


American Society for Parenteral and Enteral Nutrition and Academy of Nutrition and Dietetics: Revised 2014 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Nutrition Support

Nutrition in Clinical Practice
Volume 29 Number 6
December 2014 792–828
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for Parenteral and Enteral Nutrition
and Academy of Nutrition and
Dietetics
DOI: 10.1177/0884533614554264
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Abstract

This 2014 revision of the Standards of Practice (SOP) and Standards of Professional Performance (SOPP) for Registered Dietitians Nutritionists (RDNs) in Nutrition Support represents an update of the 2007 Standards composed by content experts of the American Society for Parenteral and Enteral Nutrition and the Academy of Nutrition and Dietetics. The revision is based upon the Revised 2012 SOP in Nutrition Care and SOPP for RDs, which incorporates the Nutrition Care Process and the six domains of professionalism: Quality in Practice, Competence and Accountability, Provision of Services, Application of Research, Communication and Application of Knowledge, and Utilization and Management of Resources. These SOP and SOPP are designed to promote the provision of safe, effective, and efficient nutrition support services, facilitate evidence-based practice, and serve as a professional evaluation resource for RDNs who specialize or wish to specialize in nutrition support therapy. These standards should be applied in all patient/client care settings in which RDNs in nutrition support provide care. These settings include, but are not limited to, acute care, ambulatory/outpatient care, and home and alternate site care. The standards highlight the value of the nutrition support RDN's roles in quality management, regulatory compliance, research, teaching, consulting, and writing for peer-reviewed professional publications. The standards assist the RDN in nutrition support to distinguish his or her level of practice (competent, proficient, or expert) and would guide the RDN in creating a personal development plan to achieve increasing levels of knowledge, skill, and ability in nutrition support practice. (*Nutr Clin Pract.* 2014;29:792-828)

Keywords

nutritional support; dietitian; dietetics; professional role; nutrition therapy; clinical competence; nutrition support practice; nutrition care process

The Dietitians in Nutrition Support (DNS) Dietetic Practice Group of the Academy of Nutrition and Dietetics (Academy), and members of the Dietetics Practice Section of the American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.), under the guidance of the Academy Quality Management Committee and the A.S.P.E.N. Clinical Practice Committee, have revised the Standards of Practice (SOP) and Standards of Professional Performance (SOPP) for Registered Dietitians (RDs) in Nutrition Support, originally published in 2007 and extended to 2014.^{1,2} The revised documents, American Society for Parenteral and Enteral Nutrition and the Academy of Nutrition and Dietetics: Revised 2014 Standards of Practice (SOP) and Standards of Professional Performance (SOPP) for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Nutrition Support, reflect advances in nutrition support practice during the past seven years and replace the 2007 Standards. These documents build on the Academy of Nutrition and Dietetics Revised 2012 SOP in Nutrition Care and SOPP

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Nutrition in Clinical Practice and the *Journal of the Academy of Nutrition and Dietetics* have arranged to publish this article simultaneously in their publications. Minor differences in style may appear in each publication, but the article is substantially the same in each journal.

Financial disclosure: None declared.

This article originally appeared online on November 1, 2014.

for RDs.³ The Academy of Nutrition and Dietetics/Commission on Dietetic Registration's (CDR) Code of Ethics⁴ and the Academy of Nutrition and Dietetics Revised 2012 SOP in Nutrition Care and SOPP for RDs³ are tools within the Scope of Practice in Nutrition and Dietetics⁵ and Scope of Practice for the RD⁶ that guide the practice and performance of registered dietitian nutritionists (RDNs) in all settings. A.S.P.E.N. documents that guide the practice and performance of registered dietitian nutritionists (RDNs) in nutrition support practice include the A.S.P.E.N. Board of Directors approved clinical guidelines, standards, clinical recommendations, and position papers, which may be accessed once an account is created at www.nutritioncare.org.

The Scope of Practice in Nutrition and Dietetics is composed of statutory and individual components, including the 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.⁵ An RDN's statutory scope of practice may delineate the services an RDN is authorized to perform, in a state where a practice act or certification exists. The RDN's individual scope of practice is determined by education, training, credentialing, and demonstrated and documented competence to practice. Individual scope of practice in nutrition and dietetics has flexible boundaries to capture the breadth of the individual's professional practice. The Scope of Practice Decision Tool, an online, interactive tool, permits an RDN to answer a series of questions to determine whether a particular activity is within his or her scope of practice. The tool is designed to assist an RDN in critically evaluating personal knowledge, skill, and demonstrated competence with criteria resources.⁷

The Medicare and Medicaid Programs; Regulatory Provisions to Promote Program Efficiency, Transparency, and Burden Reduction; Part II Final Rule, effective July 11, 2014, for hospital conditions of participation, now allows a hospital and its medical staff the option of granting RDNs or other clinically qualified nutrition professionals ordering privileges for therapeutic diets and nutrition-related actions, including nutrition supplements and enteral and parenteral nutrition if consistent with state law. RDNs in hospital settings interested in obtaining ordering privileges must review state practice acts (licensure, certification, title protection) and state healthcare facility regulations to determine if there are any barriers that must be addressed. An RDN interested in obtaining ordering privileges should review the state analysis and regulation for a brief breakdown of each state's relevant law⁸ and Practice Tips that outline the regulations and implementation steps for ordering privileges.⁹

Medical staff oversight of a RDN(s) occurs in one of two ways. A hospital has the regulatory flexibility to appoint the RDN(s) to the medical staff and grant the RDN(s) specific

nutrition ordering privileges, or can authorize the ordering privileges without appointment to the medical staff. The RDN ordering privileges must be ensured through the hospital's medical staff rules, regulations, and bylaws, or other facility-specific process.¹⁰

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) instead. The two credentials have identical meanings. In this document, the expert working group has chosen to use the term RDN to refer to both registered dietitians and registered dietitian nutritionists.

*Approved August 2014 by the Quality Management Committee of the Academy of Nutrition and Dietetics (Academy), the Executive Committee of the DNS Dietetic Practice Group of the Academy, and the Clinical Practice Committee and the Board of Directors of the American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.). **Scheduled review date: December 2018.** Questions regarding the Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists in Nutrition Support may be addressed to Susan Brantley, MS, RD, CNSC, LDN, at sbrantle@mc.utmck.edu.*

The Academy's Revised 2012 SOP in Nutrition Care and SOPP for RDs³ reflect the minimum competent level of nutrition and dietetics practice and professional performance for RDNs. These standards serve as blueprints for the development of focus area SOP and SOPP for RDNs in competent, proficient, and expert levels of practice. The SOP in Nutrition Care is composed of 4 standards representing the 4 steps of the Nutrition Care Process: nutrition assessment, nutrition diagnosis, nutrition intervention, and nutrition monitoring/evaluation as applied to the care of patients/clients.¹¹ The SOPP consist of standards representing 6 domains of professionalism: quality in practice, competence and accountability, provision of services, application of research, communication and application of knowledge, and utilization and management of resources. The SOP and SOPP are designed to promote the provision of safe, effective, and efficient food and nutrition services, facilitate evidence-based practice, and serve as a professional evaluation resource.

These focus area standards for RDNs in nutrition support provide a guide for self-evaluation and expanding practice, a means of identifying areas for professional development, and a mechanism for demonstrating competence and planning advancement to a higher level of practice in the delivery of nutrition support services. A RDN interested in transitioning to a new

focus area of practice such as nutrition support would use the standards to guide his/her knowledge and skill development. Like the SOP in Nutrition Care and SOPP for RDs,³ the indicators (ie, measurable action statements that illustrate how each standard can be applied in practice) (see Figures 1 and 2) for the SOP and SOPP for RDNs in Nutrition Support were revised with input and consensus from content experts representing diverse practice and geographic perspectives. The SOP and SOPP for RDNs in Nutrition Support were reviewed and approved by the DNS Dietetic Practice Group Executive Committee, the Academy Quality Management Committee, and the A.S.P.E.N. Clinical Practice Committee and Board of Directors.

Three Levels of Practice

The Dreyfus model¹² identifies levels of proficiency (novice, advanced beginner, competent, proficient, and expert) (refer to Figure 3) during the acquisition and development of knowledge and skills. The first 2 levels are components of the required didactic education (novice) and supervised practice experience (advanced beginner) that precede credentialing for dietetics and nutrition practitioners. Upon successfully attaining the Registered Dietitian Nutritionist credential (RDN), a practitioner enters professional practice at the competent level and manages his/her professional development to obtain individual professional goals. This model is helpful in understanding the levels of practice described in the SOP and SOPP for RDNs in Nutrition Support. In Academy focus areas (such as diabetes care, renal nutrition, nutrition support), these 3 levels are represented as competent, proficient, and expert practice levels.

Competent Practitioner

In nutrition and dietetics, a competent practitioner is an RDN who has recently obtained RDN registration by the Commission on Dietetic Registration and is just beginning practice, or an experienced RDN who has recently assumed nutrition services responsibility in a new focus area. A focus area is defined as an area of nutrition and dietetics practice that requires specific, targeted knowledge, skills, and experience.¹³ A new competent RDN practitioner in professional employment acquires additional on-the-job skills and engages in tailored continuing education to further enhance knowledge and skills acquired in formal education. An RDN begins with technical training and professional interaction to facilitate career advancement and expand competence. A general practice RDN may assume responsibilities across several areas of practice, including, but not limited to: community, clinical, consultation and business, research, education, and food and nutrition management.¹³

Proficient Practitioner

A proficient practitioner is an RDN who is generally 3 or more years beyond entry into the profession, who has obtained

operational job performance skills, and is successful in the RDN's chosen focus area of practice.¹³ The proficient practitioner demonstrates knowledge, skills, and experience beyond entry level in a focus area of nutrition and dietetics practice. A practitioner may acquire specialist credentials, if available, to demonstrate proficiency in a focus area of practice.

Expert Practitioner

An expert practitioner is an RDN who is recognized within the profession and has mastered the highest degree of skill in or knowledge of a certain focused or generalized area of nutrition and dietetics through additional knowledge, experience, or training.¹³ An expert practitioner exhibits a set of characteristics that include a broad, multifocal knowledge base, leadership and vision, and demonstrates effectiveness in planning, achieving, evaluating, and communicating targeted outcomes. An expert practitioner may have an expanded or specialist role or both, and may possess an advanced credential, if available, in a focus area of practice. Generally, the expert practitioner works at a complex level with a high degree of professional autonomy and responsibility.

These standards, along with the Academy/CDR Code of Ethics,⁴ answer the questions: Why is an RDN uniquely qualified to provide nutrition support services? What knowledge, skills, and competencies does an RDN need to demonstrate for the provision of safe, effective, and quality nutrition support service at the competent, proficient, and expert levels?

Overview

RDNs who practice in nutrition support represent a significant focus area within the Academy of Nutrition and Dietetics, and the largest credentialed A.S.P.E.N. practitioner group. RDNs who specialize in nutrition support therapy practice in a variety of patient care settings, including acute care, ambulatory/outpatient settings, and home and alternate site care.^{1,2,14} In addition, RDNs practicing in nutrition support therapy may (solely or in combination with a clinical practice) conduct research, teach, consult, and write for peer-reviewed professional publications.

Nutrition support encompasses provision of oral, enteral, or parenteral nutrients with therapeutic intent. This includes, but is not limited to, provision of enteral and/or parenteral nutrition to maintain or restore optimal nutrition status and health. The RDN practicing in this focus area collaborates with physicians, physician assistants, nurse practitioners, nurses, pharmacists, case managers, speech pathologists, respiratory therapists, and social workers to support optimal nutrition health in individuals with known or potential compromised nutrition status.^{1,2} An interdisciplinary team approach has been shown to enhance quality of care, improve patient safety and outcomes, and reduce healthcare costs.¹⁵ Within the interdisciplinary team, the RDN is a key resource

(Text continues on p. 806.)

Standard 1: Nutrition Assessment

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

Rationale:

Nutrition assessment is the first of 4 steps of the Nutrition Care Process. Nutrition assessment is a systematic process of obtaining, verifying, and interpreting data in order to make decisions about the nature and cause of nutrition-related problems. It is initiated by referral and screening of individuals or groups for nutrition risk factors.

Nutrition assessment is conducted using validated tools, the 5 domains of nutrition assessment and comparative standards as documented in the Nutrition Care Process Terminology, eNCPT, available as an online resource (formerly the *International Dietetics & Nutrition Terminology Reference Manual* [IDNT]). Nutrition assessment is an ongoing, dynamic process that involves not only initial data collection, but also reassessment and analysis of patient/client or community needs. It provides the foundation for nutrition diagnosis, the second step of the Nutrition Care Process.

Refer to the eNCPT online.

Indicators for Standard 1: Nutrition Assessment					
Bold Font Indicators Are Academy Core RDN Standards of Practice Indicators			The “X” signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
1.1	Anthropometric assessment: Assesses anthropometric measures that may include: height, weight, body mass index (BMI), waist circumference, growth pattern indices/percentile ranks/z-scores, and weight history		X	X	X
	1.1A	Evaluates body composition using available diagnostic results (eg, CT scan or DXA) and/or other tools (eg, mid-arm muscle circumference, bioelectrical impedance)		X	X
1.2	Biochemical data, medical tests, and procedure assessment: Assesses laboratory profiles, medical tests, and procedures which may include: acid-base balance, electrolyte, renal, essential fatty acid, gastrointestinal, glucose/endocrine, inflammatory, lipid, metabolic rate, mineral, nutritional anemia, protein, urine, and vitamin/mineral profiles		X	X	X
	1.2A	Assesses the need for additional diagnostic tests (eg, modified barium swallow study, malabsorptive studies) or therapeutic procedures (eg, placement of parenteral or enteral access suitable for long-term nutrition support therapy)		X	X
	1.2B	Evaluates appropriateness and validity of tests used to evaluate nutrition status and/or effects of nutrition support therapy		X	X
	1.2B1	Identifies and recognizes physical/biochemical signs and symptoms of nutrition support related infections (eg, central line infections) or other infections affecting the nutrition care plan		X	X
	1.2B2	Selects and orders tests and procedures based on indications, clinical utility, and cost effectiveness for assessing nutrition status and diagnosing nutrition problems (per facility granted clinical privileges)			X
	1.2B3	Demonstrates familiarity with invasive hemodynamic monitoring devices and other techniques used in the intensive care setting that may affect the nutrition care plan			X
1.3	Nutrition-focused physical findings assessment (often referred to as clinical assessment): Assesses findings from evaluation of body systems, muscle, and subcutaneous fat wasting, oral health, hair, skin and nails, signs of edema, suck/swallow/breathe ability, appetite, and affect		X	X	X

Figure 1. (continued)

Indicators for Standard 1: Nutrition Assessment						
Bold Font Indicators Are Academy Core RDN Standards of Practice Indicators				The “X” signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
	1.3A	Uses validated or commonly accepted developmental, functional and mental status evaluation tools that consider cultural, ethnic and lifestyle factors		X	X	X
	1.3B	Evaluates existing and potential access sites for delivery of nutrition support therapy (ie, enteral nutrition [EN] or parenteral nutrition [PN])			X	X
	1.3C	Recognizes, troubleshoots, and communicates complications of parenteral and/or enteral nutrition and/or associated access devices; alerts appropriate patient care staff of findings in a timely manner				X
	1.3D	Performs, with documented skill, comprehensive nutrition focused physical exam including abdominal and chest/lung exam when appropriate				X
1.4	Food and nutrition-related history assessment (often referred to as dietary assessment: Assesses			X	X	X
	1.4A	Food and nutrient intake including its composition and adequacy of food and nutrient intake, meal and snack patterns, and food allergies and intolerances		X	X	X
	1.4B	Food and nutrient administration including current and previous diets, diet prescriptions and food modifications, eating environment, and enteral and parenteral nutrition administration		X	X	X
	1.4C	Medication and dietary and herbal supplement use including prescription and over-the-counter medications, herbal preparations, and complementary medicine products used		X	X	X
		1.4C1	Recommends, and in consultation with pharmacist, suggests alternative methods, as applicable to the situation, to minimize drug/nutrient interactions related to nutrition support therapy, including review of the vehicle used for drug delivery (eg, parenteral drug products containing glucose, lipids, sodium)		X	X
		1.4C2	Considers the need to add or discontinue medications that may alter nutrition status			X
	1.4D	Knowledge, beliefs, and attitudes including understanding of nutrition-related concepts, conviction of the truth, and feelings/emotions toward some nutrition-related statement or phenomenon, body image and preoccupation with food and weight, and readiness to change nutrition-related behaviors		X	X	X
		1.4D1	Acknowledges previous nutrition care services/medical nutrition therapy as well as patient’s/client’s short- and long-term goals for nutrition intervention	X	X	X
		1.4D2	Accounts for behavioral mediators (or antecedents) related to nutrition support therapy (eg, attitudes, knowledge, intentions, readiness and willingness to change, perceived social support) when applicable		X	X
	1.4E	Behavior including patient/client activities and actions, which influence achievement of nutrition-related goals		X	X	X
		1.4E1	Reviews self-care skills and compliance and behaviors (eg, administration methods and use of equipment for nutrition support therapy.)		X	X
	1.4F	Factors affecting access to food which influences intake and availability of a sufficient quantity of safe, healthful food, and water as well as food/nutrition-related supplies		X	X	X

Figure 1. (continued)

Indicators for Standard 1: Nutrition Assessment				The “X” signifies the indicators for the level of practice		
Bold Font Indicators Are Academy Core RDN Standards of Practice Indicators				Competent	Proficient	Expert
Each RDN:						
		1.4F1	Evaluates ability to adhere to/participate in an appropriate nutrition support therapy regimen		X	X
		1.4F2	Intervenes to help identify additional resources to overcome barriers		X	X
	1.4G	Physical activity, cognitive, and physical ability to engage in specific tasks such as self-feeding, activities of daily living (ADLs), instrumental activities of daily living (IADLs), and breastfeeding		X	X	X
	1.4H	Nutrition-related patient/client-centered measures including nutrition quality of life, and patient/client perception of his or her nutrition intervention, cultural, ethnic, religious, and lifestyle factors and their impact on life		X	X	X
		1.4H1	Evaluates quality of life/end of life issues as relevant to the nutrition plan of care		X	X
		1.4H2	Evaluates outcomes and quality of life parameters in patients/clients receiving nutrition support therapy			X
1.5	Patient/client history: Assesses current and past information related to personal, medical, family, and social history			X	X	X
	1.5A	Investigates medical and family history /comorbidities		X	X	X
	1.5B	Assesses the effect of disease on ingestion, digestion, absorption and utilization of nutrients taking into consideration clinical factors that may cause interference (mechanical, physiological, or psychological)		X	X	X
	1.5C	Evaluates the impact of disease on metabolism of nutrients			X	X
1.6	Comparative standards: Identifies and uses comparative standards to estimate energy, fat, protein, carbohydrate, fiber, fluid, vitamin, and mineral needs as well as recommended body weight, body mass index, and desired growth patterns			X	X	X
	1.6A	Identifies the most appropriate reference standards (ie, national, state, institutional, and regulatory) based on practice setting, patient/client age, and disease/injury state and compares nutrition assessment data to appropriate criteria, relevant norms, population-based surveys and standards		X	X	X
	1.6B	Uses reference standards to design appropriate nutrition support therapy		X	X	X
		1.6B1	Recognizes the effects of nutrition support therapy on the ingestion, digestion, and absorption of nutrients		X	X
		1.6B2	Anticipates the effects of nutrition support therapy on the metabolism and utilization of nutrients			X
1.7	Physical activity habits and restrictions: Assesses physical activity, history of physical activity and exercise training			X	X	X
1.8	Reviews collected data for factors that affect nutrition and health status			X	X	X
	1.8A	Utilizes nutrition assessment data documented by the dietetic technician, registered (DTR) or other health practitioner		X	X	X
	1.8B	Orders or recommends additional data (eg, laboratory tests) be obtained related to factors that may affect nutrition and health status consistent with clinical privileges			X	X
	1.8C	Identifies and utilizes national benchmark data to improve patient/client care and outcomes				X
1.9	Organizes and clusters nutrition risk factors, complications, and assessment data to identify possible problem areas for determining nutrition diagnoses			X	X	X
1.10	Documents and communicates:			X	X	X
	1.10A	Date and time of assessment		X	X	X
	1.10B	Pertinent data (eg, medical, social, behavioral)		X	X	X

Figure 1. (continued)

Indicators for Standard 1: Nutrition Assessment						
Bold Font Indicators Are Academy Core RDN Standards of Practice Indicators				The “X” signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
	1.10C	Comparison to appropriate standards		X	X	X
	1.10D	Patient/client perceptions, values, and motivation related to presenting problems		X	X	X
	1.10E	Changes in patient/client perceptions, values, and motivation related to presenting problems		X	X	X
	1.10F	Reason for discharge/discontinuation or referral if appropriate		X	X	X

Examples of Outcomes for Standard 1: Nutrition Assessment

- Appropriate assessment tools and procedures (matching assessment method to situation) are implemented
- Assessment tools are applied in valid and reliable ways
- Appropriate and pertinent data are collected
- Effective interviewing methods are utilized
- Data are organized and categorized in a meaningful framework that relates to nutrition problems
- Data are validated
- 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:

Nutrition diagnosis is the second of four steps of the nutrition care process. At the end of the nutrition assessment step, data are clustered, analyzed, and synthesized. This will reveal a nutrition diagnosis category from which to formulate a specific nutrition diagnosis statement.

The nutrition diagnosis demonstrates a link to determining goals for outcomes, selecting appropriate interventions and tracking progress in attaining expected outcomes. Diagnosing nutrition problems is the responsibility of the RDN.

Refer to the eNCPT online.

Indicators for Standard 2: Nutrition Diagnosis						
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				The “X” signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
2.1	Derives the nutrition diagnosis(es) from the assessment data			X	X	X
	2.1A	Identifies and labels the problem		X	X	X
		2.1A1	Analyzes the assessment data to determine the impact of medical problems on the nutrition diagnosis(es)	X	X	X
		2.1A2	Generates comprehensive nutrition problem list for complex patients/clients		X	X
		2.1A3	Synthesizes pertinent patient/client data to efficiently identify nutrition-related problems			X
	2.1B	Determines etiology (cause/contributing risk factors)		X	X	X

Figure 1. (continued)

Indicators for Standard 2: Nutrition Diagnosis				The “X” signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators						
Each RDN:				Competent	Proficient	Expert
		2.1B1	Investigates complex medical/surgical history and course to determine appropriate etiology for comprehensive nutrition problem list		X	X
		2.1B2	Anticipates the multi-faceted effects of disease progression on the proposed nutrition diagnosis(es)			X
	2.1C	Clusters signs and symptoms (defining characteristics)		X	X	X
		2.1C1	Gathers and organizes information from the medical, surgical, and social history that could affect nutrition diagnosis	X	X	X
		2.1C2	Analyzes signs and symptoms obtained through nutrition-focused physical exam to support proposed etiology of nutrition problem		X	X
		2.1C3	Investigates and identifies new etiologies for the nutrition problem based on signs and symptoms		X	X
		2.1C4	Identifies and recognizes physical/biochemical signs and symptoms of nutrition support-related infections (eg, central line infection) or other infections affecting the nutrition diagnosis(es)			X
	2.1D	Systematically compares and contrasts assessment findings in formulating a differential nutrition diagnosis(es)			X	X
2.2	Prioritizes and classifies the nutrition diagnosis(es)			X	X	X
	2.2A	Prioritizes nutrition diagnosis(es) based on interpretation of current clinical status and goals of care		X	X	X
		2.2A1	Manages nutrition support-related problems in the context of the patient’s/client’s total (holistic) care, optimizing nutrition support therapy to obtain positive outcomes		X	X
2.3	Validates the nutrition diagnosis(es) with patients/clients/community, family members or other healthcare professionals when possible and appropriate; Corroborates right patient/client to right diagnosis			X	X	X
	2.3A	Uses data from interview with patient/client/family members as appropriate to support nutrition diagnosis(es)		X	X	X
	2.3B	Works with interdisciplinary team to verify medical/surgical diagnosis(es) and nutrition diagnosis(es) and to determine priority order of nutrition diagnosis(es)			X	X
	2.3C	Educates licensed independent practitioners (eg, physicians, nurse practitioners, physician assistants) and medical record coders on the specific nutrition diagnosis(es) (eg, malnutrition) as applicable with state and federal regulations			X	X
2.4	Documents the nutrition diagnosis(es) using standardized terminology and written statement(s) that include Problem (P), Etiology (E), and Signs and Symptoms (S) (PES statement[s])			X	X	X
	2.4A	Documents nutrition diagnosis(es) supporting indication for nutrition support therapy		X	X	X
2.5	Reevaluates and revises nutrition diagnosis(es) when additional assessment data become available			X	X	X

Figure 1. (continued)

Examples of Outcomes for Standard 2: Nutrition Diagnosis

- Nutrition Diagnostic Statements that are:
 - Clear and concise
 - Specific – patient/client or community centered
 - Based on reliable and accurate assessment data
 - Includes date and time
- Documentation of nutrition diagnosis(es) is relevant and accurate
- Documentation of nutrition diagnosis(es) is revised and updated as additional assessment data become available

Standard 3: Nutrition Intervention

The registered dietitian nutritionist (RDN) identifies and implements appropriate, purposefully planned interventions designed with the intent of changing a nutrition-related behavior, risk factor, environmental condition or aspect of health status for an individual, target group, or the community at large.

Rationale:

Nutrition intervention is the third of four steps of the nutrition care process. It consists of two interrelated components – planning and implementation. Planning involves prioritizing the nutrition diagnoses, conferring with the patient/client and others, reviewing practice guidelines and policies, and setting goals and defining the specific nutrition intervention strategy.

Implementation of the nutrition intervention/plan of care is the action phase that includes carrying out and communicating the intervention/plan of care, continuing data collection, and revising the nutrition intervention/plan of care strategy, as warranted, based on the patient/client response. A RDN implements the interventions or delegates/assigns components of nutrition intervention/plan of care to support staff in accordance with applicable laws and regulations. Nutrition intervention/plan of care is ultimately the responsibility of the RDN.

Refer to the eNCPT online.

Indicators for Standard 3: Nutrition Intervention			The “X” signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators			Competent	Proficient	Expert
<i>Each RDN:</i>					
<i>Plans the Nutrition Intervention/Plan of Care:</i>					
3.1	Prioritizes the nutrition diagnosis(es) based on problem severity, safety, patient/client needs, likelihood that nutrition intervention/plan of care will influence problem and patient/client perception of importance		X	X	X
	Prioritization considerations include:				
3.1A	Severity of nutrition risk or malnutrition		X	X	X
3.1B	Presence of co-morbid diseases or conditions		X	X	X
3.1C	Actual or risk of acute complications			X	X
3.1D	Anticipation of delayed/late effects of therapy (eg metabolic abnormalities, catheter infection)			X	X
3.2	Bases intervention/plan of care on best available research/evidence, evidence-based guidelines (eg, Academy Evidence Analysis Library [EAL], American Society of Parenteral and Enteral Nutrition [A.S.P.E.N.]), and best practices		X	X	X
3.2A	Applies critical thinking skills reflecting nutrition support knowledge and experience to develop an intervention plan using existing/available research evidence to individualize patient/client care			X	X
3.3	Refers to policies and program standards		X	X	X
3.4	Confers with patient/client, caregivers, interdisciplinary team, and other healthcare professionals		X	X	X

Figure 1. (continued)

Indicators for Standard 3: Nutrition Intervention						
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				The “X” signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
	3.4A	Imparts knowledge of nutrition support therapy to plan intervention in conjunction with healthcare team members			X	X
	3.4B	Reviews pertinent data (eg, results of abdominal x-rays, access device placement [eg, intravenous catheters and feeding tubes]) and collaborates with other interdisciplinary team members to expedite the provision of timely and appropriate nutrition support therapies.			X	X
	3.4C	Facilitates the collaborative process with healthcare team members in planning the intervention				X
3.5	Determines patient/client-centered plan, goals, and expected outcomes			X	X	X
	3.5A	Anticipates need for and recommends nutrition support therapy when appropriate		X	X	X
	3.5B	Considers options (short-and long-term) and develops the most appropriate regimen for the patient/client		X	X	X
	3.5C	Anticipates potential complications of nutrition intervention (eg, refeeding syndrome, electrolyte abnormalities)			X	X
	3.5D	Plans for transition to alternate mode of nutrition support therapy and/or oral diet, as appropriate			X	X
	3.5E	Anticipates need for home nutrition support therapy			X	X
3.6	Develops the nutrition prescription			X	X	X
	3.6A	Develops the nutrition prescription based on nutrition assessment and diagnosis, goals, and expected outcomes		X	X	X
		3.6A1	Determines and selects nutrition therapy (ie, oral, EN and/or PN) and appropriate route(s) for nutrition support therapy to meet patient’s/client’s energy and nutrient requirements	X	X	X
		3.6A2	Determines fluid requirements and appropriate volume of EN and/or standardized PN formula	X	X	X
		3.6A3	Determines macronutrient content of EN/PN formulation <ul style="list-style-type: none">• Protein• Carbohydrate• Fat• Fluid	X	X	X
		3.6A4	Determines micronutrient content of EN/PN formulation <ul style="list-style-type: none">• Vitamins• Minerals• Electrolytes• Trace Elements		X	X
3.7	Defines time and frequency of care including intensity, duration, and follow-up			X	X	X
3.8	Utilizes standardized terminology for describing interventions			X	X	X
3.9	Identifies resources and referrals needed			X	X	X
	3.9A	Educational resources		X	X	X
	3.9B	Financial assistance			X	X
	3.9C	Discharge planning (eg, home care, durable medical equipment [DME])			X	X
Implements the Nutrition Intervention/Plan of Care:						
3.10	Collaborates with colleagues, interdisciplinary team, and other healthcare professionals			X	X	X
	3.10A	Collaborates with the medical and/or surgical team to facilitate the nutrition support care plan		X	X	X
		3.10A1	Offers alternatives and potential solutions to nutrition-related problems		X	X

Figure 1. (continued)

Indicators for Standard 3: Nutrition Intervention						
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				The “X” signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
	3.10B	Communicates any revision of the nutrition support care plan with the interdisciplinary team		X	X	X
3.11	Communicates and coordinates the nutrition intervention/plan of care			X	X	X
	3.11A	Coordinates the nutrition support therapy intervention with healthcare practitioners/professionals (eg, confers with peripherally inserted central catheter [PICC] team regarding central venous access prior to PN initiation)			X	X
3.12	Initiates and individualizes the nutrition intervention/plan of care			X	X	X
	3.12A	Utilizes physician/referring practitioner-driven protocols or other facility-specific processes to implement, initiate, or modify orders for diet or nutrition-related actions (eg, nutrition supplements, dietary supplements, food texture modifications for dentition or individual preferences, enteral and parenteral nutrition, nutrition-related laboratory tests and medications, and nutrition education and counseling); actions are consistent with specialized training where required, competence, approved clinical privileges for order writing, and organization policy		X	X	X
		3.12A1	With specialized training and clinical privileges, may order enteral feeding devices		X	X
		3.12A2	Recommends, in consultation with the healthcare team, placement and placement verification of PN access devices		X	X
		3.12A3	With specialized training and clinical privileges, orders EN/PN regimen(s)		X	X
		3.12A4	Uses results of studies (eg, CT scan, swallow evaluation) or recommends, or with clinical privileges, orders baseline laboratory tests and other procedures to support evaluation of the nutrition support therapy regimen(s): <ul style="list-style-type: none">• Indirect calorimetry• Bioelectric impedance analysis• Vitamin/mineral levels		X	X
		3.12A5	Facilitates the collaboration of the healthcare team on nutrition support therapy intervention via analytical decision making in complicated, unpredictable and dynamic situations			X
	3.12B	Utilizes physician/referring practitioner-driven protocols or other facility-specific processes to manage nutrition support therapies (eg, formula selection, rate adjustments based on energy needs or laboratory results, addition of designated medications and vitamin/mineral supplements to parenteral nutrition solutions or supplemental water for enteral nutrition); actions are consistent with specialized training where required, competence, approved clinical privileges for order writing and organization policy		X	X	X
		3.12B1	Recommends, or with clinical privileges, orders laboratory tests and other monitoring methods necessary for evaluating and adjusting the nutrition support regimen: <ul style="list-style-type: none">• Indirect calorimetry• Bioelectric impedance analysis• Handgrip dynamometry• 24-hour urine urea nitrogen		X	X

Figure 1. (continued)

Indicators for Standard 3: Nutrition Intervention						
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				The “X” signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
			<ul style="list-style-type: none">Fecal fat testFatty acid profileVitamin/mineral levels			
		3.12B2	With clinical privileges, orders adjustments in EN and/or PN formulation		X	X
		3.12B3	With specialized training and clinical privileges, may place nasogastric or nasoenteric feeding tubes			X
		3.12B4	With clinical privileges, orders adjustments in fluid therapies or electrolyte replacements			X
		3.12B5	Leads the interdisciplinary team through an analytical decision making process in complicated, unpredictable, and dynamic situations			X
3.13	Assigns activities to DTR and other administrative support and technical personnel in accordance with qualifications, organization policies, and applicable laws and regulations			X	X	X
	3.13A	Supervises support personnel (eg, direct care provided to patients/clients; in the collection of laboratory data, intake/output records, and intake analysis)		X	X	X
3.14	Continues data collection			X	X	X
	3.14A	Monitors and analyzes clinical data to improve patient/client outcomes		X	X	X
	3.14B	Responds to clinical data analysis by ordering relevant tests, and/or adjusting the frequency of existing test orders consistent with clinical privileges			X	X
3.15	Follows up and verifies that nutrition intervention/plan of care is occurring			X	X	X
	3.15A	Documents patient/client progress on the plan of care		X	X	X
		3.15A1	Identifies barriers to implementation of the plan of care as indicated	X	X	X
		3.15A2	Identifies and pursues strategies to overcome known barriers		X	X
3.16	Adjusts nutrition intervention/plan of care strategies, if needed, as response occurs			X	X	X
	3.16A	Revises nutrition support therapy based on observed response to treatment considering: measured nutrition parameters, clinical status, and medical and pharmacological interventions			X	X
		3.16A1	Anticipates and solves future barriers to delivery of the plan and adjusts nutrition support care plan, as indicated			X
	3.16B	Implements the revised nutrition care plan consistent with best practices and impact on patient/client care			X	X
3.17	Documents:					
	3.17A	Date and time		X	X	X
	3.17B	Specific treatment goals and expected outcomes		X	X	X
	3.17C	Recommended interventions		X	X	X
	3.17D	Adjustments to the plan and justification		X	X	X
	3.17E	Patient/client/community receptivity		X	X	X
	3.17F	Referrals made and resources used		X	X	X
	3.17G	Patient/client comprehension		X	X	X
	3.17H	Barriers to change		X	X	X
	3.17I	Other information relevant to providing care and monitoring progress over time		X	X	X
	3.17J	Plans for follow up and frequency of care		X	X	X
	3.17K	Rationale for discharge or referral if applicable		X	X	X

Figure 1. (continued)

Examples of Outcomes for Standard 3: Nutrition Intervention

- Appropriate prioritizing and setting of goals/expected outcomes
- Patient/client, care givers and interdisciplinary team, as appropriate, are involved in developing nutrition intervention/plan of care
- Appropriate individualized patient/client-centered nutrition intervention/plan of care, including nutrition prescription, is developed
- Interdisciplinary collaborations are utilized
- Nutrition interventions/plan of care are delivered and actions are carried out
- Documentation of nutrition intervention/plan of care is:
 - Comprehensive
 - Specific
 - Accurate
 - Relevant
 - Timely
 - Dated and Timed

Documentation of nutrition intervention/plan of care is revised and updated

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, and intervention strategies to determine the progress made in achieving desired outcomes of nutrition care and whether planned interventions should be continued or revised.

Rationale:

Nutrition monitoring and evaluation is the fourth step in the nutrition care process. Through monitoring and evaluation, the RDN identifies important measures of change or patient/client outcomes relevant to the nutrition diagnosis and nutrition intervention/plan of care and describes how best to measure these outcomes.

Nutrition monitoring and evaluation are essential components of an outcomes management system. The aim is to promote uniformity within the profession in evaluating the efficacy of nutrition interventions/plans of care.

Refer to the eNCPT online.

Indicators for Standard 4: Nutrition Monitoring and Evaluation

Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				The "X" signifies the indicators for the level of practice		
<i>Each RDN:</i>				Competent	Proficient	Expert
4.1	Monitors progress:			X	X	X
	4.1A	Assesses patient/client understanding and compliance with nutrition intervention/plan of care		X	X	X
		4.1A1	Determines if barriers to understanding are present and impacting the patient's/client's/caregiver's compliance with the nutrition intervention/plan of care		X	X
		4.1A2	Evaluates patient's/client's ability to adhere to the plan of care during hospitalization and after discharge		X	X
	4.1B	Determines whether the nutrition intervention/plan of care is being implemented as prescribed		X	X	X
		4.1B1	Collaborates with the interdisciplinary team to ensure patient/client understanding of the nutrition support therapy prescription	X	X	X
		4.1B2	Verifies that composition and administration schedule of enteral and/or parenteral formula mirrors the nutrition support therapy prescription		X	X
		4.1B3	Integrates interdisciplinary input and refines prescribed nutrition intervention/plan of care			X

Figure 1. (continued)

Indicators for Standard 4: Nutrition Monitoring and Evaluation						
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				The “X” signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
	4.1C	Evaluates progress or reasons for lack of progress related to problems and interventions		X	X	X
		4.1C1	Performs anthropometric measurements and nutrition-focused physical examination and obtains diagnostic test results, nutrient intake records, and procedure results (eg, swallow studies, abdominal radiographs) to evaluate therapy compliance and/or to identify an unanticipated finding		X	X
		4.1C2	Modifies nutrition intervention/plan of care to promote progress based on additional data		X	X
	4.1D	Evaluates evidence that the nutrition intervention/plan of care is influencing a desirable change in the patient/client behavior or status		X	X	X
		4.1D1	Incorporates patient/client-specific evidence from multiple areas (eg, anthropometrics, signs and symptoms of nutrient deficiencies, biochemical data, medication use) to determine the status of established goals and outcomes		X	X
	4.1E	Identifies positive or negative outcomes		X	X	X
	4.1F	Supports conclusions with evidence		X	X	X
		4.1F1	Uses evidence-based standards to evaluate patient/client outcomes (eg, Academy EAL for critical illness and/or the Society of Critical Care Medicine [SCCM]/A.S.P.E.N. Critical Care Guidelines)	X	X	X
4.2	Measures outcomes:			X	X	X
	4.2A	Selects the nutrition care outcome indicator(s) to measure		X	X	X
		4.2A1	Identifies individualized outcomes according to the comprehensive clinical status		X	X
		4.2A2	Analyzes outcome measures to assess overall effectiveness of nutrition intervention/plan of care			X
	4.2B	Uses standardized nutrition care outcome indicator(s)		X	X	X
4.3	Evaluates outcomes:			X	X	X
	4.3A	Compares monitoring data with nutrition prescription/goals or reference standard		X	X	X
		4.3A1	Completes a detailed analysis of the indicators for each problem area using additional monitoring tools such as: <ul style="list-style-type: none">• Functionality/activities of daily living• Respiratory weaning parameters• Indirect calorimetry measurement and interpretation• Detailed radiology examinations• Serial and trended laboratory test results		X	X
		4.3A2	Manages a comprehensive and holistic analysis of the indicators for each problem area and correlates one problem with one or more other problems			X
		4.3A3	Benchmarks individual patient/client data to national, regional, and local data (eg, Oley Foundation, National Nosocomial Infection Surveillance System; other applicable reference standards or benchmarking systems)			X

Figure 1. (continued)

Indicators for Standard 4: Nutrition Monitoring and Evaluation				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				Competent	Proficient	Expert
Each RDN:						
	4.3B	Evaluates impact of the sum of all interventions on overall patient/client health outcomes		X	X	X
		4.3B1	Documents outcomes to assess effectiveness of intervention in comparison to expected outcomes		X	X
		4.3B2	Determines cost-benefit ratio of current evidence-based interventions/best practices and outcomes to assess need for change			X
		4.3B3	Establishes alternative outcome measures, depending upon the setting, to improve interventions and practice			X
4.4	Documents			X	X	X
	4.4A	Date and time		X	X	X
	4.4B	Indicators measured, results, and the method for obtaining measurement		X	X	X
	4.4C	Criteria to which the indicator is compared (eg, nutrition prescription/goal or a reference standard)		X	X	X
	4.4D	Factors facilitating or hampering progress		X	X	X
	4.4E	Other positive or negative outcomes		X	X	X
	4.4F	Future plans for nutrition care, nutrition monitoring and evaluation, follow up, referral, or discharge		X	X	X

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, enteral/parenteral delivery)
 - Clinical and health status outcomes (eg, change in laboratory values, body weight, blood pressure, risk factors, vitamin and mineral deficiency signs and symptoms, hydration status, clinical status, bowel function, infections (CVC or enteral accesses), complications (gastrointestinal, metabolic), morbidity, and mortality)
 - Patient/client-centered outcomes (eg, quality of life, satisfaction, self-efficacy, self-management, functional ability)
 - Healthcare 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)
- Documentation of nutrition monitoring and evaluation is:
 - Comprehensive
 - Specific
 - Accurate
 - Relevant
 - Timely
 - Dated and Timed

Figure 1. Standards of Practice for Registered Dietitian Nutritionists (RDNs) in Nutrition Support. CT, computerized tomography; CVC, central venous catheter; DXA, dual-energy X-ray absorptiometry.

in various aspects of nutrition support therapy, including assessment of nutrition status, improvement in growth, and achievement of better early energy balance.^{16,17} The role of the RDN as an advanced practitioner is described in the expert level of practice of the Academy Career Development Guide (Figure 3). The nutrition and dietetics profession should consider adopting the model of advanced practice

nursing, a definitive model for progressive clinical practice.¹⁸ RDNs interested in current evidence or relevant reviews in nutrition support therapy can find practice-based resources and tools at the Academy's Evidence Analysis Library at <http://www.andevidencelibrary.com> and in A.S.P.E.N.'s Guidelines and Standards Library at http://www.nutritioncare.org/guidelines_and_clinical_resources/.

(Text continues on p. 825.)

Standard 1: Quality in Practice

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

Rationale:

Quality practice in nutrition and dietetics is built on a solid foundation of education, 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.

Indicators for Standard 1: Quality in Practice						
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The “X” signifies the indicators for the level of practice			
Each RDN:			Competent	Proficient	Expert	
1.1	Complies with applicable laws and regulations as related to his/her area(s) of practice (eg, nutrition support practice)			X	X	X
	1.1A	Predicts impact of new laws/regulations on professional activities			X	X
	1.1B	Participates on state regulatory boards to create regulations that may impact the future of nutrition support practice				X
1.2	Performs within individual and statutory scope of practice			X	X	X
	1.2A	Incorporates scope of practice as defined by state and federal rules and regulations into nutrition support practice		X	X	X
	1.2B	Reviews and assures that job description complies with defined scope of practice, assigned duties, and professional responsibilities		X	X	X
	1.2C	Obtains approval for expanded scope of practice (eg, order writing privileges, feeding tube placement) from organization’s governing bodies				X
1.3	Adheres to sound business and ethical billing practices applicable to the setting			X	X	X
	1.3A	Operates within ethical reporting of nutrition support services provided		X	X	X
		1.3A1	Complies with billing practices to assure accuracy and honesty	X	X	X
		1.3A2	Creates sound business plan for provision of nutrition support practice		X	X
		1.3A3	Monitors expected revenue from business plan and formulates revisions to the plan based on data			X
1.4	Utilizes national quality and safety data (eg, Institute of Medicine, National Quality Forum, Institute for Healthcare Improvement, A.S.P.E.N., Academy) to improve the quality of services provided and to enhance customer-centered services (eg, nutrition support practice)			X	X	X
	1.4A	Reviews existing national quality and safety recommendations		X	X	X
	1.4B	Applies safety recommendations to nutrition support practice		X	X	X
	1.4C	Translates safety recommendations to enhance and improve nutrition support practice and meet patient/client needs (eg, during injectable drug shortages, enteral misconnections)			X	X
	1.4D	Develops and implements policies and procedures to assure facility compliance to newly formulated national quality and safety guidelines				X
	1.4E	Leads performance improvement initiatives to ensure national quality and safety guidelines are in place to facilitate improved outcomes				X

Figure 2. (continued)

Indicators for Standard 1: Quality in Practice					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The “X” signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
1.5	Utilizes a systematic performance improvement model that is based on practice knowledge, evidence, research, and science for delivery of the highest quality services		X	X	X
	1.5A	Identifies and implements the use of an appropriate performance improvement model (eg, PDCA Cycle, Six Sigma, Rapid Cycle Improvement ^a LEAN Thinking ^b) for assessing quality of nutrition support delivery	X	X	X
		1.5A1 Aligns selection of performance improvement model with the model preferred by the organization where the nutrition care is being delivered	X	X	X
		1.5A2 Obtains training on how to utilize and lead performance improvement initiatives reflecting the organization’s preferred performance improvement model		X	X
		1.5A3 Trains and mentors other nutrition and healthcare professionals on performance improvement models		X	X
		1.5A4 Leads interdisciplinary performance improvement initiatives with the selected model			X
1.6	Participates in or designs an outcomes-based management system to evaluate safety, effectiveness, and efficiency of nutrition support practice		X	X	X
	1.6A	Involves colleagues and others, as applicable, in systematic outcomes management	X	X	X
		1.6A1 Collaborates with the healthcare team to define the role of various team members in the safety of nutrition support practice	X	X	X
		1.6A2 Prioritizes performance improvement projects based on organizational priorities (eg, reimbursement, regulatory agency requirements, core measures)		X	X
	1.6B	Utilizes indicators that are specific, measurable, attainable, realistic, and timely (S.M.A.R.T.)	X	X	X
		1.6B1 Creates and implements indicators using the S.M.A.R.T. approach	X	X	X
		1.6B2 Evaluates and revises indicators to ensure they are S.M.A.R.T. (eg, a goal with a specific timeframe in order to make the project a high priority)	X	X	X
	1.6C	Defines expected outcomes	X	X	X
		1.6C1 Seeks assistance as needed to select outcomes that are relevant to nutrition support delivery and are applicable to other healthcare team leaders/stakeholders	X	X	X
		1.6C2 Interprets clinical, patient/functional, and financial outcomes associated with safe, effective, and efficient delivery of nutrition support therapy (ie, enteral nutrition [EN] and parenteral nutrition [PN] support)		X	X
		1.6C3 Defines the outcome-based management system to meet expected outcomes			X
	1.6D	Measures quality of services in terms of process and outcome	X	X	X
		1.6D1 Collects data to measure quality of services	X	X	X
		1.6D2 Identifies measureable outcomes, analyzes data, and determines need for process modifications, as appropriate		X	X
		1.6D3 Creates a data collection system to capture information for quality/outcome measurement			X

Figure 2. (continued)

Indicators for Standard 1: Quality in Practice						
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				The “X” signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
	1.6E	Documents outcomes		X	X	X
		1.6E1	Reports outcomes to appropriate individuals and groups	X	X	X
		1.6E2	Utilizes documented outcomes to reinforce current practice or implement changes in practice		X	X
		1.6E3	Reconstructs staffing and practice models or identifies other actions based on outcomes			X
1.7	Identifies and addresses potential and actual errors and hazards in provision of nutrition support services			X	X	X
	1.7A	Evaluates whether nutrition care is being delivered safely		X	X	X
		1.7A1	Identifies and educates patients/clients/families and other healthcare professionals regarding potential drug-nutrient interactions	X	X	X
		1.7A2	Analyzes compliance with A.S.P.E.N. guidelines on EN practice recommendations	X	X	X
		1.7A3	Analyzes compliance with A.S.P.E.N. guidelines on PN practices	X	X	X
		1.7A4	Implements and evaluates a reporting mechanism to capture, report, and intervene in sentinel events and near misses associated with EN and PN therapy			X
	1.7B	Proactively implements processes to prevent errors and harm associated with nutrition support therapies		X	X	X
		1.7B1	Develops and implements policies and procedures to ensure compliance with enteral nutrition practices guidelines		X	X
		1.7B2	Develops and implements policies and procedures to ensure compliance with parenteral nutrition practices guidelines		X	X
		1.7B3	Establishes processes and guidelines to prevent harm associated with nutrition support (eg, enteral feeding tube misconnection, refeeding syndrome)		X	X
1.8	Compares actual performance to performance goals (eg, Gap Analysis, SWOT Analysis [Strengths, Weaknesses, Opportunities, and Threats], PDCA Cycle [Plan-Do-Check-Act])			X	X	X
	1.8A	Reports and documents action plan to address identified gaps in performance		X	X	X
1.9	Evaluates interventions to improve processes and services			X	X	X
	1.9A	Performs continuous quality improvement through data collection		X	X	X
	1.9B	Analyzes data and success of action plans			X	X
	1.9C	Synthesizes results and communicates to key stakeholders				X
1.10	Improves or enhances services based on measured outcomes			X	X	X
	1.10A	Utilizes data and outcomes to implement changes in processes and/or practice or seeks assistance as needed		X	X	X
	1.10B	Develops evidence-based protocols and standard order sets to promote safe practices			X	X
	1.10C	Translates continuous quality improvement data and manages changes in processes				X

Figure 2. (continued)

Examples of Outcomes for Standard 1: Quality in Practice

- Actions are within scope of practice and applicable laws and regulations
- Use of national quality standards and best practices are evident in customer-centered services
- Performance indicators are specific, measurable, attainable, realistic, and timely (S.M.A.R.T.)
- Aggregate outcomes results meet pre-established criteria
- Results of quality improvement activities direct refinement and advancement of practice

Standard 2: Competence and Accountability

The registered dietitian nutritionist (RDN) demonstrates competence in and accepts accountability and responsibility for ensuring safety and quality in the services provided.

Rationale:

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

Indicators for Standard 2: Competence and Accountability			
Bold Font Indicators are Academy Core RD Standards of Professional Performance Indicators			
The “X” signifies the indicators for the level of practice			
Each RDN:			
Competent	Proficient	Expert	
2.1	Adheres to the Code of Ethics		
2.1A	Explains ethical responsibilities to clients, peers, and other professionals		
2.1A1	Analyzes ethics issues and addresses them within the Code of Ethics.		
2.1A2	Develops and leads an ethical philosophy with the healthcare team.		
2.2	Integrates the Standards of Practice (SOP) and Standards of Professional Performance (SOPP) into practice, self-assessment, and professional development		
2.3	Demonstrates and documents competence in practice and delivery of customer-centered service		
2.3A	Possesses formal education, training, and participates in continuing education in nutrition support therapy		
2.3B	Participates in the healthcare institution’s nutrition support-related activities		
2.3C	Displays proficient knowledge, skills, and competence in nutrition support therapy (eg, nutrition pharmacology, medical nutrition therapy, nutrition pathophysiology, research basis of practice, counseling, comorbidities)		
2.3D	Exemplifies advanced skills, knowledge, and competence related to nutrition support therapy (eg, nutrition pharmacology, medical nutrition therapy, nutrition pathophysiology, research basis of practice, counseling, comorbidities)		
2.4	Assumes accountability and responsibility for actions and behaviors		
2.4A	Acknowledges and corrects errors		
2.4B	Participates in continuous quality improvement activities related to nutrition support therapy		
2.4C	Evaluates findings from continuous quality improvement activities related to nutrition support therapy and responds accordingly		
2.4D	Develops and implements a self-directed practice philosophy		
2.5	Conducts self-assessment at regular intervals		
2.5A	Identifies needs for professional development		

Figure 2. (continued)

Indicators for Standard 2: Competence and Accountability					
Bold Font Indicators are Academy Core RD Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
<i>Each RDN:</i>			Competent	Proficient	Expert
	2.5B	Prioritizes primary focus areas for professional development	X	X	X
	2.5C	Outlines a plan to meet identified needs (eg, continuing education classes, engaging in a mentor/mentee program, additional nutrition support-related coursework)	X	X	X
	2.5C1	Analyzes most effective methods to meet identified needs.		X	X
	2.5D	Outlines goals to assure that the developed plan is implemented.	X	X	X
	2.5E	Prioritizes professional goals to assure that the developed plan is implemented most effectively	X	X	X
2.6	Designs and implements plans for professional development		X	X	X
	2.6A	Documents professional development activities in career portfolio	X	X	X
	2.6B	Documents professional development activities as per organization guidelines	X	X	X
	2.6C	Selects and works with a mentor to direct nutrition support professional advancement	X	X	X
2.7	Engages in evidence-based practice and utilizes best practices		X	X	X
	2.7A	Analyzes current practice as it relates to research findings		X	X
	2.7B	Investigates evidenced-based research findings and incorporates findings into current practice			X
2.8	Participates in peer review of self and others		X	X	X
	2.8A	Evaluates nutrition support practice competence of peers and trainees.	X	X	X
	2.8B	Participates in the professional performance review process of peers in nutrition support practice		X	X
	2.8C	Creates and improves the evaluation tools and processes of peer/self-review process			X
2.9	Mentors others		X	X	X
	2.9A	Contributes to the educational and professional development of other dietetic professionals, students and healthcare professionals through formal and informal training activities	X	X	X
	2.9B	Participates in mentor programs with dietetic and other healthcare professionals		X	X
	2.9C	Designs, operates and evaluates mentor programs with dietetic and other healthcare professionals (eg, resident training, fellow training, dietetic professional obtaining a doctorate degree)			X
2.10	Pursues opportunities (education, training, credentials) to advance practice in accordance with laws and regulations and requirements of practice setting		X	X	X
	2.10A	Participates in continuing education opportunities relevant to nutrition support practice locally, regionally, and nationally	X	X	X
	2.10B	Maintains membership in professional societies devoted to nutrition support practice	X	X	X
	2.10C	Develops and implements a plan for achieving/advancing knowledge and practice (eg, specialty certification, research participation, speaking engagements)	X	X	X
	2.10D	Develops and implements a plan for achieving/enhancing expert practice (eg, maintains specialty certifications or credentials, obtains advanced degree[s], has acquired years of on-the-job experience, designs and conducts research that contributes to evidence-based practice, completes advanced practice fellowship)		X	X

Figure 2. (continued)

Examples of Outcomes for Standard 2: Competence and Accountability

- Practice reflects the Code of Ethics
- Practice reflects the Standards of Practice and Standards of Professional Performance
- Competence is demonstrated and documented
- Safe, quality customer-centered service is provided
- Self-assessments are conducted regularly
- Professional development needs are identified
- Directed learning is demonstrated
- Practice reflects evidence-based practice and best practices
- 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 and vision of the organization/business.

Rationale:

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

Indicators for Standard 3: Provision of Services						
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				The “X” signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
3.1	Contributes to or leads in development and maintenance of programs/services that address needs of the customer or target population(s)			X	X	X
	3.1A	Aligns program/service development with the mission, vision, and service expectations and outputs of the organization/business		X	X	X
		3.1A1	Demonstrates need for specific nutrition support-related services, (eg home enteral feeding clinic)		X	X
		3.1A2	Develops and implements a specific nutrition support-related program or service		X	X
		3.1A3	Develops programs that meet or exceed the Standards of Excellence in Nutrition and Dietetics for Organizations, specifically Quality of Leadership, Quality of Organization, Quality of Practice, and Quality of Outcomes ¹			X
	3.1B	Utilizes the needs, expectations, and desired outcomes of the customer (eg, patient/client, administrator, client organization[s]) in program/service development		X	X	X
		3.1B1	Develops nutrition support therapy services/programs to accommodate patient/client needs and lifestyles with the consideration of and input from caregivers, when appropriate		X	X
		3.1B2	Synthesizes the results and outcomes of the services and programs to create new and unique offerings to meet patients/clients and caregivers needs			X
	3.1C	Makes decisions and recommendations that reflect stewardship of time, talent, finances, and environment		X	X	X
	3.1D	Proposes programs and services that are customer-centered, culturally appropriate, and minimize health disparities		X	X	X

Figure 2. (continued)

Indicators for Standard 3: Provision of Services						
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				The “X” signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
		3.1D1	Adapts practices to minimize or eliminate health disparities associated with culture, race, gender, socioeconomic status, age, and other factors	X	X	X
3.2	Promotes public access and referral to credentialed nutrition and dietetics practitioners for quality food, nutrition, and nutrition support therapy programs and services			X	X	X
	3.2A	Contributes to or designs referral systems that promote access to qualified, credentialed dietetics practitioners		X	X	X
	3.2B	Designs referral systems that match qualified credentialed RDNs in nutrition support practice with the needs of the public			X	X
		3.2B1	Synthesizes results of referrals to develop plans for medical home or accountable care group within the organization			X
	3.2C	Refers patients/clients/customers to appropriate providers when requested services or identified needs exceed the RDN’s individual scope of practice		X	X	X
		3.2C1	Refers patients/clients/customers to other healthcare professionals, such as speech pathologists, home care nurses, pharmacists, and social workers	X	X	X
	3.2D	Monitors effectiveness of referral systems and modifies as needed to achieve desirable outcomes		X	X	X
		3.2D1	Documents the effectiveness of nutrition support referral processes and systems using a quality improvement model		X	X
		3.2D2	Leads healthcare team to create appropriate changes to existing referral systems, or to create new ones			X
3.3	Contributes to or designs nutrition support/customer-centered services			X	X	X
	3.3A	Assesses needs, beliefs/values, goals, and resources of the customer		X	X	X
		3.3A1	Applies patient/client values and goals to the provision of nutrition support therapy	X	X	X
		3.3A2	Anticipates the needs, goals and resources of patients/clients receiving nutrition support therapy		X	X
	3.3B	Utilizes 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		X	X	X
		3.3B1	Establishes systematic processes to identify, track, and update available nutrition support resources for patients/clients		X	X
	3.3C	Communicates principles of disease prevention and behavioral change appropriate to the customer or target population		X	X	X
		3.3C1	Understands theoretical strategies related to behavior change and supports patients/clients readiness to change		X	X
		3.3C2	Applies behavior change strategies to patient/client goal-setting and therapy compliance			X
	3.3D	Collaborates with the customers to set priorities, establish goals, and create customer-centered action plans to achieve desirable outcomes		X	X	X
		3.3D1	Collaborates with other healthcare providers to design nutrition support therapy that reflect patient’s/client’s needs and wishes	X	X	X

Figure 2. (continued)

Indicators for Standard 3: Provision of Services				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				Competent	Proficient	Expert
Each RDN:						
	3.3E	Involves patients/clients/customers in decision making		X	X	X
		3.3E1	Designs nutrition support therapy according to patients'/clients' needs and lifestyles with consideration of and input from caregivers when appropriate	X	X	X
		3.3E2	Guides and teaches patients/clients and their support networks in healthcare decision making and goal setting to maximize the positive effects of interventions and outcome measures		X	X
	3.3F	Recognizes patient/client concepts of illness and their cultural beliefs		X	X	X
		3.3F1	Adapts practices to meet the needs of culturally (race, ethnicity, age) diverse populations	X	X	X
		3.3F2	Educates patients/clients/consumers/customers and other caregivers in making informed choices in the provision of nutrition support as related to ethical issues			X
	3.4	Executes nutrition support programs/services in an organized, collaborative and customer-centered manner		X	X	X
	3.4A	Collaborates and coordinates with peers, colleagues, and within interdisciplinary teams		X	X	X
		3.4A1	Reviews patient/client care plan with the interdisciplinary team at regular intervals to provide safe, efficacious, and evidence-based nutrition support therapy	X	X	X
		3.4A2	Generates appropriate nutrition support therapy care plans with the interdisciplinary team to meet unique needs of patients/clients with complex, chronic conditions		X	X
		3.4A3	Serves as a resource for other healthcare providers on ethical issues related to nutrition support therapy			X
	3.4B	Participates or leads in the design, execution, and evaluation of nutrition support programs and services (eg, nutrition screening system, medical and retail foodservice, electronic health records, interdisciplinary programs, community education) for patients/clients/customers		X	X	X
		3.4B1	Coordinates process, within the interdisciplinary nutrition support team or service, to review and revise nutrition support screening tools and procedures		X	X
		3.4B2	Leads an interdisciplinary nutrition support team, using expert knowledge and critical thinking, to develop and implement nutrition support team services and policies			X
	3.4C	Develops or contributes to design and maintenance of nutrition support-related policies, procedures, protocols, standards of care, technology resources, and training materials that reflect evidence-based practice in accordance with applicable laws and regulations		X	X	X
		3.4C1	Plans and implements systems of care and services for nutrition support therapy predicated on evidence-based strategies to prevent and/or treat disease		X	X
		3.4C2	Develops and/or presents programs emphasizing the safe and effective delivery of nutrition support therapy		X	X
		3.4C3	Leads systems of care and services for the provision of nutrition support therapies, coordinating nutrition care services with other departments, and home care services			X

Figure 2. (continued)

Indicators for Standard 3: Provision of Services			
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			
The “X” signifies the indicators for the level of practice			
Each RDN:			
Competent	Proficient	Expert	

Figure 2. (continued)

Indicators for Standard 3: Provision of Services				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				Competent	Proficient	Expert
Each RDN:						
	3.6C	Participates in, consults, or leads interdisciplinary process for determining nutritional supplements, dietary supplements, enteral and parenteral nutrition formularies and delivery systems for target population(s)		X	X	X
		3.6C1	Actively participates in the process for determining enteral and/or parenteral formulas and delivery systems	X	X	X
		3.6C2	Collects continuous quality improvement data and provides feedback on current nutrition support formularies and delivery systems		X	X
		3.6C3	Leads decision-making processes in case of shortages and substitutions needed in enteral and/or parenteral formulations and delivery systems based on patient/client population and safety issues			X
3.7	Maintains records of services provided			X	X	X
	3.7A	Documents according to organization policy, standards, and system including electronic health records		X	X	X
		3.7A1	Develops documentation/data collection procedures specifically suitable for nutrition support therapy		X	X
		3.7A2	Spearheads development of electronic or other tools suited for measuring and reporting outcomes of nutrition support therapy			X
	3.7B	Implements data management systems to support data collection, maintenance, and utilization		X	X	X
	3.7C	Uses data to document outcomes of services (eg, staff productivity, cost/benefit, budget compliance, quality of services) and provide justification for maintenance or expansion of services		X	X	X
		3.7C1	Uses a continuous quality and process improvement approach to measure use of nutrition support therapy against its outcomes		X	X
		3.7C2	Conducts data analysis, develops report of outcomes and improvement recommendations, and disseminates findings			X
	3.7D	Uses data to demonstrate compliance with accreditation standards, laws and regulations		X	X	X
	3.7E	Assesses effectiveness of nutrition support therapy in diverse populations			X	X
3.8	Advocates for provision of quality food, nutrition, and nutrition support services as part of public policy			X	X	X
	3.8A	Communicates with policy makers regarding the benefit/cost of quality food, nutrition, and nutrition support services		X	X	X
		3.8A1	Advocates for nutrition support therapy at the policy level (eg addressing drug shortages, reimbursement)	X	X	X
		3.8A2	Promotes provision of and access to nutrition support therapy in healthcare organizations and at home by participating in legislative and policy-making activities that influence health services and practices		X	X
		3.8A3	Leads advocacy activities/issues by authoring articles or delivering presentations on topics related to nutrition support therapy			X
		3.8A4	Provides testimony at legislative and regulatory hearings and meetings			X

Figure 2. (continued)

Indicators for Standard 3: Provision of Services							
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators					The “X” signifies the indicators for the level of practice		
Each RDN:					Competent	Proficient	Expert
	3.8B	Advocates in support of food and nutrition programs and services for populations with special needs			X	X	X
		3.8B1	Reviews evidence-based research to identify and advocate for special needs populations whose health status will benefit from nutrition support therapy		X	X	X

Examples of Outcomes for Standard 3: Provision of Services

- Program/service design and systems reflect organization/business and customer needs and expectations
- Customers participate in establishing goals and customer-focused action plans
- Customers' needs are met
- Customers are satisfied with services and products
- Evaluations reflect expected outcomes
- Effective screening and referral services are established
- Customers have access to food assistance
- Customers have access to food and nutrition services
- Support personnel are supervised when providing nutrition care to customers
- Ethical billing practices are utilized

Standard 4: Application of Research

The registered dietitian nutritionist (RDN) applies, participates in, or generates research to enhance practice. Evidence-based practice incorporates the best available research/evidence 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.

Indicators for Standard 4: Application of Research						
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				The “X” signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
4.1	Accesses and reviews best available research/evidence for application to practice			X	X	X
	4.1A	Critically evaluates clinical literature and research findings for application to nutrition and dietetics practice		X	X	X
	4.1B	Seeks and identifies evidenced-based resources to support current practice		X	X	X
	4.1C	Assimilates new research outcomes and translates results into practice			X	X
	4.1D	Identifies key questions in clinical decision making, extracts research, and adjusts practice based on strength of this evidence			X	X
	4.1E	Leads application of new evidence in the practice setting				X
4.2	Utilizes best available research/evidence as the foundation for evidence-based practice			X	X	X
	4.2A	Utilizes evidence-based tools and research when determining nutrition diagnoses, identifying intervention(s), and monitoring response		X	X	X

Figure 2. (continued)

Indicators for Standard 4: Application of Research					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				The "X" signifies the indicators for the level of practice	
<i>Each RDN:</i>				Competent	Proficient
					Expert
	4.2B	Incorporates evidence-based research into practice and is able to summarize and cite recent literature that supports the optimal approach for the routine provision of safe, effective nutrition support therapy			X
	4.2C	Integrates into practice knowledge of the research associated with the science, physiology, and pathophysiology of complex disease processes, and utilizes this knowledge when recommending and providing nutrition support therapy			X
4.3	Integrates best available research/evidence with best practices, clinical, and managerial expertise, and customer values			X	X
	4.3A	Facilitates the incorporation of population-specific, evidence-based research findings into clinical policies and procedures/protocols			X
	4.3A1	Assesses system barriers and facilitators to adoption of evidence-based policies and procedures			X
	4.3A2	Incorporates knowledge of cultural diversity when integrating research in a specific patient/client population			X
	4.3A3	Reviews policies and procedures/protocols and revises as appropriate			X
4.4	Contributes to the development of new knowledge and research in nutrition and dietetics			X	X
	4.4A	Demonstrates knowledge of the standards of professional and ethical conduct established to guide researchers in protecting the rights, wellbeing, and dignity in the recruitment and retention of human subjects in clinical research		X	X
	4.4B	Identifies nutrition support-related research questions for a broad patient/client population		X	X
	4.4C	Formulates a well-defined research question for a specific patient/client population			X
	4.4D	Designs a research study protocol to address the clinical research question			X
	4.4D1	Identifies the target population			X
	4.4D2	Identifies measures to be applied to the clinical research project			X
	4.4D3	Proposes a research data analysis plan based on proven statistical methods			X
	4.4D4	Obtains approval, independently, from pertinent governing bodies (eg, Institutional Review Board [IRB])			X
	4.4D5	Competes successfully for peer-reviewed grants			X
	4.4D6	Oversees all steps of research process and ensures adherence to timeline and budget			X
4.5	Promotes research through alliances and collaboration with food and nutrition practitioners and other professionals and organizations			X	X
	4.5A	Collaborates with research team to collect and analyze data		X	X
	4.5A1	Advocates for and develops the use of data collection tools			X
	4.5A2	Utilizes data analysis software and/or consults with statistician to perform appropriate statistical analysis			X
	4.5B	Designs and/or implements studies with a multidisciplinary team			X
	4.5C	Partners with research team members to disseminate research findings through the use of didactic presentations and/or manuscript preparation and submission for publication		X	X

Figure 2. (continued)

Indicators for Standard 4: Application of Research				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators						
<i>Each RDN:</i>				Competent	Proficient	Expert
	4.5C1	Creates didactic presentations			X	X
	4.5C2	Serves as lead author on manuscript preparation and publication				X
	4.5D	Manages the research group and ensures team assignments are clearly defined and appropriately delegated through study completion				X
4.6	Collects and maintains measurable data and documents outcomes within the individual practice setting			X	X	X
	4.6A	Performs timely process improvement audits regarding nutrition support and reports findings to key stakeholders		X	X	X
	4.6B	Generates for research purposes systematic processes to collect data and maintain database in a protected setting			X	X
	4.6C	Utilizes proven statistical methods to monitor and interpret pooled/aggregate data against expected outcomes			X	X
	4.6D	Uses statistical findings to construct quality and process improvement programs to facilitate future improved outcomes and quality of care				X
4.7	Disseminates original research findings and activities through various avenues to dietetic, medical, and/or basic science audiences			X	X	X
	4.7A	Presents findings of evidence-based nutrition support research at the local level (eg, community groups, colleagues, healthcare administrators and executives) through didactic presentations, committee reports, newsletters, and other modes of communication		X	X	X
	4.7B	Presents findings of evidence-based nutrition support research at the regional and/or national level through oral or web-based presentations, interviews, meetings, newsletters, and other modes of communication			X	X
	4.7C	Prepares and publishes manuscripts outlining findings and clinical implications for nutrition support practitioners in peer-reviewed journals			X	X
	4.7D	Organizes venue (program outline, identifies speakers, program evaluations) for the dissemination of nutrition support research findings at the local level			X	X
	4.7D1	Organizes venue (program outline, obtains speakers, program evaluations) for the dissemination of nutrition support research findings at the national or international level				X
	4.7E	Performs editorial duties as an editorial board member or reviewer for a peer-reviewed journal			X	X
	4.7F	Executes editorial duties as an editor-in-chief or associate editor for a peer-reviewed journal				X

Examples of Outcomes for Standard 4: Application of Research

- Customers receive appropriate services based on the effective application of best available research/evidence
- Best available research/evidence is used as the foundation of evidence-based practice
- Evidence-based practice, best practices, clinical and managerial expertise, and customer values are integrated in the delivery of nutrition and dietetic services

Figure 2. (continued)

Standard 5: Communication and Application of Knowledge

The registered dietitian nutritionist (RDN) effectively applies knowledge and expertise in communications.

Rationale:

The RDN works with and through others to achieve common goals by effective sharing and application of their unique knowledge, skills, and expertise in food, nutrition, dietetics, and management services.

Indicators for Standard 5: Communication and Application of Knowledge						
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				The “X” signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
5.1	Communicates current, evidence-based knowledge related to a particular aspect of the profession of nutrition and dietetics			X	X	X
5.2	Communicates and applies best available research/evidence			X	X	X
	5.2A	Demonstrates critical thinking and problem solving skills when communicating with others		X	X	X
		5.2A1	Applies best available research/evidence in conjunction with other healthcare professionals to individualized patient/client care	X	X	X
		5.2A2	Evaluates best available research/evidence in conjunction with other healthcare professionals to individualized patient/client care		X	X
		5.2A3	Generates and revises guidelines/protocols based on best available research/evidence			X
	5.2B	Utilizes professional media to communicate current knowledge		X	X	X
5.3	Selects appropriate information and most effective method or format when communicating information and conducting nutrition education and counseling			X	X	X
	5.3A	Utilizes communication methods (ie, oral, print, one-on-one, group, visual, electronic and social media) targeted to the audience		X	X	X
		5.3A1	Compares and modifies communication methods to provide education and counseling to target audience to enhance comprehension of content		X	X
		5.3A2	Investigates target audience needs and designs/changes applicable communication methods			X
	5.3B	Uses information technology to communicate, manage knowledge, and support decision making		X	X	X
		5.3B1	Interprets effectiveness of available information technology used to communicate, manage knowledge, and support decision making		X	X
		5.3B2	Conceptualizes the novel technology applications for nutrition support education and practice			X
5.4	Integrates knowledge of food, nutrition, and nutrition support practice with knowledge of health, social sciences, communication and management in new and varied contexts			X	X	X
	5.4A	Identifies and tests new methods to communicate knowledge to a variety of healthcare sources (eg, professional media, social media)		X	X	X
	5.4B	Demonstrates ability to integrate and communicate new knowledge to a varied audience			X	X
	5.4C	Leads the integration of new scientific knowledge, and/or new research methodologies, in communications with healthcare professionals and the lay public				X

Figure 2. (continued)

Indicators for Standard 5: Communication and Application of Knowledge							
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators					The “X” signifies the indicators for the level of practice		
Each RDN:					Competent	Proficient	Expert
5.5	Shares current, evidence-based knowledge, information with patients/clients, colleagues, and the public				X	X	X
	5.5A	Guides patients/clients, students, and interns in the application of knowledge and skills			X	X	X
		5.5A1	Prepares students/interns and other healthcare professionals to provide safe and effective nutrition support therapy			X	X
			5.5A1i	Coaches individuals in complex patient/client management		X	X
			5.5A2ii	Mentors individuals in advancing a specific skill set such as feeding tube placement or indirect calorimetry interpretation			X
	5.5B	Assists patients/clients and consumers with identifying and securing appropriate and available educational and other resources and services			X	X	X
		5.5B1	Tailors evidence-based education materials and methods such as teach back method to patient/client/customer needs			X	X
		5.5B2	Evaluates the understanding and appropriate incorporation of educational concepts by the applicable audience			X	X
	5.5C	Utilizes professional writing and verbal skills in communications			X	X	X
5.6	Establishes credibility and contributes as a resource within the interdisciplinary healthcare and management team promoting food, nutrition and nutrition support practice strategies that enhance health and quality of life outcomes of target populations				X	X	X
	5.6A	Applies evidence-based practice to establish credibility; contributes as a resource			X	X	X
	5.6B	Generates evidence-based practice guidelines/policies to enhance outcomes of target populations				X	X
	5.6C	Revises and advocates evidence-based practice guidelines/policies within the interdisciplinary healthcare and management team to enhance outcomes of target populations					X
5.7	Communicates performance improvement and research results through publications and presentations				X	X	X
	5.7A	Participates in performance improvement and research processes			X	X	X
	5.7B	Compiles and interprets performance improvement and research findings and reports results to interdisciplinary team and others within the organization				X	X
	5.7A	Influences overall nutrition support practice through publication and presentation of performance improvement and research results					X
5.8	Seeks opportunities to participate in and assume leadership roles in local, state, and national professional and community-based organizations				X	X	X
	5.8A	Joins and serves in nutrition support-focused organizations			X	X	X
	5.8B	Serves in a leadership role within a nutrition support organization				X	X
	5.8C	Arranges and organizes workgroups within nutrition support organizations				X	X
	5.8D	Investigates and proposes/implements changes to improve the quality and functions of nutrition support organizations					X

Figure 2. (continued)

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

- Expertise in food, nutrition, and management is demonstrated and shared
- Information technology is used to support practice
- Individuals and groups:
 - Receive current and appropriate information and customer-centered service
 - Demonstrate understanding of information received
 - Know how to obtain additional guidance from the RDN
- 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, and human resources.

Indicators for Standard 6: Utilization and Management of Resources						
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				The “X” signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
6.1	Uses a systematic approach to manage resources and improve operational outcomes			X	X	X
	6.1A	Identifies efficient work flow patterns to optimize time management and maximize patient/client care outcomes		X	X	X
		6.1A1	Proposes changes to work flow patterns to improve organizational efficiency and patient/client care outcomes		X	X
		6.1A2	Adjusts staffing and work flow patterns to optimize patient/client care outcomes through efficient use of resources			X
	6.1B	Selects clinically-appropriate and cost-effective nutrition support therapy		X	X	X
		6.1B1	Develops, with the interdisciplinary team, guidelines for clinically-appropriate and cost-effective use of nutrition support therapy		X	X
		6.1B2	Analyzes and reports nutrition support therapy utilization and related costs; modifies organization/departmental practices based on results in collaboration with the interdisciplinary team			X
6.2	Quantifies management of resources in the provision of nutrition, dietetics, and nutrition support services with the use of standardized performance measures and benchmarking as applicable			X	X	X
	6.2A	Collects productivity data and/or nutrition support therapy product usage data		X	X	X
		6.2A1	Drafts and refines data collection tools		X	X
		6.2A2	Analyzes productivity and/or nutrition support therapy product usage data and modifies departmental practice based on comparison to standardized benchmarks			X
6.3	Evaluates safety, effectiveness, and value while planning and delivering services and products			X	X	X
	6.3A	Considers safe, effective, and cost-effective nutrition support therapy during nutrition assessment and treatment process		X	X	X

Figure 2. (continued)

Indicators for Standard 6: Utilization and Management of Resources			
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			
The “X” signifies the indicators for the level of practice			
Each RDN:			
Competent	Proficient	Expert	

Examples of Outcomes for Standard 6: Utilization and Management of Resources	
<ul style="list-style-type: none"> • Documentation of resource use is consistent with operation • Data are used to promote, improve, and validate services • Desired outcomes are achieved and documented • Resources are effectively and efficiently managed 	

¹Price JA, Kent S, Cox SA, McCauley SM, Parekh J, Klein CJ. Using Academy Standards of Excellence in Nutrition and Dietetics for Organization self-assessment and quality improvement. *J Acad Nutr Diet*. 2014; 114(8):1277-1292.

Figure 2. Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Nutrition Support. The term *customer* is used in this evaluation resource as a universal term. *Customer* could also mean client/patient, client/patient/customer, participant, consumer, or any individual, group, or organization to which the RDN provides services. Academy, Academy of Nutrition and Dietetics; A.S.P.E.N., American Society for Parenteral and Enteral Nutrition; PDCA, Plan-Do-Check-Act: A tool for continuous improvement; Six Sigma, a set of techniques and tools for process improvement developed by Motorola in 1986.

^aRapid Cycle Improvement is defined by the Robert Wood Johnson Foundation as a "quality improvement method that identifies, implements and measures changes made to improve a process or a system." This method is an important part of electronic health record (EHR) implementation because it allows continual improvement in the use of EHR technology.

^bLEAN is centered on preserving value with less work. LEAN thinking changes the focus of management to one of eliminating waste and decreasing human effort. It is a production practice that considers the expenditure of resources for any goal other than the creation of value for the end customer to be wasteful, and thus a target for elimination.

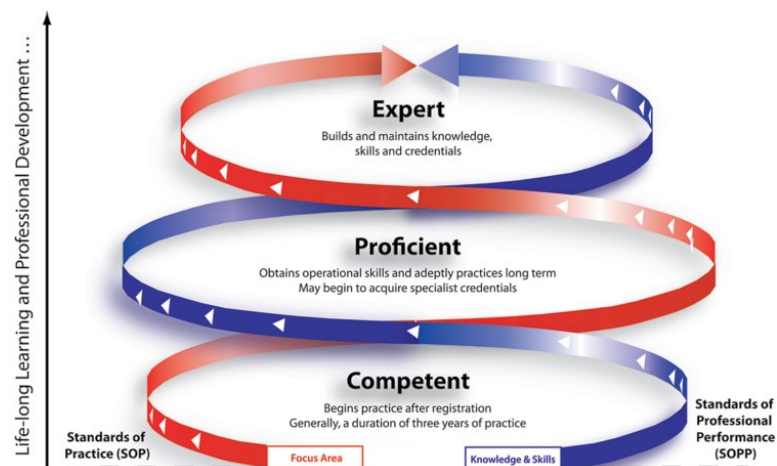
Standards of Practice are authoritative statements that describe practice demonstrated through nutrition assessment, nutrition diagnosis (problem identification), nutrition intervention (planning, implementation), and outcomes monitoring and evaluation (4 separate standards) and the responsibilities for which registered dietitian nutritionists (RDNs) are accountable. The Standards of Practice for RDNs in Nutrition Support presuppose that the RDN uses critical thinking skills, analytical abilities, theories, best available research findings, current accepted dietetics and medical knowledge, and the systematic holistic approach of the nutrition care process as they relate to the application of the standards. Standards of Professional Performance for RDNs in Nutrition Support are authoritative statements that describe behavior in the professional role, including activities related to Quality in Practice; Competence and Accountability; Provision of Services; Application of Research; Communication and Application of Knowledge; and Utilization and Management of Resources (6 separate standards).

Standards of Practice and Standards of Professional Performance are evaluation resources with complementary sets of standards - both serve to describe the practice and professional performance of RDNs. All indicators may not be applicable to all RDNs' practice or to all practice settings and situations. RDNs operate within the directives of applicable federal and state laws and regulations as well as policies and procedures established by the organization in which they are employed. To determine whether an activity is within the scope of practice of the RDN, the practitioner compares his or her knowledge, skill, and competence with the criteria necessary to perform the activity safely, ethically, legally, and appropriately. The Academy's Scope of Practice Decision Tool, which is an online, interactive tool, is specifically designed to assist practitioners with this process.

The term patient/client is used in the Standards of Practice as a universal term as these Standards relate to direct provision of nutrition care and services. Patient/client could also mean client/patient, resident, participant, consumer, or any individual or group who receives nutrition support therapy. Customer is used in the Standards of Professional Performance as a universal term. Customer could also mean client/patient, client/patient/customer, participant, consumer, or any individual, group, or organization to which the RDN provides services. These services are provided to individuals of all ages. These Standards of Practice and Standards of Professional Performance are not limited to the clinical setting. In addition, it is recognized that the family and caregiver(s) of patients/clients of all ages, including individuals with special healthcare needs, play critical roles in overall health and are important members of the team throughout the assessment and intervention process. The term "appropriate" is used in the standards to mean: Selecting from a range of best practice or evidence-based possibilities, one or more of which would give an acceptable result in the circumstances.

Each standard is equal in relevance and importance and includes a definition, a rationale statement, indicators, and examples of desired outcomes. A standard is a collection of specific outcome-focused statements against which a practitioner's performance can be assessed. The rationale statement describes the intent of the standard and defines its purpose and importance in greater detail. Indicators are measurable action statements that illustrate how each specific standard can be applied in practice. Indicators serve to identify the level of performance of competent practitioners and to encourage and recognize professional growth.

Standard definitions, rationale statements, core indicators, and examples of outcomes found in the Academy of Nutrition and Dietetics Revised 2012 Standards of Practice in Nutrition Care and Standards of Professional Performance for RDs have been adapted to reflect three levels of practice (competent, proficient and expert) for RDNs in nutrition support (see figure below). Additionally, the core indicators have been expanded to reflect the unique competence expectations for the RDN providing nutrition support therapy.



Adapted from the Dietetics Career Development Guide. For more information, please visit www.eatright.org/futurepractice

Figure 3. Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) (Competent, Proficient, and Expert) in Nutrition Support.

A.S.P.E.N. and Academy Revised 2014 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Nutrition Support

An RDN can use the Academy and A.S.P.E.N. Revised 2014 SOP and SOPP for RDNs (Competent, Proficient, and Expert) in Nutrition Support (Figures 1–3) to:

- identify the competencies needed to provide nutrition support care and services;
- self-assess whether he or she has the appropriate knowledge base and skills to provide safe and effective nutrition support care and service for their level of practice;
- identify the areas in which additional knowledge and skills are needed to practice at the competent, proficient, or expert level of nutrition support practice;
- provide a foundation for public and professional accountability in nutrition support care and service;
- support efforts for strategic planning and assist management in the planning of nutrition support services and resources;
- enhance professional identity and communicate the nature of nutrition support care and services;
- guide the development of nutrition support–related education and continuing education programs, job descriptions, and career pathways; and
- assist educators and preceptors in teaching students and interns the knowledge, skills, and competencies needed to work in nutrition support and in understanding the full scope of this focus area of practice.

Application to Practice

All RDNs, even those with considerable experience in other practice areas, must begin at the competent level when practicing in a new setting or new focus area of practice. At the competent level, an RDN in nutrition support is learning the principles that underpin this focus area and is developing skills for safe and effective nutrition support practice. This RDN, who may be an experienced RDN or may be new to the profession, has a breadth of knowledge in nutrition and dietetics and may have proficient or expert knowledge/practice in another focus area. However, the RDN new to the focus area of nutrition support may experience a steep learning curve when becoming familiar with the body of knowledge and available resources to support nutrition support-related nutrition and dietetics practice.

At the proficient level, which may be exemplified by a practitioner with experience who has earned the certified nutrition support clinician, or CNSC, credential,¹⁹ the RDN has developed a deeper understanding of nutrition support practice

and is better equipped to apply evidence-based guidelines and best practices than at the competent level. This RDN is also able to modify practice according to unique situations.

At the expert level, the RDN thinks critically about nutrition support issues, demonstrates a more intuitive understanding of nutrition support care and services, displays a range of highly developed clinical and technical skills, and formulates judgments acquired through a combination of education, experience, and critical thinking. Practice at the expert level requires the application of composite nutrition, dietetics, and nutrition support knowledge, with practitioners drawing on not only personal clinical experience, but also on the experience of other nutrition support RDNs in various disciplines and practice settings. Expert RDNs, with their extensive experience and ability to see the significance and meaning of nutrition support practice within a contextual whole, are fluid and flexible, and to some degree, autonomous in practice. They not only implement and manage nutrition support services, they also oversee, drive, and direct clinical care; conduct and collaborate in research; assume leadership roles in scholarly work; guide interdisciplinary teams; and lead the advancement of evidence-based nutrition support practice.

Indicators for the SOP (Figure 1) and SOPP (Figure 2) for RDNs in Nutrition Support are measurable action statements that illustrate how each standard can be applied in practice. Within the SOP and SOPP for RDNs in Nutrition Support, an “X” in the competent column indicates that an RDN who is caring for patients/clients is expected to complete this activity and/or seek assistance to learn how to perform at the level of the standard. A competent RDN in nutrition support could be an RDN starting practice after registration or an experienced RDN who has recently assumed responsibility to provide nutrition support services for patients/clients.

An “X” in the proficient column indicates that an RDN who performs at this level has a deeper understanding of nutrition support practice and has the ability to modify therapy to meet the needs of patients/clients in various situations. An “X” in the expert column indicates that the RDN who performs at this level possesses a comprehensive understanding of nutrition support practice and a highly developed range of skills and judgments, acquired through a combination of experience and education. The expert RDN builds and maintains the highest level of knowledge, skills, and behaviors, including leadership and vision, and credentials.

Standards and indicators presented in Figure 1 and Figure 2 in boldface type originate from the Academy’s Revised 2012 SOP in Nutrition Care and SOPP for RDs³ and should apply to RDNs in all 3 levels. Several indicators developed for this focus area not in boldface type are identified as applicable to all levels of practice. Where an “X” is placed in all 3 levels of practice, it is understood that all RDNs in nutrition support are accountable for practice within each of these indicators. However, the depth with which an RDN performs each activity will increase as the individual moves beyond the competent level. Several levels of practice are considered in this document; thus, individuals

How to Use the <i>Standards of Practice (SOP)</i> and <i>Standards of Professional Performance (SOPP)</i> for Registered Dietitian Nutritionists (RDNs) (Competent, Proficient, and Expert) in Nutrition Support as part of the <i>Professional Development Portfolio Process</i>^a	
1. Reflect	Assess your current level of practice and whether your goals are to expand your practice or maintain your current level of practice. Review the SOP and SOPP for RDNs in Nutrition Support document to determine what you want your future practice to be, and assess your strengths and areas for improvement. These documents can help you set short- and long-term professional goals.
2. Conduct learning needs assessment	Once you have identified your future practice goals, you can review the SOP and SOPP for RDNs in Nutrition Support document to assess your current knowledge, skills, behaviors, and define what continuing professional education is required to achieve the desired level of practice.
3. Develop learning plan	Based on your review of the SOP and SOPP for RDNs in Nutrition Support, you can develop a plan to address your learning needs as they relate to your desired level of practice.
4. Implement learning plan	As you implement your learning plan, keep reviewing the SOP and SOPP for RDNs in Nutrition Support document to re-assess knowledge, skills, and behaviors and your desired level of practice.
5. Evaluate learning plan process	Once you achieve your goals and reach or maintain your desired level of practice, it is important to continue to review the SOP and SOPP for RDNs in Nutrition Support document to reassess knowledge, skills, and behaviors and your desired level of practice.
^a The Commission on Dietetic Registration <i>Professional Development Portfolio</i> process is divided into 5 interdependent steps that build sequentially upon the previous step during each 5-year recertification cycle and succeeding cycles.	

Figure 4. Application of the Commission on Dietetic Registration Professional Development Portfolio Process.

should assume a holistic view of the SOP and SOPP for RDNs in Nutrition Support. The totality of individual practice defines the level of the practitioner, not any one indicator or standard.

RDNs in nutrition support should review these SOP and SOPP at regular intervals to evaluate their individual focus area knowledge, skill, and competence. Regular self-evaluation helps identify opportunities to improve and/or enhance practice and professional performance. This self-appraisal also enables nutrition support RDNs to better apply these standards in CDR's *Professional Development Portfolio* process and each of its 5 steps: self-assessment, planning, improvement, and commitment to lifelong learning²⁰ (see Figure 4). RDNs, regardless of practice setting, should pursue additional training to maintain currency and to expand their individual scope of practice within the limitations of the legal scope of practice, defined by state

law. RDNs are expected to practice only at the level at which they are competent, which will vary depending on education, training, and experience.²¹ RDNs should gain knowledge and skill training, and collaborate with other RDNs in nutrition support to promote consistency in practice and performance and continuous quality improvement. See Figure 5 for case examples of how RDNs in different roles and at different levels of practice may use the SOP and SOPP in Nutrition Support.

In some instances, components of the SOP and SOPP for RDNs in Nutrition Support do not specifically differentiate between proficient-level and expert-level practice. In these areas, it was the consensus of the content experts that the distinctions are subtle, captured in the knowledge, experience, and intuition demonstrated in the context of practice at the expert level, which combines dimensions of understanding,

Role	<i>Examples of use of SOP and SOPP documents by RDNs in different practice roles</i>
Clinical practitioner	The hospital employing a registered dietitian nutritionist (RDN) in general clinical practice has changed the coverage assignment for the RDN to include patients with inflammatory bowel disease (IBD) receiving nutrition support therapy. The RDN recognizes the need for new knowledge and/or skills. The RDN reviews the SOP and SOPP to evaluate individual skills and competencies for providing care to individuals with IBD, and sets goals to improve competency in this area of practice before beginning to independently provide nutrition care to this population.
Home care and alternate site care	A RDN decides to leave inpatient practice and join a company whose mission is to provide quality nutrition support care to individuals in long term acute, skilled nursing, and home environments. The RDN reviews the SOP and SOPP and the job description/scope of work to determine the competencies and performance development plan needed to effectively make the care site transition.
Manager	A manager who oversees RDNs providing nutrition support therapy to individuals with a variety of medical conditions considers the SOP and SOPP when deciding work assignments, determining expertise at the program level, and evaluating competency and needs for additional knowledge and/or skills in nutrition support therapy. The manager may also use the SOP and SOPP in writing job descriptions or developing career ladders for RDNs providing nutrition support therapy. The manager recognizes the SOP and SOPP as important tools for staff to use to assess their individual knowledge, skills, and competencies and to use for identifying personal performance plans.
Practitioner returning to employment	After several years out of clinical practice, a RDN decides to reestablish active practice. The RDN has an interest in nutrition support and would like to pursue employment in the home infusion setting. The RDN uses the SOP and SOPP as an evaluation tool to determine what is needed to practice competently in the provision of quality nutrition support therapy and develops a learning plan prior to pursuing employment.
Community nutrition practitioner, public health practitioner	A RDN working in a WIC Clinic notices an increase in the number of clients with specialized infant formula orders who receive the formula via tube feedings. Recognizing the need for and desiring more knowledge about enteral nutrition in this population, the RDN uses the SOP and SOPP to evaluate his/her current knowledge and assessment skills and seeks out continuing education opportunities.
Researcher	A RDN working in a research setting is awarded a grant to demonstrate the role of the nutrition support RDN and the impact of nutrition support therapy provided by RDNs on health outcomes. The RDN uses the SOP and SOPP as a resource in designing the research protocol.
Nutrition and dietetics faculty	A RDN serving as a preceptor in a nutrition support rotation for an accredited nutrition and dietetics education program uses the SOP and SOPP to identify appropriate learning activities (eg, readings, written assignments, clinical experiences) for dietetic interns.
Nontraditional healthcare practitioner	A health plan has Disease Management Certification for its intestinal failure nutrition support program through the National Committee for Quality Assurance (NCQA). The RDN uses the SOP and SOPP for RDNs in Nutrition Support as an evaluation tool to demonstrate that the program uses a continuous quality improvement (CQI) approach to foster and assess the continuing competence of the RDN providing care.

Figure 5. Case Examples of Standards of Practice (SOP) and Standards of Professional Performance (SOPP) for Registered Dietitian Nutritionists (RDNs) (Competent, Proficient, and Expert) in Nutrition Support.

performance, and value as an integrated whole.²² A wealth of knowledge is embedded in the experience, discernment, and practice of expert-level RDN practitioners.

Future Directions

The SOP and SOPP for RDNs in Nutrition Support are innovative and dynamic documents. Future revisions will reflect changes and advances in practice, nutrition support, dietetics

education programs, and outcomes of practice audits. The authors acknowledge that the 3 practice levels will require more clarity and differentiation in content and role delineation. Competency statements that better characterize the differences among the practice levels are a goal with each revision. Today's nutrition support dietitians must create this clarity, differentiation, and definition, and strive to validate the standards to better serve tomorrow's practitioners and their patients, clients, and customers.

Conclusions

RDNs face complex situations every day. Addressing unique needs and applying standards appropriately is essential to providing safe, timely, person-centered quality care and service. All RDNs are advised to conduct their practice based on the most recent edition of the Code of Ethics, the Scope of Practice in Nutrition and Dietetics, the Scope of Practice for RDs, and the SOP in Nutrition Care and SOPP for RDs. The SOP and SOPP for RDNs in Nutrition Support are complementary documents and are key resources for RDNs at all knowledge and performance levels. The standards can and should be used by nutrition support RDNs in daily practice to consistently improve and appropriately demonstrate competence and value as providers of safe and effective nutrition and dietetics care and services. The standards also serve as a professional resource for self-evaluation and professional development for RDNs specializing in nutrition support practice and will be reviewed and updated every 5 years. Advances in nutrition support care and services will provide information to use in updates and to further clarify and document the specific roles and responsibilities of RDNs at each level of practice. As a quality initiative of the Academy of Nutrition and Dietetics, the Academy Dietitians in Nutrition Support Dietetic Practice Group, A.S.P.E.N., and the A.S.P.E.N. Dietetics Practice Section, the standards are an application of continuous quality improvement and represent an important collaborative endeavor.

Acknowledgments

The authors gratefully acknowledge the expert review of M. Patricia Fuhrman, MS, RDN, LD, FAND, and the expert assistance of Carol Gilmore, MS, RDN, LD, FADA, FAND, and Marsha Stieber, MSA, RD, CNSC, FAND.

These standards have been formulated to be used for individual self-evaluation and the development of practice guidelines, but not for disciplinary actions, or determinations of negligence or misconduct. These standards do not constitute medical or other professional advice, and should not be taken as such. The information presented in these standards is not a substitute for the exercise of professional judgment by the healthcare professional. The use of the standards for any other purpose than that for which they were formulated must be undertaken within the sole authority and discretion of the user.

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