td>Determine or recommend nutrition prescription and initiate interventions. When applicable, adhere to established and approved disease or condition-specific protocol orders from the referring practitioner</td>
<td>Implement/oversee standard operating procedures; assist with implementation of individualized patient/client/customer interventions and education as assigned by the RDN</td>
</tr>
<tr>
<td>Nutrition Monitoring and Evaluation</td>
<td>Determine and document outcome of interventions reflecting input from all sources to recognize contribution of NDTR/nutrition care team members to patient/client experience and quality outcomes</td>
<td>Implement/oversee (duties performed by other nutrition, foodservice staff) standard operating procedures; complete, document, and report to the RDN and other team members the results and observations of patient/client-specific assigned monitoring activities</td>
</tr>
<tr>
<td>Discharge Planning and Transitions of Care</td>
<td>Coordinate and communicate nutrition plan of care for patient/client discharge and/or transitions of care</td>
<td>Assist with or provide information as assigned by the RDN</td>
</tr>
</tbody>
</table>

4HIPAA=Health Insurance Portability and Accountability Act.

5The RDN or clinically qualified nutrition professional is ultimately responsible and accountable to the patient/client/advocate, employer/organization, consumer/customer, and regulator for nutrition activities assigned to NDTRs and other technical, professional, and support staff.

best practices for MNT services, see http://www.eatrightpro.org/resources/practice/getting-paid.
<table>
<thead>
<tr>
<th>Examples of Conditions and Diseases Using Medical Nutrition Therapy in Adult and Pediatric Populations</th>
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</thead>
<tbody>
<tr>
<td>Anemia</td>
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<tr>
<td>Burns</td>
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<tr>
<td>Developmental disabilities</td>
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<tr>
<td>Eating disorders and disordered eating</td>
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<tr>
<td>Gastrointestinal disorders</td>
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<tr>
<td>Mental health disorders</td>
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<tr>
<td>Neurological disorders</td>
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<tr>
<td>Pediatric care</td>
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<tr>
<td>Reproduction</td>
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Figure 7. Examples of conditions and diseases in which registered dietitian nutritionists perform medical nutrition therapy in adult and pediatric populations.

are described. The RDN has multiple responsibilities and perform services and activities in various settings. Examples of RDN practice areas, services, and activities include, but are not limited to, the following:

**Acute and Ambulatory Outpatient**

RDNs participate in, manage, and direct nutrition programs and services. RDNs provide and coordinate food and nutrition services and programs in health care settings such as hospitals, tertiary care centers, critical access hospitals, ambulatory clinics, specialty clinics, primary care medical homes, community health centers, bariatric centers, diabetes prevention and education programs, behavioral health centers, Veteran Affairs and military facilities, and corrections facilities. RDNs:

- Work within the interprofessional team and with the patient/client and family and/or advocate on nutrition-related aspects of a treatment plan, including risks/burdens of nutrition intervention; participate in interprofessional rounds; provide MNT; and conduct nutrition education, counseling, discharge planning, and care coordination and management to address prevention and treatment of one or more acute or chronic conditions or diseases.
- Supervise NDTRs in the provision of direct patient/client nutrition care. Assignment of tasks takes into consideration components of the NCP and the training and competence of the NDTR and other support staff in performing the assigned functions with a specific patient/client or population. The RDN is ultimately accountable to the patient/client, physicians, regulators, and accrediting organizations for functions assigned to support staff.
- Monitor and adhere to ethical and legal guidelines applicable to social media and copyright laws for protection of intellectual property when communicating and sharing content created by other entities.

**Coaching**

RDNs work as health and wellness coaches in health care facilities, private practices, wellness businesses (eg, in-person or via telehealth), nonprofit organizations, and corporate wellness. RDNs:

- Educate and guide clients to achieve health goals through lifestyle and behavior adjustments.
- Have thorough knowledge and advanced understanding of behavior change, culture, social determinants of health, disease self-management, and evidence-based health education research.
- Empower clients to achieve self-determined goals related to health and wellness.

**Business and Communications**

RDNs are employed as consultants, managers, directors, vice presidents, and chief executive officers in business and communications, where they participate, manage, and direct in areas such as news and communications, consumer affairs, public relations, food commodity boards, food and culinary nutrition, retail food business, human resources, nutrition and foodservice computer applications, product development, marketing, sales, product distribution, and consumer education. They are website managers and developers.

- Author books, professional and lay articles, print and electronic publications, newsletters, editorials, columns, social media podcasts, blogs, YouTube videos, and other forms of electronic media. They are also journalists, speakers, commentators, television, internet and radio personalities, and spokespersons.

**Community and Public Health**

RDNs with public health and community expertise are directors, managers, supervisors, educators, practitioners, consultants, and researchers. They work in a variety of settings from the national to state and local levels, such as government...
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<tr>
<td><strong>CMS hospital guidance</strong></td>
<td>“CMS would make further revisions that would allow for flexibility in this area by requiring that all patient diets, including therapeutic diets, must be ordered by a practitioner responsible for the care of the patient, or by a qualified dietitian or other clinically qualified nutrition professional as authorized by the medical staff and in accordance with State law. CMS believes that hospitals that choose to grant these specific ordering privileges to RDs may achieve a higher quality of care for their patients by allowing these professionals to fully and efficiently function as important members of the hospital patient care team in the role for which they were trained. CMS stated that they believe hospitals would realize significant cost savings in many of the areas affected by nutritional care.”</td>
</tr>
<tr>
<td><strong>Federal Register / Vol. 79, No. 91 / Monday, May 12, 2014 / Rules and Regulations; pages 27117-27118 of the Final Rule for Regulatory Reforms Impacting Hospital Conditions of Participation (CoPs) Agency: Centers for Medicare &amp; Medicaid Services (CMS), Department of Health and Human Services (HHS)</strong></td>
<td>“All patient diets, including therapeutic diets, must be ordered by a practitioner responsible for the care of the patient, or by a qualified dietitian or qualified nutrition professional as authorized by the medical staff and in accordance with State law governing dietitians and nutrition professionals.”</td>
</tr>
<tr>
<td><strong>The CMS final rule, effective July 11, 2014. The CMS State Operations Manual Conditions of Participation Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals was subsequently revised in sequential order with State Operations Manual updates issued at different times in 2014 and 2015 for implementation. §482.28(b)(2): Condition of Participation: Food and Dietetic Services</strong></td>
<td>“The hospital’s governing body may choose, when permitted under State law and upon recommendation of the medical staff, to grant qualified dietitians or qualified nutrition professionals diet-ordering privileges. In many cases State law determines what criteria an individual must satisfy in order to be a “qualified dietitian;” State law may define the term to mean a “registered dietitian” registered with a private organization, such as the Commission on Dietetic Registration, or State law may impose different or additional requirements. Terms such as “nutritionists,” “nutrition professionals,” “certified clinical nutritionists,” and “certified nutrition specialists” are also used to refer to individuals who are not dieticians, but who may also be qualified under State law to order patient diets. It is the responsibility of the hospital to ensure that individuals are qualified under State law before appointing them to the medical staff or granting them privileges to order diets.”</td>
</tr>
<tr>
<td><strong>Who is a “qualified dietician” and “qualified nutrition professional” per hospital guidelines? §482.28(b)(2) Condition of Participation: Food and Dietetic Services</strong></td>
<td>“The medical staff must be composed of doctors of medicine or osteopathy. In accordance with State law, including scope-of-practice laws, the medical staff may also include other categories of physicians (as listed at §482.12(c)(1)) and non-physician practitioners who are determined to be eligible for appointment by the governing body.” “Non-physician practitioners: Furthermore, the governing body has the authority, in accordance with State law, to grant medical staff privileges and membership to non-physician practitioners. The regulation allows hospitals and their medical staffs to take advantage of the expertise and cost savings in many of the areas affected by nutritional care.”</td>
</tr>
<tr>
<td><strong>§482.22(a): Eligibility and Process for Appointment to Medical Staff</strong></td>
<td>“The medical staff must be composed of doctors of medicine or osteopathy. In accordance with State law, including scope-of-practice laws, the medical staff may also include other categories of physicians (as listed at §482.12(c)(1)) and non-physician practitioners who are determined to be eligible for appointment by the governing body.”</td>
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Figure 8. Catalog of regulatory changes published by the Centers for Medicare and Medicaid Services (CMS) related to order writing privileges or delegated orders for registered dietitian nutritionists (RDNs) or clinically qualified nutrition professionals in hospitals, critical access hospitals (CAHs), and long-term care facilities. Refer to CMS State Operations Manual for periodic revisions (https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107Appendicestoc.pdf).
skills of all types of practitioners who practice at the hospital when making recommendations and decisions concerning medical staff privileges and membership.”

“For non-physician practitioners granted privileges only, the hospital’s governing body and its medical staff must exercise oversight, such as through credentialing and competency review, of those non-physician practitioners to whom it grants privileges, just as it would for those practitioners appointed to its medical staff. Practitioners are described in Section 1842(b)(18)(C) of the Act as any of the following: Physician assistant; Nurse practitioner; Clinical nurse specialist; Certified registered nurse anesthetist; Certified nurse-midwife; Clinical social worker; Clinical psychologist; Anesthesiologist’s Assistant; or Registered dietitian or nutrition professional.”

CMS CAH guidance
CMS State Operations Manual, Appendix W - Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing-Beds in CAHs (revised December 2016). The following policies section includes dietitian privileges as implemented in April 2015.

§485.608(d): Licensure, Certification or Registration of Personnel

“Staff of the CAH are licensed, certified, or registered in accordance with applicable Federal, State, and local laws and regulations.”

“All staff required by the State to be licensed must possess a current license. The CAH must ensure that these personnel are in compliance with the State’s licensure laws. The laws requiring licensure vary from state to state. Examples of healthcare professionals that a state may require to be licensed could include: nurses, MD/DOs, physician assistants, dieticians, x-ray technologists, dentists, physical therapists, occupational therapists, respiratory technicians and facility administrators. All CAH staff must meet all applicable standards required by State or local law for CAH personnel. This would include at a minimum: Certification requirements; Minimum qualifications; and Training/education requirements.”

§485.631(a)(1) 485.631(a): Staffing

“The CAH has a professional health care staff that includes one or more doctors of medicine or osteopathy, and may include one or more physician assistants, nurse practitioners, or clinical nurse specialists.”

§485.631(a)(2): Staffing

“Any ancillary personnel are supervised by the professional staff.” Survey Procedures “Use organizational charts and staff interviews to determine how the CAH ensures that the professional staff supervises all ancillary personnel.”

§485.631(b)(1)(i): Staffing

“The doctor of medicine or osteopathy (i) Provides medical direction for the CAH’s health care activities and consultation for, and medical supervision of, the health care staff.”

§485.635(a): Patient Care Policies Interpretive guidelines: §485.635(a)(2) and (4)

“The CAH’s written policies governing patient care services must be developed with the advice of members of the CAH’s professional healthcare staff. This advisory group must include: At least one MD or DO;
and One or more physician assistants, nurse practitioners, or clinical nurse specialists, at least one of these non-physician practitioners if these professionals are included in the CAH’s healthcare staff, as permitted at §485.631(a)(1). A CAH with no non-physician practitioners on staff is not required to obtain the services of an outside non-physician practitioner to serve on the advisory group."

"§485.635(a)(3)(vii): Patient Care Policies\(^\text{10}\)

"Procedures that ensure that the nutritional needs of inpatients are met in accordance with recognized dietary practices and the orders of the practitioner responsible for the care of the patients, and that the requirement of §483.25(i) of this chapter is met with respect to inpatients receiving post hospital SNF [Skilled Nursing Facility] care."

“The dietary services must be organized, directed and staffed in such a manner to ensure that the nutritional needs of inpatients are met in accordance with practitioners’ orders and recognized dietary practices. The CAH must designate a qualified individual who is responsible for dietary services. The designated individual must be qualified based on education, experience, specialized training, and, if required by State law, licensed, certified, or registered by the State.”

“All inpatients’ diets, including therapeutic diets, must be provided in accordance with orders from a practitioner responsible for the care of the patient. CAHs may choose, when permitted under State law, to designate qualified dietitians or qualified nutrition professionals as practitioners with diet-ordering privileges. In many cases State law determines what criteria an individual must satisfy in order to be a ‘qualified dietitian’; State law may define the term to mean a ‘registered dietitian’ registered with a private organization, the Commission on Dietetic Registration, or State law may impose different or additional requirements. Terms such as ‘nutritionists,’ ‘nutrition professionals,’ ‘certified clinical nutritionists,’ and ‘certified nutrition specialists’ are also used to refer to individuals who are not dietitians, but who may also be qualified under State law to order patient diets. It is the responsibility of the hospital to ensure that individuals are qualified under State law before appointing them to the medical staff or granting them privileges to order diets.”

Survey procedures: "Verify that the individual responsible for dietary services is qualified based on education, experience, specialized training, and, if required by State law, is licensed, certified, or registered by the State. Verify that all inpatient diets are prescribed by a practitioner(s) responsible for the care of the patient. If the State and the CAH permit dietitians or other nutrition professionals to order diets, has the CAH verified that they meet any requirements for licensure or certification under State law?"

"To increase access and reduce burden, this final rule allows physicians to delegate to a qualified dietitian or other clinically qualified nutrition professional the task of prescribing diet, including therapeutic diets, to the extent allowed by state law. CMS does not currently have data to estimate

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Figure 8. (continued) Catalog of regulatory changes published by the Centers for Medicare and Medicaid Services (CMS) related to order writing privileges or delegated orders for registered dietitian nutritionists (RDNs) or clinically qualified nutrition professionals in hospitals, critical access hospitals (CAHs), and long-term care facilities. Refer to CMS State Operations Manual for periodic revisions (https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107Appendicestoc.pdf).
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<td>Medicare and Medicaid Programs; Page 68845 of the Final Rule for Reform of Requirements for Long Term Care Facilities</td>
<td>the savings that this will produce in SNFs and NFs [Nursing Facilities], however CMS believes that it will allow for better use of both physician and dietitian time. Likewise, we also allow physicians to delegate to qualified therapists the task of prescribing physical, occupational, speech language, or respiratory therapies, but as with dietitians, we have no empirical evidence with which to quantify a cost savings. Again, however, we believe that this allows better use of both physician and therapist time.</td>
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<tr>
<td>The CMS Final Rule was effective on November 28, 2016. The CMS State Operations Manual, Appendix PP - Guidance to Surveyors for Long Term Care Facilities was subsequently revised for implementation with updates continuing to occur in 2017 and beyond. §483.30: Physician Services §483.30(e)(2) and §483.30(e)(4): Physician Delegation of Tasks in Skilled Nursing Facilities §483.30(f): Performance of Physician Tasks in Nursing Facilities</td>
<td>“A resident’s attending physician may delegate the task of writing dietary orders, consistent with §483.60, to a qualified dietitian or other clinically qualified nutrition professional who— (i) is acting within the scope of practice as defined by State law; and (ii) is under the supervision of the physician.” “A physician may not delegate a task when the regulations specify that the physician must perform it personally, or when the delegation is prohibited under State law or by the facility’s own policies.”</td>
</tr>
<tr>
<td>§483.60(e)(1): Therapeutic Diets11</td>
<td>“Therapeutic diets must be prescribed by the attending physician.”</td>
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<tr>
<td>§483.60(e)(2): Therapeutic Diets11</td>
<td>“The attending physician may delegate to a registered or licensed dietitian the task of prescribing a resident’s diet, including a therapeutic diet, to the extent allowed by State law. Intent: To assure that the residents receive and consume foods in the appropriate form and/or the appropriate nutritive content as prescribed by a physician and/or assessed by the interdisciplinary team to support the resident’s treatment, plan of care in accordance with his her goals and preferences.”</td>
</tr>
<tr>
<td>Who is a “non-physician practitioner”? Definitions §483.30(a): Physician Services11</td>
<td>“Non-physician practitioner (NPP)’ is a nurse practitioner (NP), clinical nurse specialist (CNS), or physician assistant (PA).”</td>
</tr>
<tr>
<td>Guidance §483.30(e)(2)-(3): Physician Services11</td>
<td>“Physicians and NPPs may delegate the task of writing orders to qualified dietitians . . . if State practice act allows the delegation of task, and the State practice act for the qualified individual being delegated the task of writing orders permits such performance.” “Dietary orders written by a qualified dietitian/clinically qualified nutritional professional, or therapy orders written by therapists, do not require physician co-signature, except as required by State law.”</td>
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Figure 8. (continued) Catalog of regulatory changes published by the Centers for Medicare and Medicaid Services (CMS) related to order writing privileges or delegated orders for registered dietitian nutritionists (RDNs) or clinically qualified nutrition professionals in hospitals, critical access hospitals (CAHs), and long-term care facilities. Refer to CMS State Operations Manual for periodic revisions (https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107Appendicestoc.pdf).
behaviors. Contribute to emergency preparedness and coordinate food and nutrition services during disasters.\(^{52}\)

- Collect, analyze, and report health- and nutrition-related data on specific populations to establish trends; identify benchmarks, and measure effectiveness of nutrition and related interventions.
- Advocate to decrease health disparities (eg, social determinants of health) of specific populations and promote health policies that improve the patient/client experience of care, improve the health of populations, and reduce the per capita cost of health care.\(^{53}\)
- Provide and coordinate culturally competent nutrition services and programs, including MNT to individuals and groups; collaborate with others to develop nutrition programs and services in accordance with the Public Health Accreditation Board standards and measures; plan and deliver training and education for health personnel; and advocate for sound food and nutrition legislation, policies, and programs at the federal, state, and local levels.

### Culinary and Retail

RDNs are culinary educators, food writers, cookbook authors, chefs, marketing professionals, public relations executives, supermarket-retail dietitians, food scientists, food and beverage purchasers, consultants, and media reporters. RDNs are executives, directors, managers, researchers, supervisors, and consultants in retail, corporate, agribusiness, and restaurants. RDNs:

- Provide food, nutrition, and culinary expertise in the design, development, and production of food products and menus, including selection of ingredients, methods of preparation, nutrient analysis of recipes and nutrient characteristics; and evaluate cultural appropriateness and customer satisfaction in the production and development of food products, recipes, and menus.
- Educate clients, customers, and the public on food safety.

### Entrepreneurial and Private Practice

RDNs in private practice are entrepreneurs and innovators in providing nutrition products and services to peers/colleagues, consumers, industry, media, government, for-profit and nonprofit organizations, agribusiness, and businesses. They are chief executive officers, business owners, consultants, professional speakers, writers, journalists, chefs, educators, health and wellness coaches, and spokespersons. They may work under contract or as consultants for organizations and government agencies, such as health care or food companies, businesses and corporations, employee wellness programs, public relations, and with the media. Work environments and practice settings are often as varied as the services being provided: clinics, business and government offices, home offices, fitness centers, patient/client homes, online and telehealth, supermarket-retail, and restaurants and food venues. RDNs:

- Provide MNT to individuals and groups in all populations. A promotional source for RDNs to utilize is the Find a Registered Dietitian Nutritionist locator on the Academy website at [http://www.eatright.org/find-an-expert](http://www.eatright.org/find-an-expert).
- Provide comprehensive food and nutrition services to individuals, groups, foodservice and restaurant managers, supermarket-retail and other food vendors and distributors, culinary programs, corporate wellness, athletes, sports teams, and company employees.
- Act as expert witnesses and consultants on legal matters related to food and nutrition services and dietetics practice.
- Design nutrition software, websites, blogs, podcasts, videos, nutrition education tools, and nutrition-related products.

### Foodservice Systems

RDNs manage and direct or serve as consultants to foodservice operations in health care and other institutions and commercial settings. They are also employed by contract foodservice management companies (eg, in hospitals, schools, colleges and universities, continuing care communities, long-term care hospitals, critical access hospitals, rehabilitation centers, extended care settings, government facilities, retail, and corrections facilities) and commercial settings (eg, restaurants, food distribution and vending, and catering). RDNs:

- Participate in, manage, or direct any or all of the following: menu and recipe management; food, supplies, and equipment purchasing; food receiving, storage, preparation, and service; quality assurance, safety, performance improvement, and customer satisfaction; quality improvement projects; financial management; human resource management; food safety and sanitation programs; waste management, water conservation and composting programs; vending services and catering for special events; foodservice in emergency situations, and kitchen design and redesign.\(^{54}\)
- Use a wide variety of electronic tools to manage data and may specialize in the development and management of specific technological applications related to foodservice operations.\(^{54}\)
- Collaborate with the speech language pathologist(s) and the interprofessional team to adopt and use the International Dysphagia Diet Standardization System for texture-modified foods and liquids for individuals with dysphagia.\(^{55,56}\)

### Global Health

RDNs are humanitarians working in foreign countries, following the foreign country’s policies, laws, and regulations, with the objective of influencing food, nutrition, and health. RDNs work internationally in health care; communities; federal and local health departments; schools, colleges, and universities; and private practice. RDNs are authors, educators, activists, researchers, and health care workers. RDNs:

- Educate clients, customers, and the public on global health issues related to nutrition using resources such as the Academy Foundation’s International Resources and Opportunities [http://](http://)
including basic concepts of nutritional genomics, gene diet and disease interactions, holistic health care, and functional nutrition therapeutics using the Integrative and Functional Medical Nutrition Therapy (IFMNT) Radial (https://integrativerd.org/ifmnt-radial). The Integrative and Functional Medicine Nutrition Therapy Radial is a model for critical thinking that embraces both the science and art of personalized nutrition care with consideration of multiple conventional or alternative medicine disciplines using five key areas: lifestyle, systems (signs and symptoms), core imbalances, metabolic pathways/networks, and biomarkers.57

Malnutrition
RDNs, as part of interprofessional teams, manage and direct malnutrition care for patients/clients in health care settings such as acute care hospitals, tertiary care centers, critical access hospitals, ambulatory clinics, specialty clinics, Veterans Affairs and military facilities, children’s hospitals, long-term care hospitals, home health, skilled nursing facilities, memory units, long-term/extended care, continuing care communities, and assisted-living facilities.58 Because malnutrition is recognized as a national health and public safety issue, RDNs play a key role in evaluating their nutrition care workflow throughout the continuum of care. (National Blueprint: Achieving Quality Malnutrition Care for Older Adults, http://defeatmalnutrition.today/ blueprints). RDNs:

• Establish malnutrition standards of care and conduct timely screening, assessment, intervention/plan of care to identify appropriate medical malnutrition diagnosis.
• Lead the interprofessional team to identify quality gaps in malnutrition care, evaluate the clinical workflow process, and facilitate quality improvement projects to advance malnutrition care delivery (http://www.eatrightpro.org/malnutrition).
• Provide training and education to teams ensuring competent nutrition professional and food-service workforce.
• Comply with discharge/long-term discharge planning and transitions of care requirements as well as facility policies and procedures to meet patient/client identified post-discharge needs.59,60

Management and Leadership
RDNs serve in all levels of management (eg, consultant, supervisor, manager, unit manager, director, system director, administrator, vice president, president, chief operations officer, executive officer, and owner). Practice settings for RDNs include health care organizations, schools, colleges and universities, businesses, and corporate settings such as food distribution, group purchasing, health and wellness coaching, non–profit organizations, association management, population health, and government agencies. Responsibilities range from managing a unit, department, and multi departments to system wide operations in multiple facilities.

Management practice areas include health care administration, food and nutrition services, clinical nutrition services, foodservice systems, multi-department management, and clinical services and care coordination with multiple disciplines (eg, diabetes education center, wound care program, nutrition support team, bariatric center, and medical home management). RDNs are involved in public health agencies, overseeing health promotion and disease prevention, promotion of programs in states and communities, research, community health programs/agencies that serve a specific client population, and corporate wellness and/or consulting services for organizations seeking a specific product or service. RDNs:

• Lead people "to achieve a common goal by setting a direction, aligning people, motivating and inspiring."61
• Provide overall direction for area(s) of responsibility that reflects strategic thinking and planning to align with mission, vision, and principles of the organization to achieve desired outcomes.
• Identify needs and wants of customers to direct the design and
delivery of customer-centered services in line with an organization’s mission and expectations.

- Ensure the employee workforce is engaged in the vision for services through training, mentoring, opportunities to give input, and with clear expectations for performance and accountability.

Military Service
RDNs serve as active duty and reserve component commissioned officers in the US Armed Forces and work as federal civilian employees alongside active duty and reserve RDNs. RDNs serve as consultants for military readiness, medical education, military training, development of operational meals, Special Operations Forces Human Performance Programs, and overseas Department of Defense school nutrition programs. Practice areas include clinical nutrition and dietetics, health promotion and wellness, community nutrition, and foodservice management. RDNs:

- Educate, counsel, and advise warfighters regarding fueling for operations, recovering from training/missions and injury/illness, such as burns and trauma, achieving and maintaining mission-specific body composition, optimizing mental function, and preparing for arduous environments.
- Manage, develop curriculum, and provide instruction for the US Army dietetic internship.
- Provide nutrition expertise worldwide to active duty and retired service members, their families, and other veterans who are eligible for care in the military health care system.
- Provide nutrition expertise for the Department of Defense, responsible for enhancing human health and performance through policy development, applied nutrition research, comprehensive nutrition assessment, education and intervention, and menu evaluation.

Non-practicing
RDNs who are not working in the nutrition and dietetics workforce, but are maintaining their credential, are

Minimum competent level of practice as outlined in the SOP in nutrition care and/or SOPP or an applicable focus ethically obligated to maintain the

(HIPAA) in the design and use of technologies.

- Educate students and practitioners in the area SOP and/or SOPP. RDNs:

- Identify essential practice competencies for their CDR Professional Development Portfolio and obtain relevant continuing professional education to meet certification and licensure requirement, when applicable.
- Obtain or enhance subject matter knowledge to support information sharing and volunteer activities, particularly where experience as an RDN is a reason for participation or appointment.

Nutrition Informatics
Nutrition informatics is the intersection of information, nutrition, and technology and is supported by information standards, processes, and technology. RDNs are leaders in the effective retrieval, organization, storage, and use of information, data, and knowledge for food and nutrition-related problem solving and decision making.

RDNs:

- Lead and participate on teams to design or develop criteria for the selection or implementation of software programs, applications, or systems as well as design and implement nutrition software and nutrition education tools.
- Use technology for recipe and menu management, perform or oversee nutrition analysis of product ingredients to comply with state and federal regulations for food labeling and restaurant menu nutrient analysis.
- Utilize the NCP steps, standardized terminology, structured data, and information, such as patient results, to support evidence-based practice. Participate on interprofessional teams to select optimal technologies and practices to support patient outcomes.
- Use nutrition and health applications (apps) electronic health records for acute care, outpatient, and post-acute and long-term care settings and other consumer tools for managing health care data. Monitor compliance with Health Insurance Portability and Accountability Act.
on informatics and conduct research on informatics tools and processes to enhance practice.

Post-Acute, Long-Term, Home, and Palliative Care
RDNs provide and coordinate, or are consultants to food and nutrition services and programs in post-acute care settings (e.g., long-term acute care facilities, home health, skilled nursing, memory units, long-term care, continuing care communities, and assisted-living facilities). RDNs are members of interprofessional health care teams that provide palliative and/or end-of-life care (e.g., hospice) to adult, pediatric, and neonate patients/clients. RDNs:

- Participate in, manage, and direct nutrition programs and services to identify and evaluate individuals for nutritional risk, provide consultation to the physician and interprofessional health care team on nutrition aspects of a treatment plan.
- Participate in care conferences, provide MNT and nutrition education and counseling and care coordination and management to address prevention and treatment of one or more acute or chronic conditions or diseases, and provide support for end-of-life care.
- Are responsible for clinical ethics awareness involving life-sustaining therapies including nutrition interventions, reflecting evidence-based guidelines that evaluate the potential benefits and risks/burdens of therapeutic nutrition support (enteral and intravenous nutrition) in myriad of clinical situations.
- Communicate with the patient/client, family, guardians, and/or advocate regarding benefits and risks/burdens of nutrition intervention options.

Preventive Care, Wellness, and Weight Management
RDNs are leaders in evidence-based nutrition practices that address...
wellness and disease prevention at all stages of life. RDNs recognize that nutrition and physical activity interact to improve the quality of life. National weight management companies, hospital wellness and weight management programs, diet food and supplement producers, and spas employ RDNs at the corporate level. RDNs are employed as developers, consultants, managers, coordinators, health and wellness coaches, and providers of corporate wellness and weight management programs. They are program staff and consultants specializing in health, weight management, and individualized nutrition counseling, and work with wellness programs and fitness programs. RDNs:

- Create nutrition education resources and provide nutrition counseling and guidance for active lifestyles that are consistent with achieving risk reduction from chronic disease, proactive health maintenance, and optimal nutrient intake for healthy lifestyles.
- Address prevention and treatment of overweight and obesity throughout the lifespan.
- Partner with and link the public, scientific organizations, and industry in providing nutrition and weight management services and programs to patients, clients, groups, consumers, and customers.

Quality Management
RDNs work independently and in teams within various health care (acute and post-acute), community and public health, population health, and business settings in the quality and safety area. Quality management professionals oversee the administration of quality, process, and/or business improvement efforts. They typically have authority over a clearly defined area of the organization that may include regulations and industry standards and have a number of direct reports. RDNs:

- Recognize and identify system errors, establish goals, collect qualitative and quantitative data using mixed methodologies, identify trends, and develop and implement strategies.
- Design and implement outcomes-based initiatives in quality assurance and performance improvement, performance measurement, process improvement, and quality improvement to document outcomes of services and compliance with regulations, policies, and procedures, and to monitor and address customer satisfaction.
- Develop, manage, and implement techniques and tools for process improvement: evaluate, document, and communicate quality improvement project outcomes and interpret data to formulate judgments, conclusions, and reports.
- Report quality measures to CMS: measure or quantify health care processes, outcomes, patient/client perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality care and services.
- Develop, administer, evaluate, and consult regarding food and nutrition policy, including quality standards and performance improvement in foodservice and nutrition programs.

Research
RDNs involved in research are employed in a variety of settings, including general clinical research centers; clinical and translational research centers; academic medical centers; nonprofit research entities; academia; food, dietary supplement, and pharmaceutical companies; and municipal, state, and federal government agencies (eg, National Institutes of Health, the US Department of Agriculture, Food and Drug Administration, the Environmental Protection Agency, Centers for Disease Control and Prevention, and American Indian/Alaska Native Tribal Governments and organizations). RDNs:

- Adhere to Dietary Guidelines for Americans, US Department of Agriculture Food and Nutrition Service (USDA FNS), state agency guidance and regulations, and provide or consult on school-based special diets.
- Provide leadership in a variety of initiatives supported and sponsored by the USDA FNS and various local, state, and national food and nutrition organizations and alliances.
- Promote, advocate for, implement, interpret, and manage federal nutrition program regulations (eg, National School Lunch Program, Child and Adult Care Food Program, and Summer Food Service Program).

Sports Nutrition and Dietetics
RDNs are employed in and/or consult with individual athletes: rehabilitation centers; sports medicine clinics; community and medical fitness centers; amateur, collegiate, and professional sport organizations; the US Olympic Committee: academia: the military: high school, club associations, and sports performance entities: and sports food business and industry. RDNs are members of interprofessional sports...
medicine and athletic performance teams in providing nutrition guidance for performance, as well as the prevention and/or management of chronic disease; provide foodservice to athletes and athletic teams and manage related foodservice budgets; and conduct research in sports nutrition and exercise science. RDNs work in prevention of and nutrition interventions for eating disorders, disordered eating, and the relative energy deficiency in sport (RED-S). RDNs develop nutrition programs and counsel the military, first responders, and others whose job requirements include physical performance and/or maintenance of specified levels of physical conditioning or body weight and body composition. RDNs:

- Conduct body composition assessment and provide recommendations for change based on sport, position, job requirements, and/or goals.
- Educate and develop nutrition strategies for athletes to support performance, recovery, immune function, and injury prevention or recovery. Sports nutrition strategies are tailored to sport, position, health status and parameters, lifestyle, performance goals, rest/training/competition days, and competition vs off-season.
- Evaluate performance-focused laboratory levels to assess for nutrient deficiency and provide recommendations for improvement in cooperation with the sports medicine team.

**Telehealth**

RDNs use electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration. RDNs use interactive electronic communication tools for health promotion and wellness, and for the full range of MNT services that include disease prevention, assessment, nutrition focused physical exam, diagnosis, consultation, therapy, and/or nutrition intervention. For communication of broad-based nutrition information, RDNs use the internet, webinars, video conferencing, e-mail, and other methods of distance communications in various settings such as ambulatory clinics, outpatient clinics, community health centers, private practice, and bariatric centers. RDNs:

- Lead and participate on teams to design or develop criteria for the selection or implementation of software programs, applications, or systems to support long-distance communication or consultation.
- Provide consultations for nutrition management of health conditions using the NCP steps and the appropriate standardized terminology for documentation and payment.
- Conduct real-time HIPAA compliant interactive audio and video telecommunications at the distant site communicating with the patient/client located at one of the authorized originating sites.
- Monitor telehealth technologies for (HIPAA) compliance.

**US Public Health Service**

RDNs are members of the commissioned corps of the US Public Health Service (USPHS). RDNs work in the US Department of Health and Human Services and in other federal agencies and programs, including the Health Resources and Services Administration, Food and Drug Administration, National Institutes of Health, Centers for Disease Control and Prevention, and CMS. RDNs in the USPHS may be deployed to sites of national emergencies within the United States. RDNs:

- Manage staff and interns; oversee foodservice operations; provide inpatient and outpatient clinical nutrition services; plan, design, and implement research; ensure food and dietary supplement label compliance; inspect food for food safety; and educate the public on nutrition, food labeling, and biologies.

**Universities and Other Academic Settings**

RDNs are program directors, faculty members, and administrators for academic departments/units, including accredited nutrition and dietetics didactic programs (DP), internship programs (DI), technician programs (DT), and coordinated programs (CP); curricular programs; and hospitality programs in colleges, universities, and academic medical centers. RDNs are program directors, undergraduate and graduate-level faculty, and preceptors for dietetic internships, supervised practice experiences, and nutrition and dietetics technician programs, and managers and directors of campus foodservice and student health services, nutrition education, and nutrition awareness programs. RDNs:

- Develop and direct accredited nutrition and dietetics education programs; lead ongoing program and curriculum evaluation and assessment of student learning outcomes; and develop policies and procedures for nutrition and...
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The Academy of Nutrition and Dietetics Visioning Report 2017: A Preferred Path Forward for the Nutrition and Dietetics Profession,75 envisioned nutrition and dietetics in the next 10 to 15 years. The Academy is responsible for formalizing an ongoing process to define future nutrition and dietetics practice. The Academy used a visioning process and identified 10 change drivers with associated trends, implications, statements of support, and recommendations.75 RDNs will utilize the change drivers as a guide to enhance the profession of nutrition and dietetics and to maintain relevance in the RDN’s nutrition and dietetics practice. The 10 change drivers are:

1. Aging population dramatically impacts society
2. Embracing America’s diversity
3. Consumer awareness of food choice ramifications increases
4. Tailored health care to fit my genes
5. Accountability and outcomes documentation become the norm
6. Population health and health promotion become priorities
7. Creating collaborative ready health professionals
8. Food becomes medicine in the continuum of health
9. Technologic obsolescence is accelerating; and
10. Simulations stimulate strong skills.

For additional information on the visioning process and findings, refer to http://www.eatrightpro.org/visioning.

FUTURE STEPS FOR NUTRITION AND DIETETICS PRACTITIONERS, EDUCATORS, AND STUDENTS

Effective January 1, 2024, CDR will administer a graduate degree eligibility requirement for the RDN credential. CDR voted to change the entry-level registration eligibility education requirements for RDNs from a baccalaureate degree to a minimum of a graduate degree. This requires that all new RDN exam candidates have a graduate degree in any area along with meeting specified nutrition and dietetics coursework and supervised practice requirements. The diversity of the profession promotes a wide array of degree topics that are seen as related. “Related” is very broadly interpreted to include a variety of business-type degrees such as marketing, human resources, organization development, and labor relations that would support a student’s career goals with the diverse options within nutrition and dietetics. It is anticipated that a graduate-level degree in nutrition and dietetics would be the most efficient means for students to obtain the necessary competence for nutrition and dietetics practice. The graduate degree may be completed at any time before applying for registration eligibility.76

Information on the work of the ACEND Standards Committee is reported monthly and includes updates as well as responses to questions on the 2017 accreditation standards and the proposed future education model. ACEND has recommended changes in the future educational preparation of RDNs. These recommendations have resulted in the release of new accreditation standards. Learn more at http://www.eatrightpro.org/resources/acend/accreditation-standards-fees-and-policies. Materials on the Future Education Model Accreditation Standards for Associate, Bachelor’s, and Graduate Degree Programs and the early adopter demonstration program can be found at www.eatrightpro.org/FutureModel.

SUMMARY

The Revised 2017 Scope of Practice for the RDN describes the Academy’s position on the qualifications; competence expectations; and essential, active, and productive roles and responsibilities for practitioners with the RDN credential. An RDN’s individual scope of practice is developed through entry-level education and supervised practice and is enhanced over time with learning opportunities (eg, advanced degree, continuing professional education, certificates of training, and specialist certifications) and practice experiences. Because RDNs are skilled clinicians and practitioners in varied settings, they contribute to the health and well-being of individuals of all ages and provide quality food- and nutrition-related products and services. The Academy’s future initiatives will offer new and challenging opportunities that will expand the RDN’s nutrition and dietetics practice. This Revised 2017 Scope of Practice for the RDN is a dynamic document; it will continue to be updated with future revisions reflecting changes in health care, public health, education, technology, sustainability, business, and other practice segments impacting RDN practice. Along with the Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for RDNs, it serves as the RDN’s practice resource to support career development, advancement, and ethical and competent practice.


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STATEMENT OF POTENTIAL CONFLICT OF INTEREST
No potential conflict of interest was reported by the authors.

FUNDING/SUPPORT
There is no funding to disclose.

ACKNOWLEDGEMENTS
The Academy Quality Management Committee thanks the following Academy organizational units for their assistance with manuscript preparation: Academy Committees and Subcommittees, Academy Dietetic Practice Groups, Accreditation Council for Education in Nutrition and Dietetics (ACEND), Commission on Dietetic Registration (CDR), House of Delegates Leadership Team (HLT), and Nutrition and Dietetics Educators and Preceptors (NDEP). All members contributed material, reviewed the manuscript, and approved the final product.
APPENDIX E

Standards of Practice (SOP) and Standards of Professional Performance (SOPP) for Registered Dietitian Nutritionists (2017)
Academy of Nutrition and Dietetics: Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitian Nutritionists

The Academy Quality Management Committee

ABSTRACT

Registered dietitian nutritionists (RDNs) face complex situations every day. Competently addressing the unique needs of each situation and applying standards appropriately are essential to providing safe, timely, patient/client/customer-centered, quality nutrition and dietetics care and services. The Academy of Nutrition and Dietetics (Academy) leads the profession by developing standards that can be used by RDNs (who are credentialed by the Commission on Dietetic Registration) for self-evaluation to assess quality of practice and performance. The Standards of Practice reflect the Nutrition Care Process and workflow elements as a method to manage nutrition care activities with patients/clients/populations that include nutrition screening, nutrition assessment, nutrition diagnosis, nutrition intervention/plan of care, nutrition monitoring and evaluation, and discharge planning and transitions of care. The Standards of Professional Performance consist of six domains of professional performance: Quality in Practice, Competence and Accountability, Provision of Services, Application of Research, Communication and Application of Knowledge, and Utilization and Management of Resources. Within each standard, specific indicators provide measurable action statements that illustrate how the standard can be applied to practice. The Academy’s Revised 2017 Standards of Practice and Standards of Professional Performance for RDNs, along with the Academy’s Code of Ethics and the Revised 2017 Scope of Practice for the RDN, provide minimum standards and tools for demonstrating competence and safe practice and are used collectively to gauge and guide an RDN’s performance in nutrition and dietetics practice.

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HE ACADEMY OF NUTRITION and Dietetics (Academy) leads the profession of nutrition and dietetics by developing standards from which the quality of practice and performance of Registered Dietitian Nutritionists (RDNs) can be evaluated. The following Academy foundational documents guide the practice and performance of RDNs in all practice settings: Revised 2017 Standards of Practice (SOP) in Nutrition Care and Standards of Professional Performance (SOPP) for RDNs, along with the Academy/Commission on Dietetic Registration (CDR) Code of Ethics and the Revised 2017 Scope of Practice for the RDN. RDNs are nutrition and dietetics practitioners credentialed by CDR who are specifically trained and qualified to provide nutrition and dietetics services and are accountable and responsible for their competent practice. The SOP in Nutrition Care and SOPP define minimum competent level of practice for RDNs.

WHAT ARE THE SOP AND SOPP FOR RDNs?

The standards and indicators found within the SOP and SOPP reflect the minimum competent level of nutrition and dietetics practice and professional performance for RDNs. The SOP in Nutrition Care is composed of four standards that apply the Nutrition Care Process and Terminology in the care of patients/clients/populations (see Figure 1). The SOPP for RDNs consist of standards representing six domains of professional performance (see Figure 1). The SOP and SOPP reflect the education, training, responsibility, and accountability of the RDN. Both sets of standards and indicators (Figures 2 and 3, available at www.jandonline.org) comprehensively depict the minimum expectation for competent care of the patient/client/customer, delivery of services, and professional practice outcomes for the RDN. This article represents the 2017 update of the Academy’s SOP in Nutrition Care and SOPP for RDNs.

WHY ARE THE STANDARDS IMPORTANT FOR RDNs?

The standards promote:

- safe, effective, quality, and efficient food, nutrition, and related services, and dietetics practice;

Approved August 2017 by the Quality Management Committee of the Academy of Nutrition and Dietetics (Academy) and the House of Delegates Leadership Team on behalf of the House of Delegates. Scheduled review date: June 2023. Questions regarding the Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitian Nutritionists may be addressed to the Academy Quality Management Staff: Dana Bueling, MS, manager, Quality Standards Operations; and Sharon M. McCauley, MS, MBA, RDN, LDN, FADA, FAND, senior director, Quality Management, at quality@eatright.org.

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J Acad Nutr Diet. 2018;118:132-140.

Editor’s note: Figures 2 and 3 that accompany this article are available online at www.jandonline.org.
All registered dietitians are nutritionists—but not all nutritionists are registered dietitians. The Academy’s Board of Directors and Commission on Dietetic Registration have determined that those who hold the credential Registered Dietitian (RD) may optionally use “Registered Dietitian Nutritionist” (RDN). The two credentials have identical meanings. The same determination and option also applies to those who hold the credential Dietetic Technician, Registered (DTR) and Nutrition and Dietetics Technician, Registered (NDTR). The two credentials have identical meanings. In this document, the term RDN is used to refer to both registered dietitians and registered dietitian nutritionists; and the term NDTR is used to refer to both dietetic technicians, registered and nutrition and dietetics technicians, registered.

- evidence-based practice and best practices;
- improved nutrition and health-related outcomes and cost-reduction methods;
- efficient management of time, finances, facilities, supplies, technology, and natural and human resources;
- quality assurance, performance improvement, and outcomes reporting;
- ethical and transparent business, billing, and financial management practices;
- verification of practitioner qualifications and competence because state and federal regulatory agencies, such as health departments and the Centers for Medicare and Medicaid Services (CMS), look to professional organizations to create and maintain standards of practice (eg, consistency in practice and performance; nutrition and dietetics research, innovation, and practice development; and individual professional advancement.

The standards provide:
- minimum competent levels of practice and performance;
- common measurable indicators for self-evaluation;
- a foundation for public and professional accountability in nutrition and dietetics care and services;
- a description of the role of nutrition and dietetics and the unique services that RDNs offer within the health care team and in practice settings outside of health care;
- guidance for policies and procedures, job descriptions, competence assessment tools; and
- academic and supervised practice objectives for education programs.

HOW DOES THE ACADEMY’S SCOPE OF PRACTICE FOR THE RDN GUIDE THE PRACTICE AND PERFORMANCE OF RDNs IN ALL SETTINGS?

The Revised 2017 Scope of Practice for RDNs is composed of statutory and individual components, including codes of ethics (eg, Academy/CDR, other national organizations, and/or employer code of ethics), and encompasses the range of roles, activities, and regulations within which RDNs perform. For credentialed practitioners, scope of practice is typically established within the practice act and interpreted and controlled by the agency or board that regulates the practice of the profession in a given state. An RDN’s statutory scope of practice can delineate the services an RDN is authorized to perform in a state where a practice act or certification exists. In 2017, 46 states had statutory provisions regarding professional regulations for dietitians and/or nutritionists (http://www.eatrightpro.org/resource/advocacy/legislation/all-legislation/licensure).

The RDN’s individual scope of practice is determined by education, training, credentialing, experience, and demonstrating and documenting competence to practice. Individual scope of practice in nutrition and dietetics has flexible boundaries to

The SOP in Nutrition Care:

- reflect the Nutrition Care Process and workflow elements as a method to manage nutrition care activities (ie, nutrition screening, nutrition assessment, nutrition diagnosis, nutrition intervention/plan of care, nutrition monitoring and evaluation, and discharge planning and transitions of care); and
- apply to RDNs who provide individualized nutrition assessment, intervention, and discharge planning for patients/clients/populations in acute and post-acute health care, ambulatory care, home-based, public health, and community settings.

The SOPP:

- are formatted according to six domains of professional performance (ie, Quality in Practice, Competence and Accountability, Provision of Services, Application of Research, Communication and Application of Knowledge, and Utilization and Management of Resources); and
- apply to all RDNs maintaining the RDN credential:
  - in all practice settings; and
  - not practicing in nutrition and dietetics.

Figure 1. What are the Standards of Practice (SOP) and Standards of Professional Performance (SOPP) for Registered Dietitian Nutritionists (RDNs)?
capture the depth and breadth of the individual’s professional practice. The Scope of Practice Decision Tool (www.eatrightpro.org/scope), an online interactive tool, guides an RDN through a series of questions to determine whether a particular activity is within his or her scope of practice. The tool is designed to allow an RDN to critically evaluate his or her personal knowledge, skill, experience, judgment, and demonstrated competence using criteria resources.

WHY WERE THE STANDARDS REVISED?
Academy documents are reviewed and revised every 7 years and reflect the Academy’s expanded and enhanced mission and vision of accelerating improvements in global health and well-being through food and nutrition. Regular reviews are indicated to reflect changes in health care and other business segments, public health initiatives, new or revised practice guidelines and research, performance measurement, consumer interests, technological advances, and emerging service delivery options and practice environments. Questions and input from credentialed practitioners, federal and state regulations, accreditation standards, and other factors necessitate review and revision of the 2012 “core” SOP in Nutrition Care and SOPP for the Registered Dietitian to assure safe, quality, and competent practice.12 The 2012 core SOP in Nutrition Care and SOPP for Dietetic Technicians, Registered is also under review and will be updated and published in 2018 in this Journal.13 Examples of significant changes since the published Revised 2012 SOP in Nutrition Care and SOPP for RDs are the updates in the CMS, Department of Health and Human Services Conditions of Participation for Hospitals and Critical Access Hospitals effective July 2014 and Long-Term Care in November 2016, the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014, and the national efforts to address malnutrition.

Acute and Critical Access Hospitals
The CMS Hospital and Critical Access Hospital Conditions of Participation now allow a hospital and its medical staff the option of including RDNs or other qualified nutrition professionals within the category of “non-physician practitioners” eligible for credentialing for appointment to the medical staff or be granted ordering privileges, without appointment to the medical staff, for therapeutic diets and nutrition-related services, if consistent with state law.12 13 To comply with regulatory requirements, an RDN’s eligibility to be considered for ordering privileges must be approved through the hospital’s medical staff rules, regulations, and bylaws, or other facility-specific processes.8 The actual privileges granted will be based on the RDN’s knowledge, skills, experience, specialist certification, if required, and demonstrated and documented competence. RDNs must review state laws, if applicable (eg, licensure, certification, and title protection) and health care regulations to determine whether there are any barriers or state-specific processes to address. For more information, please review the Academy’s practice tips that outline the regulations and implementation steps for obtaining ordering privileges (www.eatrightpro.org/dietorders).

Long-Term Care
The Long-Term Care Final Rule published October 4, 2016 in the Federal Register “allows the attending physician to delegate to a qualified diettian or other clinically qualified nutrition professional the task of prescribing a resident’s diet, including a therapeutic diet, to the extent allowed by State law” and permitted by the facility’s policies. The qualified professional works under the supervision of the physician.8 The physician’s supervision may include, for example, counter signing orders written by the qualified dietitian or clinically qualified nutrition professional, if required by state law. RDNs who work in long-term care facilities should review the Academy’s updates on CMS (www.eatrightpro.org/quality), which outline the regulatory changes to section 483.60 Food and Nutrition Services and considerations for developing the facilities process with medical director and orientation for attending physicians and review revisions to the CMS State Operations Manual, Appendix PP—Guidance to Surveyors for Long-Term Care Facilities.7

IMPACT Act—Implications for Hospitals and Post-Acute Care Conditions of Participation
The IMPACT Act of 2014 amends Title XVIII of the Social Security Act by adding a new section—Standardized Post-Acute Care Assessment Data for Quality, Payment, and Discharge Planning. Post-acute care providers include home health agencies, skilled nursing facilities, inpatient rehabilitation facilities, and long-term care hospitals. In addition, the legislation includes new survey and medical review requirements for hospice care. The Act requires submission and reporting of specific standardized assessment and quality measure outcomes data with an overarching intent to reform post-acute care payment and reimbursement while ensuring continued beneficiary access to the most appropriate setting for care.

The Act includes quality measure domains that address, at a minimum, functional status, skill integrity, incidence of major falls, hospital readmissions, and the transfer of health information and care preferences when an individual transitions to a different care setting. These quality measure domains provide opportunities for RDNs and Nutrition and Dietetics Technicians, Registered (NDTRs) to help post-acute and long-term health care settings achieve positive clinical outcomes, quality measure improvement, and cost savings, as well as provide an improved quality of life. Obtain IMPACT Act practice resources on the Academy website at www.eatrightpro.org/impact.

In response to provisions of the IMPACT Act, CMS published a proposed rule in November 2015 (final action to be determined by November 2018 https://www.regulations.gov/docket?D=CMS-2015-0120) to revise the discharge planning requirements for hospitals including long-term care hospitals and inpatient rehabilitation facilities, home health agencies, and critical access hospitals. The provisions address discharge planning policies and procedures, applicable
patient types, timing, people involved (includes patient and caregiver), criteria for evaluation of discharge needs, discharge instructions, post-discharge follow-up, transfers (required medical information to the receiving facility), and other hospital requirements (eg, improving focus on behavioral health). 

In the proposed rule, CMS expressed concern with the variation in the discharge planning process. CMS is looking to require that all patients, including inpatients, outpatients under observation status, outpatients undergoing surgical procedures, and emergency department patients, receive a discharge plan. Another requirement deals with timing, that is, a copy of the discharge plan and summary must be sent to the practitioners responsible for the patient’s follow-up care within 48 hours. The third change is for the hospital to establish a post-discharge follow-up process to check on patients who return home. discharge planning, Hospital Conditions of Participation section 482.43, is highlighted to assist with limiting readmissions, which has a negative impact on the Medicare program. Check the CMS Regulations and Guidance page regularly, as Hospital Conditions of Participation updates and revisions are released continuously (https://www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html).

Electronic Clinical Quality Measures for Malnutrition

Malnutrition electronic clinical quality measures were developed as part of the Malnutrition Quality Improvement Initiative when a variety of stakeholder organizations highlighted gaps in existing malnutrition care. The electronic clinical quality measures include screening, assessment, nutrition care plan, and diagnosis for malnutrition, with the goal for inclusion in the CMS federal programs across the continuum of care. In addition, the Malnutrition Quality Improvement Initiative Tool•kit was established to evaluate clinical workflow processes and assist with standardizing malnutrition care. Find malnutrition and Malnutrition Quality Improvement Initiative resources at www.eatrightpro.org/malnutrition.

HOW WERE THE STANDARDS REVISED?

The members of the Quality Management Committee and its Scope/Standards of Practice Workgroup utilized collective experience and consensus in reviewing and revising statements, where needed, to support safe, quality practice and desirable outcomes. The review focused on definition of terms, illustrative figures and tables, consideration of services and activities in current practice, and enhancements to support future practice and advancement. The 2017 standards, rationales, and indicators were updated using information from questions received by the Academy’s Quality Management Department; discussions with the Academy’s Dietetic Practice Groups, Academy’s Standing Committees (eg, Consumer Protection and Licensure Subcommittee, Nutrition Informatics Committee), Accreditation Council for Education in Nutrition and Dietetics, CDR; and member comments through focus area SOP and SOPP development.

HOW DO THE SOP IN NUTRITION CARE, THE SOPP, AND FOCUS AREA STANDARDS RELATE TO EACH OTHER?

The Academy’s core SOP and SOPP for the RDN serve as blueprints for the development of focus area SOP and SOPP for RDNs. Of note, while the core SOP and SOPP for RDNs reflect the minimum competent level of nutrition and dietetics practice, focus area SOP and SOPP documents contain three levels (competent, proficient, and expert) to convey the continuum of practice as RDNs attain increasing levels of knowledge, skill, experience, and judgment in specific practice areas. The Academy’s Nutrition and Dietetics Career Development Guide is a useful tool for practitioners for professional development and lifelong learning (https://www.eatrightpro.org/resource/practice/career-development/career-tool-box/dietetics-career-development-guide).

As of 2017, there are 17 published focus area SOPs and SOPPs for RDNs that can be accessed on the Journal of the Academy of Nutrition and Dietetics website or through the Academy’s website at www.eatrightpro.org/sop:

- Adult Weight Management:
- Clinical Nutrition Management:
- Diabetes Care:
- Disordered Eating and Eating Disorders:
- Education of Dietetics Practitioners:
- Integrative and Functional Medicine:
- Intellectual and Developmental Disabilities:
- Long-Term and Post-Acute Care Nutrition:
- Management of Food and Nutrition Systems:
- Mental Health and Addictions:
- Nephrology Nutrition:
- Nutrition Support:
- Oncology Nutrition:
- Pediatric Nutrition:
- Public Health and Community Nutrition:
- Sports Nutrition and Dietetics:
- Sustainable, Resilient, and Healthy Food and Water Systems.

WHAT IS THE RELATIONSHIP OF THE RDN AND NDTR IN DELIVERING PERSON/CLIENT/POPULATION-CENTERED CARE?

The RDN is responsible for supervising or providing oversight of any patient/client/population care activities assigned to professional, technical, and support staff, including the NDTR, and can be held accountable to the patients/clients/populations and others for services rendered. This description of supervision as it relates to the RDN/NDTR team is not synonymous with managerial supervision or clinical supervision used in medicine and mental health fields (eg, peer to peer), supervision of provisional licensees, and/or supervision of dietetics interns and students. Additional information is available regarding the roles and practice of NDTRs in the following resources: Revised 2017 Scope of Practice for the NDTR; Revised 2017 SOP in Nutrition Care and SOPP for NDTRs; Practice Tips: The RDN-NDTR Team—Steps to Preserve; and Practice Tips: What is Meant by “Under the Supervision of the RDN”?

The Revised 2017 Scope of Practice for the NDTR and the Revised 2017 SOP and SOPP for NDTRs will be published in 2018.

In direct patient/client care, the RDN and NDTR work as a team using a systematic process reflecting the Nutrition Care Process and the
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organization’s manual or electronic documentation system, for example, an electronic health record that uses one of the available standardized terminologies that may incorporate the electronic Nutrition Care Process Terminology (eNCPT).

The RDN develops and oversees the system for delivery of nutrition care activities, often with the input of others, including the NDTR. Components of the nutrition care delivery system might include the following: policies and procedures, protocols, standards of care, forms, documentation standards, and roles and responsibilities of professional, technical, and support personnel participating in the care of patients/clients. The RDN is responsible for completing the nutrition assessment: determining the nutrition diagnosis or diagnoses; developing the care plan; implementing the nutrition intervention; evaluating the patient’s/client’s response; and also supervising the activities of professional, technical, and support personnel assisting with the patient’s/client’s care.2,18

Although NDTRs are not employed in all facilities, when they are available, NDTRs are important members of the care team. The NDTR is often the first staff from the nutrition team that a patient or client meets. The NDTR reserves as a conduit of nutrition care information to RDNs and other team members at meetings and care conferences, and contributes to the continuum of care by facilitating communication between nutrition care and nursing staff.

The RDN assigns duties that are consistent with the NDTR’s individual scope of practice. For example, the NDTR may initiate standard procedures, such as completing and/or following up on nutrition screening for assigned units/patients performing routine activities based on diet order and/or policies and procedures, completing the intake process for new clinic patient/client, and reporting to the RDN when a patient’s/client’s data suggest the need for an RDN evaluation. The NDTR actively participates in nutrition care by contributing information and observations, guiding patients/clients in menu selections, monitoring meals/snacks/nutritional supplements for compliance to diet order, and providing nutrition education on prescribed diets. The NDTR reports to the RDN on the patient’s/client’s response, including documenting outcomes or providing evidence signifying the need to adjust the nutrition intervention/plan of care.

HOW ARE THE STANDARDS STRUCTURED?

Each of the standards is presented with a brief description of the competent level of practice. The rationale statement describes the intent, purpose, and importance of the standard. Indicators provide measurable action statements that illustrate applications of the standard and examples of outcomes depicted as measurable results that relate the indicators to practice. Each standard is equal in relevance and importance (see Figures 2 and 3, available at www.jandonline.org).

HOW CAN I USE THE STANDARDS TO EVALUATE AND ADVANCE MY PRACTICE AND PERFORMANCE?

RDNs should review the SOP in Nutrition Care and the SOPP at determined intervals. Regular self-evaluation is important because it helps identify opportunities to improve and enhance practice and professional performance. RDNs are encouraged to pursue additional training and experience, regardless of practice setting, to maintain currency and to expand individual scope of practice within the limitations of the legal scope of practice, as defined in state law, if applicable, and federal and state regulations. Refer to Figure 4 for a flowchart that outlines how an RDN can apply the SOP and SOPP to their practice. The standards can also be used as part of CDR’s Professional Development Portfolio process16 to develop goals and focus continuing education efforts. The Professional Development Portfolio process encourages CDR-credentialed nutrition and dietetics practitioners to incorporate self-reflection and learning needs assessment for development of a learning plan for improvement and commitment to lifelong learning. CDR’s updated system implemented with the 5-year recertification cycle that began in 2015 incorporates the use of essential practice competencies for determining professional development needs.23 In the 3-step process, the credentialed practitioner accesses an online Goal Wizard (step 1), which uses a decision algorithm to identify essential practice competency goals and performance indicators relevant to the RDN’s area(s) of practice (essential practice competencies and performance indicators replace the learning need codes of the previous process). The Activity Log (step 2) is used to log and document continuing professional education over a 5-year period. The Professional Development Evaluation (step 3) guides self-reflection and assessment of learning and how it is applied. The outcome is a completed evaluation of the effectiveness of the practitioner’s learning plan and continuing professional education. The self-assessment/self-evaluation information can then be used in developing the plan for the practitioner’s next 5-year recertification cycle. For more information, see https://www.cdrnet.org/competencies-for-practitioners.

RDNs use the SOP and SOPP as a self-evaluation tool to support and demonstrate quality practice and competence. RDNs can:

• apply every indicator and achieve the outcomes in line with roles and responsibilities all at once, or identify areas to strengthen and accomplish;
• identify additional indicators and examples of outcomes (ie, outcomes measurement is a way to demonstrate value and competence) that reflect their individual practice setting;
• apply only applicable indicators based on diversity of practice roles, activities, organization performance expectations, and work or volunteer practice settings; and
• refer to focus area SOPs and SOPPs to identify competence outcomes, demonstrate competence, and document learning in specific areas of practice.

The standards are written in broad terms to allow for an individual practitioner’s handling of nonroutine situations. The standards are geared toward typical situations for practitioners with the RDN credential. Figure 5 provides role examples illustrating how RDNs can use the standards in a variety of settings. Strictly adhering to standards does not in and of itself, constitute best care and service. It is the responsibility of individual practitioners to recognize and interpret situations and to know what standards apply and in what ways they apply.24
SUMMARY

RDNs face complex situations every day. Competently addressing the unique needs of each situation and applying standards appropriately is essential to providing safe, timely, person/client/population-centered, quality care and service. All RDNs are advised to conduct their practice based on the most recent edition of the Academy/CDR Code of Ethics and the Revised 2017 Scope of Practice for the RDN, the Revised 2017 SOP in Nutrition Care and SOPP for RDNs, and any applicable focus area SOP and SOPP for RDNs. These resources provide minimum standards and tools for demonstrating competence and safe practice and are used collectively to gauge and guide an RDN’s performance in nutrition and dietetics practice. The SOP and SOPP for the RDN are self-evaluation tools that promote quality assurance, performance improvement, and outcomes management. Self-assessment provides opportunities to identify areas for enhancement, new learning, and skill development, and to encourage progression of career growth.

To ensure that RDNs always have access to the most current materials,
### Role

**Clinical practitioner, inpatient or outpatient care**

A hospital-based RDN in general clinical practice has accepted a new coverage assignment that includes patients with gastrointestinal (GI) disorders. The RDN notes the types of GI disorders and reviews medical nutrition therapy resources and published practice guidelines to identify areas for enhancing knowledge and skills with continuing education and mentoring from a more experienced practitioner. Because the available focus area SOP and SOPP do not specifically address GI disorders, the RDN uses the SOP and SOPP for RDNs as the primary guide for self-evaluation. The RDN recognizes that this self-evaluation and review of GI-related resources will assist with revising their professional development plan to incorporate new competencies, if necessary, and to identify relevant continuing education activities.

**Sales representative, national food distributor**

An RDN with a management role in hospital foodservice has accepted a sales representative position with a national foodservice distributor. In reviewing resources for the new role, the RDN identifies knowledge and skill areas to strengthen for quality practice. The RDN reviewed the Academy of Nutrition and Dietetics (Academy)/Commission on Dietetic Registration (CDR) Code of Ethics, the Academy’s ethics resources, and the SOPP for RDNs to be reminded of areas to consider when in a business practice role. This self-evaluation process identifies knowledge/skill areas for continuing education and mentoring by more experienced RDN colleagues and others with expertise in business and sales. The RDN updates professional development plan to incorporate new practice competencies applicable to the new role in sales.

**Quality improvement specialist, multi-hospital system**

An RDN with experience as a clinical nutrition manager and as a clinical practitioner in oncology is recruited for an open position in the quality improvement/compliance monitoring department for the hospital system. In evaluating the position description and role expectations, the RDN identifies some knowledge and skill areas for development/enhancement. The RDN uses the SOP and SOPP for RDNs for self-evaluation reflecting on the standards and indicators with the perspective of the quality improvement role. The RDN identifies specific continuing-education activities, updates professional development plan with new essential competencies, and sets a goal to qualify for one of the quality credentials or certifications.

**RDN practitioner in a rural community**

An RDN who lives in a rural community works professionally in multiple settings (critical access hospital, clinic at the county health department, and the community’s senior meal program) as a part-time employee or contractor. Because of varying professional roles, the RDN uses the SOP and SOPP for RDNs as the guiding self-evaluation resource with each role. This allows the RDN to direct attention to, and reflect on, any new/enhanced knowledge or skills needed for quality and competent practice. Applicable focus area SOP and SOPPs are reviewed as well, to inform this process and to identify any additional resources for investigation (eg, regulations, practice guidelines, professional organizations, websites, and literature citations). With each role, the RDN evaluates the need for any new essential practice competencies and updates professional development plan as needed.

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**Figure 5. Examples of use of the Standards of Practice (SOP) and Standards of Professional Performance (SOPP) for Registered Dietitian Nutritionists (RDNs) for self-evaluation and the promotion of competent practice.**
## Role | Examples of use of Standards of Practice (SOP) and Standards of Professional Performance (SOPP) documents by RDNs in different practice roles

<table>
<thead>
<tr>
<th>Role</th>
<th>Examples of use of Standards of Practice (SOP) and Standards of Professional Performance (SOPP) documents by RDNs in different practice roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telehealth practitioner, nutrition and wellness</td>
<td>An RDN accepts a new position with a national company that provides telehealth wellness information and coaching to enrollees of private insurance providers. The RDN, who has more than 5 years of general clinical practice, including staffing a hospital’s wellness center, investigates the requirements for providing telehealth services within the state. The RDN also explores limitations related to licensure and regulations for callers who live in other states. The RDN reviews the SOP and SOPP for RDNs as a self-evaluation tool, accesses the telehealth resources on the Academy’s website, and participates in the company’s training webinars that incorporate review of policies and procedures to assure legal and competent practice as a licensed practitioner. The RDN updates professional development plan and identifies continuing education opportunities to enhance coaching skills to ultimately qualify for one of the accredited coaching certifications.</td>
</tr>
<tr>
<td>RDN, nonpracticing</td>
<td>An RDN takes a leave of absence from the nutrition and dietetics workforce. Because the RDN is maintaining his or her credential, sustaining professional performance is an expectation. The RDN maintains and establishes networking and professional relationships. The RDN participates in and volunteers for the local and national nutrition and dietetics association. The RDN volunteers within the community to promote healthy lifestyles and responds to public policy calls to action by contacting representatives via social media, correspondence, and personal visits. The RDN obtains continuing professional education units for CDR certification requirement and licensure. The RDN recognizes the need to maintain skills at least at the minimally competent level identified within the SOP in Nutrition Care and SOPP for RDNs.</td>
</tr>
</tbody>
</table>

Figure 5. (continued) Examples of use of the Standards of Practice (SOP) and Standards of Professional Performance (SOPP) for Registered Dietitian Nutritionists (RDNs) for self-evaluation and the promotion of competent practice.

The standards have been formulated for use by individuals in self-evaluation, practice advancement, and for indicators of quality. These standards do not constitute medical or other professional advice, and should not be taken as such. The information presented in the standards is not a substitute for the exercise of professional judgment by the nutrition and dietetics practitioner. The standards are not intended for disciplinary actions, or determinations of negligence or misconduct. The use of the standards for any other purpose than that for which they were formulated must be under-taken with the sole authority and discretion of the user.

References


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STATEMENT OF POTENTIAL CONFLICT OF INTEREST
No potential conflict of interest was reported by the authors.

FUNDING/SUPPORT
There is no funding to disclose.

ACKNOWLEDGEMENTS
The Academy Quality Management Committee thanks the following Academy organizational units for their assistance with manuscript preparation: Academy Committees and Subcommittees, Academy Dietetic Practice Groups, Accreditation Council for Education in Nutrition and Dietetics (ACEND), Commission on Dietetic Registration (CDR), House of Delegates Leadership Team (HLT), and Nutrition and Dietetics Educators and Preceptors (NDEP).

All members contributed material, reviewed the manuscript, and approved the final product.
Standards of Practice for Registered Dietitian Nutritionists

Standard 1: Nutrition Assessment

The registered dietitian nutritionist (RDN) uses accurate and relevant data and information to identify nutrition-related problems.

Rationale:

Nutrition screening is the preliminary step to identify individuals who require a nutrition assessment performed by an RDN. Nutrition assessment is a systematic process of obtaining and interpreting data in order to make decisions about the nature and cause of nutrition-related problems and provides the foundation for nutrition diagnosis. It is an ongoing, dynamic process that involves not only initial data collection, but also reassessment and analysis of patient/client or population/community needs. Nutrition assessment is conducted using validated tools based in evidence, the five domains of nutrition assessment, and comparative standards. Nutrition assessment may be performed via in-person, or facility/practitioner assessment application, or Health Insurance Portability and Accountability Act (HIPAA)-compliant video conferencing telehealth platform.

<table>
<thead>
<tr>
<th>Indicators for Standard 1: Nutrition Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Each RDN:</strong></td>
</tr>
<tr>
<td>1.1 Patient/client/population history:</td>
</tr>
<tr>
<td>Assesses current and past information related</td>
</tr>
<tr>
<td>to personal, medical, family, and psychosocial/</td>
</tr>
<tr>
<td>social history</td>
</tr>
<tr>
<td>1.2 Anthropometric assessment:</td>
</tr>
<tr>
<td>Assesses anthropometric indicators (eg, height,</td>
</tr>
<tr>
<td>weight, body mass index [BMI], waist circumference,</td>
</tr>
<tr>
<td>arm circumference), comparison to reference data</td>
</tr>
<tr>
<td>(eg, percentile ranks/z-scores), and individual</td>
</tr>
<tr>
<td>patterns and history</td>
</tr>
<tr>
<td>1.3 Biochemical data, medical tests, and</td>
</tr>
<tr>
<td>procedure assessment:</td>
</tr>
<tr>
<td>Assesses laboratory profiles (eg, acid–base</td>
</tr>
<tr>
<td>balance, renal function, endocrine function,</td>
</tr>
<tr>
<td>inflammatory response, vitamin/mineral profile,</td>
</tr>
<tr>
<td>lipid profile), and medical tests and procedures</td>
</tr>
<tr>
<td>(eg, gastrointestinal study, metabolic rate)</td>
</tr>
<tr>
<td>1.4 Nutrition-focused physical examination</td>
</tr>
<tr>
<td>(NFPE) may include visual and physical</td>
</tr>
<tr>
<td>examination:</td>
</tr>
<tr>
<td>Obtains and assesses findings from NFPE (eg,</td>
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<tr>
<td>indicators of vitamin/mineral deficiency/</td>
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<tr>
<td>toxicity, edema, muscle wasting, subcutaneous</td>
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<tr>
<td>fat loss, altered body composition, oral health,</td>
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<tr>
<td>feeding ability [suck/swallow/breathe], appetite,</td>
</tr>
<tr>
<td>and affect)</td>
</tr>
<tr>
<td>1.5 Food and nutrition-related history</td>
</tr>
<tr>
<td>assessment (ie, dietary assessment):</td>
</tr>
<tr>
<td>Evaluates:</td>
</tr>
<tr>
<td>1.5A Food and nutrient intake, including</td>
</tr>
<tr>
<td>composition and adequacy, meal and snack</td>
</tr>
<tr>
<td>patterns, and appropriateness related to food</td>
</tr>
<tr>
<td>allergies and intolerances</td>
</tr>
<tr>
<td>1.5B Food and nutrient administration,</td>
</tr>
<tr>
<td>including current and previous diets and diet</td>
</tr>
<tr>
<td>prescriptions and food modifications, eating</td>
</tr>
<tr>
<td>environment, and enteral and parenteral</td>
</tr>
<tr>
<td>nutrition administration</td>
</tr>
<tr>
<td>1.5C Medication and dietary supplement use,</td>
</tr>
<tr>
<td>including prescription and over-the-counter</td>
</tr>
<tr>
<td>medications, and integrative and functional</td>
</tr>
<tr>
<td>medicine products</td>
</tr>
<tr>
<td>1.5D Knowledge, beliefs, and attitudes (eg,</td>
</tr>
<tr>
<td>understanding of nutrition-related concepts,</td>
</tr>
<tr>
<td>emotions about food/nutrition/health, body</td>
</tr>
<tr>
<td>image, preoccupation with food and/or weight,</td>
</tr>
<tr>
<td>readiness to change nutrition- or health-</td>
</tr>
<tr>
<td>related behaviors, and activities and actions</td>
</tr>
<tr>
<td>influencing achievement of nutrition-related</td>
</tr>
<tr>
<td>goals)</td>
</tr>
<tr>
<td>1.5E Food security defined as factors</td>
</tr>
<tr>
<td>affecting access to a sufficient quantity of</td>
</tr>
<tr>
<td>safe, healthful food and water, as well as</td>
</tr>
<tr>
<td>food/nutrition-related supplies</td>
</tr>
</tbody>
</table>

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Figure 2. Standards of Practice for Registered Dietitian Nutritionists (RDNs). Note: The terms patient, client, customer, individual, person, group, or population are used interchangeably with the actual term used in a given situation depending on the setting and the population receiving care or services.
### Indicators for Standard 1: Nutrition Assessment

| 1.5F | Physical activity, cognitive and physical ability to engage in developmentally appropriate nutrition-related tasks (eg, self-feeding and other activities of daily living), instrumental activities of daily living (eg, shopping, food preparation), and breastfeeding |
| 1.5G | Other factors affecting intake and nutrition and health status (eg, cultural, ethnic, religious, lifestyle influencers, psychosocial, and social determinants of health) |
| 1.6 | Comparative standards: Uses reference data and standards to estimate nutrient needs and recommended body weight, body mass index, and desired growth patterns |
| 1.6A | Identifies the most appropriate reference data and/or standards (eg, international, national, state, institutional, and regulatory) based on practice setting and patient/client-specific factors (eg, age and disease state) |
| 1.7 | Physical activity habits and restrictions: Assesses physical activity, history of physical activity, and physical activity training |
| 1.8 | Collects data and reviews data collected and/or documented by the nutrition and dietetics technician, registered (NDTR), other health care practitioner(s), patient/client, or staff for factors that affect nutrition and health status |
| 1.9 | Uses collected data to identify possible problem areas for determining nutrition diagnoses |
| 1.10 | Documents and communicates: |
| 1.10A | Date and time of assessment |
| 1.10B | Pertinent data (eg, medical, social, behavioral) |
| 1.10C | Comparison to appropriate standards |
| 1.10D | Patient/client/population perceptions, values, and motivation related to presenting problems |
| 1.10E | Changes in patient/client/population perceptions, values, and motivation related to presenting problems |
| 1.10F | Reason for discharge/discontinuation or referral, if appropriate |

#### Examples of Outcomes for Standard 1: Nutrition Assessment
- Appropriate assessment tools and procedures are used in valid and reliable ways
- Appropriate and pertinent data are collected
- Effective interviewing methods are used
- Data are organized and categorized in a meaningful framework that relates to nutrition problems
- Use of assessment data leads to the determination that a nutrition diagnosis/problem does or does not exist
- Problems that require consultation with or referral to another provider are recognized
- Documentation and communication of assessment are complete, relevant, accurate, and timely

### Standard 2: Nutrition Diagnosis

The registered dietitian nutritionist (RDN) identifies and labels specific nutrition problem(s)/diagnosis(es) that the RDN is responsible for treating.

#### Rationale:
Analysis of the assessment data leads to identification of nutrition problems and a nutrition diagnosis(es), if present. The nutrition diagnosis(es) is the basis for determining outcome goals, selecting appropriate interventions, and monitoring progress. Diagnosing nutrition problems is the responsibility of the RDN.

(continued on next page)
### Indicators for Standard 2: Nutrition Diagnosis

**Each RDN:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>2.1</td>
<td>Diagnoses nutrition problems based on evaluation of assessment data and identifies supporting concepts (ie, etiology, signs, and symptoms)</td>
</tr>
<tr>
<td>2.2</td>
<td>Prioritizes the nutrition problem(s)/diagnosis(es) based on severity, safety, patient/client needs and preferences, ethical considerations, likelihood that nutrition intervention/plan of care will influence the problem, discharge/transitions of care needs, and patient/client/advocate's perception of importance</td>
</tr>
<tr>
<td>2.3</td>
<td>Communicates the nutrition diagnosis(es) to patients/clients/advocates, community, family members or other health care professionals when possible and appropriate</td>
</tr>
<tr>
<td>2.4</td>
<td>Documents the nutrition diagnosis(es) using standardized terminology and clear, concise written statement(s) [eg, using Problem [P], Etiology [E], and Signs and Symptoms [S] [PES statement(s)] or Assessment [A], Diagnosis [D], Intervention [I], Monitoring [M], and Evaluation [E] [ADIME statement(s)]]</td>
</tr>
<tr>
<td>2.5</td>
<td>Re-evaluates and revises nutrition diagnosis(es) when additional assessment data become available</td>
</tr>
</tbody>
</table>

### Examples of Outcomes for Standard 2: Nutrition Diagnosis

- Nutrition diagnostic statements that accurately describe the nutrition problem of the patient/client and/or community in a clear and concise way
- Documentation of nutrition diagnosis(es) is relevant, accurate, and timely
- Documentation of nutrition diagnosis(es) is revised as additional assessment data become available

### Indicators for Standard 3: Nutrition Intervention/Plan of Care

**Each RDN:**

<p>| | |</p>
<table>
<thead>
<tr>
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<th></th>
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</thead>
<tbody>
<tr>
<td>3.1</td>
<td>Addresses the nutrition diagnosis(es) by determining and prioritizing appropriate interventions for the plan of care</td>
</tr>
<tr>
<td>3.2</td>
<td>Bases intervention/plan of care on best available research/evidence and information, evidence-based guidelines, and best practices</td>
</tr>
</tbody>
</table>

(continued on next page)
### Indicators for Standard 3: Nutrition Intervention/Plan of Care

| 3.3 | Refers to policies and procedures, protocols and program standards |
| 3.4 | Collaborates with patient/client/advocate/population, caregivers, interprofessional team, and other health care professionals |
| 3.5 | Works with patient/client/advocate/population and caregivers to identify goals, preferences, discharge/transitions of care needs, plan of care and expected outcomes |
| 3.6 | Develops the nutrition prescription and establishes measurable patient/client-focused goals to be accomplished |
| 3.7 | Defines time and frequency of care including intensity, duration, and follow-up |
| 3.8 | Uses standardized terminology for describing interventions |
| 3.9 | Identifies resources and referrals needed |

**Implements the Nutrition Intervention/Plan of Care:**

| 3.10 | Collaborates with colleagues, interprofessional team, and other health care professionals |
| 3.11 | Communicates and coordinates the nutrition intervention/plan of care |
| 3.12 | Initiates the nutrition intervention/plan of care |

| 3.12A | Uses approved clinical privileges, physician/non-physician practitioner-driven orders (ie, delegated orders), protocols, or other facility-specific processes for order writing or for provision of nutrition-related services consistent with applicable specialized training, competence, medical staff, and/or organizational policy |

| 3.12A1 | Implements, initiates, or modifies orders for therapeutic diet, nutrition-related pharmacotherapy management, or nutrition-related services (eg, medical foods/nutrition/dietary supplements, food texture modifications, enteral and parenteral nutrition, intravenous fluid infusions, laboratory tests, medications, and education and counseling) |
| 3.12A2 | Manages nutrition support therapies (eg, formula selection, rate adjustments, addition of designated medications and vitamin/mineral supplements to parenteral nutrition solutions or supplemental water for enteral nutrition) |
| 3.12A3 | Initiates and performs nutrition-related services (eg, bedside swallow screenings, inserting and monitoring nasoenteric feeding tubes, and indirect calorimetry measurements, or other permitted services) |

| 3.13 | Assigns activities to NDTR and other professional, technical, and support personnel in accordance with qualifications, organizational policies/protocols, and applicable laws and regulations |

| 3.13A | Supervises professional, technical, and support personnel |

| 3.14 | Continues data collection |

| 3.15 | Documents: |

| 3.15A | Date and time |
| 3.15B | Specific and measurable treatment goals and expected outcomes |
| 3.15C | Recommended interventions |
| 3.15D | Patient/client/advocate/caregiver/community receptiveness |
| 3.15E | Referrals made and resources used |
| 3.15F | Patient/client/advocate/caregiver/community comprehension |

Figure 2. (continued) Standards of Practice for Registered Dietitian Nutritionists (RDNs). Note: The terms patient, client, customer, individual, person, group, or population are used interchangeably with the actual term used in a given situation depending on the setting and the population receiving care or services.
Indicators for Standard 3: Nutrition Intervention/Plan of Care

| 3.15G | Barriers to change |
| 3.15H | Other information relevant to providing care and monitoring progress over time |
| 3.15I | Plans for follow up and frequency of care |
| 3.15J | Rationale for discharge or referral if applicable |

Examples of Outcomes for Standard 3: Nutrition Intervention/Plan of Care

- Goals and expected outcomes are appropriate and prioritized
- Patient/client/advocate/population, caregivers, and interprofessional teams collaborate and are involved in developing nutrition intervention/plan of care
- Appropriate individualized patient-/client-centered nutrition intervention/plan of care, including nutrition prescription, is developed
- Nutrition intervention/plan of care is delivered and actions are carried out as intended
- Discharge planning/transition of care needs are identified and addressed
- Documentation of nutrition intervention/plan of care is:
  - Specific
  - Measurable
  - Attainable
  - Relevant
  - Timely
  - Comprehensive
  - Accurate
  - Dated and time

Standard 4: Nutrition Monitoring and Evaluation

The registered dietitian nutritionist (RDN) monitors and evaluates indicators and outcomes data directly related to the nutrition diagnosis, goals, preferences, and intervention strategies to determine the progress made in achieving desired results of nutrition care and whether planned interventions should be continued or revised.

Rationale:

Nutrition monitoring and evaluation are essential components of an outcomes management system in order to assure quality, patient-/client-/population-centered care, and to promote uniformity within the profession in evaluating the efficacy of nutrition interventions. Through monitoring and evaluation, the RDN identifies important measures of change or patient/client/population outcomes relevant to the nutrition diagnosis and nutrition intervention/plan of care; describes how best to measure these outcomes; and intervenes when intervention/plan of care requires revision.

Indicators for Standard 4: Nutrition Monitoring and Evaluation

Each RDN:

<table>
<thead>
<tr>
<th>4.1</th>
<th>Monitors progress:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1A</td>
<td>Assesses patient/client/advocate/population understanding and compliance with nutrition intervention/plan of care</td>
</tr>
<tr>
<td>4.1B</td>
<td>Determines whether the nutrition intervention/plan of care is being implemented as prescribed</td>
</tr>
</tbody>
</table>

Figure 2. (continued) Standards of Practice for Registered Dietitian Nutritionists (RDNs). Note: The terms patient, client, customer, individual, person, group, or population are used interchangeably with the actual term used in a given situation depending on the setting and the population receiving care or services.
<table>
<thead>
<tr>
<th>Indicators for Standard 4: Nutrition Monitoring and Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>4.2 Measures outcomes:</strong></td>
</tr>
<tr>
<td>4.2A Selects the standardized nutrition care measurable outcome indicator(s)</td>
</tr>
<tr>
<td>4.2B Identifies positive or negative outcomes, including impact on potential needs for discharge/transitions of care</td>
</tr>
<tr>
<td><strong>4.3 Evaluates outcomes:</strong></td>
</tr>
<tr>
<td>4.3A Compares monitoring data with nutrition prescription and established goals or reference standard</td>
</tr>
<tr>
<td>4.3B Evaluates impact of the sum of all interventions on overall patient/client/population health outcomes and goals</td>
</tr>
<tr>
<td>4.3C Evaluates progress or reasons for lack of progress related to problems and interventions</td>
</tr>
<tr>
<td>4.3D Evaluates evidence that the nutrition intervention/plan of care is maintaining or influencing a desirable change in the patient/client/population behavior or status</td>
</tr>
<tr>
<td>4.3E Supports conclusions with evidence</td>
</tr>
<tr>
<td><strong>4.4 Adjusts nutrition intervention/plan of care strategies, if needed, in collaboration with patient/client/population/advocate/caregiver and interprofessional team</strong></td>
</tr>
<tr>
<td>4.4A Improves or adjusts intervention/plan of care strategies based upon outcomes data, trends, best practices, and comparative standards</td>
</tr>
<tr>
<td><strong>4.5 Documents:</strong></td>
</tr>
<tr>
<td>4.5A Date and time</td>
</tr>
<tr>
<td>4.5B Indicators measured, results, and the method for obtaining measurement</td>
</tr>
<tr>
<td>4.5C Criteria to which the indicator is compared (eg, nutrition prescription/goal or a reference standard)</td>
</tr>
<tr>
<td>4.5D Factors facilitating or hampering progress</td>
</tr>
<tr>
<td>4.5E Other positive or negative outcomes</td>
</tr>
<tr>
<td>4.5F Adjustments to the nutrition intervention/plan of care, if indicated</td>
</tr>
<tr>
<td>4.5G Future plans for nutrition care, nutrition monitoring and evaluation, follow-up, referral, or discharge</td>
</tr>
</tbody>
</table>

Examples of Outcomes for Standard 4: Nutrition Monitoring and Evaluation
- The patient/client/community outcome(s) directly relate to the nutrition diagnosis and the goals established in the nutrition intervention/plan of care. Examples include, but are not limited to:
  - Nutrition outcomes (eg, change in knowledge, behavior, food, or nutrient intake)
  - Clinical and health status outcomes (eg, change in laboratory values, body weight, blood pressure, risk factors, signs and symptoms, clinical status, infections, complications, morbidity, and mortality)
  - Patient-/client-/population-centered outcomes (eg, quality of life, satisfaction, self-efficacy, self-management, functional ability)
  - Health care utilization and cost-effectiveness outcomes (eg, change in medication, special procedures, planned/unplanned clinic visits, preventable hospital admissions, length of hospitalizations, prevented or delayed nursing home admissions, morbidity, and mortality)

(continued on next page)
FROM THE ACADEMY

- Nutrition intervention/plan of care and documentation is revised, if indicated
- Documentation of nutrition monitoring and evaluation is:
  - Specific
  - Measurable
  - Attainable
  - Relevant
  - Timely
  - Comprehensive
  - Accurate
  - Dated and timed

\(^a\) Advocate: An advocate is a person who provides support and/or represents the rights and interests at the request of the patient/client. The person may be a family member or an individual not related to the patient/client who is asked to support the patient/client with activities of daily living or is legally designated to act on behalf of the patient/client, particularly when the patient/client has lost decision-making capacity. (Adapted from definitions within The Joint Commission Glossary of Terms and the Centers for Medicare and Medicaid Services, Hospital Conditions of Participation).

\(^b\) Interprofessional: The term interprofessional is used in this evaluation resource as a universal term. It includes a diverse group of team members (eg, physicians, nurses, dietitian nutritionists, pharmacists, psychologists, social workers, and occupational and physical therapists), depending on the needs of the patient/client. Interprofessional could also mean interdisciplinary or multidisciplinary.

\(^c\) Non-physician practitioner: A non-physician practitioner may include a physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, certified nurse-midwife, clinical social worker, clinical psychologist, anesthesiologist’s assistant, qualified dietitian, or nutrition professional. Disciplines considered for privileging by a facility’s governing body and medical staff must be in accordance with state law. The term privileging is not referenced in the Centers for Medicare and Medicaid Services long-term care (LTC) regulations. With publication of the Final Rule revising the Conditions of Participation for LTC facilities effective November 2016, post-acute care settings, such as skilled and long-term care facilities, may now allow a resident’s attending physician the option of delegating order writing for therapeutic diets, nutrition supplements, or other nutrition-related services to the qualified dietitian or clinically qualified nutrition professional, if consistent with state law, and organization policies.

Figure 2. (continued) Standards of Practice for Registered Dietitian Nutritionists (RDNs). Note: The terms patient, client, customer, individual, person, group, or population are used interchangeably with the actual term used in a given situation depending on the setting and the population receiving care or services.
FROM THE ACADEMY

Standards of Professional Performance for Registered Dietitian Nutritionists

Standard 1: Quality in Practice

The registered dietitian nutritionist (RDN) provides quality services using a systematic process with identified ethics, leadership, accountability, and dedicated resources.

Rationale:

Quality practice in nutrition and dietetics is built on a solid foundation of education and supervised practice, credentialing, evidence-based practice, demonstrated competence, and adherence to established professional standards. Quality practice requires systematic measurement of outcomes, regular performance evaluations, and continuous improvement.

<table>
<thead>
<tr>
<th>Indicators for Standard 1: Quality in Practice</th>
</tr>
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<tbody>
<tr>
<td><strong>Each RDN:</strong></td>
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</table>

Examples of Outcomes for Standard 1: Quality in Practice

- Actions are within scope of practice and applicable laws and regulations
- National quality standards and best practices are evident in customer-centered services

Figure 3. Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs). Note: The term customer is used in this evaluation resource as a universal term. Customer could also mean client/patient/customer, family, participant, consumer, or any individual, group, or organization to which the RDN provides service.
FROM THE ACADEMY

Standard 2: Competence and Accountability

The registered dietitian nutritionist (RDN) demonstrates competence in and accepts accountability and responsibility for ensuring safe, quality practice and services.

**Rationale:** Competence and accountability in practice includes continuous acquisition of knowledge, skills, experience, and judgment in the provision of safe, quality customer-centered service.

### Indicators for Standard 2: Competence and Accountability

**Each RDN:**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1</td>
<td>Adheres to the code(s) of ethics (e.g., Academy/CDR, other national organizations, and/or employer code of ethics)</td>
</tr>
<tr>
<td>2.2</td>
<td>Integrates the Standards of Practice (SOP) and Standards of Professional Performance (SOPP) into practice, self-evaluation, and professional development</td>
</tr>
<tr>
<td>2.2A</td>
<td>Integrates applicable focus area(s) SOP SOPP into practice (<a href="http://www.eatrightpro.org/sop">www.eatrightpro.org/sop</a>)</td>
</tr>
<tr>
<td>2.3</td>
<td>Demonstrates and documents competence in practice and delivery of customer-centered service(s)</td>
</tr>
<tr>
<td>2.4</td>
<td>Assumes accountability and responsibility for actions and behaviors</td>
</tr>
<tr>
<td>2.4A</td>
<td>Identifies, acknowledges, and corrects errors</td>
</tr>
<tr>
<td>2.5</td>
<td>Conducts self-evaluation at regular intervals</td>
</tr>
<tr>
<td>2.5A</td>
<td>Identifies needs for professional development</td>
</tr>
<tr>
<td>2.6</td>
<td>Designs and implements plans for professional development</td>
</tr>
<tr>
<td>2.6A</td>
<td>Develops plan and documents professional development activities in career portfolio (e.g., organizational policies and procedures, credentialing agency[ies])</td>
</tr>
<tr>
<td>2.7</td>
<td>Engages in evidence-based practice and uses best practices</td>
</tr>
<tr>
<td>2.8</td>
<td>Participates in peer review of others as applicable to role and responsibilities</td>
</tr>
<tr>
<td>2.9</td>
<td>Mentors and/or precepts others</td>
</tr>
<tr>
<td>2.10</td>
<td>Pursues opportunities (education, training, credentials, certifications) to advance practice in accordance with laws and regulations, and requirements of practice setting</td>
</tr>
</tbody>
</table>

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**Examples of Outcomes for Standard 2: Competence and Accountability**

- Practice reflects:
  - Code(s) of ethics (e.g., Academy/CDR, other national organizations, and/or employer code of ethics)
  - Scope of Practice, Standards of Practice, and Standards of Professional Performance
  - Evidence-based practice and best practices
  - Commission on Dietetic Registration Essential Practice Competencies and Performance Indicators

Figure 3. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs). Note: The term customer is used in this evaluation resource as a universal term. Customer could also mean client/patient/customer, family, participant, consumer, or any individual, group, or organization to which the RDN provides service.
FROM THE ACADEMY

- Practice incorporates successful strategies for interactions with individuals/groups from diverse cultures and backgrounds
- Competence is demonstrated and documented
- Services provided are safe and customer-centered
- Self-evaluations are conducted regularly to reflect commitment to lifelong learning and professional development and engagement
- Professional development needs are identified and pursued
- Directed learning is demonstrated
- Relevant opportunities (education, training, credentials, certifications) are pursued to advance practice
- Commission on Dietetic Registration recertification requirements are met

Standard 3: Provision of Services
The registered dietitian nutritionist (RDN) provides safe, quality service based on customer expectations and needs, and the mission, vision, principles, and values of the organization/business.

Rationale:
Quality programs and services are designed, executed, and promoted based on the RDN’s knowledge, skills, experience, judgment, and competence in addressing the needs and expectations of the organization/business and its customers.

Indicators for Standard 3: Provision of Services

<table>
<thead>
<tr>
<th>Each RDN:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>Contributes to or leads in development and maintenance of programs/services that address needs of the customer or target population(s)</td>
</tr>
<tr>
<td>3.1A</td>
<td>Aligns program/service development with the mission, vision, principles, values, and service expectations and outputs of the organization/business</td>
</tr>
<tr>
<td>3.1B</td>
<td>Uses the needs, expectations, and desired outcomes of the customers/populations (e.g., patients/clients, families, community, decision makers, administrators, client organization[s]) in program/service development</td>
</tr>
<tr>
<td>3.1C</td>
<td>Makes decisions and recommendations that reflect stewardship of time, talent, finances, and environment</td>
</tr>
<tr>
<td>3.1D</td>
<td>Proposes programs and services that are customer-centered, culturally appropriate, and minimize disparities</td>
</tr>
<tr>
<td>3.2</td>
<td>Promotes public access and referral to credentialed nutrition and dietetics practitioners for quality food and nutrition programs and services</td>
</tr>
<tr>
<td>3.2A</td>
<td>Contributes to or designs referral systems that promote access to qualified, credentialed nutrition and dietetics practitioners</td>
</tr>
<tr>
<td>3.2B</td>
<td>Refers customers to appropriate providers when requested services or identified needs exceed the RDN’s individual scope of practice</td>
</tr>
<tr>
<td>3.2C</td>
<td>Monitors effectiveness of referral systems and modifies as needed to achieve desirable outcomes</td>
</tr>
<tr>
<td>3.3</td>
<td>Contributes to or designs customer-centered services</td>
</tr>
<tr>
<td>3.3A</td>
<td>Assesses needs, beliefs/values, goals, resources of the customer, and social determinants of health</td>
</tr>
<tr>
<td>3.3B</td>
<td>Uses knowledge of the customer’s/target population’s health conditions, cultural beliefs, and business objectives/services to guide design and delivery of customer-centered services</td>
</tr>
<tr>
<td>3.3C</td>
<td>Communicates principles of disease prevention and behavioral change appropriate to the customer or target population</td>
</tr>
</tbody>
</table>

(continued on next page)

Figure 3. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs). Note: The term customer is used in this evaluation resource as a universal term. Customer could also mean client/patient/customer, family, participant, consumer, or any individual, group, or organization to which the RDN provides service.
### Indicators for Standard 3: Provision of Services

| 3.3D | Collaborates with the customers to set priorities, establish goals, and create customer-centered action plans to achieve desirable outcomes |
| 3.3E | Involves customers in decision making |
| 3.4 | Executes programs/services in an organized, collaborative, cost effective, and customer-centered manner |
| 3.4A | Collaborates and coordinates with peers, colleagues, stakeholders, and within interprofessional teams |
| 3.4B | Uses and participates in, or leads in the selection, design, execution, and evaluation of customer programs and services (eg, nutrition screening system, medical and retail foodservice, electronic health records, interprofessional programs, community education, grant management) |
| 3.4C | Uses and develops or contributes to selection, design and maintenance of policies, procedures (eg, discharge planning/transitions of care), protocols, standards of care, technology resources (eg, Health Insurance Portability and Accountability Act [HIPAA]-compliant telehealth platforms), and training materials that reflect evidence-based practice in accordance with applicable laws and regulations |
| 3.4D | Uses and participates in or develops processes for order writing and other nutrition-related privileges, in collaboration with the medical staff director or medical director (eg, post-acute care settings, dialysis center, public health, community, free-standing clinic settings), consistent with state practice acts; federal and state regulations; organization policies; and medical staff rules, regulations, and bylaws |
| 3.4D1 | Uses and participates in or leads development of processes for privileges or other facility-specific processes related to (but not limited to) implementing physician/non-physician practitioner-driven delegated orders or protocols, initiating or modifying orders for therapeutic diets, medical foods/nutrition supplements, dietary supplements, enteral and parenteral nutrition, laboratory tests, medications, and adjustments to fluid therapies or electrolyte replacements |
| 3.4D2 | Uses and participates in or leads development of processes for privileging for provision of nutrition-related services, including (but not limited to) initiating and performing bedside swallow screenings, inserting and monitoring nasoenteric feeding tubes, providing home enteral nutrition or infusion management services (eg, ordering formula and supplies) and indirect calorimetry measurements |
| 3.4E | Complies with established billing regulations, organization policies, grant funder guidelines, if applicable to role and setting, and adheres to ethical and transparent financial management and billing practices |
| 3.4F | Communicates with the interprofessional team and referring party consistent with the HIPAA rules for use and disclosure of customer’s personal health information |
| 3.5 | Uses professional, technical, and support personnel appropriately in the delivery of customer-centered care or services in accordance with laws, regulations, and organization policies and procedures |
| 3.5A | Assigns activities, including direct care to patients/clients, consistent with the qualifications, experience, and competence of professional, technical, and support personnel |
| 3.5B | Supervises professional, technical, and support personnel |
| 3.6 | Designs and implements food delivery systems to meet the needs of customers |
| 3.6A | Collaborates in or leads the design of food delivery systems to address health care needs and outcomes (including nutrition status), ecological sustainability, and to meet the culture and related needs and preferences of target populations (ie, health care patients/clients, employee groups, visitors to retail venues, schools, child and adult day-care centers, community feeding sites, farm to institution initiatives, local food banks) |
| 3.6B | Participates in, consults/collaborates with, or leads the development of menus to address health, nutritional, and cultural needs of target population(s) consistent with federal, state or funding source regulations or guidelines |

(continued on next page)

Figure 3. **(continued)** Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs). Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean client/patient/customer, family, participant, consumer, or any individual, group, or organization to which the RDN provides service.
### Indicators for Standard 3: Provision of Services

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
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<tbody>
<tr>
<td>3.6C</td>
<td>Participates in, consults/collaborates with, or leads interprofessional process for determining medical foods/nutritional supplements, dietary supplements, enteral and parenteral nutrition formularies, and delivery systems for target population(s)</td>
</tr>
<tr>
<td>3.7</td>
<td>Maintains records of services provided</td>
</tr>
<tr>
<td>3.7A</td>
<td>Documents according to organization policies, procedures, standards, and systems including electronic health records</td>
</tr>
<tr>
<td>3.7B</td>
<td>Implements data management systems to support interoperable data collection, maintenance, and utilization</td>
</tr>
<tr>
<td>3.7C</td>
<td>Uses data to document outcomes of services (ie, staff productivity, cost/benefit, budget compliance, outcomes, quality of services) and provide justification for maintenance or expansion of services</td>
</tr>
<tr>
<td>3.7D</td>
<td>Uses data to demonstrate program/service achievements and compliance with accreditation standards, laws, and regulations</td>
</tr>
<tr>
<td>3.8</td>
<td>Advocates for provision of quality food and nutrition services as part of public policy</td>
</tr>
<tr>
<td>3.8A</td>
<td>Communicates with policy makers regarding the benefit/cost of quality food and nutrition services</td>
</tr>
<tr>
<td>3.8B</td>
<td>Advocates in support of food and nutrition programs and services for populations with special needs and chronic conditions</td>
</tr>
<tr>
<td>3.8C</td>
<td>Advocates for protection of the public through multiple avenues of engagement (eg, legislative action, establishing effective relationships with elected leaders and regulatory officials, participation in various Academy committees, workgroups and task forces, Dietetic Practice Groups, Member Interest Groups, and State Affiliates)</td>
</tr>
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</table>

### Examples of Outcomes for Standard 3: Provision of Services

- Program/service design and systems reflect organization/business mission, vision, principles, values, and customer needs and expectations
- Customers participate in establishing program/service goals and customer-focused action plans and/or nutrition interventions (eg, in-person or via telehealth)
- Customer-centered needs and preferences are met
- Customers are satisfied with services and products
- Customers have access to food assistance
- Customers have access to food and nutrition services
- Foodservice system incorporates sustainability practices addressing energy and water use and waste management
- Menus reflect the cultural, health and/or nutritional needs of target population(s) and consideration of ecological sustainability
- Evaluations reflect expected outcomes and established goals
- Effective screening and referral services are established or implemented as designed
- Professional, technical, and support personnel are supervised when providing nutrition care to customers
- Ethical and transparent financial management and billing practices are used per role and setting

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**Standard 4: Application of Research**

The registered dietitian nutritionist (RDN) applies, participates in, and/or generates research to enhance practice. Evidence-based practice incorporates the best available research/evidence and information in the delivery of nutrition and dietetics services.

**Rationale:** Application, participation, and generation of research promote improved safety and quality of nutrition and dietetics practice and services.

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FROM THE ACADEMY

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<th>Indicators for Standard 4: Application of Research</th>
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<tr>
<td><strong>Each RDN:</strong></td>
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<tr>
<td>4.1 Reviews best available research/evidence and information for application to practice</td>
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<tr>
<td>4.1A Understands basic research design and methodology</td>
</tr>
<tr>
<td>4.2 Uses best available research/evidence and information as the foundation for evidence-based practice</td>
</tr>
<tr>
<td>4.3 Integrates best available research/evidence and information with best practices, clinical and managerial expertise, and customer values</td>
</tr>
<tr>
<td>4.4 Contributes to the development of new knowledge and research in nutrition and dietetics</td>
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<tr>
<td>4.5 Promotes application of research in practice through alliances or collaboration with food and nutrition and other professionals and organizations</td>
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<tr>
<th>Examples of Outcomes for Standard 4: Application of Research</th>
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<tr>
<td>• Evidence-based practice, best practices, clinical and managerial expertise, and customer values are integrated in the delivery of nutrition and dietetics services</td>
</tr>
<tr>
<td>• Customers receive appropriate services based on the effective application of best available research/evidence and information</td>
</tr>
<tr>
<td>• Best available research/evidence and information is used as the foundation of evidence-based practice</td>
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<th>Standard 5: Communication and Application of Knowledge</th>
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<tr>
<td>The registered dietitian nutritionist (RDN) effectively applies knowledge and expertise in communications.</td>
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<tr>
<td><strong>Rationale:</strong></td>
</tr>
<tr>
<td>The RDN works with others to achieve common goals by effectively sharing and applying unique knowledge, skills, and expertise in food, nutrition, dietetics, and management services.</td>
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<tr>
<th>Indicators for Standard 5: Communication and Application of Knowledge</th>
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<tbody>
<tr>
<td><strong>Each RDN:</strong></td>
</tr>
<tr>
<td>5.1 Communicates and applies current knowledge and information based on evidence</td>
</tr>
<tr>
<td>5.1A Demonstrates critical thinking and problem-solving skills when communicating with others</td>
</tr>
<tr>
<td>5.2 Selects appropriate information and the most effective communication method or format that considers customer-centered care and the needs of the individual/group/population</td>
</tr>
<tr>
<td>5.2A Uses communication methods (ie, oral, print, one-on-one, group, visual, electronic, and social media) targeted to various audiences</td>
</tr>
<tr>
<td>5.2B Uses information technology to communicate, disseminate, manage knowledge, and support decision making</td>
</tr>
<tr>
<td>5.3 Integrates knowledge of food and nutrition with knowledge of health, culture, social sciences, communication, informatics, sustainability, and management</td>
</tr>
<tr>
<td>5.4 Shares current, evidence-based knowledge, and information with various audiences</td>
</tr>
<tr>
<td>5.4A Guides customers, families, students, and interns in the application of knowledge and skills</td>
</tr>
<tr>
<td>5.4B Assists individuals and groups to identify and secure appropriate and available educational and other resources and services</td>
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Figure 3. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs). Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean client/patient/customer, family, participant, consumer, or any individual, group, or organization to which the RDN provides service.
FROM THE ACADEMY

Indicators for Standard 5: Communication and Application of Knowledge

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<tr>
<th>Indicator</th>
<th>Description</th>
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<tbody>
<tr>
<td>5.4C</td>
<td>Uses professional writing and verbal skills in all types of communications</td>
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<tr>
<td>5.4D</td>
<td>Reflects knowledge of population characteristics in communication methods</td>
</tr>
<tr>
<td>5.5</td>
<td>Establishes credibility and contributes as a food and nutrition resource within the interprofessional health care and management team, organization, and community</td>
</tr>
<tr>
<td>5.6</td>
<td>Communicates performance improvement and research results through publications and presentations</td>
</tr>
<tr>
<td>5.7</td>
<td>Seeks opportunities to participate in and assume leadership roles with local, state, and national professional and community-based organizations (e.g., government-appointed advisory boards, community coalitions, schools, foundations or nonprofit organizations serving the food insecure) providing food and nutrition expertise</td>
</tr>
</tbody>
</table>

Examples of Outcomes for Standard 5: Communication and Application of Knowledge

- Expertise in food, nutrition, dietetics, and management is demonstrated and shared
- Interoperable information technology is used to support practice
- Effective and efficient communications occur through appropriate and professional use of e-mail, texting, and social media tools
- Individuals, groups, and stakeholders:
  - Receive current and appropriate information and customer-centered service
  - Demonstrate understanding of information and behavioral strategies received
  - Know how to obtain additional guidance from the RDN or other RDN-recommended resources
- Leadership is demonstrated through active professional and community involvement

Standard 6: Utilization and Management of Resources

The registered dietitian nutritionist (RDN) uses resources effectively and efficiently.

Rationale:
The RDN demonstrates leadership through strategic management of time, finances, facilities, supplies, technology, natural and human resources.

Indicators for Standard 6: Utilization and Management of Resources

Each RDN:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.1</td>
<td>Uses a systematic approach to manage resources and improve outcomes</td>
</tr>
<tr>
<td>6.2</td>
<td>Evaluates management of resources with the use of standardized performance measures and benchmarking as applicable</td>
</tr>
<tr>
<td>6.2A</td>
<td>Uses the Standards of Excellence Metric Tool to self-assess quality in leadership, organization, practice, and outcomes for an organization (<a href="http://www.eatrightpro.org/excellencetool">www.eatrightpro.org/excellencetool</a>)</td>
</tr>
<tr>
<td>6.3</td>
<td>Evaluates safety, effectiveness, efficiency, productivity, sustainability practices, and value while planning and delivering services and products</td>
</tr>
<tr>
<td>6.4</td>
<td>Participates in quality assurance and performance improvement and documents outcomes and best practices relative to resource management</td>
</tr>
<tr>
<td>6.5</td>
<td>Measures and tracks trends regarding internal and external customer outcomes (e.g., satisfaction, key performance indicators)</td>
</tr>
</tbody>
</table>

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Figure 3. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs). Note: The term customer is used in this evaluation resource as a universal term. Customer could also mean client/patient/customer, family, participant, consumer, or any individual, group, or organization to which the RDN provides service.
Examples of Outcomes for Standard 6: Utilization and Management of Resources

- Resources are effectively and efficiently managed
- Documentation of resource use is consistent with operational and sustainability goals
- Data are used to promote, improve, and validate services, organization practices, and public policy
- Desired outcomes are achieved, documented, and disseminated
- Identifies and tracks key performance indicators in alignment with organizational mission, vision, principles, and values

PROMIS: The Patient-Reported Outcomes Measurement Information System (PROMIS) (https://commonfund.nih.gov/promis/index) is a reliable, precise measure of patient-reported health status for physical, mental, and social well-being. PROMIS is a web-based resource and is publicly available.

Interprofessional: The term interprofessional is used in this evaluation resource as a universal term. It includes a diverse group of team members (eg, physicians, nurses, dietitian nutritionists, pharmacists, psychologists, social workers, and occupational and physical therapists), depending on the needs of the customer. Interprofessional could also mean interdisciplinary or multidisciplinary.

Medical staff: Medical staff is composed of doctors of medicine or osteopathy and can, in accordance with state law, including scope of practice laws, include other categories of physicians, and non-physician practitioners who are determined to be eligible for appointment by the governing body.

Non-physician practitioner: A non-physician practitioner may include a physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, certified nurse-midwife, clinical social worker, clinical psychologist, anesthesiologist’s assistant, qualified dietitian, or nutrition professional. Disciplines considered for privileging by a facility’s governing body and medical staff must be in accordance with state law. The term privileging is not referenced in the Centers for Medicare and Medicaid Services long-term care (LTC) regulations. With publication of the Final Rule revising the Conditions of Participation for LTC facilities effective November 2016, post-acute care settings, such as skilled and long-term care facilities, may now allow a resident’s attending physician the option of delegating order writing for therapeutic diets, nutrition supplements or other nutrition-related services to the qualified dietitian or clinically qualified nutrition professional, if consistent with state law, and organization policies.

Figure 3. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs). Note: The term customer is used in this evaluation resource as a universal term. Customer could also mean client/patient/customer, family, participant, consumer, or any individual, group, or organization to which the RDN provides service.