Academy of Nutrition and Dietetics: Revised 2012 Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitians

The Academy Quality Management Committee and Scope of Practice Subcommittee of the Quality Management Committee

REGISTERED DIETITIANS (RDs) are credentialed practitioners specifically trained and qualified to provide nutrition and dietetics services and are accountable and responsible for their practice and service. The Academy of Nutrition and Dietetics (Academy) leads the profession of nutrition and dietetics by developing standards against which the quality of practice and performance of RDs can be evaluated. The Academy's Scope of Practice in Nutrition and Dietetics,[1] the 2012 Standards of Practice (SOP) in Nutrition Care and Standards of Professional Performance (SOPP) for Registered Dietitians, along with the Code of Ethics[2] and the 2012 Scope of Practice for the Registered Dietitian,[3] guide the practice and performance of RDs in all settings.

The standards and indicators found within the SOP and SOPP reflect the minimum competent level of nutrition and dietetics practice and professional performance for RDs. The SOP in Nutrition Care is composed of four standards representing the four steps of the Nutrition Care Process as applied to the care of patients/clients.[4] The SOPP for RDs consists of standards representing six domains of professionalism. This article represents the 2012 update of the Academy's SOP in Nutrition Care and SOPP for Registered Dietitians (Figures 1 and 2).

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How Does the Academy's Scope of Practice in Nutrition and Dietetics, Code of Ethics, and the Scope of Practice for the Registered Dietitian Guide the Practice and Performance of RDs in All Settings?

The Scope of Practice in Nutrition and Dietetics is composed of statutory and individual components; includes the Code of Ethics; and encompasses the range of roles, activities, and regulations within which nutrition and dietetics practitioners 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.[1] An RD's statutory scope of practice can delineate the services that an RD is authorized to perform in a state where a practice acts or certification exists.

The RD'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, which is an online interactive tool, permits an RD 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 allow for an RD to critically evaluate his or her knowledge, skill, and demonstrated competence with criteria resources.

Why Were the Standards Revised?

There is a scheduled 5-year review process for Academy documents. Regular reviews are indicated to consider changes in health care and other business segments, public health initiatives, new research that guides evidence-based practice and best practices, consumer interests, technological advances, and emerging practice environments. Questions from credentialed practitioners, federal and state regulations, accreditation standards, and other factors necessitated review and revision of the 2008 Core SOP in Nutrition Care and SOPP for the RD and Dietetic Technician, Registered (DTR) to assure safety, quality, and competence in practice.[5]

Approved November 2012 by the Quality Management Committee of the Academy of Nutrition and Dietetics (Academy) and the Academy House of Delegates. Scheduled review date: November 2017.

Questions regarding the Revised 2012 Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitians may be addressed to the Academy Quality Management Staff: Karen Hui, RD, LDN, manager, Practice Standards; and Sharon M. McCauley, MS, MBA, RD, LDN, FADA, director, Quality Management at quality@eatright.org.

How Were the Standards Revised?

The members of the Quality Management Committee and its Scope of Practice Subcommittee utilized collective experience and consensus in reviewing statements to support safe, quality practice and desirable outcomes. The review focused on definition of terms, illustrative figures and tables, lists of services and activities in current practice, and enhancements to support future practice and advancement. The standards, rationales, and indicators

Standards of Practice for Registered Dietitians in Nutrition Care
Standard 1: Nutrition Assessment

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

Rationale:
Nutrition assessment is the first of four 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 five domains of nutrition assessment, and comparative standards as documented in the *International Dietetics & Nutrition Terminology Reference Manual: Standardized Language for the Nutrition Care Process* (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 IDNT reference manual.

Indicators for Standard 1: Nutrition Assessment		
Each RD:		
1.1	Anthropometric assessment: Assesses anthropometric measures that may include: height, weight, body mass index (BMI), waist circumference, growth pattern indices/percentile ranks, and weight history	
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	
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	
1.4	Food and nutrition-related history assessment (often referred to as dietary assessment): Assesses the following:	
	1.4A	Food and nutrient intake including the composition and adequacy of food and nutrient intake, meal and snack patterns, and food allergies and intolerances
	1.4B	Food and nutrient administration, including current and previous diets and diet prescriptions and food modifications, eating environment, and enteral and parenteral nutrition administration
	1.4C	Medication and dietary and herbal supplement use, including prescription and over-the-counter medications, herbal preparations, and complementary medicine products used
	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
	1.4E	Behavior including patient/client activities and actions, which influence achievement of nutrition-related goals
	1.4F	Factors affecting access to food that influences intake and availability of a sufficient quantity of safe, healthful food and water as well as food/nutrition-related supplies
	1.4G	Physical activity, cognitive and physical ability to engage in specific tasks, such as self-feeding, activities of daily living, instrumental activities of daily living, and breastfeeding
	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
1.5	Patient/client history: Assesses current and past information related to personal, medical, family, and social history	

(continued)

Figure 1. Standards of Practice for Registered Dietitians in Nutrition Care.

Indicators for Standard 1: Nutrition Assessment		
Each RD:		
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, BMI, and desired growth patterns	
	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
1.7	Physical activity habits and restrictions: Assesses physical activity, history of physical activity, and exercise training	
1.8	Reviews collected data for factors that affect nutrition and health status	
	1.8A	Utilizes nutrition assessment data documented by the DTR or other health practitioner
1.9	Organizes and clusters nutrition risk factors, complications and assessment data to identify possible problem areas for determining nutrition diagnoses	
1.10	Documents and communicates:	
	1.10A	Date and time of assessment
	1.10B	Pertinent data (eg, medical, social, behavioral)
	1.10C	Comparison to appropriate standards
	1.10D	Patient/client perceptions, values, and motivation related to presenting problems
	1.10E	Changes in patient/client perceptions, values, and motivation related to presenting problems
	1.10F	Reason for discharge/discontinuation or referral if appropriate

Examples of Outcomes for Standard 1: Nutrition Assessment

- Appropriate assessment tools and procedures (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

Standards of Practice for Registered Dietitians in Nutrition Care
Standard 2: Nutrition Diagnosis

The registered dietitian (RD) identifies and labels specific nutrition problem(s)/diagnosis(es) that the RD 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 RD.

Refer to the IDNT reference manual.

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Figure 1. *(continued)* Standards of Practice for Registered Dietitians in Nutrition Care.

Indicators for Standard 2: Nutrition Diagnosis		
Each RD:		
2.1	Derives the nutrition diagnosis(es) from the assessment data	
	2.1A	Identifies and labels the problem
	2.1B	Determines etiology (cause/contributing risk factors)
	2.1C	Clusters signs and symptoms (defining characteristics)
2.2	Prioritizes and classifies the nutrition diagnosis(es)	
2.3	Validates the nutrition diagnosis(es) with clients/community, family members or other health-care professionals when possible and appropriate; corroborates right patient/client to right diagnosis	
2.4	Documents the nutrition diagnosis(es) using standardized language and written statement(s) that include problem (p), etiology (e), and signs and symptoms (s) (PES statement[s])	
2.5	Re-evaluates and revises nutrition diagnosis(es) when additional assessment data become available	

Examples of Outcomes for Standard 2: Nutrition Diagnosis

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

Standards of Practice for Registered Dietitians in Nutrition Care
Standard 3: Nutrition Intervention

The registered dietitian (RD) 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. An RD implements the interventions or 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 RD.

Refer to the IDNT reference manual.

(continued)

Figure 1. *(continued)* Standards of Practice for Registered Dietitians in Nutrition Care.

Indicators for Standard 3: Nutrition Intervention		
Each RD:		
Plans the nutrition intervention/plan of care:		
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	
3.2	Bases intervention/plan of care on best available research/evidence, evidence-based guidelines, and best practices	
3.3	Refers to policies and program standards	
3.4	Confers with patient/client, caregivers, interdisciplinary team, and other health care professionals	
3.5	Determines patient/client-centered plan, goals, and expected outcomes	
3.6	Develops the nutrition prescription	
3.7	Defines time and frequency of care including intensity, duration, and follow-up	
3.8	Utilizes standardized language for describing interventions	
3.9	Identifies resources and referrals needed	
Implements the nutrition intervention/plan of care:		
3.10	Collaborates with colleagues, interdisciplinary team, and other health care professionals	
3.11	Communicates and coordinates the nutrition intervention/plan of care	
3.12	Initiates and individualizes the nutrition intervention/plan of care	
	3.12A	Utilizes physician/referring practitioner–driven protocols to implement, initiate, or modify orders for diet, 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 consistent with competence and approved clinical privileges and organizational policy
	3.12B	Utilizes physician/referring practitioner driven protocols 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) consistent with competence and approved clinical privileges and organization policy
3.13	Assigns activities to dietetic technician, registered (DTR) and other administrative support and technical personnel in accordance with qualifications, organization policies, and applicable laws and regulations	
	3.13A	Supervises support personnel
3.14	Continues data collection	
3.14	Follows up and verifies that nutrition intervention/plan of care is occurring	
3.15	Adjusts nutrition intervention/plan of care strategies, if needed, as response occurs	
3.16	Documents:	
	3.16A	Date and time
	3.16B	Specific treatment goals and expected outcomes
	3.16C	Recommended interventions
	3.16D	Adjustments to the plan and justification
	3.16E	Patient/client/community receptivity
	3.16F	Referrals made and resources used
	3.16G	Patient/client comprehension

(continued)

Figure 1. *(continued)* Standards of Practice for Registered Dietitians in Nutrition Care.

Indicators for Standard 3: Nutrition Intervention		
Each RD:		
	3.16H	Barriers to change
	3.16I	Other information relevant to providing care and monitoring progress over time
	3.16J	Plans for follow up and frequency of care
	3.16K	Rationale for discharge or referral if applicable

Examples of Outcomes for Standard 3: Nutrition Intervention

- Appropriate prioritizing and setting of goals/expected outcomes
- Involves patient/client, care givers, and interdisciplinary team, as appropriate, 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

Standards of Practice for Registered Dietitians in Nutrition Care
Standard 4: Nutrition Monitoring and Evaluation

The registered dietitian (RD) 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 RD 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 IDNT reference manual.

(continued)

Figure 1. *(continued)* Standards of Practice for Registered Dietitians in Nutrition Care.

Indicators for Standard 4: Nutrition Monitoring and Evaluation		
Each RD:		
4.1	Monitors progress:	
	4.1A	Assesses patient/client understanding and compliance with nutrition intervention/plan of care
	4.1B	Determines whether the nutrition intervention/plan of care is being implemented as prescribed
	4.1C	Evaluates progress or reasons for lack of progress related to problems and interventions
	4.1D	Evaluates evidence that the nutrition intervention/plan of care is influencing a desirable change in the patient/client behavior or status
	4.1E	Identifies positive or negative outcomes
	4.1F	Supports conclusions with evidence
4.2	Measures outcomes:	
	4.2A	Selects the nutrition care outcome indicator(s) to measure
	4.2B	Uses standardized nutrition care outcome indicator(s)
4.3	Evaluates outcomes:	
	4.3A	Compares monitoring data with nutrition prescription/goals or reference standard
	4.3B	Evaluates impact of the sum of all interventions on overall patient/client health outcomes
4.4	Documents:	
	4.4A	Date and time
	4.4B	Indicators measured, results, and the method for obtaining measurement
	4.4C	Criteria to which the indicator is compared (eg, nutrition prescription/goal or a reference standard)
	4.4D	Factors facilitating or hampering progress
	4.4E	Other positive or negative outcomes
	4.4F	Future plans for nutrition care, nutrition monitoring and evaluation, follow-up, referral, or discharge

Examples of Outcomes for Standard 4: Nutrition Monitoring and Evaluation

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

Figure 1. *(continued)* Standards of Practice for Registered Dietitians in Nutrition Care.

Standards of Professional Performance for Registered Dietitians
Standard 1: Quality in Practice

The registered dietitian (RD) 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		
Each RD:		
1.1	Complies with applicable laws and regulations as related to his/her area(s) of practice	
1.2	Performs within individual and statutory scope of practice	
1.3	Adheres to sound business and ethical billing practices applicable to the setting	
1.4	Utilizes national quality and safety data (eg, Institute of Medicine, National Quality Forum, Institute for Healthcare Improvement) to improve the quality of services provided and to enhance customer-centered service	
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	
1.6	Participates in or designs an outcomes-based management system to evaluate safety, effectiveness, and efficiency of practice	
	1.6A	Involves colleagues and others, as applicable, in systematic outcomes management
	1.6B	Utilizes indicators that are specific, measurable, attainable, realistic, and timely (S.M.A.R.T.)
	1.6C	Defines expected outcomes
	1.6D	Measures quality of services in terms of process and outcome
	1.6E	Documents outcomes
1.7	Identifies and addresses potential and actual errors and hazards in provision of services	
1.8	Compares actual performance to performance goals (eg, Gap Analysis, SWOT Analysis [Strengths, Weaknesses, Opportunities, and Threats], PDCA Cycle [Plan-Do-Check-Act])	
	1.8A	Reports and documents action plan to address identified gaps in performance
1.9	Evaluates interventions to improve processes and services	
1.10	Improves or enhances services based on measured outcomes	

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

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Figure 2. Standards of Professional Performance for Registered Dietitians. Note: 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 RD provides service.

Standards of Professional Performance for Registered Dietitians
Standard 2: Competence and Accountability

The registered dietitian (RD) 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		
Each RD:		
2.1	Adheres to the Code of Ethics	
2.2	Integrates the Standards of Practice (SOP) and Standards of Professional Performance (SOPP) into practice, self-assessment, and professional development	
	2.2A	Integrates applicable focus area SOP and SOPP into practice
2.3	Demonstrates and documents competence in practice and delivery of customer-centered service	
2.4	Assumes accountability and responsibility for actions and behaviors	
	2.4A	Acknowledges and corrects errors
2.5	Conducts self-assessment at regular intervals	
	2.5A	Identifies needs for professional development
2.6	Designs and implements plans for professional development	
	2.6A	Documents professional development activities in career portfolio
	2.6B	Documents professional development activities as per organization guidelines
2.7	Engages in evidence-based practice and utilizes best practices	
2.8	Participates in peer review of self and others	
2.9	Mentors others	
2.10	Pursues opportunities (education, training, credentials) to advance practice in accordance with laws and regulations and requirements of practice setting	

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

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Standards of Professional Performance for Registered Dietitians
Standard 3: Provision of Services

The registered dietitian (RD) 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 RD'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		
Each RD:		
3.1	Contributes to or leads in development and maintenance of programs/services that address needs of the customer or target population(s)	
	3.1A	Aligns program/service development with the mission, vision, and service expectations and outputs of the organization/business
	3.1B	Utilizes the needs, expectations, and desired outcomes of the customer (eg, patient/client, administrator, client organization[s]) in program/service development
	3.1C	Makes decisions and recommendations that reflect stewardship of time, talent, finances, and environment
	3.1D	Proposes programs and services that are customer-centered, culturally appropriate, and minimize health disparities
3.2	Promotes public access and referral to credentialed dietetics practitioners for quality food and nutrition programs and services	
	3.2A	Contributes to or designs referral systems that promote access to qualified, credentialed dietetics practitioners
	3.2B	Refers customers to appropriate providers when requested services or identified needs exceed the RD's individual scope of practice
	3.2C	Monitors effectiveness of referral systems and modifies as needed to achieve desirable outcomes
3.3	Contributes to or designs customer-centered services	
	3.3A	Assesses needs, beliefs/values, goals, and resources of the customer
	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
	3.3C	Communicates principles of disease prevention and behavioral change appropriate to the customer or target population
	3.3D	Collaborates with the customers to set priorities, establish goals, and create customer-centered action plans to achieve desirable outcomes
	3.3E	Involves customers in decision-making
3.4	Executes programs/services in an organized, collaborative, and customer-centered manner	
	3.4A	Collaborates and coordinates with peers, colleagues, and within interdisciplinary teams
	3.4B	Participates in or leads in the design, execution, and evaluation of programs and services (eg, nutrition screening system, medical and retail foodservice, electronic health records, interdisciplinary programs, community education) for customers
	3.4C	Develops or contributes to design and maintenance of policies, procedures, protocols, standards of care, technology resources, and training materials that reflect evidence-based practice in accordance with applicable laws and regulations

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Figure 2. *(continued)* Standards of Professional Performance for Registered Dietitians. Note: 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 RD provides service.

Indicators for Standard 3: Provision of Services		
Each RD:		
	3.4D	Participates in or develops process for clinical privileges required for expanded roles and enhanced activities (eg, implement physician driven protocols to initiate or modify orders for diet, nutrition supplements, dietary supplements, enteral and parenteral nutrition, nutrition-related laboratory tests and medications) consistent with state practice acts, regulations, organization policies, and medical staff bylaws, if applicable.
	3.4E	Complies with established billing regulations and adheres to ethical billing practices
	3.4F	Communicates with the interdisciplinary team and referring party consistent with the Health Insurance Portability and Accountability Act (HIPAA) rules for use and disclosure of customer's personal health information
3.5	Utilizes support personnel appropriately in the delivery of customer-centered care in accordance with laws, regulations, and organization policies	
	3.5A	Assigns activities, including direct care to patients/clients, consistent with the qualifications, experience, and competence of support personnel
	3.5B	Supervises support personnel
3.6	Designs and implements food delivery systems to meet the needs of customers	
	3.6A	Collaborates on or designs food delivery systems to address nutrition status, health-care needs and outcomes, and to satisfy the cultural preferences and desires of target populations (eg, health-care patients/clients, employee groups, visitors to retail venues)
	3.6B	Participates in, consults with others, or leads in developing menus to address health and nutritional needs of target population(s)
	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)
3.7	Maintains records of services provided	
	3.7A	Documents according to organization policy, standards, and system including electronic health records
	3.7B	Implements data management systems to support data collection, maintenance, and utilization
	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
	3.7D	Uses data to demonstrate compliance with accreditation standards, laws, and regulations
3.8	Advocates for provision of quality food and nutrition services as part of public policy	
	3.8A	Communicates with policy makers regarding the benefit/cost of quality food and nutrition services
	3.8B	Advocates in support of food and nutrition programs and services for populations with special needs

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
- Customer 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 service
- Support personnel are supervised when providing nutrition care to customers
- Ethical billing practices are utilized

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Figure 2. *(continued)* Standards of Professional Performance for Registered Dietitians. Note: 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 RD provides service.

Standards of Professional Performance for Registered Dietitians
Standard 4: Application of Research

The registered dietitian (RD) 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	
Each RD:	
4.1	Accesses and reviews best available research/evidence for application to practice
4.2	Utilizes best available research/evidence as the foundation for evidence-based practice
4.3	Integrates best available research/evidence with best practices, clinical and managerial expertise, and customer values
4.4	Contributes to the development of new knowledge and research in nutrition and dietetics
4.5	Promotes research through alliances and collaboration with food and nutrition practitioners and other professionals and organizations

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

Standards of Professional Performance for Registered Dietitians
Standard 5: Communication and Application of Knowledge

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

Rationale:
The RD 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		
Each RD:		
5.1	Communicates current, evidence-based knowledge related to a particular aspect of the profession of nutrition and dietetics	
5.2	Communicates and applies best available research/evidence	
	5.2A	Demonstrates critical thinking and problem-solving skills when communicating with others
5.3	Selects appropriate information and most effective method or format when communicating information and conducting nutrition education and counseling	
	5.3A	Utilizes communication methods (eg, oral, print, one-on-one, group, visual, electronic, and social media) targeted to the audience
	5.3B	Uses information technology to communicate, manage knowledge, and support decision making
5.4	Integrates knowledge of food and nutrition with knowledge of health, social sciences, communication, and management in new and varied contexts	

(continued)

Figure 2. *(continued)* Standards of Professional Performance for Registered Dietitians. Note: 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 RD provides service.

Indicators for Standard 5: Communication and Application of Knowledge		
Each RD:		
5.5	Shares current, evidence-based knowledge, information with patients/clients, colleagues, and the public	
	5.5A	Guides patients/clients, students, and interns in the application of knowledge and skills
	5.5B	Assists individuals and groups to identify and secure appropriate and available resources and services
	5.5C	Utilizes professional writing and verbal skills in communications
5.6	Establishes credibility and contributes as a resource within the interdisciplinary health-care and management team promoting food and nutrition strategies that enhance health and quality of life outcomes of target populations	
5.7	Communicates performance improvement and research results through publications and presentations	
5.8	Seeks opportunities to participate in and assume leadership roles in local, state, and national professional and community-based organizations	

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 RD
- Leadership is demonstrated through active professional and community involvement

Standards of Professional Performance for Registered Dietitians
Standard 6: Utilization and Management of Resources

The registered dietitian (RD) uses resources effectively and efficiently.

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

Indicators for Standard 6: Utilization and Management of Resources	
Each RD:	
6.1	Uses a systematic approach to manage resources and improve operational outcomes
6.2	Quantifies management of resources in the provision of nutrition and dietetic services with the use of standardized performance measures and benchmarking as applicable
6.3	Evaluates safety, effectiveness, productivity, and value while planning and delivering services and products
6.4	Participates in quality assurance and performance improvement and documents outcomes and best practices relative to resource management
6.5	Measures and tracks trends regarding patient/customer, employee, and stakeholder satisfaction in the delivery of products and services

Examples of Outcomes for Standard 6: Utilization and Management of Resources

- 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

Figure 2. *(continued)* Standards of Professional Performance for Registered Dietitians. Note: 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 RD provides service.

for the 2012 standards were updated using information from questions received by the Academy's Quality Management Department, discussions with Dietetic Practice Groups, Member Interest Groups, and member comments through focus area SOP and SOPP development.

This document was presented to and reviewed by the Academy's House of Delegates Leadership Team and the House of Delegates (includes representation from state affiliates and Dietetic Practice Groups). This provided an opportunity to refine the document and gain consensus from members representing diverse practice and geographic perspectives. Comments received were considered by the Quality Management Committee and its Scope of Practice Subcommittee. The revised draft document was reviewed and approved by the House of Delegates in November 2012.

What Are the Standards of Practice in Nutrition Care?

The SOP in Nutrition Care:

- incorporate the Nutrition Care Process as a method to manage nutrition care activities;
- apply to RDs who have direct contact with individual patients/clients in acute and extended health care settings, public health, home-based services, and ambulatory care settings;
- are formatted according to the four steps of the Nutrition Care Process (ie, nutrition assessment, nutrition diagnosis, nutrition intervention, and nutrition monitoring and evaluation); and
- reflect the training, responsibility, and accountability of the RD.

What Are the Standards of Professional Performance?

The SOPP:

- apply to RDs in all practice settings;
- are formatted according to six domains of professional behavior (ie, quality in practice, competence and accountability, provision of services, application of research, communication and application of knowledge, and utilization and management of resources); and
- reflect the training, responsibility, and accountability of the RD.

The SOP and SOPP comprehensively depict the minimum expectation for competent care of the patient/client or other customer and professional behavior for the RD. 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 RD provides service.

How Do the SOP in Nutrition Care, the SOPP, and Focus Area Standards Relate to Each Other?

The Academy's SOP and SOPP serve as blueprints for the development of focus area SOP and SOPP for the RD. Implementation of the Dietetics Career Development Guide in January 2011 revised the terminology from *practice-specific* to *focus area* of practice and designated levels of practice for focus area SOP and SOPP as competent, proficient, and expert.[6] The 2012 standards will continue to serve as the blueprint for future focus area standards. As of 2012, there are 14 published focus area SOP SOPPs for RDs that can be accessed on the Academy's website at www.eatright.org/sop:

- Behavioral Health Care;
- Clinical Nutrition Management;
- Diabetes Care;
- Disordered Eating and Eating Disorders;
- Education of Dietetics Practitioners;
- Extended Care Settings;
- Integrative and Functional Medicine;
- Intellectual and Developmental Disabilities;
- Management of Food and Nutrition Systems;
- Nephrology Care;
- Nutrition Support;
- Oncology Nutrition Care;
- Pediatric Nutrition; and
- Sports Dietetics.

What Is the Relationship of the RD and DTR?

In direct patient/client care, the RD and DTR work as a team utilizing the Nutrition Care Process[4] and Standardized Language,[7] a structured method for guiding nutrition care activities, providing consistency in documentation, and monitoring and evaluating progress.[8] The RD develops and oversees the system for delivery of nutrition care activities, often with the input of others, including the DTR. Components of the nutrition care delivery system can include the following: policies and procedures, standards of care, forms, documentation standards, and roles and responsibilities of support and technical personnel participating in the Nutrition Care Process. The RD is responsible to complete the nutrition assessment, determine the nutrition diagnosis(es), implement the nutrition intervention, and evaluate the patient's/client's response.[7] The RD supervises the activities of support and technical personnel assisting with the patient's/client's care.

The DTR is an integral contributor to the nutrition care of patients/clients. The DTR is often the first staff from the nutrition team that a patient or client meets; serves as a conduit of nutrition care information to RDs, nurses, and others at meetings and care conferences; and contributes to the continuum of care by facilitating communication between staff providing nutrition care and staff providing nursing care.

The RD assigns duties to the DTR that are consistent with the DTR's individual scope of practice. For example, the DTR might initiate standard procedures, such as completing and following up on nutrition screening for assigned units/patients; performing routine activities based on diet order, policies, and procedures; completing the intake process for a new clinic client; and reporting to the RD when a patient's/client's data suggest the need for a nutrition assessment. The DTR actively participates in nutrition care by contributing information and observations, guiding patients/clients in menu selections, providing nutrition education on prescribed diets, and reporting to the RD on the patient's/client's response, including documenting outcomes or providing evidence signifying the need to adjust the nutrition care plan.

The RD is responsible for supervising any patient/client care activities assigned to other administrative and technical staff, including the DTR, and can be held accountable to the patient/clients and others for services rendered. This description of "supervision"

Scope of Practice for the Profession of Nutrition and Dietetics

Scope of Practice in Nutrition and Dietetics encompasses the range of roles, activities, and regulations within which nutrition and dietetics practitioners perform.

Establishment of statutory scope of practice is the authority of the state(s) in which the RD[a] or DTR[b] practices.

An RD's and DTR's individual scope of practice is determined by education, training, credentialing, and demonstrated competence.

- Identify your individual scope of practice as determined by state practice acts, if applicable, and organization policies, including requirements for credentials or clinical privileges for performing specific activities. See the Academy's Definition of Terms for differences between licensure, statutory certification, and title protection.
- Utilize these resources: Academy/CDR[c] Code of Ethics, Scope of Practice in Nutrition and Dietetics, Scope of Practice for RDs, Scope of Practice for the DTR, Standards of Practice in Nutrition Care and Standards of Professional Performance for RDs, Standards of Practice in Nutrition Care and Standards of Professional Performance for DTRs, Scope of Practice Decision Tool, and the Academy's Definition of Terms.

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Academy Standards of Practice in Nutrition Care and Standards of Professional Performance

The four Standards of Practice in Nutrition Care and six Standards of Professional Performance describe a minimum competent level of nutrition and dietetics practice and professional performance. Standards of Practice and Standards of Professional Performance are self-evaluation tools. Standards of Practice in Nutrition Care apply to practitioners who provide direct care to patients/clients.

- Read the standards and rationale statements to determine how each relates to your practice. For DTRs, identify situations or activities that require working under the supervision of an RD.

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Indicators

Indicators are action statements that identify a minimum competent level of practice; demonstrate how each standard relates to practice; and link standards to outcomes.

- Identify indicators that apply to your practice. Depending on your setting and work responsibilities, some indicators may not apply. Re-evaluate as responsibilities change.

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Examples of Outcomes for Each Standard

The outcome statements illustrate examples of measurable actions that result from competence in practice.

- Review the outcome examples.
- Evaluate measurable evidence of your performance to appraise competence. Examples include documentation, peer interactions, patient/client/customer interventions, customer service reports, and job responsibility deliverables.
- Assess your compliance regularly with standards and indicators utilizing organization policies, protocols, and standards.

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How do I demonstrate competence in my practice? Take a continuous improvement approach to implementing the standards and achieving desirable outcomes. Re-evaluate on a regular basis.

What do I need to do to enhance my practice? Use the standards to develop your Professional Development Plan. The Commission on Dietetic Registration Professional Development Recertification Process offers a framework for the RD and the DTR to develop specific goals, identify learning needs, and pursue continuing education opportunities. Incorporate your goals and actions into your annual performance review and development process.

Figure 3. Flow chart on how to use the Standards of Practice and Standards of Professional Performance.[1,5] [a]RD=registered dietitian. [b]DTR=dietetic technician, registered. [c]CDR=Commission on Dietetic Registration.

as it relates to the RD/DTR teams is not synonymous with managerial supervision or oversight, clinical supervision (eg, peer-to-peer), supervision of provisional licensees, and/or supervision of dietetic interns and students. Clinical supervision is used in medicine and the mental health fields for the purposes of case review and professional development.[9] The following resources provide additional information about the roles and practice of DTRs: Scope of Practice for the Dietetic Technician, Registered,[10] the Standards of Practice in Nutrition Care and Standards of Professional Performance for Dietetic Technicians, Registered,[11] Practice Tips: The RD/DTR Team,[12] and Practice Tips: What Is Meant by "Under the Supervision of the RD?"[9]

In What Other Settings Do DTRs Provide Services?

Although many DTRs work in clinical settings, career opportunities for DTRs are broader than clinical settings. The role for a DTR in providing food and nutrition services in nonclinical settings where an RD might not be directly involved in the program/activity is guided by the DTR's individual scope of practice and requirements contained in regulations, employer or organizational policies and procedures, and state statutes and state practice acts. These settings include community nutrition programs, fitness centers, school nutrition, child nutrition programs, and foodservice systems management outside of health care settings. The SOPP[11] and the Scope of Practice for the Dietetic Technician, Registered[10] clearly delineate expanded roles and opportunities for DTRs.

Why Are the Standards Important for RDs?

The standards promote:

- safe, effective, and efficient food, nutrition, dietetic, and related services;
- evidence-based practice and best practices;
- improved health-related outcomes and cost-reduction methods;
- quality assurance and performance improvement;
- ethical business and billing practices[13,14];
- practitioner competence and qualification verification because state departments of health and federal regulatory agencies, such as the Centers for Medicare and Medicaid Services, look to professional organizations to create and maintain standards of practice[15,16];
- consistency in practice and performance;
- dietetics research, innovation, and practice development; and
- individual advancement.

The standards provide:

- minimum competent levels of practice and performance;
- common indicators for self-evaluation;
- activities for which RDs are accountable;
- a description of the role of nutrition and dietetics and the unique services that RDs offer within the health care team and in practice settings outside of health care; and
- guidance for policies and procedures, job descriptions, competence assessment tools, and academic objectives for education programs.

How Are the Standards Structured?

A standard is a brief description of the competent level of nutrition and dietetics practice. A rationale is a description of the intent, purpose, and importance of the standard. An indicator is an action statement illustrating how each standard can be applied in practice. Examples of outcomes are also included that depict measurable results that relate indicators to practice.

Each standard is equal in relevance and importance. The content for standard, rationale, and indicator descriptions in the SOP in Nutrition Care is adapted from the Academy's *International Dietetics & Nutrition Terminology (IDNT) Reference Manual: Standardized Language for the Nutrition Care Process*.[7]

How Can I Use the Standards to Evaluate and Advance My Practice and Performance?

The standards can be used as part of the Commission on Dietetic Registration Professional Development Portfolio Process[17] to develop goals and focus continuing-education efforts. The Professional Development Portfolio encourages RDs to engage in reflection, self-assessment, and goal setting, which are the critical components of Commission on Dietetic Registration recertification (Figure 3 presents a flow chart for applying the 2012 SOP in Nutrition Care and the SOPP into an RD's practice. Self-assessment using the SOP and SOPP can identify learning needs and opportunities for advancement for individual practitioners).

RDs might not apply every indicator and achieve every outcome at once; RDs are not limited to the indicators and examples of outcomes provided; and all indicators might not be applicable to all RDs. The standards are written in broad terms to allow for individual practitioner's handling of nonroutine situations. The standards are geared toward typical situations and toward practitioners with the RD credential. Strictly adhering to standards does not in and of itself constitute best care and service. It is the responsibility of individual practitioners to recognize and interpret situations and to know what standards apply and in what ways they apply.[18]

SUMMARY

RDs face complex situations every day. Competently addressing the unique needs of each situation and applying standards appropriately is essential to providing safe, timely, person-centered quality care and service. All RDs are advised to conduct their practice based on the most recent edition of the Academy's Code of Ethics[2] and the Scope of Practice in Nutrition and Dietetics,[1] the Scope of Practice for the Registered Dietitian,[3] the 2012 Standards of Practice in Nutrition Care and Standards of Professional Performance for RDs, and the applicable focus area SOP and SOPP for RDs. These resources provide minimum standards and tools for demonstrating competence and safe practice, and are used collectively to gauge and guide an RD's performance in nutrition and dietetics practice. The SOP and SOPP for the RD are self-evaluation tools that promote quality assurance and performance improvement. Self-assessment provides opportunities to identify areas for enhancement, new learning, and skill development, and to encourage progression of career growth.

All RDs are advised to have in their personal libraries the most recent copy

These standards have been formulated to be used for individual self-evaluation and the development of practice guidelines, but not for institutional credentialing or for adverse or exclusionary decisions regarding privileging, employment opportunities or benefits, 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 health care professional. The use of the standards for any other purpose than that for which they were formulated must be undertaken with the sole authority and discretion of the user.

of the Academy's Scope of Practice in Nutrition and Dietetics[1] and its components: The 2012 Academy Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitians; applicable focus area SOP and SOPP; the Code of Ethics[2]; and the Scope of Practice for the Registered Dietitian.[3]

To ensure that credentialed dietetics practitioners always have access to the most current materials, each resource is maintained on the Academy's website. The documents will continue to be reviewed and updated as new trends in the profession of nutrition and dietetics and external influences emerge.

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