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As the most highly and specifically trained and qualified providers of dietetic services, registered dietitians (RD) and dietetic technicians, registered (DTR) are accountable and responsible for their practice and service. The American Dietetic Association (ADA) leads the profession of dietetics by developing standards from which the quality of practice and performance of RDs and DTRs can be evaluated. As part of ADA’s Scope of Dietetics Practice Framework (SODPF) (1), the 2008 Standards of Practice in Nutrition Care (SOP) and Standards of Professional Performance (SOPP) for RDs and DTRs, along with ADA’s Code of Ethics (2) guide the practice and performance of RDs and DTRs in all settings.

These standards and indicators reflect the minimum competent level of dietetics practice and professional performance for RDs and for DTRs. The SOP in Nutrition Care is comprised of four standards representing the four steps of the Nutrition Care Process (3). The SOPP consists of six standards representing six domains of professionalism.

This article represents the 2008 ADA SOP in Nutrition Care and SOPP for RDs and DTRs (see the Web site exclusive Appendix at www.adajournal.org).
How does ADA’s Scope of Dietetics Practice Framework (SODPF) and ADA’s Code of Ethics guide the practice and performance of RDs and DTRs in all settings?

Scope of practice is a fluid concept (4). It changes as knowledge, the health care environment, and technology expand. Dietetics practitioners must possess the knowledge, skills, and competencies to perform their duties; therefore, scope of practice comes down to the competency of the individual dietetics practitioner and their particular practice setting. The decision tree and decision analysis tool as a part of the Scope of Dietetics Practice Framework (SODPF) assist RDs and DTRs by examining an individual’s own practice(1). The code of ethics and standards of practice and professional performance are resources that support the RD’s and DTR’s ability to provide specified nutrition services.

Why Were the Standards Revised?

This update was initiated in response to the November 2006 ADA Board of Directors’ motion which: “Directs appropriate ADA units to formulate a clear and precise definition of the term “supervision” as it applies to the Scope of Dietetics Practice Framework’s Standards of Practice for the RD and for the DTR and to revise these documents for accuracy and consistency with federal regulations and national standards.”

How Were the Standards Revised?

The 2008 Standards are the result of a review and update of the ADA: Standards of Practice in Nutrition Care and Updated Standards of Professional Performance published in 2005 (5). ADA’s process for revising and updating the 2005 standards included a review by ADA Regulatory Affairs of: 1. The Centers for Medicare and Medicaid Services’ (CMS) Interpretive Guidelines; 2. CMS Conditions of Participation and Conditions for Coverage for hospitals, critical access hospitals, end-stage renal disease, hospice and home health agencies, and 3. The United States Department of Agriculture regulations for the Special Supplemental Foods Program for Women, Infants and Children. ADA Regulatory Affairs also reviewed state regulations for hospitals, critical access hospitals, end-stage renal facilities, assisted living facilities, hospice and home health agencies. A review of a draft revision of the SOP for DTRs in Nutrition Care was completed by ADA members, including ADA’s 2006-2007 Scope of Dietetics Practice Framework Sub-Committee of the Quality Management Committee and non-
ADA member RDs and DTRs via the Internet and electronic survey. Survey results and comments were reviewed by ADA’s 2006-2007 and 2007-2008 Quality Management Committees. Feedback regarding this draft was received from the 2006-2007 Executive Committee of the Dietetic Technicians in Practice Dietetic Practice Group of ADA during four conference calls.

The rationales and indicators for the 2008 standards were updated using the information from ADA Regulatory Affairs’ review of regulations, electronic survey feedback, and through the consensus of the members of the 2007-2008 and 2006-2007 Quality Management Committees. Consensus is group opinion based on expert knowledge and experience. The Quality Management Committee members represent diverse practice and geographic perspectives.

**What are the Standards of Practice in Nutrition Care?**

The Standards of Practice in Nutrition Care:

- Address activities related to patient/client care during the nutrition care process;
- Apply to RDs and DTRs who have direct contact with individual patient/client care in acute and long term care, as well as in public health, community, extended care and ambulatory care settings;
- Are formatted according to the four steps of the Nutrition Care Process: 1. Nutrition Assessment, 2. Nutrition Diagnosis, 3. Nutrition Intervention, and 4. Nutrition Monitoring and Evaluation; and
- Reflect the individual levels (RD and DTR) of training, responsibility and accountability.

**What are the Standards of Professional Performance?**

The Standards of Professional Performance:

- Address behaviors related to the professional role that are not in the nutrition care process;
- Apply to RDs and DTRs in all practice settings;
- Are formatted according to six domains of professional behavior: 1. Provision of Services, 2. Application of Research, 3. Communication and Application of Knowledge, 4. Utilization...
and Management of Resources, 5. Quality in Practice, and 6. Competence and Accountability; and

- Reflect the individual levels (RD and DTR) of training, responsibility and accountability.

**How do the Standards of Practice in Nutrition Care, the Standards of Professional Performance, and Practice-Specific Standards relate to each other?**

The Standards of Practice and Standards of Professional Performance are companion documents. The Standards of Practice in Nutrition Care describe the minimum expectation for competent nutrition care practice. The Standards of Professional Performance describe the minimum expectation for competent behavior in the non-direct patient/client nutrition care aspect of the RD and DTR roles. Together the two sets of standards comprehensively depict the minimum expectation for competent patient/client care and professional behavior for the RD and for the DTR individually.

ADA’s 2005 SOP and SOPP (5) were designed as blueprints for the development of practice-specific SOP and SOPP for the RD in specialty and advanced levels of practice. The 2008 standards will also serve as the blueprint for future practice-specific standards. As of October 2007 the following Dietetic Practice Groups of ADA have published practice-specific standards: Diabetes Care and Education (6), Dietetics in Behavioral Health Nutrition; (7), Oncology Nutrition (8), and Dietitians in Nutrition Support, a joint project with the American Society of Parenteral and Enteral Nutrition (9, 10). The following Dietetic Practice Groups of ADA are in the process of developing practice-specific standards: Pediatric Nutrition, Management of Food and Nutrition Systems, Dietetic Educators of Practitioners, Sports, Cardiovascular and Wellness Nutritionists, and the Supermarket Sub-group of the Food and Culinary Professionals.

**What is meant by “Under the Supervision of the RD”?”**

The definition of supervision is contextual. It varies by setting, by profession, and by intent. For example, supervision may be categorized as to whether it is managerial, clinical, personal, and professional. Further, an individual’s experience in a work setting with supervision may affect their understanding of who a supervisor is and what supervision entails. In formulating a clear and precise definition of the term supervision as it applies to the 2008 Standards of Practice for
the DTR in Nutrition Care, both legal definitions and definitions used in similar practice circumstances were identified and analyzed.

For the purpose of the 2008 Standards of Practice for DTRs in Nutrition Care, ADA describes supervision as follows:

The RD is accountable for the nutrition care of patients in various healthcare settings (e.g. hospitals, nursing homes, home health agencies, end-stage renal facilities) and social services programs (e.g. Special Supplemental Nutrition Program for Women, Infants and Children – better known as the WIC Program, The Older Americans Act). In many healthcare settings, a DTR and other staff may be available to assist the RD. The RD in these settings must answer to patients, employers, boards of dietetics licensure and the legal system if care is compromised.

The RD does not delegate the nutrition care process, but may assign certain tasks for the purpose of providing the RD with needed information (e.g. screening, gathering and organizing data and information) or communicating with and educating patients. The RD may assign to DTRs interventions within DTRs’ scope of practice such as patient education, provision of medical food supplements, and referral to community agencies and programs.

Whether the supervision is direct (RD is on premises and immediately available) or indirect (RD is immediately available by telephone or other electronic means) is determined by regulatory and facility policies and procedures.

Additional considerations:

Regulation: State dietitian licensure statutes and rules may include definitions of supervision and scope of practice specifications for technical and other assistive staff. Federal and state rules and regulations for healthcare facilities and for social service programs specify the qualified dietitian.
Accreditation: Standards verify compliance with federal and state regulatory requirements and may specify additional requirements for the RD.

Other forms of supervision not covered by this definition: This description of supervision as it relates to the RD/DTR team is not synonymous with managerial supervision or oversight, clinical supervision, (e.g. 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.

Why are the Standards Important?
The standards are designed to promote:

- Safe, effective, and efficient dietetic services;
- Evidence-based practice;
- Improved healthcare and dietetic service-related outcomes;
- Continuous quality improvement;
- Dietetics research, innovation and practice development; and
- Development of the individual RD and DTR.

The standards:

- Describe minimum levels of practice and performance;
- Provide common indicators for self-evaluation;
- Promote consistency in practice and performance;
- Describe activities for which RDs and DTRs are accountable;
- Describe the role of dietetics and the unique services that RDs and DTRs provide within the healthcare team;
- Illustrate that dietetic services are provided in a framework that encourages continuous quality improvement;
• Provide a basis for researchers to investigate relationships between dietetics practice and outcomes;
• Provide a framework for educators to set objectives for educational programs; and
• Reflect applicable federal laws and regulations (11, 12).

The standards emphasize:

• The RD/DTR team;
• The role of the DTR as an extension of the RD; for example:
  o Often times being the first staff from the nutrition team that the patient or client meets;
  o Serving as a conduit of nutrition care information at meetings and care conferences; and
  o Contributing to the continuum of care by facilitating communication between staff providing nutrition care and nursing care.

**How are Medical Nutrition Therapy (MNT) and the Nutrition Care Process (NCP) related?**
ADA first defined Medical Nutrition Therapy (MNT) in the mid-1990s to promote the benefits of managing or treating a disease with nutrition (3). Its components included an assessment of nutritional status of patients and the provision of either diet modification, counseling, or specialized nutrition therapies. MNT became a broadly used term to describe a wide variety of nutrition care services.

However in 2001, as part of the Medicare MNT benefit legislation, MNT received a new meaning. MNT services are defined as the “nutritional diagnostic, therapy, and counseling services for the purpose of disease management, which are furnished by a registered dietitian or nutrition professional” (13).

The term registered dietitian or nutrition professional means an individual who holds a baccalaureate or higher degree granted by a regionally accredited college or university in the United States (or an equivalent foreign degree) with completion of the academic requirements of a program in nutrition or dietetics, as accredited by an appropriate national accreditation...
organization recognized by the Secretary of Health and Human Services for this purpose; has completed at least 900 hours of supervised dietetics practice under the supervision of a registered dietitian or nutrition professional; and is licensed or certified as a dietitian or nutrition professional by the State in which the services are performed; or in the case of an individual in a State that does not provide for such licensure or certification, meets such other criteria as the Secretary of Health and Human Services establishes (13).

As a result of this benefit legislation, MNT is but one specific type of nutrition care. The Nutrition Care Process (NCP) is a problem solving method utilized in the application of MNT. The NCP is used to guide nutrition education and other preventative nutrition care services. The NCP articulates the consistent and specific steps exercised when delivering MNT. One of the key distinguishing characteristics between MNT and the other nutrition services using NCP is that MNT always involves in-depth, comprehensive assessment and individualized care (3).

How are the Standards Structured?
The standards are outcome-focused with primarily process-type indicators. Each standard is equal in relevance and importance. Content for descriptions of standards, rationales and indicators for standards of practice are adapted from ADA’s International Dietetics & Nutrition Terminology (IDNT) Reference Manual: Standardized Language for the Nutrition Care Process (14). The standards are structured as follows:

- **Standard:** A brief description of the competent level of dietetics practice.
- **Rationale:** A description of the intent, purpose and importance of the standard.
- **Indicators:** Action statements that illustrate how each standard may be applied in practice.
- **Examples of Outcomes:** Measurable results of applying the indicators to practice.

How Can I Use the Standards to Evaluate My Practice and Performance?
The standards can be used as part of the Commission on Dietetic Registration (CDR) Professional Development Portfolio (PDP) process (15) to develop goals and focus continuing education efforts. The PDP allows RDs and DTRs to engage in reflection, self-assessment, and goal setting which are the critical components of PDP recertification. The figure shows a tool for
reflecting on practice using the 2008 Standards. This assessment can lead to identification of individual learning needs.

**How Do the Standards Relate to My Every Day Practice?**

The 2008 Standards provide a common understanding of the role of the RD and the DTR in patient/client care and in the non-patient care role respectively. The standards also provide a common understanding about the profession’s minimum expectations for practice and performance. Together the two sets of standards form a basis for self-evaluation and improvement and they establish an expectation about dietetic care and service delivery. Professional standards serve as a teaching tool and a guide for both new and experienced RDs and DTRs (16, 17).

The indicators and examples of outcomes are provided to elaborate on the standard. RDs and DTRs may not apply every indicator and achieve every outcome all at once; RDs and DTRs are not limited to the indicators and examples of outcomes provided; and all indicators may not be applicable to all RDs and DTRs.

The standards are written in broad terms to allow for individual practitioners’ handling of non-routine situations. The standards are geared toward the typical situation and toward the practitioner with the RD or DTR credential, not those with credentials or degrees beyond that which is required for RD or DTR certification. The standards are not intended to supersede the individual needs of a patient/client at any given time. RDs and DTRs face complex situations every day. Understanding the unique needs of each situation and the latitude in applying standards is important to providing effective care and service. 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). Practitioners must understand the federal, state and local laws and regulations affecting their practice as well as organizational policies and guidelines (1, 19, 20). Professional standards do not supersede laws and policies; however they can serve as a resource for the development or modification of laws, policies and guidelines.
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 healthcare 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.

SUMMARY
The 2008 ADA Standards of Practice in Nutrition Care and Standards of Professional Performance for RDs and DTRs, practice-specific SOP/SOPP, and the ADA Code of Ethics are used collectively to gauge and guide a competent level of dietetics practice and performance. These resources continue to be reviewed and updated as new trends in the profession of dietetics and external influences emerge.

All RDs and DTRs should have in their personal libraries the most recent copies of the resources that compose the ADA Scope of Dietetics Practice Framework. To ensure that ADA members always have access to the most up to date materials, each resource is maintained on the Practice tab of ADA’s Web Site:  www.eatright.org.
Standards and Rationales

The four standards of practice in nutrition care and six standards of professional performance describe a competent level of dietetics practice and professional performance.

As you read the standards and rationale statements, determine how each relates to your practice.

Indicators

Indicators are action statements that illustrate how each standard can be demonstrated in practice. Indicators link the standards to outcomes.

Read each of the indicator statements. Review your activities and outputs for consistent performance (e.g. medical record documentation, peer interactions, client interactions, and presentations).

Examples of Outcomes

Outcomes are measurable results. Examples are provided for each standard.

Review the examples of outcomes. Review evidence of your competence (e.g. documentation, peer interactions, client interactions, observation, and outputs).

Am I knowledgeable and do I consistently demonstrate my knowledge in practice?
If you see consistent results in your practice, take a continuous improvement approach to implementing the standards and plan to reevaluate on a regular basis.

Do I need to learn more or enhance my practice?
Use this information to develop your Professional Development Plan. The Commission on Dietetic Registration Professional Development Recertification Process offers a framework for the Registered Dietitian and the Dietetic Technician, Registered to develop specific goals, identify learning needs, and pursue continuing education opportunities.

References

12. State Operations Manual. Appendix PP - Guidance to Surveyors for Long Term Care Facilities; (Rev. 26, 08-17-07); Section 483.35;


AMERICAN DIETETIC ASSOCIATION
2008 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/or screening of individuals or groups for nutrition risk factors. Nutrition Assessment is an ongoing, dynamic process that involves not only initial data collection, but also reassessment and analysis of client or community needs. It provides the foundation for Nutrition Diagnosis, the second step of the Nutrition Care Process.

Indicators for Standard 1: Nutrition Assessment

1. Each RD:

1.1 Evaluates dietary intake for factors that affect health and conditions including nutrition risk
   1.1A Adequacy and appropriateness of food, beverage and nutrient intake (e.g., macro and micronutrients; meal patterns; food allergies)
   1.1B Adequacy and appropriateness of current diet prescription
1.2 Evaluates health and disease condition(s) for nutrition related consequences
   1.2A Medical and family history and co-morbidities
   1.2B Physical findings (e.g. physical or clinical exam)
      1.2B1 Anthropometric Measurements
   1.2C Medication management (e.g. prescription, over-the-counter, and herbal medications; medication allergies; medication/food interaction; and adherence)
   1.2D Complications and risks
   1.2E Diagnostic tests, procedures, evaluations
   1.2F Physical activity, habits and restrictions
   1.2G Population-based surveys

1.3 Evaluates psychosocial, socioeconomic, functional and behavioral factors related to food access, selection, preparation, and understanding of health condition
   1.3A Uses validated tools to assess developmental, functional and mental status, and cultural, ethnic and lifestyle factors

1.4 Evaluates client(s) knowledge, readiness to learn and potential for behavior changes
   1.4A History of previous nutrition care services/medical nutrition therapy

1.5 Identifies standards by which data will be compared

1.6 Identifies possible problem areas for determining nutrition diagnoses

1.7 Documents and communicates:
   1.7A Date and time of assessment
   1.7B Pertinent data and comparison to standards
   1.7C Client’s perceptions, values and motivation related to presenting problems
   1.7D Changes in clients’ perceptions, values and motivation related to presenting problems
   1.7E Reason for discharge/discontinuation or referral if appropriate

Examples of Outcomes for Standard 1: Nutrition Assessment

- Appropriate assessment tools and procedures (matching the assessment method to the situation) are implemented
- Assessment tools are applied in valid and reliable ways
- Appropriate data are collected
- Data are validated
- Data are collected, organized and categorized in a meaningful framework that relates to nutrition problems
- Effective interviewing methods are utilized
- 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 (RD) identifies and labels specific nutrition problem(s) that the registered dietitian 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. There is a difference between a nutrition diagnosis and a medical diagnosis. A nutrition diagnosis changes as the client response changes, whereas a medical diagnosis does not change as long as the disease or condition exists. The nutrition diagnosis(es) demonstrates a link to determining goals for outcomes, selecting appropriate interventions and tracking progress in attaining expected outcomes.

Indicators for Standard 2: Nutrition Diagnosis

2. 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 Ranks (classifies) the nutrition diagnosis(es)

2.3 Validates the nutrition diagnosis(es) with clients/community, family members or other healthcare professionals when possible and appropriate

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 – client or community centered
  - Accurate – relates to the etiology
  - 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
Standard 3: Nutrition Intervention

The registered dietitian (RD) identifies and implements appropriate, purposefully planned actions 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/or others, reviewing practice guides and policies, and setting goals and defining the specific nutrition intervention strategy. Implementation of the nutrition intervention is the action phase that includes carrying out and communicating the plan of care, continuing data collection, and revising the nutrition intervention strategy, as warranted, based on the patient/client response. The registered dietitian performs the interventions or assigns the nutrition care that others provide in accordance with federal, state, and local laws and regulations.

Indicators for Standard 3: Nutrition Intervention
3. Each RD:

Plans the Nutrition Intervention:
3.1 Prioritizes the nutrition diagnosis based on problem severity, safety, patient/client needs, likelihood that nutrition intervention will impact problem and patient/client perception of importance
3.2 Bases intervention plan on best available evidence (e.g. national guidelines, published research, evidence-based libraries and databases)
3.3 Refers to policies and program standards
3.4 Confers with patient/client and caregivers
3.5 Determines patient/client-focused goals and expected outcomes
3.6 Details the nutrition prescription
3.7 Defines time and frequency of care
3.8 Utilizes standardized language for describing interventions
3.9 Identifies resources and/or referrals needed

Implements the Nutrition Intervention:
3.10 Collaborates with colleagues
3.11 Communicates the plan of care
3.12 Initiates the plan of care
3.13 Continues data collection
3.14 Individualizes nutrition intervention
3.15 Follows up and verifies that nutrition intervention is occurring
3.16 Adjusts intervention strategies, if needed, as response occurs
3.17 Documents:
   3.17A Date and time
   3.17B Specific treatment goals and expected outcomes
   3.17C Recommended interventions
Examples of Outcomes for Standard 3: Nutrition Intervention

- Appropriate prioritizing and setting of goals/expected outcomes
- Appropriate nutrition plan or prescription is developed
- Interdisciplinary connections are established
- Nutrition interventions are delivered and actions are carried out
- Documentation of nutrition intervention is:
  - Comprehensive
  - Specific
  - Accurate
  - Relevant
  - Timely
  - Dated and Timed
- Documentation of nutrition intervention is revised and updated

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 and describes how best to measure these outcomes. The aim is to promote uniformity within the profession in evaluating the efficacy of nutrition interventions. In addition, an outcomes management system might be implemented.

Indicators for Standard 4: Nutrition Monitoring and Evaluation

4. Each RD:

4.1 Monitors progress:
   4.1A Checks patient/client understanding and compliance with nutrition intervention
   4.1B Determines if the intervention is being implemented as prescribed
   4.1C Provides evidence that the nutrition intervention is or is not
changing the patient/client behavior or status

4.1D Identifies positive or negative outcomes
4.1E Gathers information to indicate progress or reasons for lack of progress
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 (e.g. 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 follow up or discharge

Examples of Outcomes for Standard 4: Nutrition Monitoring and Evaluation

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

- Documentation of nutrition monitoring and evaluation is:
  o Comprehensive
  o Specific
  o Accurate
  o Relevant
  o Timely
  o Dated and Timed
Standard 1: Provision of Services

The registered dietitian (RD) provides quality service based on customer expectations and needs.

Rationale: Quality service is provided, facilitated and promoted based on the RD’s knowledge, experience and understanding of patient/client needs and expectations.

Indicators for Standard 1: Provision of Services
1. Each RD:

1.1 Provides input and is active in the development of nutrition screening parameters
1.2 Audits nutrition screening processes for efficiency and effectiveness
1.3 Contributes to and designs referral process and systems to facilitate public access to dietetic practitioners
1.4 Collaborates with patient/client to assess needs, background, and resources and to set priorities, establish goals, and create individualized action plans
1.5 Informs and involves patients/clients and their families in decision making
1.6 Recognizes patient/client concepts of illness and their cultural beliefs
1.7 Applies knowledge and principles of disease prevention and behavioral change appropriate for diverse populations
1.8 Collaborates and coordinates with colleagues
1.9 Applies knowledge and skills to determine appropriate action plans
1.10 Develops policies and procedures that reflect best evidence and applicable laws and regulations
1.11 Advocates for the provision of food and nutrition services as part of public policy
1.12 Maintains records of services provided
1.13 Develops nutrition protocols and policies for target populations
1.14 Implements food/formulary delivery systems in terms of the nutrition status, health and well-being of target populations

Examples of Outcomes for Standard 1: Provision of Services

- Patients/clients participate in establishing goals
- Patients/clients needs are met
- Patients/clients are satisfied with services and products
- Evaluations reflect expected outcomes
- Effective screening and referral services are established
- Patients/clients have access to food assistance
- Patients/clients have access to nutrition services
Standard 2: Application of Research

The registered dietitian (RD) applies, participates in or generates research to enhance practice.

Rationale: Application, participation and generation of research promotes improved safety and quality of dietetic practice and services.

Indicators for Standard 2: Application of Research

2. Each RD:

2.1 Accesses and reviews best available research findings for application to dietetics practice
2.2 Bases practice on significant scientific principles and best evidence
2.3 Integrates best evidence with clinical and managerial expertise and client values
2.4 Promotes research through alliances and collaboration with dietetics and other professionals and organizations
2.5 Contributes to the development of new knowledge and research in dietetics
2.6 Collects measurable data and documents outcomes within practice setting
2.7 Communicates research data and activities through publications and presentations

Examples of Outcomes for Standard 2: Application of Research

- Patient/client receives appropriate services based on the effective application of best evidence
- A foundation for performance measurement and improvement is established
- Best evidence is used for the development and revision of resources used in practice
- Benchmarking and knowledge of best practices is used to evaluate and improve performance

Standard 3: Communication and Application of Knowledge

The registered dietitian (RD) effectively applies knowledge and communicates with others.

Rationale: Registered dietitians work with and through others to achieve common goals by effective sharing and application of their unique knowledge and skills in food, human nutrition, and management services.

Indicators for Standard 3: Communication and Application of Knowledge

3. Each RD:

3.1 Exhibits knowledge related to a particular aspect of the profession of dietetics
3.2 Communicates and applies scientific principles, research and theory
3.3 Selects appropriate information and best method or format for presenting in writing or verbally when communicating information
3.4 Integrates knowledge of food and human nutrition with knowledge of health, social sciences, communication and management
3.5 Shares knowledge and information with patients/clients, colleagues and the public
3.6 Guides students, interns and patients/clients in the application of knowledge and skills
3.7 Seeks current and relevant information related to practice
3.8 Contributes to the development of new knowledge
3.9 Uses information technology to communicate, manage knowledge, and support decision making
3.10 Contributes to the multidisciplinary approach by promoting food and nutrition strategies that impact health and quality of life outcomes of target populations
3.11 Establishes credibility as a resource within the multidisciplinary healthcare or management team

Examples of Outcomes for Standard 3: Communication and Application of Knowledge

- Expertise in food, nutrition and management is shared
- Individuals and groups:
  - Receive current and appropriate information
  - Understand information received
  - Know how to obtain additional guidance

Standard 4: Utilization and Management of Resources

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

Rationale: Mindful management of time, money, facilities, staff and other resources demonstrates organizational citizenship.

Indicators for Standard 4: Utilization and Management of Resources

4. Each RD:

4.1 Uses a systematic approach to maintain and manage resources
4.2 Quantifies management of resources in the provision of dietetic services
4.3 Evaluates safety, effectiveness and value while planning and delivering services and products
4.4 Participates in continuous quality improvement and documents outcomes relative to resource management
4.5 Assists individuals and groups to identify and secure appropriate and available resources and services

Examples of Outcomes for Standard 4: Utilization and Management of Resources

- Documentation of resource use is consistent with plan
- Data are used to promote and validate services
- Desired outcomes are achieved and documented
- Resources are effectively and efficiently managed
Standard 5: Quality in Practice

The registered dietitian (RD) systematically evaluates the quality of services and improves practice based on evaluation results.

Rationale: Quality practice requires regular performance evaluation and continuous improvement.

Indicators for Standard 5: Quality in Practice

5. Each RD:

5.1 Knows, understands and complies with federal, state and local laws and regulations
5.2 Understands pertinent national quality and safety initiatives (e.g. The Institute of Medicine, The National Quality Forum, The Institute for Healthcare Improvement)
5.3 Implements an Outcomes Management System to evaluate the effectiveness and efficiency of practice
5.4 Understands and continuously measures quality of dietetic services in terms of process and outcomes
5.5 Identifies performance improvement criteria to monitor effectiveness of services
5.6 Designs and tests interventions to improve processes and services
5.7 Identifies and addresses errors and hazards in dietetic services
5.8 Identifies expected outcomes
5.9 Documents outcomes
5.10 Compares actual performance to expected outcomes
5.11 Documents actions taken when discrepancies exist between actual performance and expected outcomes
5.12 Continuously evaluates and refines services based on measured outcomes

Examples of Outcomes for Standard 5: Quality in Practice

- Performance indicators are measured and evaluated
- Aggregate outcomes results meet pre-established criteria (goals/objectives)
- Results of quality improvement activities direct refinement of practice

Standard 6: Competency and Accountability

The registered dietitian (RD) engages in lifelong learning.

Rationale: Competent and accountable practice includes continuous acquisition of knowledge and skill development.
Indicators for Standard 6: Competence and Accountability

6. Each RD:

6.1 Conducts self-assessment of strengths and weaknesses at regular intervals
6.2 Identifies needs for development from a variety of sources
6.3 Participates in peer review
6.4 Mentors others
6.5 Develops and implements a plan for professional growth
6.6 Documents development activities
6.7 Adheres to the ADA Code of Ethics
6.8 Assumes responsibility for actions and behaviors
6.9 Integrates the ADA Standards of Practice and Standards of Professional Performance into self-assessment and development plans
6.10 Applies research findings and best available evidence into practice
6.11 Obtains occupational certifications in accordance with federal, state and local laws and regulations
6.12 Seeks leadership opportunities

Examples of Outcomes for Standard 6: Competence and Accountability

- Self assessments are completed
- Development needs are identified
- Directed learning is demonstrated
- Practice reflects the ADA Code of Ethics
- Practice reflects the ADA Standards of Practice and Standards of Professional Performance
- Practice reflects best available evidence
- Relevant certifications are obtained
- Commission on Dietetic Registration recertification requirements are met
The term supervision is utilized in the following Standards of Practice for DTRs in Nutrition Care.

For the purpose of this document ADA describes supervision as follows:

The RD is accountable for the nutrition care of patients in various healthcare settings (e.g. hospitals, nursing homes, home health agencies, end-stage renal facilities, other) and social services programs (e.g. WIC, Older Americans, other). In many healthcare settings, a DTR and other staff may be available to assist the RD. The RD in these settings must answer to patients, employers, boards of dietetics licensure and the legal system if care is compromised.

The RD does not delegate the nutrition care process, but may assign certain tasks for the purpose of providing the RD with needed information (e.g. screens, gathering of data and other information) or communicating with and educating patients. The RD may assign to DTRs interventions within the DTR’s scope of practice such as provision of meals and snacks that meet the Dietary Guidelines for Americans.

Whether the supervision is direct (RD is on premises and immediately available) or indirect (RD is immediately available by telephone or other electronic means) is determined by regulatory and facility policies and procedures.

Additional considerations related to this description include:

**Regulation**: State dietitian licensure statutes and rules may include definitions of supervision and scope of practice specifications for technical and other assistive staff. Federal and state rules and regulations for healthcare facilities and for social service programs specify the qualified dietitian.

**Accreditation**: Standards verify compliance with federal and state regulatory requirements and may specify additional requirements for the RD.

**Other forms of supervision not covered by this definition**: This description of supervision as it relates to the RD/DTR team is not synonymous with managerial supervision or oversight, clinical supervision, (e.g. 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.
Standard 1: Participates in Nutrition Screening and Provides Support to Nutrition Assessment

The dietetic technician, registered (DTR) participates in the nutrition screening of individuals and/or populations and obtains and verifies relevant data and information in a timely manner for support of nutrition assessment under the supervision of a registered dietitian (RD).

Rationale: Nutrition Screening is the preliminary step that precedes the first step of the Nutrition Care Process – Nutrition Assessment. Although nutrition assessment is the responsibility of the registered dietitian, the DTR takes an active role in obtaining and verifying relevant data and information for the RD to complete the assessment.

Indicators for Standard 1: Participates in Nutrition Screening and Provides Support to Nutrition Assessment
1. The DTR assists the RD by obtaining and documenting verifiable, relevant data and information for individuals and/or populations by the following:

1.1 Conducts nutrition screening according to pre-established criteria
1.2 Conducts dietary intakes:
   1.2A Collects dietary/nutrient intake information
   1.2B Records dietary/nutrient intake data
   1.2C Calculates dietary/nutrient intake
   1.2D Compares calculated intake to standards that have been identified by the RD
   1.2E Summarizes dietary intake information
1.3 Conducts interviews and/or reviews records for:
   1.3A Medical and family history and co-morbidities
   1.3B Physical observations
      1.3B1 Anthropometric measurements
   1.3C Medication data (e.g. prescription, over-the-counter, and herbal medications; medication allergies; potential for medication/food interaction; adherence)
   1.3D Potential nutrition-related complications and risks
   1.3E Diagnostic tests, procedures, evaluations and population-based surveys
   1.3F Physical activity habits and restrictions
   1.3G Psychosocial, socioeconomic, functional and behavioral factors related to food access, selection, preparation, and understanding of health condition
1.4 Documents and communicates:
   1.4A Date and time of interviews
   1.4B Date and time of records and data review
   1.4C Pertinent data and comparisons to standards
   1.4D Patient/client perceptions, interest, and motivation related to nutrition care
   1.4E Patient/client level of understanding, reported food-related behaviors, and other pertinent information
Examples of Outcomes for Standard 1: Participates in Nutrition Screening and Provides Support to Nutrition Assessment

- Effective interviewing methods are utilized
- Appropriate data are recorded
- Data can be verified
- Data are organized and categorized in a meaningful framework that relates to nutrition problems
- Documentation is:
  - Comprehensive
  - Specific
  - Accurate
  - Relevant
  - Timely
  - Dated and Timed
- Corrections to recorded data are made by approved methods

Standard 2: Provides Support to Nutrition Diagnosis

The dietetic technician, registered (DTR) obtains, verifies and documents relevant data and information to support the registered dietitian (RD) in identifying nutrition diagnoses of individuals or nutrition problems for populations. The dietetic technician, registered observes and communicates signs, symptoms, and other relevant information in a timely and accurate manner.

Rationale: The Nutrition Diagnosis is the second step in the Nutrition Care Process. The DTR contributes to nutrition diagnosis by obtaining and verifying relevant data and information about signs and symptoms for the RD to effectively cluster, analyze, and synthesize information to determine a nutrition diagnostic category(ies). Timely/appropriate nutrition diagnosis by the RD leads to timely/appropriate nutrition intervention.

Indicators for Standard 2: Provide Support to Nutrition Diagnosis

2. The DTR assists the RD by obtaining and documenting accurate, relevant data and information about signs and symptoms for individuals and/or populations by the following:

2.1 Observes and obtains signs and symptoms (defining characteristics)
2.2 Verifies signs and symptoms with clients/community, family members, or other health care professionals when possible and appropriate
2.3 Documents signs and symptoms / defining characteristics
2.4 Communicates information about signs and symptoms / defining characteristics to the RD
Examples of Outcomes for Standard 2: Provide Support to Nutrition Diagnosis

- Documentation of signs and symptoms is:
  - Comprehensive
  - Specific
  - Accurate
  - Relevant
  - Timely
  - Dated and Timed
- Documentation of signs and symptoms is updated as additional data and information become available

Standard 3: Provides Support to Nutrition Intervention as Directed by a Registered Dietitian

The dietetic technician, registered (DTR) assists the registered dietitian (RD) with nutrition interventions related to the nutrition diagnosis by implementing appropriate, purposefully planned intervention designed with the intent of changing a nutrition-related behavior, risk factor, environmental condition or aspect of health status for individuals and/or populations.

Rationale: Nutrition Intervention is the third step of the Nutrition Care Process. Nutrition intervention is purposefully planned actions designed with the intent of changing nutrition-related behaviors, risk factors, environmental conditions or aspect of health status for an individual, target group or community-at-large. The DTR contributes to nutrition intervention by performing certain interventions such as nutrition classes and patient education with the goal of positively influencing the nutrition diagnosis/problem.

Indicators for Standard 3: Provide Support to Nutrition Intervention as Directed by a Registered Dietitian

3. The DTR assists the RD by performing certain nutrition interventions for individuals and/or populations by the following:

3.1 Provides interventions as planned and directed by an RD and in accordance with
   3.1A Federal, state and local statutes and regulations
   3.1B Healthcare facility or program policies and procedures
3.2 Responds to patient/client inquiries regarding interventions that are within the established plan of care and consistent with the DTR’s demonstrated competencies
3.3 Communicates and clarifies the nutrition care plan, as developed by an RD, with patients/clients and interdisciplinary healthcare team members
3.4 Documents intervention activities
3.5 Verifies that nutrition interventions are occurring and patient/client needs are being met
Examples of Outcomes for Standard 3: Provide Support to Nutrition Intervention as Directed by a Registered Dietitian

- Nutrition prescription is implemented
- Documentation of intervention is
  - Comprehensive
  - Specific
  - Accurate
  - Relevant
  - Timely
  - Dated and timed
- Patient/client menus reflect nutrition prescription
- DTR reports to the RD observed changes in the patient/client status that might impact the planned intervention
- Interdisciplinary connections are established

Standard 4: Provides Nutrition Monitoring and Supports Nutrition Evaluation

The dietetic technician, registered (DTR) participates in the nutrition monitoring of individuals and/or populations under the supervision of the registered dietitian (RD). The dietetic technician, registered uses selected indicators as established by or in communication with the registered dietitian that are relevant to the patient’s/client’s defined needs, nutrition diagnosis/problem, nutrition goals, and health status.

Rationale: Nutrition Monitoring and Evaluation is the fourth step in the Nutrition Care Process. By obtaining nutrition data and information at scheduled (pre-planned) follow-up points the DTR assists the RD in nutrition monitoring and supports nutrition evaluation by the RD.

Indicators for Standard 4: Provides Nutrition Monitoring and Supports Nutrition Evaluation

4. The DTR provides nutrition monitoring as support to nutrition evaluation of individuals and/or populations by the following:

4.1 Checks client understanding and adherence with plan for care
4.2 Determines whether the intervention is being implemented as prescribed
4.3 Identifies data and information impacting the effectiveness of the intervention strategy
4.4 Communicates with the RD regarding monitoring activities and findings
4.5 Participates in discharge planning for individuals and/or populations
4.6 Tracks and Documents:
   4.6A Progress toward goals
   4.6B Factors impacting progress
   4.6C Changes in patient/client level of understanding and food-related behaviors
   4.6D Change in clinical data, health or functional status
   4.6E Outcomes of intervention
Examples of Outcomes for Standard 4: Provides Nutrition Monitoring and Supports Nutrition Evaluation

- Documentation of monitoring may include:
  - Knowledge or understanding
  - Behavior
  - Intake
  - Laboratory values
  - Body Weight
  - Blood pressure
  - Complications
  - Activities of daily living
  - Medication/diet prescription changes
  - Satisfaction measurement
  - Communications with the RD
  - Participation in discharge planning

- Observed deviations in implementation of nutrition care plan are reported to the RD

- Documentation of monitoring is:
  - Comprehensive
  - Specific
  - Accurate
  - Relevant
  - Timely
  - Dated and timed
Standard 1: Provision of Services

The dietetic technician, registered (DTR) provides quality service based on customer expectations and needs.

Rationale: Quality service is provided, facilitated and promoted based on the DTR’s knowledge, experience and understanding of patient/client needs and expectations.

Indicators for Standard 1: Provision of Services

1. Each DTR:
   
   1.1 Implements established screening systems
   1.2 Implements established referral systems
   1.3 Informs and involves patients/clients and their families in decision making
   1.4 Recognizes patient/client concepts of illness and their cultural beliefs
   1.5 Applies knowledge and principles of disease prevention and behavioral change appropriate for diverse populations
   1.6 Collaborates and coordinates with other practitioners as appropriate
   1.7 Applies knowledge and skills to participate in determining the most appropriate action plan
   1.8 Delivers services according to policies and procedures that reflect best evidence and applicable laws and regulations
   1.9 Advocates for the provision of food and nutrition services as part of public policy
   1.10 Maintains records of services provided

Examples of Outcomes for Standard 1: Provision of Services

- Patients/clients needs are met
- Patients/clients are satisfied with services and products
- Screening and referral services are implemented as designed
- Patients/clients have access to food assistance
- Patients/clients have access to nutrition services

Standard 2: Application of Research

The dietetic technician, registered (DTR) participates in research to enhance practice.

Rationale: Participation in dietetics research leads to improved safe and quality practice and services.
Indicators for Standard 2: Application of Research

2. Each DTR in collaboration with RDs and other healthcare professionals:

2.1 Reviews best available research findings for application to dietetics practice
2.2 Bases practice on significant scientific principles and best evidence
2.3 Integrates best evidence with clinical and managerial expertise and client values
2.4 Collects measurable data and documents outcomes within practice setting
2.5 Contributes ideas and assists in activities of the research team

Examples of Outcomes for Standard 2: Application of Research

- Patient/client receives appropriate services based on the effective application of best evidence
- A foundation for performance measurement and improvement is established
- Best evidence is used for the development and revision of resources used in practice
- Benchmarking and knowledge of best practices is used to evaluate and improve performance

Standard 3: Communication and Application of Knowledge

The dietetic technician, registered (DTR) effectively applies knowledge and communicates with others.

Rationale: Dietetic technicians, registered work with and through others to achieve common goals by effective sharing and application of their unique knowledge and skills in food, human nutrition, and management services.

Indicators for Standard 3: Communication and Application of Knowledge

3. Each DTR:

3.1 Exhibits knowledge related to a specific area(s) of dietetic service
3.2 Integrates knowledge of food and human nutrition with knowledge of health, social sciences, communication and management
3.3 Selects appropriate information and best method or format for presenting in writing or verbally when communicating information
3.4 Shares knowledge and information with patients/clients, colleagues and the public
3.5 Guides students, interns and patients/clients in the application of knowledge and skills
3.6 Seeks current and relevant information related to practice
3.7 Contributes to the development of new knowledge
3.8 Uses information technology to communicate, manage knowledge, and support decision making
3.9 Establishes credibility as a resource within the multidisciplinary healthcare or management team
Examples of Outcomes for Standard 3: Communication and Application of Knowledge

- Expertise in food, nutrition and management is shared
- Individuals and groups:
  - Receive current and appropriate information
  - Understand information received
  - Know how to obtain additional guidance

Standard 4: Utilization and Management of Resources

The dietetic technician, registered (DTR) uses resources effectively and efficiently.

Rationale: Mindful management of time, money, facilities, staff and other resources demonstrates organizational leadership.

Indicators for Standard 4: Utilization and Management of Resources

4. Each DTR:

4.1 Uses a systematic approach to maintain and manage resources
4.2 Quantifies management of resources in the provision of dietetic services
4.3 Participates in evaluations of safety, effectiveness and value while planning and delivering services and products
4.4 Participates in continuous quality improvement and documents outcomes relative to resource management
4.5 Assists individuals and groups to identify and secure appropriate and available resources and services

Examples of Outcomes for Standard 4: Utilization and Management of Resources

- Documentation of resource use is consistent with plan
- Data are used to promote and validate services
- Desired outcomes are achieved and documented
- Resources are effectively and efficiently managed

Standard 5: Quality in Practice

The dietetic technician, registered (DTR) participates in systematic evaluations of the quality of services and improves practice based on evaluation results.

Rationale: Quality practice requires regular performance evaluation and continuous improvement.
**Indicators for Standard 5: Quality in Practice**

5. *Each DTR:*

5.1 Knows, understands and complies with federal, state and local laws and regulations
5.2 Understands pertinent national quality and safety initiatives (e.g. The Institute of Medicine, The National Quality Forum, The Institute for Healthcare Improvement)
5.3 Participates in an Outcomes Management System to evaluate the effectiveness and efficiency of dietetic practice
5.4 Participates in the collection of measures of the quality of dietetic services in terms of process and outcomes
5.5 Collects performance improvement criteria designed to monitor the effectiveness of services
5.6 Helps to design and test interventions to improve processes and services
5.7 Identifies and communicates errors and hazards in dietetic services
5.8 Documents outcomes
5.9 Compares actual performance to expected outcomes
5.10 Documents actions taken when discrepancies exist between actual performance and expected outcomes
5.11 Continuously evaluates and refines services based on measured outcomes

**Examples of Outcomes for Standard 5: Quality in Practice**

- Performance improvement criteria are measured
- Performance measurement data are collected
- Aggregate outcomes meet pre-established criteria (goals/objectives)
- Results of quality improvement activities direct refinement of practice

**Standard 6: Competence and Accountability**

*The dietetic technician, registered (DTR) engages in lifelong learning.*

**Rationale:** Competent and accountable practice includes continuous acquisition of knowledge and skill development.

**Indicators for Standard 6: Competence and Accountability**

6. *Each DTR:*

6.1 Conducts self-assessment of strengths and weakness at regular intervals
6.2 Identifies needs for development from a variety of sources
6.3 Participates in peer review and mentors others
6.4 Develops and implements a plan for professional growth
6.5 Documents development activities
6.6 Adheres to the ADA Code of Ethics
6.7 Assumes responsibility for actions and behaviors
6.8  Integrates the ADA Standards of Practice and Standards of Professional Performance into self-assessment and development plans
6.9  Applies research findings and best available evidence into practice
6.10 Seeks leadership opportunities

Examples of Outcomes for Standard 6: Competence and Accountability

- Self assessments are completed
- Development needs are identified
- Directed learning is demonstrated
- Practice reflects the ADA Code of Ethics
- Practice reflects the ADA Standards of Practice and Standards of Professional Performance
- Practice reflects best available evidence
- Relevant certifications are obtained
- Commission on Dietetic Registration recertification requirements are met