

**HUMAN NUTRITION DEPARTMENT
FOREIGN DIETITIAN EDUCATION PROGRAM – ACEND**

STUDENTS' HANDBOOK

2023-2024

Human Nutrition Department

Head of Department's Message

Dear Students,

Welcome to the Human Nutrition Department (HND) at the College of Health Sciences, member of QU health, Qatar University.

At the HND, we prepare you to become professionals in Nutrition and Dietetics to support the health and wellness in Qatar and the region, and to contribute to Qatar University's vision to be a catalyst for sustainable health and socio-economic development. In line with Qatar University values, we at the HND, are committed to and advocate for, excellence in teaching and research, integrity, academic freedom, diversity, innovation and social responsibility.

Our diverse and dedicated faculty teach and conduct research that address relevant local and regional challenges in Nutrition and Food Science, broadens knowledge, and actively contributes to addressing the needs and aspirations of society. Indeed, our department is dedicated to addressing the core needs of the country of Qatar in line with Qatar National Vision 2030 (QNV 2030) and sustainable development goals.

HND offers a **Bachelor of Science (BSc) in Human Nutrition**, a **Master of Science (MSc) in Human Nutrition**, and a **minor in Food Safety**. We are happy to share that our BSc program in Human Nutrition is accredited by the Accreditation Council for the Education of Nutrition and Dietetics (ACEND), reflecting our commitment to providing quality education to our students.

I welcome you again and wish you the best in your academic journey at the HND. As we continue to work toward our goal of excellence in teaching, research, and outreach, I invite you to explore all opportunities herein. Your instructors and I remain available to help and assist you at every step of the way!

Sincerely,

Dr. Maya Bassil, MSc, PhD.
Head of the Human Nutrition Department

PART I – HUMAN NUTRITION DEPARTMENT

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Mission Statements and Goals

Qatar University Mission

Qatar University is the national institution of higher education in Qatar. It provides high quality undergraduate and graduate programs that prepare competent graduates, destined to shape the future of Qatar. The university community has diverse and committed faculty who teach and conduct research, which addresses relevant local and regional challenges, advances knowledge, and contributes actively to addressing the needs and aspirations of society.

College of Health Sciences Mission

In alignment with the Qatar Vision 2030, the mission of the College of Health Sciences is to prepare competent graduates who will contribute to the delivery of optimal healthcare, to promote research and scholarly activity and to prepare for careers in health care and higher education.

BSc. in Human Nutrition Program Mission

The mission of the Human Nutrition Department (HND) in Qatar University is to prepare competent graduates as entry-level dietitians and nutritionists with a strong foundation in the applied science of nutrition, research methodologies, food service management, evidence-based practice, and professional leadership. It supplies students with the skills and knowledge required to practice nutrition intervention for the community. In addition, the program provided by HND combines both theoretical coursework and nutrition application preparing HND students to confidently address today's complex nutrition and health issues, and become leaders in the field promoting healthy food practices across the community.

Human Nutrition Department

Program Summary

The Human Nutrition Department at Qatar University provides the students with course work and supervised practice program to prepare students for entry-level practice in dietetics, nutrition and food industry professions. The knowledge and professional skills that the students acquire in the nutritional sciences and food science give the students an understanding of community nutrition, medical nutrition therapy, and foodservice operation and management.

Upon graduation with a B.Sc. in Human Nutrition, the graduate is qualified for employment in nutrition, dietetics, food industry and other related areas, as well as, to pursue graduate studies.

The BSc in Human Nutrition is an accredited program by the Accreditation Council for Education in Nutrition and Dietetics (ACEND) of the Academy of Nutrition and Dietetics (AND). It is a Foreign Dietitian Education (FDE) program that provides nutrition and dietetics coursework and supervised practice experiences to meet ACEND's core knowledge and competency requirements to become a nutrition and dietetics practitioner.

Qatar University is one of the first university in the gulf region and the Middle East that granted the full academic accreditation of the Human Nutrition and dietetics program for the full duration of 7 years starting from August 2017. The next accreditation cycle will be in 2025.

Accreditation Statement

Qatar University Dietitian Education Program is accredited from the Accreditation Council for Education in Nutrition and Dietetics (ACEND), 120 South Riverside Plaza, Suite 2190, Chicago, IL, 60606-6995, (800) 877-1600 ext. 5400, <http://www.eatright.org/ACEND>

The department has been granted a status of coordinated program in dietetics candidacy for accreditation by the Accreditation Council for Education in Nutrition and Dietetics (ACEND) in July 2014.

Educational objectives (ACEND goals)

1. Program graduates will be prepared for careers as dietitians and nutrition professionals who will enhance the nutritional well-being and health of individuals and population of Qatar.
2. Program graduates will develop expertise in pediatric clinical nutrition to address the nutrition care needs of children / adolescents with malnutrition, obesity, diabetes, and inherited errors of metabolism (predominantly homocystinuria).

Operational objectives (ACEND objectives)

The HND program in Qatar University has two goals.

Program Goal I:

Program graduates will be prepared for careers as dietitians and nutrition professionals who will enhance the nutritional well-being and health of individuals and population of Qatar.

Objective 1.1. At least 80% of students complete program requirements within 4.5 years (150% of planned program length)

Objective 1.2. Of graduates who seek employment, at least 75% percent are employed in nutrition and dietetics or related fields within 12 months of graduation

Objective 1.3

- a. At least 80% percent of program graduates take the country's dietitian credentialing exam within 12 months of program completion (when applicable).
- b. The program's one-year pass rate (graduates who pass the registration exam within one year of first attempt) on the country's dietitian credentialing exam is at least 80% (when applicable).

Objective 1.4. Within one year of graduation, at least 85% of HND graduates seeking higher qualifications will be enrolled in an advanced education/certification program

Objective 1.5. Ninety percent of employed HND graduates will rate themselves as "satisfactory prepared" or higher for their first position.

Objective 1.6. During the first year of employment, at least 90% of HND graduates will be rated by employers as satisfactory or higher in knowledge and professional skills.

Program Goal II

Program graduates will develop expertise in pediatric clinical nutrition to address the nutrition care needs of children / adolescents with malnutrition, obesity, diabetes, and inherited errors of metabolism (predominantly homocystinuria).

Objective 2.1. Ninety percent of HND graduates addressing cases of pediatric nutrition will rate themselves as "satisfactory prepared" or higher for their first position.

Objective 2.2. At least 80% of HND graduates employed in clinical pediatrics will be rated by employers as above average (or higher) in clinical pediatric knowledge and professional skills during the first year of employment or professional practices.

Program outcomes data are available upon request on nutrition@qu.edu.qa

Program Learning Outcomes (PLO)

The Program Learning Objectives (PLO) specify the knowledge and competencies that each student will display during the Human Nutrition Program. The foundation knowledge and core competencies for the dietitian specify what every dietitian needs to know and do as an entry-level practitioner. The program learning outcomes are introduced and developed in the didactic courses and mastered in the supervised practice program and professional development courses.

Upon completion of the human nutrition program, all graduates will be able to:

PLO 1. (Domain 1) Evaluate scientific information and apply evidence-based practice, including the integration of scientific information and translation of research into practice.

- KRDN 1.1 Demonstrate how to locate, interpret, evaluate and use professional literature to make ethical, evidence- based decisions
- KRDN 1.2 Select and use appropriate current information technologies to locate and apply evidence-based guidelines and protocols
- KRDN 1.3 Apply critical thinking skills

- CRDN 1.1 Select indicators of program quality and/or customer service and measure achievement of objectives.
- CRDN 1.2 Evaluate research and apply evidence-based guidelines, systematic reviews and scientific literature in nutrition and dietetics practice.
- CRDN 1.3 Justify programs, products, services and care using appropriate evidence or data.
- CRDN1.4 Conduct projects using appropriate research or quality improvement methods, ethical procedures and data analysis utilizing current and/or new technologies
- CRDN 1.5 Incorporate critical-thinking skills in overall practice.

PLO 2. (Domain 2) Demonstrate the expected professional beliefs, values, attitudes, and behaviors for the practice of nutrition and dietetics.

- KRDN 2.1 Demonstrate effective and professional oral and written communication and documentation
- KRDN 2.2 Describe the governance of nutrition and dietetics practice, such as the scope of practice for RDN and the code of ethics for the profession of Nutrition and Dietetics
- KRDN 2.3 Assess the impact of a public policy position on nutrition and dietetics practice
- KRDN 2.4 Discuss the impact of a health care policy and different health care delivery systems on food and nutrition services
- KRDN 2.5 Identify and describe the work of interprofessional teams and the roles of the others with whom the registered dietitian nutritionist
- KRDN 2.6 Demonstrate cultural humility, awareness of personal biases and an understanding of cultural differences as they contribute to diversity, equity and inclusion
- KRDN 2.7 Describe contributing factors to health inequity in Nutrition and Dietetics including structural bias, social inequities, health disparities and discrimination
- KRDN 2.8 Participate in a nutrition and dietetic professional organization and explain the significant role of the organization
- KRDN 2.9 Defend a position on issues impacting the nutrition and dietetics profession

- CRDN 2.1 Practice in compliance with current federal regulations and state statutes and rules, as applicable, and in accordance with accreditation standards and the Scope of Practice for the Registered Dietitian Nutritionist, Standards of Practice, Standards of Professional Performance, and Code of Ethics for the Profession of Nutrition and Dietetics.
- CRDN 2.2 Demonstrate professional writing skills in preparing professional communications.
- CRDN 2.3 Demonstrate active participation, teamwork and contributions in-group settings.
- CRDN 2.4 Function as a member of interprofessional teams.
- CRDN 2.5 Work collaboratively with NDTRs and/or support personnel in other disciplines.

Abbreviations:

KRDN = Knowledge for Registered Dietitian Nutritionist
CRDN = Competencies for Registered Dietitian Nutritionist

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

CRDN 2.7 Apply change management strategies to achieve desired outcomes.

CRDN 2.8 Demonstrate negotiation skills.

CRDN 2.9 Actively contribute to nutrition and dietetics professional and community organizations.

CRDN 2.10 Demonstrate professional attributes in all areas of practice.

CRDN 2.11 Show cultural humility in interactions with colleagues, staff, clients, patients and the public.

CRDN 2.12 Implement culturally sensitive strategies to address cultural biases and differences.

CRDN 2.13 Advocate for local, state or national legislative and regulatory issues or policies impacting the nutrition and dietetics profession.

PLO3. (Domain 3) Perform clinical and client services, comprising the development and delivery of information, products and services to individuals, groups, and populations.

KRDN 3.1 Use the Nutrition care process and clinical workflow elements to assess nutritional parameters, diagnose nutrition-related problems and determine appropriate nutrition interventions and develop plans to monitor the effectiveness of these interventions

KRDN 3.2 Develop an educational session or program/educational strategy for a target population

KRDN 3.3 Demonstrate counselling and education methods to facilitate behavior change and enhance wellness for diverse individuals and groups

KRDN 3.4 Practice routine health screening assessment including measuring blood pressure and conducting waived point of care laboratory testing such as blood glucose or cholesterol

KRDN 3.5 Describe concepts of nutritional genomics and how they relate to medical nutrition therapy, health and disease

KRDN 3.6 Develop nutritionally sound meals, menus and meal plans that promote health and disease management and meet client's/patient's needs.

CRDN 3.1 Perform Medical Nutrition Therapy by utilizing the Nutrition Care Process including use of standardized nutrition terminology as a part of the clinical workflow elements for individuals, groups and populations of differing ages and health status, in a variety of settings.

CRDN 3.2 Conduct nutrition focused physical exams.

CRDN 3.3 Perform routine health screening assessments including measuring blood pressure, conducting waived point-of-care laboratory testing (such as blood glucose or cholesterol), recommending and/or initiating nutrition-related pharmacotherapy plans (such as modifications to bowel regimens, carbohydrate to insulin ratio, B₁₂ or iron supplementation).

CRDN 3.4 Provide instruction to clients/patients for self-monitoring blood glucose considering diabetes medication and medical nutrition therapy plan.

CRDN 3.5 Explain the steps involved and observe the placement of nasogastric or nasoenteric feeding tubes; if available, assist in the process of placing nasogastric or nasoenteric feeding tubes.

CRDN 3.6 Conduct a swallow screen and refer to the appropriate health care professional for full swallow evaluation when needed.

- CRDN 3.7 Demonstrate effective communication and documentation skills for clinical and client services in a variety of formats and settings, which include telehealth and other information technologies and digital media.
- CRDN 3.8 Design, implement and evaluate presentations to a target audience.
- CRDN 3.9 Develop nutrition education materials that are culturally and age appropriate and designed for the literacy level of the audience.
- CRDN 3.10 Use effective education and counseling skills to facilitate behavior change.
- CRDN 3.11 Develop and deliver products, programs or services that promote consumer health, wellness and lifestyle management.
- CRDN 3.12 Deliver respectful, science-based answers to client/patient questions concerning emerging trends.
- CRDN 3.13 Coordinate procurement, production, distribution and service of goods and services, demonstrating and promoting responsible use of resources.
- CRDN 3.14 Develop and evaluate recipes, formulas and menus for acceptability and affordability that accommodate the cultural diversity and health needs of various populations, groups and individuals.

PLO 4. (Domain 4) Demonstrate clinical practice management skills and the use of resources, including the strategic application of principles of management and systems in the provision of services to individuals and organizations.

- KRDN 4.1 Apply management theories to the development of programs or services
- KRDN 4.2 Evaluate a budget/financial management plan and interpret financial data
- KRDN 4.3 Demonstrate an understanding of the regulation system related to billing and coding, what services are reimbursable by third party payers and how reimbursement may be obtained
- KRDN 4.4 Apply the principles of human resource management to different situations
- KRDN 4.5 Apply safety and sanitation principles related to food, personnel and customers
- KRDN 4.6 Explain the processes involved in delivering quality food and nutrition services
- KRDN 4.7 Evaluate data to be used in decision making for continuous quality improvement
- CRDN 4.1 Participate in management functions of human resources (such as training and scheduling).
- CRDN 4.2 Perform management functions related to safety, security and sanitation that affect employees, clients, patients, facilities and food.
- CRDN 4.3 Conduct clinical and client service quality management activities (such as quality improvement or quality assurance projects).

Abbreviations:

KRDN = Knowledge for Registered Dietitian Nutritionist

CRDN = Competencies for Registered Dietitian Nutritionist

- CRDN 4.4 Apply current information technologies to develop, manage and disseminate nutrition information and data.
- CRDN 4.5 Analyze quality, financial and productivity data for use in planning.
- CRDN 4.6 Propose and use procedures as appropriate to the practice setting to promote sustainability, reduce waste and protect the environment.
- CRDN 4.7 Conduct feasibility studies for products, programs or services with consideration of costs and benefits.
- CRDN 4.8 Develop a plan to provide or develop a product, program or service that includes a budget, staffing needs, equipment and supplies.
- CRDN 4.9 Engage in the process for coding and billing for nutrition and dietetics services to obtain reimbursement from public or private payers, fee-for-service and value-based payment systems.
- CRDN 4.10 Analyze risk in nutrition and dietetics practice (such as risks to achieving set goals and objectives, risk management plan, or risk due to clinical liability or foodborne illness).

PLO 5. (Domain 5) Apply leadership and career management, encompassing the strengths, knowledge and experience relevant to leadership potential and professional growth for the nutrition and dietetics practitioner.

- KRDN 5.1 Perform self-assessment that includes awareness in terms of learning and leadership styles and cultural orientation and develop goals for self-improvement
- KRDN 5.2 Identify and articulate one's skills, strengths, knowledge and experiences relevant to the position desired and career goals
- KRDN 5.3 Practice how to self-advocate for opportunities in a variety of settings (such as asking for support, presenting an elevator pitch)
- KRDN 5.4 Practice resolving differences or dealing with conflict
- KRDN 5.5 Promote team involvement and recognize the skills of each member
- KRDN 5.6 Demonstrate an understanding of the importance and exceptions of a professional in mentoring and precepting others
- CRDN 5.1 Perform self-assessment that includes awareness in terms of learning and leadership styles and cultural orientation and develop goals for self-improvement.
- CRDN 5.2 Identify and articulate one's skills, strengths, knowledge and experiences relevant to the position desired and career goals.
- CRDN 5.3 Prepare a plan for professional development according to Commission on Dietetic Registration guidelines.
- CRDN 5.4 Advocate for opportunities in professional settings (such as asking for additional responsibility, practicing negotiating a salary or wage or asking for a promotion).
- CRDN 5.5 Demonstrate the ability to resolve conflict.

Abbreviations:

KRDN = Knowledge for Registered Dietitian Nutritionist
CRDN = Competencies for Registered Dietitian Nutritionist

CRDN 5.6 Promote team involvement and recognize the skills of each member.

CRDN 5.7 Mentor others.

CRDN 5.8 Identify and articulate the value of precepting.

Data from the continuous measurement of student learning outcomes is available from the HND Director upon request.

Curriculum Structure of the Human Nutrition Department

Overall Program Curriculum Structure Students will be required to take one course each in statistics (STAT 101), Psychology, Sociology and Creative arts.

Major & College Requirements Package (29 CH)					
Course #	Description	T	P	CH	Pre-requisite
CHEM 101	General Chemistry	3	0	3	
CHEM 103	Exp. General Chemistry	0	3	1	
HSF 1	HSF 1	3		3	
PUBH 151	Biostatistics			3	
MEDI 102	Medical Education			3	
CHEM 209	Organic Chemistry	2	3	3	CHEM 101 & CHEM 103
HSF 2	HSF 2	3	0	3	HSF 1
BIOM 217	Human Genetics	2	3	3	HSF 1
BIOL 241	Microbiology	2	3	3	HSF 1
CHEM 351	Basic Biochemistry	3	0	3	CHEM 209
CHEM 352	Exp. Basic Biochemistry	0	3	1	CHEM 209
Total Credit Hours				29	

Concentration Requirements Nutrition & Dietetics (58 CH)					
Course #	Description	T	P	CH	Pre-requisite
NUTR 223	Introduction to Dietetic Profession	2	0	2	CHEM 209
NUTR 231	Human Nutrition	3	0	3	CHEM 351
NUTR 338	Nutrition through Lifespan	2	3	3	NUTR 231
NUTR 340	Assessment of Nutritional Status	2	2	3	NUTR 231
NUTR 352	Nutritional Metabolism	3	0	3	CHEM 351 & CHEM 352
NUTR 353	Nutrition Education and Communication	2	3	3	NUTR 338
NUTR 439	Meal Planning & Evaluation	2	2	2	NUTR 231
NUTR 450	Medical Nutrition Therapy I	3	3	4	NUTR 340 & NUTR 439
NUTR 457	Public Health Nutrition	3	0	3	NUTR 340
NUTR 492	Research Methodology in Human Nutrition	2	2	2	NUTR 340
NUTR 451	Medical Nutrition Therapy II	3	3	4	NUTR 450
NUTR 470	Clinical Pediatric Nutrition	2	3	3	NUTR 450 & NUTR 454
NUTR 490	Capstone Course	0	0	3	NUTR 492 & NUTR 450
NUTR 494	Supervised Practice in Dietetics I			7	NUTR 490
NUTR 496	Professional Development I	3	0	3	NUTR 490
NUTR 495	Supervised Practice in Dietetics II			7	NUTR 494
NUTR 497	Professional Development II	3	0	3	NUTR 494 & NUTR 496
Total Credit Hours				58	

Concentration Requirements					
Food Science & Technology (12 CH)					
Course #	Description	T	P	CH	Pre-requisite
NUTR 319	Quantity Food Production and Equipment	2	3	3	CHEM 321
NUTR 321	Food Chemistry	2	3	3	CHEM 351
NUTR 441	Food Safety and Quality	2	3	3	NUTR 321
NUTR 460	Food Service Operations	3	2	3	NUTR 319
Total Credit Hours				12	

Program study plan

First Year: Fall						First Year: Spring					
Code	Course	T*	P*	C.H	Pre-Req	Code	Course	T	P	C.H	Pre-Req
CHEM101	General Chemistry	3		3		CHEM 209	Organic Chemistry	2	3	3	CHEM 101 & CHEM 103
CHEM103	Exp. General Chemistry		3	1		MEDI 103	Human structures and Function II	3		3	MEDI 101
MEDI 101	Human structures and Function 1	3		3		SOC 120 OR PSYC 206	Core curriculum course			3	
PUBH 151	Biostatistics for Health Sciences			3		English 203	Core Curriculum Course			3	
MEDI 102	Health Professions Education			3			Core Curriculum Course			3	
English 202	Core Curriculum Course			3			Core Curriculum Course			3	
TOTAL		16				TOTAL		18			
Second Year: Fall						Second Year: Spring					
BIOL 241	Microbiology	2	3	3	HSF 1	NUTR231	Human Nutrition	3		3	CHEM 351
BIOM 201	Medical Biochemistry	3	1	4	CHEM 209	NUTR321	Food Chemistry	2	3	3	CHEM 351
NUTR 223	Introduction To Dietetic Profession	2		2	CHEM 209	NUTR352	Nutritional Metabolism	3		3	CHEM 351 & CHEM 352
BIOL 101 OR BIOL 110	Core Curriculum Course			3	CHEM 209	BIOM 217	Human Genetics	2	3	3	MEDI 103
	Core Curriculum course			3		MAGT 101	Core curriculum course			3	
	Core Curriculum course			3							
TOTAL		18				TOTAL		15			

*T: Theoretical courses

P: Practical courses

Third Year: Fall						Third year: Spring					
Code	Course	T	P	C.H	Pre-Req	Code	Course	T	P	C.H	Pre-Req
NUTR 439	Meal Planning & Evaluation	2	2	2	NUTR 231	NUTR 353	Nutrition Education and Communication	2	3	3	NUTR 338
NUTR 340	Assessment of Nutritional Status	2	2	3	NUTR 231	NUTR 441	Food Safety and Quality	2	3	3	NUTR 321
NUTR 338	Nutrition through Lifespan	2	3	3	NUTR 231	NUTR 457	Public Health Nutrition	3		3	NUTR 340
NUTR 319	Quantity Food Production and Equipment	2	3	3	NUTR 321	NUTR 450	Medical Nutrition Therapy I	3	3	4	NUTR 340 & NUTR 439
	Core Curriculum Course			3		NUTR 492	Research Methodology in Human Nutrition	2	2	2	NUTR 340
	Core Curriculum course			3							
TOTAL		17				TOTAL		15			
Fourth Year: Fall						Fourth Year: Spring					
Code	Course	T	P	C.H	Pre-Req	Code	Course	T	P	C.H	Pre-Req
NUTR 460	Food service operations	3	2	3	NUTR 319	NUTR 494	Supervised Practice in Dietetics I			7	NUTR 490
NUTR 451	Medical Nutrition Therapy 2	3	3	4	NUTR 450	NUTR 496	Professional Development 1	3		3	NUTR 490
NUTR 490	Capstone Course			3	NUTR 492 and NUTR 450						
NUTR 470	Clinical pediatric nutrition	2	3	3	NUTR 450 & 454						
TOTAL		13				TOTAL		10			
Final Year: Fall											
Code	Course	T	P	C.H	Pre-Req						
NUTR495	Supervised Dietetic Practice II			7	NUTR 494						
NUTR 497	Professional Development 2	3		3	NUTR 494						
Total				10							
TOTAL CREDIT HOURS OF HUMAN NUTRITION PROGRAM						132					

Updated program study plan – Effective by Fall 2023 for new undergraduate students

First Year: Fall						First Year: Spring					
Code	Course	T*	P*	C.H	Pre-Req	Code	Course	T	P	C.H	Pre-Req
CHEM101	General Chemistry	3		3		CHEM 209	Organic Chemistry	2	3	3	CHEM 101 & CHEM 103
CHEM103	Exp. General Chemistry		3	1		NUTR 231	Human Nutrition	3		3	CHEM 101
MEDI 101	Human structures and Function 1	3		3		MEDI 103	Human structures and Function II	3		3	MEDI 101
PUBH 151	Biostatistics for Health Sciences			3		SOC 120 OR PSYC 206	Core Curriculum Course			3	
MEDI 102	Health Professions Education			3		English 203	Core Curriculum Course			3	
English 202	Core Curriculum Course			3			Core Curriculum Course			3	
TOTAL		16				TOTAL		18			
Second Year: Fall						Second Year: Spring					
BIOL 241	Microbiology	2	3	3	HSF 1	NUTR 340	Assessment of Nutritional Status	2	2	3	NUTR 231
BIOM 201	Medical Biochemistry	3	1	4	CHEM 209	NUTR 338	Nutrition through Lifespan	2	3	3	NUTR 231
NUTR 223	Introduction To Dietetic Profession	2		2	-	NUTR352	Nutritional Metabolism	3		3	BIOM 201
NUTR 321	Food Chemistry	2	3	3	CHEM 101	BIOM 217	Human Genetics	2	3	3	MEDI 103
BIOL 101 OR BIOL 110	Core Curriculum course			3	CHEM 209	MAGT 101	Core curriculum course			3	
	Core Curriculum course			3			Core Curriculum course			3	
TOTAL		18				TOTAL		18			

*T: Theoretical courses

P: Practical courses

Third Year: Fall						Third year: Spring					
Code	Course	T	P	C.H	Pre-Req	Code	Course	T	P	C.H	Pre-Req
NUTR 439	Meal Planning & Evaluation	2	2	2	NUTR 231	NUTR 353	Nutrition Education and Communication	2	3	3	NUTR 338
NUTR 457	Public Health Nutrition	3		3	NUTR 340	NUTR 441	Food Safety and Quality	2	3	3	NUTR 321
NUTR 319	Quantity Food Production and Equipment	2	3	3	NUTR 321	NUTR 450	Medical Nutrition Therapy I	3	3	4	NUTR 340 & NUTR 439
	Core Curriculum Course			3		NUTR 492	Research Methodology in Human Nutrition	2	2	2	NUTR 340
	Core Curriculum course			3			Core Curriculum course			3	
TOTAL		14				TOTAL		15			
Fourth Year: Fall						Fourth Year: Spring					
Code	Course	T	P	C.H	Pre-Req	Code	Course	T	P	C.H	Pre-Req
NUTR 460	Food service operations	3	2	3	NUTR 319	NUTR 494	Supervised Practice in Dietetics I			7	NUTR 490
NUTR 451	Medical Nutrition Therapy 2	3	3	4	NUTR 450	NUTR 496	Professional Development 1	3		3	NUTR 490
NUTR 490	Capstone Course			3	NUTR 492 and NUTR 450						
NUTR 470	Clinical pediatric nutrition	2	3	3	NUTR 450 & 454						
TOTAL		13				TOTAL		10			
Final Year: Fall											
Code	Course	T	P	C.H	Pre-Req						
NUTR495	Supervised Dietetic Practice II			7	NUTR 494						
NUTR 497	Professional Development 2	3		3	NUTR 494						
Total				10							

TOTAL CREDIT HOURS OF HUMAN NUTRITION PROGRAM

132

Detailed courses description

Course ID	NUTR 223
Course Title	Introduction to Dietetic Profession
Pre-requisite	--
Course offering	Fall
Registration restrictions	--
Credit hours	2 (Theory)
Course designation	LC
Course level	UG
Course description	This course exposes the students to the background of dietetic profession, the role of the dietitian, and knowledge and skills required for dietetic practice such as professionalism, communication and using an evidence-based approach. It highlights the credentialing and licensing requirements within the dietetic field, and the Academy of Nutrition and Dietetics Code of Ethics. Students will be introduced to Nutrition Care Process (NCP).

Course ID	NUTR 231
Course Title	Human Nutrition
Pre-requisite	CHEM 351
Course offering	Spring
Registration restrictions	--
Credit hours	3 (Theory)
Course designation	LC
Course level	UG
Course description	This course provides a basic understanding of nutrients and gives an integrated overview of the major macro and micronutrients relevant to human health. It explores human physiological needs and biochemical aspects of energy, carbohydrates, fats, proteins, vitamins, and minerals. Students are introduced to topics of current human nutrition interests. They are trained to use current information technologies and demonstrate literature-searching strategies.

Course ID	NUTR 319
Course Title	Quantity Food Production
Pre-requisite	NUTR 321
Course offering	Fall
Registration restrictions	--
Credit hours	3 (2 Theory; 3 Lab)
Course designation	LC + LB
Course level	UG
Course description	This course emphasizes the understanding of the biological, physical, and chemical changes which occur when food is cooked and stored. It develops the students' ability to plan nutritious, appealing food combinations and menu patterns that meet the needs of the defined clientele within economic and physical limitations of a food service facility. It highlights the principles of quantity food production and presentation, including stocks, sauces, soups, sandwiches, breakfast preparation, short order cooking, deep fat frying, grilling, meat cutting, vegetable and salad preparation, basic principles and techniques of baking; portion control, and yield test.

Course ID	NUTR 321
Course Title	Food Chemistry
Pre-requisite	CHEM 351
Course offering	Spring
Registration restrictions	--
Credit hours	3 (2Theory, 3 Lab)
Course designation	LC + LB
Course level	UG
Course description	This course focuses on the relationship of food composition and their resultant properties in foods. It highlights the principles of chemicals and instrumental methods for the qualitative and quantitative analyses of moisture, macro and micronutrients. This course describes the chemical behavior of food constituents such as carbohydrates, proteins, lipids, and pigments during processing. Different phenomena that occur while preparing food will therefore be interpreted chemically and as a result can be manipulated to produce a desirable end product. Students are trained to differentiate chemical interactions and reactions of food components and their effect on sensory, nutritional, and functional properties of foods, and how processing influences these properties. They perform experiments to determine major food components using chemical and instrumental methods.

Course ID	NUTR 338
Course Title	Nutrition through the Life Span
Pre-requisite	NUTR 231
Course offering	Fall
Registration restrictions	--
Credit hours	3 (2 Theory, 3 Lab)
Course designation	LC + LB
Course level	UG
Course description	The course focuses on the basic nutritional needs of individuals throughout the principle stages of the life cycle - infancy, childhood, adolescence, adulthood, older adulthood and special nutritional requirements for pregnancy and lactation. It exposes the principal physiological, biological, biochemical, social and environmental factors that alter nutritional needs and influence dietary intakes at each stage of the life cycle. Students are trained to describe and apply the principal dietary, laboratory, anthropometric and clinical means for evaluating nutritional status at each stage of the life cycle.

Course ID	NUTR 340
Course Title	Assessment of Nutritional Status
Pre-requisite	NUTR 231
Course offering	Fall
Registration restrictions	--
Credit hours	3 (2 Theory, 2 Lab)
Course designation	LC + LB
Course level	UG
Course description	The course introduces different techniques used in the evaluation of nutritional status for individuals and groups. It covers the anthropometrics measurements and their reference values. Biochemical indicators of deficiencies, excesses and storage of nutrients in the human body, and their reference values. Dietary and clinical assessment methods are covered. The course also familiarizes students with modern techniques for body composition measurements through practical experimentation in the lab .

Course ID	NUTR 352
Course Title	Nutritional Metabolism
Pre-requisite	--
Course offering	Spring
Registration restrictions	--
Credit hours	3 (3 Theory)
Course designation	LC
Course level	UG
Course description	This course uses basic science concepts to explain nutrient function, metabolism and interaction in humans. It covers the metabolic and physiological functions of nutrients at the molecular, cellular, tissue, organ and system level, integrating the effects of nutritional status in health and disease. Students will be able to describe the physiological function and metabolism of the macronutrients, as well as, they will be able to explain the energy metabolism and evaluate variations in energy demands due to physical activity level, age and gender as well as physiological and health status. The course exposes the nutrient and energy recommendations for individuals, the rationale for them and their application areas.

Course ID	NUTR 353
Course Title	Nutrition Education and Communication
Pre-requisite	NUTR 338
Course offering	Spring
Registration restrictions	--
Credit hours	3 (2Theory, 3 Lab)
Course designation	LC + LB
Course level	UG
Course description	This course explores the principles of nutrition communication and education theories applied to individuals and groups. Students are trained to understand the complexities of important health care issues and communicate them in a way both the media and the public can understand, regardless of the education background of the target audience. The course aims to improve the students' interviewing skills and counseling techniques.

Course ID	NUTR 439
Course Title	Meal Planning and Evaluation
Pre-requisite	NUTR 231
Course offering	Fall
Registration restrictions	--
Credit hours	2 (2 Theory, 2 Lab)
Course designation	LC + LB
Course level	UG
Course description	The course explores principles and techniques of menu planning for healthy persons. It introduces the nutritional composition and characteristics of foods. Topics include nutrients needs for optimum health, dietary guidelines, food groups, food portion sizes, and the use of exchange lists for meal planning and client nutrition education. It also includes approaches of applying diet-planning guides in meals planning and methods of meals evaluation.

Course ID	NUTR 441
Course Title	Food Safety and Quality Control
Pre-requisite	NUTR 321
Course offering	Spring
Registration restrictions	--
Credit hours	3 (2 Theory, 3 Lab)
Course designation	LC + LB
Course level	UG
Course description	This course provides comprehensive information on food safety and quality concepts and practice in food companies. It explores the approaches to the planning and organization of a quality control system including HACCP. Students will be able to analyze quality plans, develop sheets control process and analyze the information obtained, interpret a microbiological analysis. This course trains students to design a sampling plan in a food service industry.

Course ID	NUTR 450
Course Title	Medical Nutrition Therapy 1
Pre-requisite	NUTR 340 & NUTR 439
Course offering	Spring
Registration restrictions	--
Credit hours	4 (3 Theory, 3 Lab)
Course designation	LC + LB
Course level	UG
Course description	The course is a thorough review of the nutrition care process in the prevention and treatment of diet-related diseases. It prepares students to implement the nutrition care process for various conditions, including but not limited to obesity, diabetes, cardiovascular (dyslipidemia, hypertension, stroke, and inflammation), osteoporosis and common diseases such as inborn error of metabolism. It helps students understand each of the pathophysiology, nutritional assessment, and fluid requirements of selected diseases in which nutritional interventions plays a major role. Laboratory covers the same diseases covered in the lecture of medical nutrition therapy I. Laboratory sessions include self-study modules, tutorials, case studies, and simulated clinical setups.

Course ID	NUTR 451
Course Title	Medical Nutrition Therapy 2
Pre-requisite	NUTR 450
Course offering	Fall
Registration restrictions	--
Credit hours	4 (3 Theory, 3 Lab)
Course designation	LC + LB
Course level	UG
Course description	This is the second course in medical nutrition therapy following Medical Nutrition Therapy 1. It introduces the students to the etiology of nutrition related diseases of the digestive system, liver and pancreas, renal system, oncology, metabolic stress and eating disorders. This course also covers the enteral and parenteral nutrition support. Students are trained to use the nutrition care process, determine outcome goals and need for monitoring and evaluation, as well as, utilize appropriate medical terminology. Laboratory covers the same diseases covered in lecture of medical nutrition therapy II. Laboratory sessions include self-study modules, tutorials, case studies, and simulated clinical setups.

Course ID	NUTR 457
Course Title	Public Health Nutrition
Pre-requisite	NUTR 340
Course offering	Spring
Registration restrictions	--
Credit hours	3 (3 Theory)
Course designation	LC
Course level	UG
Course description	The course covers different aspects of public health nutrition. It includes the study of social, economical and environmental factors associated with the community nutrition problems. Students will be trained to use some concepts of public health nutrition such as needs assessment, program planning, social marketing and epidemiology. The course covers also different health care systems, food insecurity and international nutrition. Nutritional and chronic disease in Arab countries with emphasis on GCC.

Course ID	NUTR 460
Course Title	Food Service Operations
Pre-requisite	NUTR 319
Course offering	Fall
Registration restrictions	--
Credit hours	3 (3 Theory, 2 Lab)
Course designation	LC + LB
Course level	UG
Course description	This course provides an overview of the management practices utilized to direct, operate and control food services related to the administration of human, physical, and financial resources of food and nutrition services. It describes the procurement techniques for food and equipment purchases, food costing, labor issues, diversity, as well as, the principles of sustainability to food and equipment purchasing. It also provides information about marketing, accounting, and budgeting for institutional food service. Students will gain an understanding of volume food production and service through a series of problem-based learning activities as well as didactic coursework.

Course ID	NUTR 470
Course Title	Clinical Pediatric Nutrition
Pre-requisite	NUTR 450 & NUTR 454
Course offering	Fall
Registration restrictions	--
Credit hours	3 (2 Theory, 3 Lab)
Course designation	LC + LB
Course level	UG
Course description	This course provides an understanding of important aspects in pediatric nutritional assessment, diagnosis, intervention, and monitoring/evaluation of growth and development. It is designed to enable students multiple pediatric diagnoses and their implications for nutritional care, and apply practical management guidelines for children with various nutritional needs, such as developmental disorders, inherited metabolic diseases, and chronic diseases.

Course ID	NUTR 490
Course Title	Capstone Course
Pre-requisite	NUTR 450 & NUTR 492
Course offering	Fall
Registration restrictions	--
Credit hours	3
Course designation	SP
Course level	UG
Course description	This course aims to introduce students to research in the field of nutrition. Projects may take several forms (development of surveys, evidence-based research and others) in a specific topic under the supervision of a staff member. It is intended to enhance the competencies and problem-solving, critical, and analytical skills of students.

Course ID	NUTR 492
Course Title	Research Methodology in Human Nutrition
Pre-requisite	NUTR 340
Course offering	Spring
Registration restrictions	--
Credit hours	2 (2 Theory, 2 Lab)
Course designation	LC + LB
Course level	UG
Course description	This course is designed to introduce students to a selection of research methods and tools commonly used in the fields of nutrition and food science. It exposes students to different study designs such as cross-sectional, prospective, cohort, controlled studies and clinical trials. It develops a basic understanding of statistics.

Course ID	NUTR 494
Course Title	Supervised Practice in Dietetics I
Pre-requisite	NUTR 490
Course offering	Spring
Registration restrictions	Students must have completed 112 CH
Credit hours	7
Course designation	PR
Course level	UG
Course description	Students spend 16 weeks of a total of 32 weeks of supervised dietetic practice. The program provides an interdisciplinary practicum that equips dietetic interns with competencies in different nutrition fields. Under the supervision of professional preceptors, the dietetic interns conduct training for two semesters rotating through different clinical, public health and foodservice departments. Proficiency must be demonstrated in a defined set of competencies as described by ACEND. Interns are trained to function as a productive member of the clinical team and as a member of an interdisciplinary team, as well as, effectively find and use appropriate resources to solve clinical questions and problems. This course is designed to train students apply didactic knowledge while working in various work settings.

Course ID	NUTR 496
Course Title	Professional Development I
Pre-requisite	NUTR 490
Course offering	Spring
Registration restrictions	Students must have completed 112 CH
Credit hours	3
Course designation	LC
Course level	UG
Course description	This course tends to supplement the practical experience of the students with different forms of authentic experiences. It equips students with a basic understanding of the internship requirements. This course focuses on enriching the skills of the dietetic interns required in dietetic profession through many activities such as solving case studies, case simulation, role-playing, discussion, demonstrations, journal club, and many others. Different health care professionals also share their experience and knowledge with students through many workshops to maximize progress in professional development. This course provides an intensive and comprehensive revision of all the didactic courses, as a plan for preparing students for any licensing exam.

Course ID	NUTR 495
Course Title	Supervised Practice in Dietetics II
Pre-requisite	NUTR 494
Course offering	Fall
Registration restrictions	Students must have completed 112 CH
Credit hours	7
Course designation	PR
Course level	UG
Course description	Students spend 16 weeks of a total of 32 weeks of supervised dietetic practice. The program provides an interdisciplinary practicum that equips dietetic interns with competencies in different nutrition fields. Under the supervision of professional preceptors, the dietetic interns conduct training for two semesters rotating through different clinical, public health and foodservice departments. Proficiency must be demonstrated in a defined set of competencies as described by ACEND. Interns are trained to function as a productive member of the clinical team and as a member of an interdisciplinary team, as well as, effectively find and use appropriate resources to solve clinical questions and problems. This course is designed to train students apply didactic knowledge while working in various work settings.

Course ID	NUTR 497
Course Title	Professional Development II
Pre-requisite	NUTR 494
Course offering	Fall
Registration restrictions	Students must have completed 112 CH
Credit hours	3
Course designation	LC
Course level	UG
Course description	This course tends to supplement the practical experience of the students with different forms of authentic experiences. It equips students with a basic understanding of the internship requirements. This course focuses on enriching the skills of the dietetic interns required in dietetic profession through many activities such as solving case studies, case simulation, role-playing, discussion, demonstrations, journal club, and many others. Different health care professionals also share their experience and knowledge with students through many workshops to maximize progress in professional development. This course provides an intensive and comprehensive revision of all the didactic courses, as a plan for preparing students for any licensing exam.

Planning Your Major

Course requirements are described in the Undergraduate Calendar on the web at [http:// www.qu.edu.qa](http://www.qu.edu.qa)

This will help you in keeping track of your courses and understand the courses requirements that you will follow until you graduate.

Faculty advisor is available to assist you with planning your study. In addition, each of the courses is described in the course descriptions section. Plan to take the required courses in the semester listed for your major.

The courses during your first two years cover fundamental areas of knowledge that contribute to nutrition, such as chemistry, biochemistry, biology, anatomy, physiology, psychology, and sociology. At times, you may wonder how they relate to nutrition career, but they do, and you will realize this during your senior year courses. Starting from the spring semester of second year, the courses may seem more relevant as you integrate and apply the knowledge from the earlier courses to physiology of nutrition and food chemistry. In the third year until the end of the fall semester of fourth year, you will have more advanced courses. During the last year, you will start your internship.

Admission Criteria - Major Declaration

1. Completion of the Qatar University Foundation Program requirements;
2. Minimum Secondary School Grade for the Final Year: 70%;
3. Pass 16 CH with GPA=2.00 and above including MEDI101 (Grade D or above) and CHEM 101 /CHEM 103, MEDI 103 & PUBH 151;
4. Degree evaluation is performed for the accepted students.

5. Students must satisfy QU requirements for declaring a major including the need to declare the major before completing 36 undergraduate credit hours.
6. The study plan is available on the website and with the student's academic advisor.
 - No more than 30 students will be accepted to the major per academic year.
 - Students will be notified of admission to the major before the start of the semester.
 - NUTR 200, 300 and 400 level courses are offered once each year and students must follow the study plan to adhere to required progression of courses in the program.

Minor in Human Nutrition (18 CH)

The minor in Human Nutrition will provide students with knowledge of nutritional biochemistry, digestion, absorption and metabolism. Students will have opportunities to examine the role of nutrition throughout the life cycle, as well as study of the social and economic influences on nutrition. The minor also introduces student to food science and its applications in food industry.

Students seeking a minor in Human Nutrition must complete a minimum of 18 CH including the following:

- A minimum of 9 CH in Minor requirements.
- A minimum of 9 CH in Minor electives.

Minor Requirements (9 CH)

Students must complete a minimum of 9 CH in minor required courses:

- NUTR 231: Human Nutrition (3CH)
- NUTR 321: Food Chemistry (3CH)
- NUTR 338: Nutrition Through Lifespan (3CH)

Minor Electives (9CH)

- NUTR 353: Nutrition Education & Communication (3CH)
- NUTR 319: Quantity of Food Production & Equipment (3CH)
- NUTR 352: Nutrition Metabolism (3CH)
- NUTR 441: Food Safety & Quality Control (3CH)

Assessment of Student Learning

Didactic Courses

Students are assessed in the didactic courses using several methods, including examinations (midterm and final exam), projects, laboratories, and assignments. Course Learning Objectives and assessment methods for each course are described in detail in the course syllabus. The course syllabus also describes the grading scales used to determine the course grade.

Supervised Program Practice (SPP)

The student must successfully complete all learning activities for each supervised professional practice experience. Students are required to receive an overall score of 75% (satisfactory) in each rotation to successfully complete the SPP. In addition, student must complete all assignments and projects assigned during the SPP with a minimum score of 75%.

Program graduation requirements

Students must complete all didactic courses (112 credit hours) included in the study plan of HND before enrolling in the SPP and Professional Development Class (NUTR 494/495 NUTR 496/497). Students are required to receive an overall score of 75% (satisfactory) in each rotation to successfully complete the SPP. Students not receiving an overall score of 75% in a specific rotation will meet with the QU Clinical Coordinator, preceptor and QU faculty as appropriate to develop a specific plan for improvement. The student will be required to repeat the rotation experience within a timeline for improvement that does not exceed one month.

Failure to achieve a satisfactory evaluation for the repeated rotation will result in the student being dismissed from the SPP.

All students are required to complete the program of HND within 6.75 years of enrolling in the program (13 semesters).

Prior Learning Policy

To be considered for a transfer into Qatar University's BSc. degree in Human Nutrition, applicants who are currently enrolled or have previously attended another university, must adhere to the transfer guidelines and meet the eligibility criteria set by QU.

All applicants are also required to submit a copy of their certificate, transcript, and course syllabi showcasing their learning outcomes and competences to HND.

Each applicant will be evaluated on an individual basis, depending on availability of seats.

Qatar University students who graduated from the HND prior to Fall semester 2010 will be required to complete all courses that were added to the nutrition curriculum in 2010 and completed supervised practice experiences as described above.

For more information, may you visit the following link:

<http://www.qu.edu.qa/students/admission/undergraduate/admission-requirements/transfer-applicants>

Disciplinary Action and Termination Procedures

Qatar University policies and procedures for academic probation, academic dismissal, appeals, repeating courses, and reinstatement are covered in the QU Student Catalog, Chapter 7- Academic Policies and Regulations.

The QU Student Catalogue is available at <http://www.qu.edu.qa/students/catalog.php>

Additional disciplinary policies and procedures are enforced for the Supervised Practice program as follows:

Disciplinary Action Procedures for the Supervised Practice in Dietetics

Regulations and procedures are necessary for the orderly progression of the SPP. Depending on the gravity of the situation, whenever possible; a progressive discipline process will be used as follows:

- *Oral Warning* - given for substandard performance, poor attendance, and other types of offenses that occur for the first time. The time frame for immediate correction will be determined by the QU Clinical Coordinator and QU Faculty and will not exceed one month. The oral warning will be documented by the QU Clinical Coordinator and placed in the students file.
- *Written warning with imposed probation* - given for substandard performance, poor attendance, and other types of offenses that occur for the second time. The time frame for immediate correction will be determined by the Clinical Coordinator and QU Faculty. The time frame may not exceed one month.
- *Program dismissal* - if any of the above is not addressed and corrected in the appropriate time frame, dismissal from the program will occur. If a student has received a written warning for an offense and the student receives another oral warning for any offense, the student will be dismissed from the program.

Fitness for Duty

Fitness for duty refers to the ability to perform job duties safely and effectively to provide optimal quality patient care. During the orientation week, the applicant is kindly requested to complete a questionnaire found in Appendix G and acknowledge the technical standards demonstrating your fitness for duty.

When the need arises (concern raised by faculty member/ preceptor) an evaluation will be performed to determine the student's ability to conduct academic and non-academic (clinical/technical) duties responsibly and safely. A qualified, independent specialist in occupational medicine who is elected by a panel of QU Health members and stakeholders from the health system performs the evaluation. The evaluator is a non-QU affiliated practitioner who is neither involved in teaching or assessing students nor provide medical care to them.

For more information, may you refer to Appendix H.

Student Performance Monitoring

Student Performance Monitoring continues each semester through evaluating student learning throughout the academic program at predetermined times in courses as established by the syllabi for those courses, as well as advising appointments. It is the student's responsibility to be familiar with the various evaluation methods so that they are well prepared for each evaluation, each semester. The advisor meets with each HND student twice per academic semester, and follows-up with instructor on students with poor academic performance. Accordingly, students are referred to peer tutoring program offered in HND.

Peer Tutoring Program

The peer tutoring proffering offers collaborative support for undergraduate students who need assistance in didactic course to enhance their academic performance.

For more information, may you visit the following link:

<http://www.qu.edu.qa/students/success-and-development/student-learning-support/academic-support/peer-tutoring>

Request for a Letter of Recommendation

Letters of recommendation are a required component of some internship applications, many graduate school and scholarship applications. When requesting a letter of recommendation from HND faculty member, a faculty member may require a completed Request for a Letter of Recommendation Form. Student is expected to submit a copy of a résumé or personal statement or a transcript at the time the request is made. If a faculty member does not feel comfortable writing a letter, he/she may decline the request. Requests should be made no later than four days prior to the deadline.

Inclusion, Diversity, Equity and Accessibility Statement (IDEA)

Knowing that Qatar is the epitome of cultural diversity in the Middle East region, Qatar University seeks to build bridges between diverse cultures and promote civil and humanitarian dialogue through its various cultural-creative forms.

In support of this conviction, the Human Nutrition Department at QU embraces diversity, equity and inclusion in which we ensure that students, faculty and staff are highly respected, entirely represented, and can effectively participate in decisions, regardless of culture, nationality, race, ethnicity, religion, age, gender, experience, socioeconomic status, education, and functional capability. Indeed, we pledge providing all members of HND community the equality of voice, choice, and control.

We, in HND, believe that diverse, equitable and inclusive workplace is an indispensable cornerstone to innovation, creativity and success. HND at QU includes staff and faculty members from more than ten different nationalities and cultures. Such diversity relates to our genuine belief in the importance of ensuring a diverse workplace that acknowledges the individual strengths of each member and the potential they bring to ultimately prosperity.

Such cultural diversity is also reflected among HND students who are of different national origins. We believe that cultural diversity between students can bolster the communication and counseling skills of students at the professional level for it triggers students to explore new cultures and ultimately deliver a complete and evidence-based nutrition intervention adjusted to a particular culture and patient requirements and lifestyle.

Furthermore, HND pursue nutrition awareness among all populations, equally, by offering different educational activities targeting various populations of different cultures, languages, religion, ages, education, socioeconomic status, health conditions and special abilities. We ensure spreading nutrition

awareness to all the entire community by offering workshops, webinars, and nutrition campaigns on sites and through social media in both languages, Arabic and English on a monthly basis.

Ultimately, we are devoted to ensure a secure nondiscriminatory environment to all HND community and deliver an equal employment opportunity, student support, experience and progress in workplace, courses, and internship.

Additional information can be found on the following link:

<https://www.qu.edu.qa/about/diversity/our-Commitment>

<https://www.qu.edu.qa/students/services/complaints>

<https://www.qu.edu.qa/students/success-and-development/special-needs>

Scope of Practice, Standards of Practice, Standards of Professional Performance - Academy of Nutrition and Dietetics (AND)

The revised 2017 Scope of Practice for the RDN reflects the position of the academy on the essential role of the registered dietitian nutritionist (RDN) in the direction and delivery of food and nutrition services. The scope of practice for the RDN is composed of education and credentialing, practice resources, Academy Standards of Practice and Professional Performance (SOPP), codes of ethics, accreditation standards, state and federal regulations, national guidelines, and organizational policy and procedures. The Revised 2017 Scope of Practice for the RDN is used in conjunction with the Revised 2017 Standards of Practice (SOP) in Nutrition Care and the Standards of Professional Performance (SOPP) for RDNs. The SOP address activities related to direct patient care. The SOPP address behaviors related to the professional role of RDNs. These standards reflect the minimum competent level of nutrition and dietetics practice and professional performance for RDNs.

Copies of the Scope of Practice, Standards of Practice and Standards of Professional Performance are found in Appendices A and B

Code of Ethics for the Nutrition and Dietetics Profession

The Academy of Nutrition and Dietetics (Academy) and its credentialing agency, the Commission on Dietetic Registration (CDR), believe it is in the best interest of the profession and the public it serves to have a Code of Ethics in place that provides guidance to nutrition and dietetics practitioners in their professional practice and conduct. Nutrition and dietetics practitioners have voluntarily adopted this Code of Ethics to reflect the values and ethical principles guiding the profession and to set forth commitments and obligations of the nutrition and dietetics practitioner to the public, clients, the profession, colleagues, and all others to which they provide service. The updated Code of Ethics was approved by the Academy Board of Directors and the Commission on Dietetic Registration, effective June 1, 2018.

The code of ethics applies to:

- All members of the Academy who are credentialed by CDR
- All members of the Academy who are not credentialed by CDR
- All CRD credentialed practitioners whether or not they are members of the AND.

The Code of Ethics handout is found in Appendix C

Licensure for Dietitians in Qatar

After completing the Human Nutrition program in Qatar University, the student will be eligible to apply for licensure as a Dietitian in Qatar with the Ministry of Public Health (MoPH). The Ministry of Public Health sets the registration requirements for Dietitians in Qatar.

As per circular number (15/2022) issued by Ministry of Public Health – State of Qatar, HND graduates who seek working in governmental/ semi-governmental health institutions and private hospitals are able work upon graduation in case of any vacancy, in which the one-year professional experience required to obtain licensure is waived for HND graduates.

According to the abovementioned circular, HND graduates who seek working in other health facilities in the private sector, are required to have licensed clinical work experience in their scope of practice for six months or undergo training under supervision for the same duration after obtaining the required approval from Department of Healthcare Professions / Ministry of Public Health – State of Qatar.

Licensure / registration requirements for Dietitians are available on the website: <http://www.qchp.org.qa>

Further information is found in Appendices D, E, and F.

Credentialing Process (to become a RDN)

*Please note that **effective January 1, 2014**, the Commission on Dietetic Registration (CDR) will require a minimum of a master's degree to take the credentialing exam to become a registered dietitian nutritionist (RDN). In order to be approved for registration examination eligibility with a bachelor's degree, an individual must meet all eligibility requirements and be submitted into CDR's Registration Eligibility Processing System (REPS) before 12:00 midnight Central Time, December 31, 2023.*

*For more information about this requirement visit CDR's website:
<https://www.cdrnet.org/graduatedegree>*

Qatar University Regulations

Protection of Student Information - Access to Student Files

Students may request to review their academic file by contacting the HND Director or their HND advisor. Student files are kept in a secure location in either the HND Directors office or in the HND Advisors Office.

QU Student Support Services

Qatar University provides numerous services to students to enhance their campus experience. Student services includes: Academic advising, student counseling services, student medical clinic, financial aid and other services. The full listing of services and links to more information are provided on the QU Student Services Home Page: <http://www.qu.edu.qa/students/services/>

Academic Support Unit (ASU)

In addition to campus services QU provides academic support services to students. The QU Academic Support Unit/ Student Learning Support Center (SLSC) is an academic support service that is available for all students at Qatar University. Students can meet with an ASU Specialist to evaluate their learning goals and to develop an individualized plan for action. Goals could include developing better study strategies, improving performance, or discussing ideas to optimize their educational experience.

The ASU offers free services to students including:

- a large study area equipped with computers installed with specialized learning software, general tutoring with trained & National Tutoring Association (NTA) - USA certified peer tutors to help with difficulties in different subjects,
- academic coaching services for students facing difficulties in their learning process and academic life,
- a wide range of workshops conducted throughout the semester to improve study skills and English communication skills.

Students can read more about the services provided by the Qatar University Student Learning Support Center by visiting the following web addresses:

<http://www.qu.edu.qa/students/services/academic-support>

<http://www.qu.edu.qa/students/services/slsc>

<http://www.qu.edu.qa/students/success-and-development/counseling>

<http://www.qu.edu.qa/students/success-and-development/student-learning-support/academic-support>

Campus Portal

The QU Campus Portal is the entry point for students to access information about all student services available at Qatar University. Available at: <http://www.qu.edu.qa/students/>

QU Student Catalogue

The 2022-2023 QU student catalogue is available at: <http://www.qu.edu.qa/students/catalogs>
Information about the Human Nutrition Program is shown on pages 574-585.

Estimated expenses, financial aid, tuition and fees, refund of tuition

Information about QU financial aid, tuition fees, and student withdrawal and refund of tuition is located in the QU Undergraduate Student Catalog Chapter 5, page 25. Link to the QU Student Catalog here: <http://www.qu.edu.qa/students/catalog.php>

Opportunity of students complaints in Qatar University

Qatar University is committed to a policy of fair treatment for its students/faculty/staff in their relationships with student, administration, faculty, staff and other members of the University community. The purpose of this policy is to establish and implement a complaint procedure.

Additional information can be found on the below link:

<https://www.qu.edu.qa/students/services/complaints>

Notice of Opportunity to File Complaints with the Accreditation Council for Education in Nutrition and Dietetics (ACEND)

The Accreditation Council for Education in Nutrition and Dietetics has established a process for reviewing complaints against accredited programs in order to fulfill its public responsibility for assuring the quality and integrity of the educational programs that it accredits. Any individual, for example, student, faculty, dietetics practitioner, and/or member of the public may submit a complaint against any accredited or approved program to ACEND. However, ACEND will not intervene on behalf of individuals, or act as a court of appeal for individuals in matters of admissions, appointment, promotion, or dismissal of faculty or students. It will act only upon a signed allegation that the program may not be in compliance with the accreditation standards or policies. The complaint must be signed by the complainant. Anonymous complaints will not be considered.

A copy of the accreditation standards and/or the ACEND policy and procedure for submission of complaints may be obtained by contacting the education staff at: Accreditation Council for Education in Nutrition and Dietetics (ACEND), 120 South Riverside Plaza, Suite 2000 Chicago, IL 60606-6995, (800) 877-1600, Ext. 5400, www.eatright.org

Student information faculty directory

Name	Title	Location	E-mail	Phone
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Dr. Vijay Ganji	Professor	I06 – SA 2.27	vganji@qu.edu.qa	4403-4805
Dr. Zumin Shi	Professor	I06 – SA 2.28	zumin@qu.edu.qa	4403-6037
Dr. Reema Tayem	Professor	I06 – SA 2.29	Reema.tayem@qu.edu.qa	4403-7505
Dr. Layal Karam	Assistant Professor	I06 – SA 2.26	lkaram@qu.edu.qa	4403-6042
Ms. Tamara Al Abdi	Lecturer	I06 – SA 4.09	Tamara.alabdi@qu.edu.qa	4403-4810
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URL: http://www.qu.edu.qa/artsscience/health/human_nutrition/index.php

Frequently Asked Questions

1. Where can I find information about important academic dates?

Each year, important dates for the academic year are listed in the undergraduate calendar. It is available online.

2. Where do I find the schedule of courses for particular semester?

The course schedule is available at <http://myqu.qu.edu.qa/myacademics/Banner>

3. Why do I have to see the faculty advisor?

The advising process is designed to help students in planning their academic progress at the University. As a recently admitted student, you should become familiar with the advising process.

4. When to see your advisor?

- To discuss any problems which may affect your academic performance.
- To select courses for the upcoming semester.
- To discuss your academic progress.
- To discuss dropping a class.

5. How to see your advisor?

Become familiar with your advisor's office hours and schedule. Whenever possible, call to make appointment instead of dropping by without one. Right before registration is typically the busiest times for advisors. Make an appointment as soon after class schedules come out to avoid the rush.

6. If I finish early, can I start SPP?

All HND students must follow the study plan and fulfill requirements for each course. HND is not responsible for any delay caused by not fulfilling the requirements, late registration or failing in course. The department will not change the sequence of offered courses. The supervised professional practice (SPP1): NUTR 494 is offered only in Spring each year.

If any student did not follow the study plan and is ahead of it, HND will not offer SPP 1 in Fall. As such, the student has to wait until Spring to start SPP 1.

Career opportunities

Why major in Human Nutrition at QU?

Qatar University is the only institution in the country that offer B.Sc. in Human Nutrition. The B.Sc. in Human Nutrition is referred to as a Foreign Dietitian Education Program (FDE) accredited by ACEND. Dietetics is the practical application of nutrition in the prevention of disease. Dietetics is an exciting and challenging profession because there are many diseases that are related to nutrition.

Career Options: What can I do when I graduate?

As a Human Nutrition graduate you have many career options. The balance of courses in social sciences and biological sciences, and integration of these in human nutrition courses in HND prepare you for many career options. You can get a job related to food and nutrition.

Potential Employers:

1. Ministry of Public Health (MoPH)
2. Hamad Medical Corporation Hospitals (HMC)
3. Primary Health Care Corporation (PHCC)
4. Qatar Foundation Hospitals & Research Centres (QF)
5. SIDRA Medicine
6. Aspire and Aspetar
7. Qatar Diabetes Association
8. Private hospitals
9. Supreme Council of Education & Schools
10. Private nutrition clinics
11. Foodservice Industry
12. Foodservice departments in hotels and restaurants
13. Health Spas and fitness centers
14. Diet centers
15. Schools
16. Wellness coordinators
17. Nursing homes

Qatar University
College of Health Sciences Nutrition
Human Nutrition Department

Date: _____

Name: _____

ID Number: _____

E-mail: _____

Signature: _____

**Qatar University
Human Nutrition Department**

Student Consent Form

I have received and read in its entirety a copy of the Human Nutrition Department Handbook. I understand and agree to abide by the rules set forth in the document and accept all responsibilities associated with being a HND student.

Signature

Date

I have also read and understood the policies for progression as located in the QU student handbook and completion of the Human Nutrition Department.

Signature

Date

I understand and accept that I have to complete a supervised practice program (SPP) which will require a signed contract and I will be required to submit to their policies and procedures. This will include, but not be limited to, attending Orientation sessions, Basic Life support (BLS) course, submission of my Passport copy, Residents Permit number, copies of Student ID and National ID.

Signature

Date

Annual Physical Exam

Name:		QU ID:	
Date of physical examination		Name of examiner <i>(Please print)</i>	
I have examined _____ and find that she has:			
1. No evident health problems that interfere with her performance of required clinical activities.			
2*. The following health problem(s)/restriction(s) which may/may not interfere with her performance of required clinical activities.			
3*. Significant health problem(s) which could interfere with her performance of required clinical activities.			
Pregnancy Test <i>(for married females only)</i>	Positive	Negative	N/A
Test for Hepatitis (B/C)	Positive	Negative	
Signature of health care provider			

**Please explain #2 or #3 if checked and attach additional pages if necessary*

Appendices

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



The Academy Quality Management Committee

ABSTRACT

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

J Acad Nutr Diet. 2018;118:141-165.

THE ACADEMY OF NUTRITION and Dietetics (Academy) is the world's largest organization of food and nutrition professionals and the association that represents credentialed nutrition and dietetics practitioners—registered dietitian nutritionists (RDNs) and nutrition and dietetics technicians, registered (NDTRs). The Academy's mission is to accelerate improvements in global health and well-being through food and nutrition. The RDN integrates research, professional development, and practice to stimulate innovation and discovery; collaborates to solve the greatest food and nutrition challenges now and in the future; focuses on system-wide impact across the food, wellness, and health sectors; has a global impact in eliminating all forms of malnutrition; and amplifies the contribution of nutrition and dietetics practitioners and expands workforce capacity and capability.¹ The

Academy is the leader in identifying the abilities of the RDN and linking the RDN's expertise in food science and nutrition science with how the RDN practices dietetics.

PURPOSE

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

1. Describe the scope of practice for the RDN.
2. Convey the education and credentialing requirements for the RDN in accordance with the Accreditation Council for

Education in Nutrition and Dietetics (ACEND) and the Commission on Dietetic Registration (CDR).

3. Educate colleagues in other health care professions, educators, students, prospective students, foodservice providers, health care administrators, regulators, insurers, business owners and managers, legislators, and the public about the RDN's qualifications, skills, and competence, as well as professional services provided by the RDN.

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

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<https://doi.org/10.1016/j.jand.2017.10.002>
 Available online 22 November 2017

All registered dietitians are nutritionists—but not all nutritionists are registered dietitians. The Academy's Board of Directors and Commission on Dietetic Registration have determined that those who hold the credential Registered Dietitian (RD) may optionally use "Registered Dietitian Nutritionist" (RDN). The two credentials have identical meanings. The same determination and option also applies to those who hold the credential Dietetic Technician, Registered (DTR) and Nutrition and Dietetics Technician, Registered (NDTR). The two credentials have identical meanings. In this document, the term *RDN* is used to refer to both registered dietitians and registered dietitian nutritionists, and the term *NDTR* is used to refer to both dietetic technicians, registered, and nutrition and dietetics technicians, registered.

4. Describe the relationship between the RDN and the NDTR to illustrate the work of the RDN/NDTR team providing direct patient/client care, and to describe circumstances in which the NDTR works under the supervision of an RDN.²⁻⁴
5. Guide the Academy, ACEND, and CDR in developing and promoting programs and services to advance the practice of nutrition and dietetics and the role of RDNs as leaders in providing quality food and nutrition care and services.

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

WHY WAS THE SCOPE OF PRACTICE FOR THE RDN REVISED?

Academy documents are reviewed and revised every 7 years and reflect the Academy's expanded and enhanced mission and vision of accelerating improvements in global health and well-being through food and nutrition. Regular reviews are indicated to reflect the RDN's expanded scope of practice due to changes in health care and other

business segments, public health initiatives, new or revised practice guidelines and research, performance measurement, consumer interests, technological advances, and emerging service delivery options and practice environments. Questions and input from credentialed practitioners, federal and state regulations, accreditation standards, and other factors necessitated review and revision of the following 2012 documents which were scheduled for updates in 2017:

- Academy of Nutrition and Dietetics: Scope of Practice for the Registered Dietitian⁵;
- Academy of Nutrition and Dietetics: Scope of Practice for the Dietetic Technician, Registered⁶;
- Academy of Nutrition and Dietetics: Revised 2012 Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitians⁷; and
- Academy of Nutrition and Dietetics: Revised 2012 Standards of Practice in Nutrition Care and Standards of Professional Performance for Dietetic Technicians, Registered.⁸

Noteworthy changes since the Scope of Practice for the Registered Dietitian,⁵ published in 2012, are the regulation changes in the Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), Conditions of Participation for Hospitals, Critical Access Hospitals, and Long-Term Care Facilities, which allow a hospital or long-term care facility the option of granting RDNs ordering privileges and/or delegated orders for therapeutic diets and nutrition-related services.⁹⁻¹¹

FOUNDATIONAL DOCUMENTS

Academy documents, along with applicable state and federal regulations, state practice acts, accreditation standards, organizational program policies, guidelines and national practice informed standards, serve as guides for ensuring safe, ethical, culturally competent,¹² equitable, person-centered, quality nutrition and dietetics practice. Uses may include any of the following: guide career advancement, assist in self-evaluation, develop position descriptions, contribute to hiring decisions, initiate regulatory reform, or

determine whether a specific activity aligns with a practitioner's individual scope of practice, such as ordering privileges. Core documents of the Academy that provide a foundation for the profession of nutrition and dietetics include:

- Academy/CDR Code of Ethics¹³ (Revised and approved Code of Ethics available in 2018);
- Revised 2017 Scope of Practice for the RDN;
- Revised 2017 Scope of Practice for the Nutrition and Dietetics Technician, Registered¹⁴;
- Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitian Nutritionists¹⁵;
- Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Nutrition and Dietetics Technicians, Registered¹⁶; and
- Focus Area Standards of Practice and/or Standards of Professional Performance for RDNs <http://www.andjrn.org/content/focus> and <http://www.andjrn.org/content/credentialed>.

SCOPE OF PRACTICE

For the RDN, scope of practice focuses on food, nutrition, and dietetics practice, as well as related services developed, directed, and provided by the RDN to: protect the public, community, and populations; enhance health and well-being of patients/clients and communities; and deliver quality products, programs, and services. The scope of practice in nutrition and dietetics encompasses the range of roles, activities, and regulations within which nutrition and dietetics practitioners perform as outlined in [Figure 1](#).¹⁷

The scope of practice for the RDN includes practice components used in nutrition and dietetics. Its depth and breadth begins with education and credentialing; incorporates practice resources; and concentrates on foundation elements of standards of practice and professional performance, codes of ethics (eg, Academy/CDR, other national organizations, and/or employer code of ethics), accreditation standards, state and federal regulations, national guidelines, organizational policy and procedures, and options and

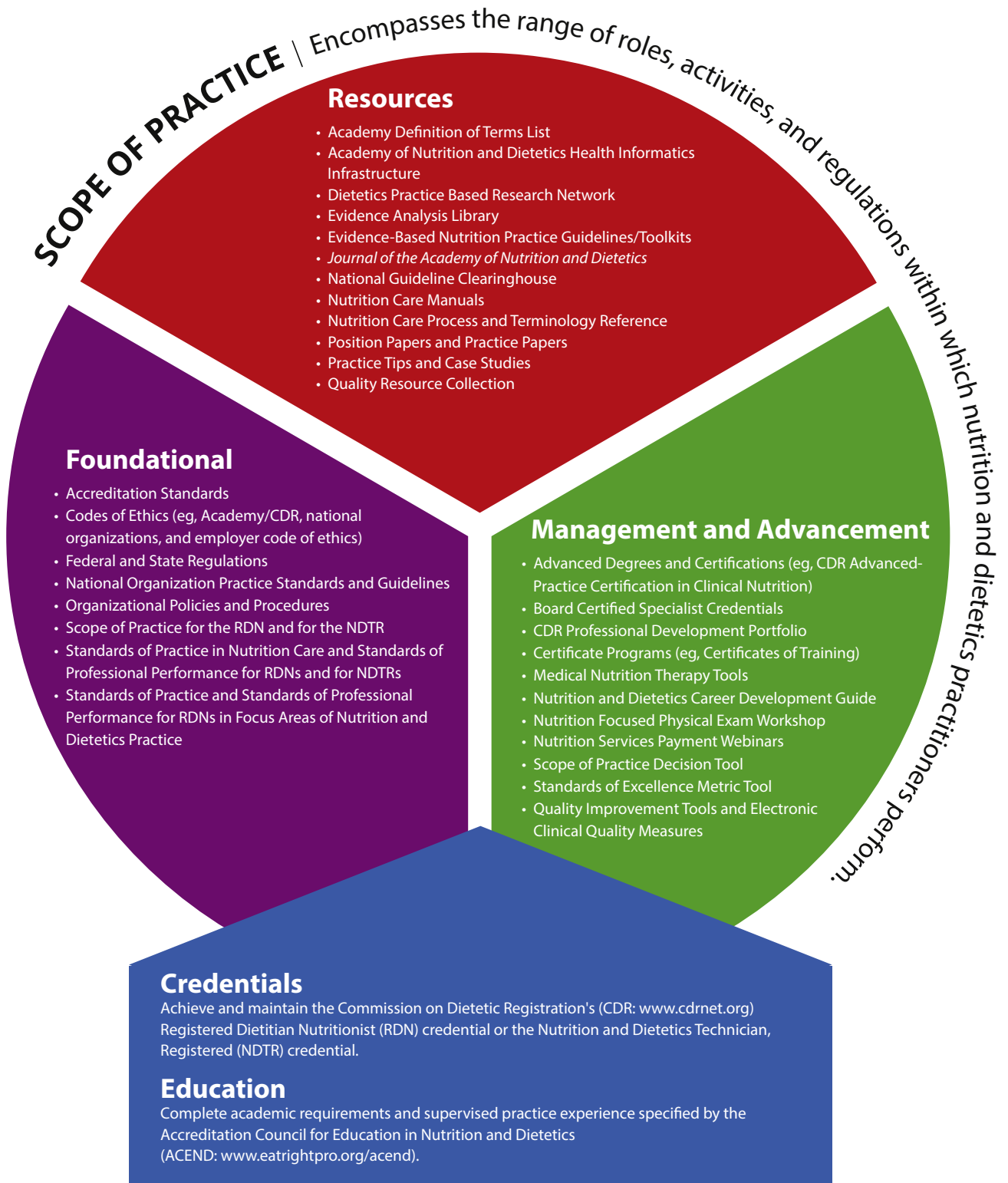


Figure 1. Nutrition and dietetics practice components for registered dietitian nutritionists (RDNs) and nutrition and dietetics technicians, registered (NDTRs).

Nutrition is defined as the “science of food, the nutrients and other substances therein, their action, interaction, and balance in relation to health and disease, and the process by which the organism ingests, absorbs, transports, utilizes, and excretes food substances.”

Dietetics is derived from sciences of food, nutrition, management, communication, and biological sciences—including cell and molecular biology, genetics, pharmacology, chemistry, and biochemistry—and physiological, behavioral, and social sciences.

Nutrition and Dietetics reflects the integration of Nutrition—the science of food, nutrients, and other substances contributing to nutritional status and health—with Dietetics—the application of food, nutrition, and associated sciences—to optimize health and the delivery of care and services for individuals and groups. Academy Definition of Terms (www.eatrightpro.org/scope)

resources for practice management and advancement.

EDUCATION AND CREDENTIALING REQUIREMENTS

RDN is the national credential granted to individuals who meet the education and other qualifications established by ACEND and CDR. ACEND is the accrediting agency for dietetics education programs of the Academy and is recognized by the US Department of Education as the accrediting agency for education programs that prepare RDNs. CDR is the credentialing agency of the Academy for all RDNs and NDTRs and is fully accredited by the National Commission for Certifying Agencies, the accrediting arm of the Institute for Credentialing Excellence. Accreditation by the Institute for Credentialing Excellence reflects achievement of the highest standards of professional credentialing.¹⁸

Education

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

1. Successful completion of required nutrition and dietetics coursework through an ACEND-accredited didactic program or coordinated program in dietetics

and completion of at least a baccalaureate degree granted by a US regionally accredited university or college or foreign equivalent. Coursework typically includes food and nutrition sciences, lifespan nutrition, community nutrition, communications, business, economics, computer science, foodservice management systems, psychology, sociology, anatomy and physiology, pharmacology, genetics, microbiology, organic chemistry, and biochemistry.

2. Completion of supervised practice through a dietetic internship, individualized supervised practice pathway, or a coordinated program in nutrition and dietetics accredited by ACEND.

Approximately 50% of RDNs have earned advanced degrees at the master's or doctorate levels.¹⁹ There are international programs in dietetics that have been recognized by ACEND under the Foreign Dietitian Education Standards or International Dietitian Education Standards (<http://www.eatrightpro.org/resources/acend/accredited-programs/international-programs>). For more information regarding the academic requirements and supervised practice for RDNs, refer to ACEND's website: <http://www.eatrightpro.org/resources/acend>.

Credentialing

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

CDR currently has reciprocity agreements with foreign regulatory boards or a foreign equivalent. “Reciprocity is extended to individuals who completed all certification requirements (didactic, supervised practice, and examination) in the country with whom CDR has an agreement,”²⁰ including:

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

- Irish Nutrition and Dietetic Institute.

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

Candidates who have not completed supervised practice through a dietetic internship or individualized supervised practice pathway are eligible for the Registration Examination for NDTRs if they have successfully completed coursework in an ACEND-accredited didactic program in dietetics and completed at least a baccalaureate degree at a US regionally accredited college or university (<https://www.cdrmet.org/program-director/registration-eligibility-requirements-for-dietetic-technicians-new-pathway-iii>).²¹

COMPETENCE IN PRACTICE

The Academy's Nutrition and Dietetics Career Development Guide is a cornerstone for practice management and personal advancement in nutrition and dietetics. The Guide uses the Dreyfus model of skill acquisition to illustrate how a practitioner attains increasing levels of knowledge and skill throughout a career.²² Through lifelong learning and professional development, practitioners acquire and develop skills that lead to enhanced competencies and levels of practice. The Academy's website features a graphic representation and explanation of the Guide (<http://www.eatrightpro.org/resource/practice/career-development/career-toolbox/dietetics-career-development-guide>).

RDNs are required to maintain registration, including 75 hours of continuing education every 5 years documented in the CDR Professional Development Portfolio.²³ In 2015, CDR released the Essential Practice Competencies for CDR Credentialed Nutrition and Dietetics Practitioners²⁴ to provide overarching validated standards for RDNs. Practice competencies define the knowledge, skill, judgment, and attitude requirements throughout a practitioner's career, across practice, and within focus areas. Competencies provide a structured guide to help identify, develop, and evaluate the behaviors required for continuing competence.^{24,25}

In addition to credentials, CDR, the Academy, accredited education

institutions, and other national organizations offer certificate of training programs for RDNs to gain new skills and develop their practice. Certificates of training assist RDNs in attaining competence in various focus areas of practice and may lead to acquiring advanced degrees and certification credentials. Certificate of training programs provide instruction and training and assess the participant's knowledge (eg, Certificate of Training in Adult Weight Management).

An example of a credential/certification is the Board Certified Specialist in Pediatric Nutrition. This certification validates competencies and knowledge previously acquired through work experience. In keeping with the Academy/CDR Code of Ethics, RDNs can only practice in areas in which they are qualified and have demonstrated and documented competence to achieve ethical, safe, and quality outcomes in the delivery of food and nutrition services.¹³ Competence is an overarching "principle of professional practice, identifying the ability of the provider to administer safe and reliable services on a consistent basis."²⁶ Competent practitioners understand and practice within their scope of practice; use up-to-date knowledge, skills, judgment, and best practices; make sound decisions based on appropriate data; communicate effectively with patients, customers, and others; critically evaluate their own practice; identify the limits of their competence; and improve performance based on self-evaluation, applied practice, and feedback from others.²⁷ In addition, professional competence involves the ability to engage in clinical reasoning that facilitates problem solving and fosters person-centered behaviors and participatory decision making.²⁸

Depending on their knowledge, skills, expertise, individual interests, and competence, RDNs can work in multiple practice areas and settings, or may focus on a specific practice area or with a particular population or age group. Integral to the RDN's commitment to lifelong learning supported by CDR's Professional Development Portfolio Process is the recognition that additional knowledge, skills, experience, and demonstrated competence are imperative to maintaining currency with advances in practice and to

As of 2017, there are 17 focus area Standards of Practice (SOP) and/or Standards of Professional Performance (SOPP) for registered dietitian nutritionists (RDNs).¹⁵ Because RDNs are accountable for their own competence, focus area SOPs and SOPPs are available to assist RDNs in self-evaluation, determining learning needs, and identifying opportunities for advancement. The *Journal of the Academy Nutrition and Dietetics* houses collections of the SOPs and SOPPs: <http://jandonline.org/content/focus> and <http://jandonline.org/content/credentialed>.

evaluate the nutrition care workflow processes for improving health outcomes.²⁵

INDIVIDUAL SCOPE OF PRACTICE

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

STATE LICENSURE AND PRACTICE ACTS

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

guide the development of state practice acts or regulations.

STATUTORY SCOPE OF PRACTICE

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

RDNs operate within the directives of applicable federal and state laws and regulations, policies and procedures established by the organization in which they are employed or provide services, and designated roles and responsibilities. Entities that pay for nutrition services, such as insurance providers, may establish additional regulations that RDNs must follow to receive payment for medical nutrition therapy (MNT) for their beneficiaries. RDNs providing telehealth services where the practitioner and patient are located in different states, the practitioner providing the patient care service must be licensed and/or meet the other applicable standards that are required by state or local laws in both the state where the practitioner is located and the state where the patient is located.^{9,30} To determine whether an activity is within the scope of practice of the RDN, the practitioner evaluates his or her knowledge, skill, and demonstrated and documented competence necessary to perform the service or activity in a safe and ethical manner. The Academy's Scope of Practice Decision Tool (www.eatrightpro.org/scope), an online, interactive tool, is

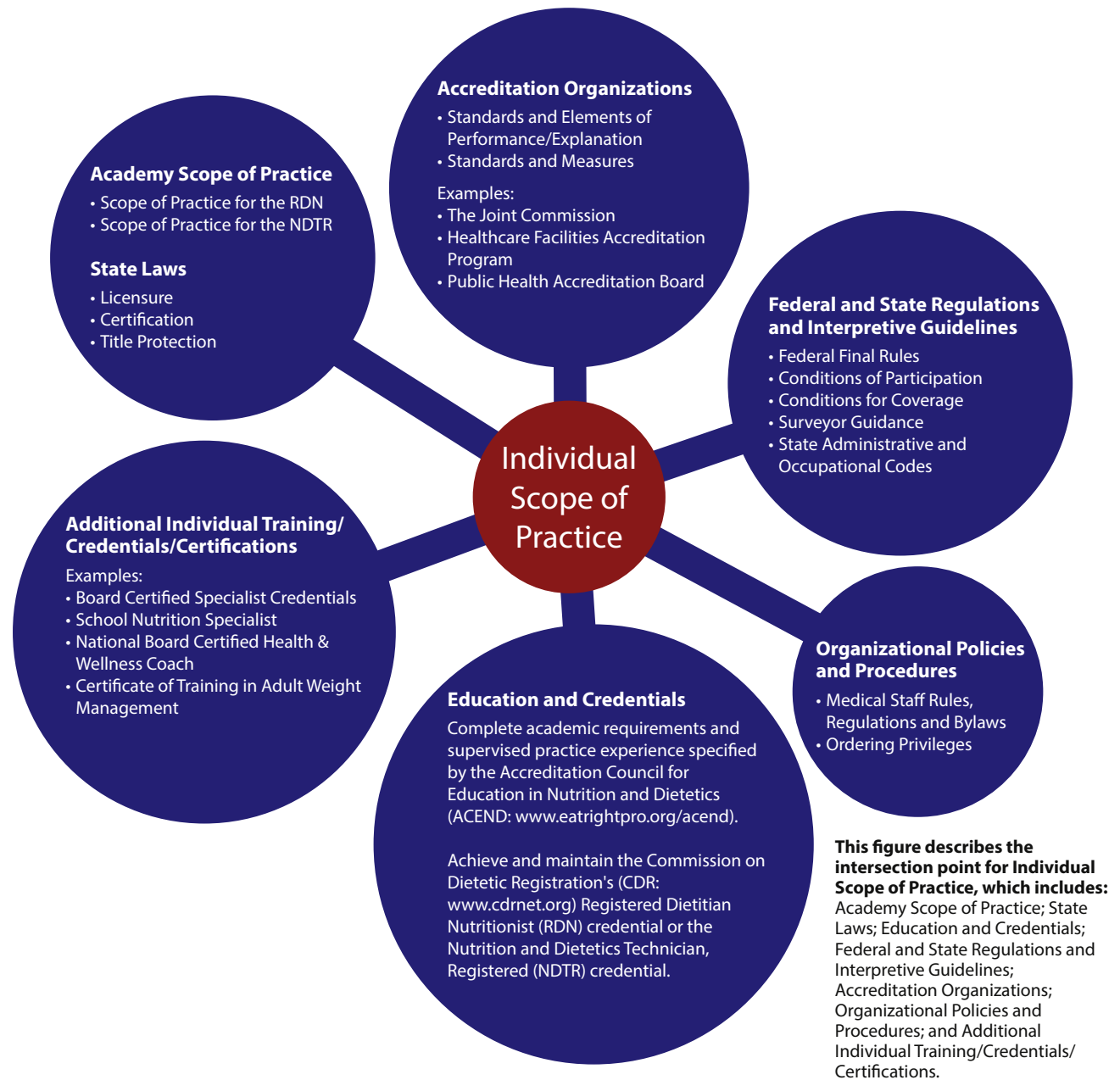


Figure 2. Individual scope of practice for registered dietitian nutritionists (RDNs) and nutrition and dietetic technicians, registered (NDTRs).

specifically designed to guide practitioners with this process.

NUTRITIONIST QUALIFICATIONS

A nutritionist is a person who studies nutrition and/or provides education or counseling in nutrition principles. This individual may or may not have an academic degree in the study of nutrition, and may or may not actually work in the field of nutrition.¹⁷

Some states have enacted licensure laws or other forms of legislation that regulate use of the title “nutritionist” and/or sets specific qualifications for holding the title. Often (but not uniformly), these state laws include an advanced degree in nutrition. According to the Academy’s definition, all RDNs are nutritionists, but not all nutritionists are RDNs.¹⁷ Refer to the state licensure board or agency for the state-specific licensing act (<http://>

www.eatrightpro.org/resource/advocacy/quality-health-care/consumer-protection-and-licensure-agency-contact-list).

CREDENTIALS, CERTIFICATES OF TRAINING, AND RECOGNITIONS AVAILABLE FOR RDNs

For RDNs, CDR offers Board Certification in specialty focus areas of practice and advanced practice certification in

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

clinical nutrition (RD-AP or RDN-AP) for those RDNs who document 8,000 hours of clinical nutrition practice within the past 15 years (800 hours of which must be within the past 2 years). Both require recognition of documented practice experience and successful completion of an examination. The certification period is 5 years. Recertification is required to maintain the advanced practice and specialist credentials.^{31,32} As of 2017, CDR offers Board Certification in the following specialty areas:

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

Until 2002, the Academy offered the Fellow of the American Dietetic Association (FADA) credential. FADA certification demonstrated a successful approach to practice that reflected a global, intuitive, and evolving perspective; creative problem solving; and commitment to self-growth through a portfolio assessment.¹⁷ The FADA credential is still held by some Academy members. In 2013, the Academy began offering the recognition certificate Fellow of the Academy of Nutrition and Dietetics (FAND). FAND recognizes members who have distinguished themselves among their colleagues, as well as in their communities,

by their service to the nutrition and dietetics profession and by optimizing the nation's health through food and nutrition.³³

Additional credentials that may be held by RDNs are listed in [Figure 3](#). [Figure 4](#) outlines health and wellness coaching credentials/certifications¹⁷ that may also be held by RDNs as this is an area of growing interest. This list is not all-inclusive because new programs are emerging and existing programs are being updated. Obtaining additional academic degree(s), and/or certificates of training or credentials/certifications are options that may be desirable or required for specific areas of practice or employment settings. [Figure 5](#) lists certificate of training programs offered by CDR and the corresponding continuing professional education (CPE) units for each program. The programs are intensive training programs that include a self-study module and pretest, on-site program, and a take-home post-test. Certificate of training and certification programs offered by nationally recognized organizations may also be beneficial to RDNs but may not be eligible for CPE units without prior approval. See the Professional Development Portfolio Guide for a list of credentials approved for CPE units (<https://www.cdrnet.org/pdp/professional-development-portfolio-guide>). The lists are not all-inclusive. The credentials listed are not an endorsement and should be appropriately evaluated by the RDN for benefit in meeting patient/client/group/population/employer needs for delivery of food and nutrition-related services.

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

NUTRITION CARE PROCESS, WORKFLOW, AND MNT

RDNs whose practice involves nutrition care, MNT, and nutrition-related

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

The NCP is a systematic approach to providing high-quality nutrition care with its application utilized within MNT services provided by the RDN. The NCP consists of four distinct, interrelated steps: Nutrition Assessment, Nutrition Diagnosis, Nutrition Intervention, and Nutrition Monitoring and Evaluation.¹⁷ The RDN uses the NCP and other workflow elements to individualize and evaluate care and service processes within organization systems specific to the discipline of nutrition and dietetics. Academy nutrition practice guidelines incorporate the NCP as the standard process for guiding patient/client/population care. MNT protocols provide a plan based on systematically analyzed evidence and clearly define the level, content, and frequency of nutrition care appropriate for diseases and conditions. They are a component of the Academy's Evidence Analysis Library Evidence-Based Nutrition Practice Guideline Toolkits, which include an MNT Flowchart of Encounters and the MNT Encounter Process.¹⁷

The RDN uses the NCP and its standardized terminology as described in [Figure 6](#) to:

Credentialing agency	Credential
American Academy of Professional Coders	Certified Professional Coder (CPC)
American Association of Diabetes Educators ^a	Board Certified in Advanced Diabetes Management (BC-ADM) ^{bc}
American Association of Family and Consumer Sciences	Certified in Family and Consumer Sciences (CFCS) ^c
American College of Healthcare Executives	Board Certified as a Fellow of the American College of Healthcare Executives (FACHE)
American College of Sports Medicine	ACSM Certified Personal Trainer (CPT) ^c ACSM Certified Health/Fitness Specialist (HFS) ^c
American Council on Exercise	ACE-certified Personal Trainer ^c ACE-certified Group Fitness Instructor ^c ACE-certified Advanced Health & Fitness Specialist ^c
American Culinary Federation - Institute for Credentialing Excellence	Certified Executive Chef (CEC) Certified Culinary Educator (CCE)
Board of Certification, Inc, for the Athletic Trainer	Athletic Trainer
Canadian Diabetes Educator Certification Board	Canadian Board Certified Diabetes Educator ^{bc}
Certifying Board of Dietary Managers - Association of Nutrition & Foodservice Professionals	Certified Dietary Manager (CDM); Certified Food Protection Professional (CFPP)
Commission for Case Manager Certification	Board Certified Case Manager (CCM)
Healthcare Quality Certification Commission	Certified Professional in Healthcare Quality (CPHQ) ^c
International Association of Eating Disorders Professionals ^a	Certified Eating Disorders Registered Dietitian (CEDRD) ^c
National Academy of Certified Care Managers	Care Manager Certified (CMC)
National Board of Nutrition Support Certification, Inc, American Society for Parenteral and Enteral Nutrition (A.S.P.E.N.) ^a	Certified Nutrition Support Clinician (CNSC) ^b
National Certification Board for Diabetes Educators	Certified Diabetes Educator (CDE) ^{bc}
National Commission for Health Education Credentialing, Inc	Certified Health Education Specialist (CHES) ^c
National Environmental Health Association	Certified Professional-Food Safety (CP-FS) Registered Environmental Health Specialist/Registered Sanitarian (REHS/RS)
National Strength and Conditioning Association	NSCA-Certified Strength and Conditioning Specialist (CSCS) ^c NSCA-Certified Personal Trainer (NSCA-CPT) ^c
Project Management Institute	Certified Associate in Project Management (CAPM) Project Management Professional (PMP)
School Nutrition Association ^a	School Nutrition Specialist (SNS) ^c
The International Board of Lactation Consultant Examiners, Inc	International Board Certified Lactation Consultant (IBCLC) ^{bc}
^a Commission on Dietetic Registration accredited provider. ³⁴ ^b Seventy-five continuing professional education units approved by Commission on Dietetic Registration for completion of certification for consecutive recertification periods. ²³ ^c Seventy-five continuing professional education units approved by Commission on Dietetic Registration for completion of certification for alternate recertification periods. ²³	

Figure 3. Credentials that can be held by registered dietitian nutritionists (RDNs) (not all inclusive).

Credentialing agency	Credential/certification
American Council on Exercise	ACE-certified Lifestyle and Weight Management Coach ACE-certified Health Coach ^a
American Institute of Health Care Professionals	Health Care Life Coach-Certified (HCLC-C)
International Association for Health Coaches	Certified International Health Coach (CIHC)
National Society of Health Coaches ^b	Certified Health Coach (CHC)
International Consortium for Health & Wellness Coaching and National Board of Medical Examiners	National Board Certified Health & Wellness Coach (NBC-HWC)
Wellcoaches Corporation ^b	Certified Health & Wellness Coach Certified Personal Coach

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

^bCommission on Dietetic Registration—accredited provider.³⁴

Figure 4. Coach credential or certification options for registered dietitian nutritionists (not all inclusive).

- assess the nutrition-related health needs of patients/clients/populations, considering other factors affecting nutrition and health status (eg, culture, ethnicity, and social determinants of health) and develop priorities, goals, and objectives to establish and implement nutrition care plans;
- provide nutrition counseling and nutrition education to optimize nutritional status, prevent disease, or maintain and/or improve health and well-being;
- make referrals to appropriate resources and programs and act as or collaborate with case managers;
- evaluate, educate, and counsel related to the use of nutrition-related pharmacotherapy plans and over-the-counter medications, dietary supplements, and food–drug and drug–nutrient interactions; and
- document care provided using standardized terminology.

Unique to RDNs is the qualification to provide MNT, a cost-effective, essential component of comprehensive nutrition care.^{35–39} Individuals and groups with medically prescribed diets, individualized meal plans, specialized oral feedings, enteral nutrition (tube feedings), and intravenous solutions with adjustments based on the analysis of potential food or nutrient and drug interactions benefit from MNT. MNT involves in-depth nutrition

assessment; determination of the nutrition diagnosis; implementation of tailored nutrition interventions for the individual or group; and periodic monitoring, evaluation, reassessment, and revised interventions designed to manage or prevent the disease, injury, or condition.¹⁷ Figure 7 lists examples of medical conditions and diseases for which RDNs provide MNT, as outlined in the Academy Nutrition Care Manual.⁴⁰ For a complete list of Nutrition Care Manual medical conditions, including information in the Pediatric Nutrition Care Manual and Sports Nutrition Care Manual, consult the Academy Nutrition Care Manuals⁴⁰ (<https://www.nutritioncaremanual.org/ncm-toc>).

RDNs in clinical practice:

- Provide MNT in direct care of medical diseases and conditions across the continuum of care (refer to Figure 7).
- Apply the NCP and workflow elements in providing person-centered nutrition care of individuals.¹⁵
 - Perform assessment of a patient’s/client’s nutrition status via in-person, or facility/practitioner assessment application, or HIPAA compliant video conferencing telehealth platform.
 - Complete a nutrition-focused physical exam through an evaluation of body systems,

muscle and subcutaneous fat wasting, feeding ability (suck/swallow/breathe), oral health, skin condition, appetite, and affect. For additional information and education on nutrition focused physical exams, please see <http://www.eatrightpro.org/resource/career/professional-development/face-to-face-learning/nfpe-workshop> and <http://www.eatrightstore.org/product/EBB27B14-7C98-40E2-A0EF-6E78AD6FF7D8>.

- Recommend, perform, and/or interpret test results related to nutrition status: blood pressure, anthropometrics (eg, height and weight, skinfold thickness, waist circumference, calculation of body mass index with classification for malnutrition and obesity), indirect calorimetry, laboratory tests, and waived point-of-care laboratory testing (eg, blood glucose and cholesterol) (<http://wwwn.cdc.gov/dls/waivedtests/> and <http://www.cms.gov/Regulations-and-Guidance/Legislation/CLIA/downloads/waivetbl.pdf>).
- Order and monitor nutrition-related laboratory tests and waived point-of-care laboratory testing, in cases where an RDN has

Training title	CPEUs
Certificate of Training in Adult Weight Management Program	35
Level 2 Certificate of Training in Adult Weight Management Program	50
Certificate of Training in Childhood and Adolescent Weight Management	32

Figure 5. Commission on Dietetic Registration Certificates of Training in Weight Management.

- been granted ordering privileges, or received a delegated order from a referring physician.⁴¹⁻⁴³
- Order and monitor nutrition interventions to meet person-centered nutrient and energy needs, including but not limited to prescribed diets, medical foods, dietary supplements, over-the-counter medications, nutrition support therapies such as enteral nutrition (tube feeding) and parenteral nutrition support (specialized intravenous solutions), nasogastric feeding tube placement, and provide feeding therapy (pediatric oral aversion).⁴¹⁻⁴³
- Initiate, implement, and adjust protocol- or physician-order-driven nutrition-related medication orders and pharmacotherapy plans in accordance with established policy or protocols consistent with organizational policy and procedure.⁴¹
- Assist in the development, promotion, and adherence to enhanced recovery after surgery protocols, including elimination of preoperative nothing by mouth order, intraoperative nausea/vomiting prophylaxis and goal-directed fluid therapy, and early postoperative nutrition.
- Provide nutrition counseling; nutrition behavior therapy; lactation counseling; health and wellness coaching; and nutrition, physical activity, lifestyle, and health education and counseling as components of preventative, therapeutic, and restorative health care.
 - Assess and counsel for the treatment of food allergies to prevent consumption of allergens, prevent over-restriction, prevent nutrient deficiencies, and promote optimal growth and/or weight maintenance.⁴⁴
 - Evaluate, educate, and counsel related to nutritional genomics, gene–diet and disease interactions; genetic, environmental, and lifestyle factors; and food–drug, drug–nutrient, and supplement–drug–nutrient interactions.
 - Manage nutrition care, collaborate with other health and nutrition professionals and as members of interprofessional teams, contribute to rounds or care conferences; be part of palliative and hospice care teams; participate in care coordination; and refer to appropriate nutrition resources, programs, or other health professionals.
- Determine appropriate quality standards in foodservice and nutrition programs.
- Train nutrition and dietetics personnel and NDTRs and mentor nutrition and dietetics students and interns in the provision of nutrition services.
- Delegate to and supervise the work of the NDTR or other professional, technical, or support staff who are engaged in direct patient/client nutrition care.

Ordering Privileges

Ordering privileges for RDNs became an option for acute and critical access hospitals to consider with the revisions to the CMS Conditions of Participation, when consistent with state law. **Figure 8**

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

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

Ethical Billing Practices

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

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

^aHIPAA=Health Insurance Portability and Accountability Act.

^bThe RDN or clinically qualified nutrition professional¹¹ is ultimately responsible and accountable to the patient/client/advocate, employer/organization, consumer/customer, and regulator for nutrition activities assigned to NDTRs and other technical, professional, and support staff.

Figure 6. Nutrition Care Process and Workflow: Roles of registered dietitian nutritionists (RDNs) and nutrition and dietetics technicians, registered (NDTRs).

best practices for MNT services, see <http://www.eatrightpro.org/resources/practice/getting-paid>.

PRACTICE AREAS, SERVICES, AND ACTIVITIES

Nutrition and dietetics as a field is dynamic, diverse, and continuously evolving. The depth and breadth of the RDN’s practice expands with advances in many areas, including nutrition, dietetics, food production, food safety, food systems management, health care, public health, community nutrition, and information and communication technology. The RDN understands how these advances influence health status, disease prevention and treatment,

quality of life, agriculture, ecological sustainability, business innovation, and the safety and well-being of the public. The diversity of the population, federal and state legislative actions, health and chronic disease trends, and social and environmental trends influence professional practice and the goals and objectives of those served by the RDN. Quality health and nutrition care and services depend on active participation by patients, clients, families, consumers, groups, and communities in decisions that promote health, well-being, fitness, and performance. Integral to this effort, RDNs play critical roles in leading the public in promoting access to and incorporating healthful food supplies,

food choices, and eating behaviors; working physical activity into daily lives; and aiding individuals in making informed choices regarding food and nutrition.

The majority of RDNs are employed in health care settings (eg, hospitals, accountable care organizations, health care systems, clinics, mental health centers, rehabilitation centers, dialysis centers, bariatric centers, long-term, post-acute, or assisted-living facilities)¹⁹ addressing wellness, prevention, and nutrition management of diseases and medical conditions. Practice settings, services, and activities are discussed using terminology common in each area. Services and activities are not limited to the areas in which they

Examples of Conditions and Diseases Using Medical Nutrition Therapy in Adult and Pediatric Populations		
Anemia	Addictions	Alzheimer disease and dementia
Burns	Cardiovascular disease	Critical illness or conditions
Developmental disabilities	Diabetes	Dysphagia
Eating disorders and disordered eating	Food allergies and intolerances	Genetic disorders
Gastrointestinal disorders	Human immunodeficiency virus/acquired immunodeficiency syndrome	Malnutrition
Mental health disorders	Metabolic syndrome	Musculoskeletal conditions
Neurological disorders	Oncology	Organ transplant
Pediatric care	Pulmonary disorders	Renal disorders
Reproduction	Sports nutrition and performance	Weight management

Figure 7. Examples of conditions and diseases in which registered dietitian nutritionists perform medical nutrition therapy in adult and pediatric populations.

are described. The RDN has multiple responsibilities and perform services and activities in various settings.

Examples of RDN practice areas, services, and activities include, but are not limited to, the following:

Acute and Ambulatory Outpatient

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

- Work within the interprofessional team and with the patient/client and family and/or advocate on nutrition-related aspects of a treatment plan, including risks/burdens of nutrition intervention; participate in interprofessional rounds; provide MNT; and conduct nutrition education, counseling, discharge planning, and care coordination and management to address prevention and treatment of one or more acute or chronic conditions or diseases.

- Supervise NDTRs in the provision of direct patient/client nutrition care. Assignment of tasks takes into consideration components of the NCP and the training and competence of the NDTR and other support staff in performing the assigned functions with a specific patient/client or population. The RDN is ultimately accountable to the patient/client, physicians, regulators, and accrediting organizations for functions assigned to support staff.³

Business and Communications

RDNs are employed as consultants, managers, directors, vice presidents, and chief executive officers in business and communications, where they participate, manage, and direct in areas such as news and communications, consumer affairs, public relations, food commodity boards, food and culinary nutrition, retail food business, human resources, nutrition and foodservice computer applications, product development, marketing, sales, product distribution, and consumer education. They are website managers and developers.⁴⁹ RDNs:

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

commentators, television, internet and radio personalities, and spokespersons.

- Monitor and adhere to ethical and legal guidelines applicable to social media and copyright laws for protection of intellectual property when communicating and sharing content created by other entities.⁵⁰

Coaching

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

- Educate and guide clients to achieve health goals through lifestyle and behavior adjustments.¹⁷
- Have thorough knowledge and advanced understanding of behavior change, culture, social determinants of health, disease self-management, and evidence-based health education research.¹⁷
- Empower clients to achieve self-determined goals related to health and wellness.¹⁷

Community and Public Health

RDNs with public health and community expertise are directors, managers, supervisors, educators, practitioners, consultants, and researchers. They work in a variety of settings from the national to state and local levels, such as government

Source	Information
CMS hospital guidance	
<p><i>Federal Register</i> / Vol. 79, No. 91 / Monday, May 12, 2014 / Rules and Regulations; pages 27117-27118 of the Final Rule for Regulatory Reforms Impacting Hospital Conditions of Participation (CoPs) Agency: Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services (HHS)⁴⁵</p>	<p>“CMS would make further revisions that would allow for flexibility in this area by requiring that all patient diets, including therapeutic diets, must be ordered by a practitioner responsible for the care of the patient, or by a qualified dietitian or other clinically qualified nutrition professional as authorized by the medical staff and in accordance with State law. CMS believes that hospitals that choose to grant these specific ordering privileges to RDs may achieve a higher quality of care for their patients by allowing these professionals to fully and efficiently function as important members of the hospital patient care team in the role for which they were trained. CMS stated that they believe hospitals would realize significant cost savings in many of the areas affected by nutritional care.”</p>
<p>The CMS final rule, effective July 11, 2014. The CMS State Operations Manual Conditions of Participation Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals was subsequently revised in sequential order with State Operations Manual updates issued at different times in 2014 and 2015 for implementation.⁹ §482.28(b)(2): Condition of Participation: Food and Dietetic Services⁹</p>	<p>“All patient diets, including therapeutic diets, must be ordered by a practitioner responsible for the care of the patient, or by a qualified dietitian or qualified nutrition professional as authorized by the medical staff and in accordance with State law governing dietitians and nutrition professionals.”</p>
<p>Who is a “qualified dietitian” and “qualified nutrition professional” per hospital guidelines? §482.28(b)(2) Condition of Participation: Food and Dietetic Services⁹</p>	<p>“The hospital’s governing body may choose, when permitted under State law and upon recommendation of the medical staff, to grant qualified dietitians or qualified nutrition professionals diet-ordering privileges. In many cases State law determines what criteria an individual must satisfy in order to be a “qualified dietitian;” State law may define the term to mean a “registered dietitian” registered with a private organization, such as the Commission on Dietetic Registration, or State law may impose different or additional requirements. Terms such as “nutritionists,” “nutrition professionals,” “certified clinical nutritionists,” and “certified nutrition specialists” are also used to refer to individuals who are not dietitians, but who may also be qualified under State law to order patient diets. It is the responsibility of the hospital to ensure that individuals are qualified under State law before appointing them to the medical staff or granting them privileges to order diets.”</p>
<p>§482.22(a): Eligibility and Process for Appointment to Medical Staff⁹</p>	<p>“The medical staff must be composed of doctors of medicine or osteopathy. In accordance with State law, including scope-of-practice laws, the medical staff may also include other categories of physicians (as listed at §482.12(c)(1)) and non-physician practitioners who are determined to be eligible for appointment by the governing body.”</p> <p>“Non-physician practitioners: Furthermore, the governing body has the authority, in accordance with State law, to grant medical staff privileges and membership to non-physician practitioners. The regulation allows hospitals and their medical staffs to take advantage of the expertise and</p>
<p><i>(continued on next page)</i></p>	

Figure 8. Catalog of regulatory changes published by the Centers for Medicare and Medicaid Services (CMS) related to order writing privileges or delegated orders for registered dietitian nutritionists (RDNs) or clinically qualified nutrition professionals in hospitals, critical access hospitals (CAHs), and long-term care facilities. Refer to CMS State Operations Manual for periodic revisions (<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107Appendicestoc.pdf>).

Source	Information
	<p>skills of all types of practitioners who practice at the hospital when making recommendations and decisions concerning medical staff privileges and membership.”</p> <p>“For non-physician practitioners granted privileges only, the hospital’s governing body and its medical staff must exercise oversight, such as through credentialing and competency review, of those non-physician practitioners to whom it grants privileges, just as it would for those practitioners appointed to its medical staff. Practitioners are described in Section 1842(b)(18)(C) of the Act as any of the following: Physician assistant; Nurse practitioner; Clinical nurse specialist; Certified registered nurse anesthetist; Certified nurse-midwife; Clinical social worker; Clinical psychologist; Anesthesiologist’s Assistant; or Registered dietician or nutrition professional.”</p>
<p>CMS CAH guidance CMS State Operations Manual, Appendix W - Survey Protocol, Regulations and Interpretive Guidelines for Critical Access Hospitals (CAHs) and Swing-Beds in CAHs (revised December 2016). The following policies section includes dietitian privileges as implemented in April 2015¹⁰</p>	
<p>§485.608(d): Licensure, Certification or Registration of Personnel¹⁰</p>	<p>“Staff of the CAH are licensed, certified, or registered in accordance with applicable Federal, State, and local laws and regulations.”</p> <p>“All staff required by the State to be licensed must possess a current license. The CAH must ensure that these personnel are in compliance with the State’s licensure laws. The laws requiring licensure vary from state to state. Examples of healthcare professionals that a state may require to be licensed could include: nurses, MD/DOs, physician assistants, dietitians, x-ray technologists, dentists, physical therapists, occupational therapists, respiratory technicians and facility administrators. All CAH staff must meet all applicable standards required by State or local law for CAH personnel. This would include at a minimum: Certification requirements; Minimum qualifications; and Training/education requirements.”</p>
<p>§485.631(a)(1) 485.631(a): Staffing¹⁰</p>	<p>“The CAH has a professional health care staff that includes one or more doctors of medicine or osteopathy, and may include one or more physician assistants, nurse practitioners, or clinical nurse specialists.”</p>
<p>§485.631(a)(2): Staffing¹⁰</p>	<p>“Any ancillary personnel are supervised by the professional staff.”</p> <p>Survey Procedures “Use organizational charts and staff interviews to determine how the CAH ensures that the professional staff supervises all ancillary personnel.”</p>
<p>§485.631(b)(1)(i): Staffing¹⁰</p>	<p>“The doctor of medicine or osteopathy (i) Provides medical direction for the CAH’S health care activities and consultation for, and medical supervision of, the health care staff.”</p>
<p>§485.635(a): Patient Care Policies Interpretive guidelines: §485.635(a)(2) and (4)¹⁰</p>	<p>“The CAH’s written policies governing patient care services must be developed with the advice of members of the CAH’s professional healthcare staff. This advisory group must include: At least one MD or DO;</p>
<p><i>(continued on next page)</i></p>	

Figure 8. (continued) Catalog of regulatory changes published by the Centers for Medicare and Medicaid Services (CMS) related to order writing privileges or delegated orders for registered dietitian nutritionists (RDNs) or clinically qualified nutrition professionals in hospitals, critical access hospitals (CAHs), and long-term care facilities. Refer to CMS State Operations Manual for periodic revisions (<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107Appendicestoc.pdf>).

Source	Information
	<p>and One or more physician assistants, nurse practitioners, or clinical nurse specialists, at least one of these non-physician practitioners if these professionals are included in the CAH's healthcare staff, as permitted at §485.631(a)(1). A CAH with no non-physician practitioners on staff is not required to obtain the services of an outside non-physician practitioner to serve on the advisory group."</p>
<p>"§485.635(a)(3)(vii): Patient Care Policies¹⁰</p>	<p>"Procedures that ensure that the nutritional needs of inpatients are met in accordance with recognized dietary practices and the orders of the practitioner responsible for the care of the patients, and that the requirement of §483.25(i) of this chapter is met with respect to inpatients receiving post hospital SNF [Skilled Nursing Facility] care."</p> <p>"The dietary services must be organized, directed and staffed in such a manner to ensure that the nutritional needs of inpatients are met in accordance with practitioners' orders and recognized dietary practices. The CAH must designate a qualified individual who is responsible for dietary services. The designated individual must be qualified based on education, experience, specialized training, and, if required by State law, licensed, certified, or registered by the State."</p> <p>"All inpatients' diets, including therapeutic diets, must be provided in accordance with orders from a practitioner responsible for the care of the patient. CAHs may choose, when permitted under State law, to designate qualified dietitians or qualified nutrition professionals as practitioners with diet-ordering privileges. In many cases State law determines what criteria an individual must satisfy in order to be a 'qualified dietitian'; State law may define the term to mean a 'registered dietitian' registered with a private organization, the Commission on Dietetic Registration, or State law may impose different or additional requirements. Terms such as 'nutritionists,' 'nutrition professionals,' 'certified clinical nutritionists,' and 'certified nutrition specialists' are also used to refer to individuals who are not dietitians, but who may also be qualified under State law to order patient diets. It is the responsibility of the hospital to ensure that individuals are qualified under State law before appointing them to the medical staff or granting them privileges to order diets."</p>
<p>§485.635(a)(3)(vii): Patient Care Policies¹⁰</p>	<p>Survey procedures: "Verify that the individual responsible for dietary services is qualified based on education, experience, specialized training, and, if required by State law, is licensed, certified, or registered by the State. Verify that all inpatient diets are prescribed by a practitioner(s) responsible for the care of the patient. If the State and the CAH permit dietitians or other nutrition professionals to order diets, has the CAH verified that they meet any requirements for licensure or certification under State law?"</p>
<p>CMS long-term care guidance</p>	
<p><i>Federal Register</i> / Vol. 81, No. 192 / Tuesday, October 4, 2016 / Rules and Regulations; Department of Health and Human Services, Centers for Medicare & Medicaid Services,</p>	<p>"To increase access and reduce burden, this final rule allows physicians to delegate to a qualified dietitian or other clinically qualified nutrition professional the task of prescribing diet, including therapeutic diets, to the extent allowed by state law. CMS does not currently have data to estimate</p>
<p style="text-align: right;"><i>(continued on next page)</i></p>	

Figure 8. (continued) Catalog of regulatory changes published by the Centers for Medicare and Medicaid Services (CMS) related to order writing privileges or delegated orders for registered dietitian nutritionists (RDNs) or clinically qualified nutrition professionals in hospitals, critical access hospitals (CAHs), and long-term care facilities. Refer to CMS State Operations Manual for periodic revisions (<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107Appendicestoc.pdf>).

Source	Information
Medicare and Medicaid Programs; Page 68845 of the Final Rule for Reform of Requirements for Long Term Care Facilities ⁴⁶	the savings that this will produce in SNFs and NFs [Nursing Facilities], however CMS believes that it will allow for better use of both physician and dietitian time. Likewise, we also allow physicians to delegate to qualified therapists the task of prescribing physical, occupational, speech language, or respiratory therapies, but as with dietitians, we have no empirical evidence with which to quantify a cost savings. Again, however, we believe that this allows better use of both physician and therapist time."
The CMS Final Rule was effective on November 28, 2016. The CMS State Operations Manual, Appendix PP - Guidance to Surveyors for Long Term Care Facilities was subsequently revised for implementation with updates continuing to occur in 2017 and beyond. §483.30: Physician Services §483.30(e)(2) and §483.30(e)(4): Physician Delegation of Tasks in Skilled Nursing Facilities §483.30(f): Performance of Physician Tasks in Nursing Facilities ¹¹	"A resident's attending physician may delegate the task of writing dietary orders, consistent with §483.60, to a qualified dietitian or other clinically qualified nutrition professional who— (i) Is acting within the scope of practice as defined by State law; and (ii) Is under the supervision of the physician." "A physician may not delegate a task when the regulations specify that the physician must perform it personally, or when the delegation is prohibited under State law or by the facility's own policies."
§483.60(e)(1): Therapeutic Diets ¹¹	"Therapeutic diets must be prescribed by the attending physician."
§483.60(e)(2): Therapeutic Diets ¹¹	"The attending physician may delegate to a registered or licensed dietitian the task of prescribing a resident's diet, including a therapeutic diet, to the extent allowed by State law. Intent: To assure that the residents receive and consume foods in the appropriate form and/or the appropriate nutritive content as prescribed by a physician and/or assessed by the interdisciplinary team to support the resident's treatment, plan of care in accordance with his/her goals and preferences."
Who is a "non-physician practitioner"? Definitions §483.30(a): Physician Services ¹¹	"'Non-physician practitioner (NPP)' is a nurse practitioner (NP), clinical nurse specialist (CNS), or physician assistant (PA)."
Guidance §483.30(e)(2)-(3): Physician Services ¹¹	"Physicians and NPPs may delegate the task of writing orders to qualified dietitians . . . if State practice act allows the delegation of task, and the State practice act for the qualified individual being delegated the task of writing orders permits such performance." "Dietary orders written by a qualified dietitian/clinically qualified nutritional professional, or therapy orders written by therapists, do not require physician co-signature, except as required by State law."

Figure 8. (continued) Catalog of regulatory changes published by the Centers for Medicare and Medicaid Services (CMS) related to order writing privileges or delegated orders for registered dietitian nutritionists (RDNs) or clinically qualified nutrition professionals in hospitals, critical access hospitals (CAHs), and long-term care facilities. Refer to CMS State Operations Manual for periodic revisions (<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107Appendicestoc.pdf>).

agencies, community and professional organizations, nonprofit organizations, and schools.⁵¹ RDNs participate in federally assisted nutrition programs (eg, Special Supplemental Nutrition Assistance Program for Women, Infants, and Children [WIC], and the Supplemental Nutrition Assistance Program-Education [SNAP-Ed]), community programs (eg,

community health centers, Feeding America, Harvesters), and Indian Health Services. RDNs:

- Monitor, educate, and advise the public and populations about nutrition-related issues and concerns.
- Design, implement, evaluate, advocate for, and supervise

federally funded nutrition programs and community programs to support individuals with food insecurity and to promote sustainable, resilient, and healthy food and water systems, food safety, health equity, and population-based strategies to promote healthful eating, physical activity, and lifestyle

behaviors. Contribute to emergency preparedness and coordinate food and nutrition services during disasters.⁵²

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

Culinary and Retail

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

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

Entrepreneurial and Private Practice

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

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

Foodservice Systems

RDNs manage and direct or serve as consultants to foodservice operations in health care and other institutions and commercial settings. They are also employed by contract foodservice management companies (eg, in

hospitals, schools, colleges and universities, continuing care communities, long-term care hospitals, critical access hospitals, rehabilitation centers, extended care settings, government facilities, retail, and corrections facilities) and commercial settings (eg, restaurants, food distribution and vending, and catering). RDNs:

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

Global Health

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

- Educate clients, customers, and the public on global health issues related to nutrition using resources such as the Academy Foundation's International Resources and Opportunities (<http://>

eatrightfoundation.org/international-resources-and-opportunities), the Academy's Global Food and Nutrition Resource Hub (<http://www.eatrightpro.org/resources/practice/practice-resources/international-nutrition-pilot-project>), and the International Confederation of Dietetic Associations (<http://www.internationaldietetics.org>).

- Advocate for and influence local and federal health policy in America and foreign countries related to global health issues such as sustainable and healthy agriculture; food and water sanitation and hygiene; malnutrition and nutrition insecurity; potable drinking water; maternal, infant, and child nutrition; and human immunodeficiency virus and acquired immune deficiency syndrome.
- Provide assistance and guidance during health and nutritional crises, societal upheaval, and natural disasters.
- Demonstrate respect and sensitivity to the local culture.
- Conduct research on global health and nutrition to address current and anticipated food and nutrition challenges, influence health policy, and address and eliminate all forms of malnutrition.

Integrative and Functional Medicine

RDNs are skilled in integrative and functional medicine, nutritional genomics, foods, targeted nutrition and dietary supplements and utilizing the NCP in a broad range of holistic and therapeutic modalities. RDNs practice integrative and functional medicine in acute and ambulatory outpatient, coaching, community and public health, private practice, post-acute health care, prevention and wellness care, and research settings. RDNs:

- Promote the integration of conventional and integrative medical and nutrition practices, clinical judgment, and evidence-based alternatives through research, education, and informed practice.
- Lead evidence-based and science-based therapies,

including basic concepts of nutritional genomics, gene–diet and disease interactions, holistic health care, and functional nutrition therapies using the Integrative and Functional Medical Nutrition Therapy (IFMNT) Radial (<https://integrativerd.org/ifmnt-radial/>). The Integrative and Functional Medicine Nutrition Therapy Radial is a model for critical thinking that embraces both the science and art of personalized nutrition care with consideration of multiple conventional or alternative medicine disciplines using five key areas: lifestyle, systems (signs and symptoms), core imbalances, metabolic pathways/networks, and biomarkers.⁵⁷

Malnutrition

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

- Establish malnutrition standards of care and conduct timely screening, assessment, intervention/plan of care to identify appropriate medical malnutrition diagnosis.
- Lead the interprofessional team to identify quality gaps in malnutrition care, evaluate the clinical workflow process, and facilitate quality improvement projects to advance malnutrition care delivery (<http://www.eatrightpro.org/malnutrition>).

- Provide training and education to teams ensuring competent nutrition professional and food-service workforce.
- Comply with discharge planning and transitions of care requirements as well as facility policies and procedures to meet patient/client identified post-discharge needs.^{59,60}

Management and Leadership

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

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

- Lead people “to achieve a common goal by setting a direction, aligning people, motivating and inspiring.”⁶¹
- Provide overall direction for area(s) of responsibility that reflects strategic thinking and planning to align with mission, vision, and principles of the organization to achieve desired outcomes.
- Identify needs and wants of customers to direct the design and

delivery of customer-centered services in line with an organization's mission and expectations.

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

Military Service

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

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

Nonpracticing

RDNs who are not working in the nutrition and dietetics workforce, but are maintaining their credential, are ethically obligated to maintain the

minimum competent level of practice as outlined in the SOP in nutrition care and/or SOPP¹⁵ or an applicable focus area SOP and/or SOPP.⁶² RDNs:

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

Nutrition Informatics

Nutrition informatics is the intersection of information, nutrition, and technology and is supported by information standards, processes, and technology.¹⁷ RDNs are leaders in the effective retrieval, organization, storage, and optimum use of information, data, and knowledge for food and nutrition-related problem solving and decision making.^{63,64} RDNs:

- Lead and participate on teams to design or develop criteria for the selection or implementation of software programs, applications, or systems as well as design and implement nutrition software and nutrition education tools.
- Use technology for recipe and menu management, perform or oversee nutrition analysis of product ingredients to comply with state and federal regulations for food labeling and restaurant menu nutrient analysis.
- Utilize the NCP steps, standardized terminology, structured data, and information, such as patient results, to support evidenced-based practice. Participate on interprofessional teams to select optimal technologies and practices to support patient outcomes.
- Use nutrition and health applications (apps)⁶⁵; electronic health records for acute care, outpatient, and post-acute and long-term care settings; and other consumer tools for managing health care data.⁶⁶ Monitor compliance with Health Insurance Portability and Accountability Act

(HIPAA) in the design and use of technologies.

- Educate students and practitioners on informatics and conduct research on informatics tools and processes to enhance practice.

Post-Acute, Long-Term, Home, and Palliative Care

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

- Participate in, manage, and direct nutrition programs and services to identify and evaluate individuals for nutritional risk, provide consultation to the physician and interprofessional health care team on nutrition aspects of a treatment plan.
- Participate in care conferences, provide MNT and nutrition education and counseling and care coordination and management to address prevention and treatment of one or more acute or chronic conditions or diseases, and provide support for end-of-life care.
- Are responsible for clinical ethics awareness involving life-sustaining therapies including nutrition interventions, reflecting evidence-based guidelines that evaluate the potential benefits and risks/burdens of therapeutic nutrition support (enteral and intravenous nutrition) in myriad of clinical situations.^{67,68}
- Communicate with the patient/client, family, guardians, and/or advocate¹⁵ regarding benefits and risks/burdens of nutrition intervention options.⁶⁷⁻⁷⁰

Preventive Care, Wellness, and Weight Management

RDNs are leaders in evidence-based nutrition practices that address

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

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

Quality Management

RDNs work independently and in teams within various health care (acute and post-acute), community and public health, population health, and business settings in the quality and safety area. Quality management professionals oversee the administration of quality, process, and/or business improvement efforts. They typically have authority over a clearly defined area of the organization that may include regulations and industry standards and have a number of direct reports.⁷¹ RDNs:

- Recognize and identify system errors, establish goals, collect qualitative and quantitative data using mixed methodologies, identify trends, and develop and implement strategies.

- Design and implement outcomes-based initiatives in quality assurance and performance improvement, performance measurement, process improvement, and quality improvement¹⁷ to document outcomes of services and compliance with regulations, policies, and procedures, and to monitor and address customer satisfaction.
- Develop, manage, and implement techniques and tools for process improvement; evaluate, document, and communicate quality improvement project outcomes; and interpret data to formulate judgments, conclusions, and reports.
- Report quality measures to CMS; measure or quantify health care processes, outcomes, patient/client perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality care and services.
- Develop, administer, evaluate, and consult regarding food and nutrition policy, including quality standards and performance improvement in foodservice and nutrition programs.

Research

RDNs involved in research are employed in a variety of settings, including general clinical research centers; clinical and translational research centers; academic medical centers; nonprofit research entities; academia; food, dietary supplement,¹⁷ and pharmaceutical companies; and municipal, state, and federal government agencies (eg, National Institutes of Health, the US Department of Agriculture, Food and Drug Administration, the Environmental Protection Agency, Centers for Disease Control and Prevention, and American Indian/Alaska Native Tribal Governments and organizations). RDNs:

- Apply for, direct, and manage grants.
- Design, oversee, and conduct food and nutrition-related research, guide development and implementation of guidelines, and support and develop policy and recommendations for

individuals, groups, and special populations.

- Author publications, participate in the peer-review process for grants and manuscripts, and serve on study sections to identify and define priority research areas.
- Interpret, apply, and instruct others on research findings related to food technology, nutrition science, and nutrition and dietetics practice.

School Nutrition

RDNs are employed in early childhood, elementary, and secondary education nutrition programs at the local, state, and national levels to contribute to healthy school environments. They work as educators, agency directors, researchers, and directors of school nutrition programs. RDNs are employed as corporate dietitians supplying products or services to school nutrition operations and as consultants in school nutrition and wellness. RDNs:

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

Sports Nutrition and Dietetics

RDNs are employed in and/or consult with individual athletes; rehabilitation centers; sports medicine clinics; community and medical fitness centers; amateur, collegiate, and professional sport organizations; the US Olympic Committee; academia; the military; high school, club associations, and sports performance entities; and sports food business and industry. RDNs are members of interprofessional sports

medicine and athletic performance teams in providing nutrition guidance for performance, as well as the prevention and/or management of chronic disease; provide foodservice to athletes and athletic teams and manage related foodservice budgets; and conduct research in sports nutrition and exercise science. RDNs work in prevention of and nutrition interventions for eating disorders, disordered eating, and the relative energy deficiency in sport (RED-S). RDNs develop nutrition programs and counsel the military, first responders, and others whose job requirements include physical performance and/or maintenance of specified levels of physical conditioning or body weight and body composition.⁷²

RDNs:

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

Sustainable, Resilient, and Healthy Food and Water Systems

RDNs are leaders and managers in sustainable and accessible food and water systems. RDNs are owners/operators of and/or employed in food banks, food pantries, farms, agribusiness, nongovernment organizations in natural resource conservation and farming groups, local, state, and federal government, private practice consulting, writing and speaking, academia, and foodservice systems management from farm to institution. RDNs serve in leadership capacities on food policy councils, sustainability committees, and food gardening groups. RDNs:

- Promote increased appreciation for and understanding of food security and resiliency, agricultural production, and environmental nutrition issues.
- Promote and establish a culture of food safety in foodservice settings, clinical practices, community settings, and in public venues.
- Educate and support policies, systems, and environments that advance sustainable healthy food and water systems related to current and emerging food production, processing, distribution, marketing, retail, and waste management practices.^{73,74}

Telehealth

RDNs use electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health, and health administration.¹⁷ RDNs use interactive electronic communication tools for health promotion and wellness, and for the full range of MNT services that include disease prevention, assessment, nutrition focused physical exam, diagnosis, consultation, therapy, and/or nutrition intervention. For communication of broad-based nutrition information, RDNs use the internet, webinars, video conferencing, e-mail, and other methods of distance communications in various settings such as ambulatory clinics, outpatient clinics, community health centers, private practice, and bariatric centers. RDNs:

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

of the authorized originating sites.

- Monitor telehealth technologies for (HIPAA) compliance.

US Public Health Service

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

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

Universities and Other Academic Settings

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

- Develop and direct accredited nutrition and dietetics education programs; lead ongoing program and curriculum evaluation and assessment of student learning outcomes; and develop policies and procedures for nutrition and

dietetics education program management and operations.

- Educate, instruct, and mentor nutrition and dietetics students, dietetic interns, health care professionals, medical/nursing/other allied health professional students and residents, and others in food, nutrition, health care, and health-related disciplines as faculty members in academic programs, and/or as preceptors for supervised practice experiences.
- Create opportunities for nutrition and dietetics students and interns to experience a wide variety of career options, including what may be considered nontraditional paths.
- Author textbooks and other education curriculum support and training materials; develop innovative learning strategies, including active learning, simulation, and objective structured clinical examination options to enhance applied learning opportunities.
- Conduct nutrition, food science, food safety, and related basic and applied research.
- Create and manage academic and nonacademic campus-based nutrition and dietetics education programs and promote nutrition awareness, direct and lead campus foodservice departments and campus services in residential living units, retail settings, and catering.

NUTRITION AND DIETETICS VISIONING

The Academy of Nutrition and Dietetics Visioning Report 2017: A Preferred Path Forward for the Nutrition and Dietetics Profession,⁷⁵ envisioned nutrition and dietetics in the next 10 to 15 years. The Academy is responsible for formalizing an ongoing process to define future nutrition and dietetics practice. The Academy used a visioning process and identified 10 change drivers with associated trends, implications, statements of support, and recommendations.⁷⁵ RDNs will utilize the change drivers as a guide to enhance the profession of nutrition and dietetics and to maintain relevance in the RDN's

nutrition and dietetics practice. The 10 change drivers are:

- aging population dramatically impacts society;
- embracing America's diversity;
- consumer awareness of food choice ramifications increases;
- tailored health care to fit my genes;
- accountability and outcomes documentation become the norm;
- population health and health promotion become priorities;
- creating collaborative-ready health professionals;
- food becomes medicine in the continuum of health;
- technologic obsolescence is accelerating; and
- simulations stimulate strong skills.

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

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

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

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

SUMMARY

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

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



The Academy Quality Management Committee

ABSTRACT

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

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Editor's note: Figures 2 and 3 that accompany this article are available online at www.jandonline.org.

THE ACADEMY OF NUTRITION and Dietetics (Academy) leads the profession of nutrition and dietetics by developing standards from which the quality of practice and performance of Registered Dietitian Nutritionists (RDNs) can be evaluated. The following Academy foundational documents guide the practice and performance of RDNs in all practice settings: Revised 2017 Standards of Practice (SOP) in Nutrition Care and Standards of Professional Performance (SOPP) for RDNs, along with the Academy/Commission on Dietetic Registration (CDR) Code of Ethics¹ and the Revised 2017 Scope of Practice for the RDN.² RDNs are nutrition and dietetics practitioners credentialed by CDR who are specifically

trained and qualified to provide nutrition and dietetics services and are accountable and responsible for their competent practice. The SOP in Nutrition Care and SOPP define minimum competent level of practice for RDNs.

WHAT ARE THE SOP AND SOPP FOR RDNs?

The standards and indicators found within the SOP and SOPP reflect the minimum competent level of nutrition and dietetics practice and professional performance for RDNs. The SOP in Nutrition Care is composed of four standards that apply the Nutrition Care Process and Terminology in the care of patients/clients/populations (see [Figure 1](#)).³ The SOPP for RDNs consist of standards representing six domains of professional performance (see [Figure 1](#)).

The SOP and SOPP reflect the education, training, responsibility, and accountability of the RDN. Both sets of standards and indicators ([Figures 2 and 3](#), available at www.jandonline.org) comprehensively depict the minimum expectation for competent care of the patient/client/customer, delivery of

services, and professional practice outcomes for the RDN. This article represents the 2017 update of the Academy's SOP in Nutrition Care and SOPP for RDNs.

WHY ARE THE STANDARDS IMPORTANT FOR RDNs?

The standards promote:

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

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

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

CLIENT/PATIENT/RESIDENT/FAMILY/CUSTOMER

Generally, these terms are interchangeable, with a specific term used in a given situation, dependent on the setting and the population receiving care or services. Examples of terms used include, but are not limited to: *patient/client, patient/client/customer, resident, participant, student, consumer, or any individual/person, group, population, or organization* to which the RDN provides service. In a clinical setting, the term *patient/client* is commonly used. As a universal term, the use of *customer* in the Standards of Professional Performance is intended to encompass all the other terms with the meaning taken by the reader reflecting the context of the situation and setting. Use of *customer* is not intended to imply monetary exchange.

- evidence-based practice and best practices;
- improved nutrition and health-related outcomes and cost-reduction methods;
- efficient management of time, finances, facilities, supplies, technology, and natural and human resources;
- quality assurance, performance improvement, and outcomes reporting;
- ethical and transparent business, billing, and financial management practices^{9,10};
- verification of practitioner qualifications and competence because

state and federal regulatory agencies, such as health departments and the Centers for Medicare and Medicaid Services (CMS), look to professional organizations to create and maintain standards of practice^{7,11,12};

- consistency in practice and performance;
- nutrition and dietetics research, innovation, and practice development; and

- individual professional advancement.

The standards provide:

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

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

The Revised 2017 Scope of Practice for the RDN is composed of statutory and individual components, including codes of ethics (eg, Academy/CDR, other national organizations, and/or employer code of ethics), and encompasses the range of roles, activities, and regulations within which RDNs perform. For credentialed practitioners, scope of practice is typically established within the practice act and interpreted and controlled by the agency or board that regulates the practice of the profession in a given state.² An RDN’s statutory scope of practice can delineate the services an RDN is authorized to perform in a state where a practice act or certification exists. In 2017, 46 states had statutory provisions regarding professional regulations for dietitians and/or nutritionists (<http://www.eatrightpro.org/resource/advocacy/legislation/all-legislation/licensure>).

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

The SOP in Nutrition Care:

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

The SOPP:

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

Figure 1. What are the Standards of Practice (SOP) and Standards of Professional Performance (SOPP) for Registered Dietitian Nutritionists (RDNs)?

capture the depth and breadth of the individual's professional practice. The Scope of Practice Decision Tool (www.eatrightpro.org/scope), an online interactive tool, guides an RDN through a series of questions to determine whether a particular activity is within his or her scope of practice. The tool is designed to allow an RDN to critically evaluate his or her personal knowledge, skill, experience, judgment, and demonstrated competence using criteria resources.

WHY WERE THE STANDARDS REVISED?

Academy documents are reviewed and revised every 7 years and reflect the Academy's expanded and enhanced mission and vision of accelerating improvements in global health and well-being through food and nutrition. Regular reviews are indicated to reflect changes in health care and other business segments, public health initiatives, new or revised practice guidelines and research, performance measurement, consumer interests, technological advances, and emerging service delivery options and practice environments. Questions and input from credentialed practitioners, federal and state regulations, accreditation standards, and other factors necessitated review and revision of the 2012 "core" SOP in Nutrition Care and SOPP for the Registered Dietitian to assure safe, quality, and competent practice.¹³ The 2012 core SOP in Nutrition Care and SOPP for Dietetic Technicians, Registered is also under review/revision and will be updated and published in 2018 in this *Journal*.¹⁴

Examples of significant changes since the published Revised 2012 SOP in Nutrition Care and SOPP for RDs are the updates in the CMS, Department of Health and Human Services Conditions of Participation for Hospitals and Critical Access Hospitals effective July 2014 and Long-Term Care in November 2016, the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014, and the national efforts to address malnutrition.

Acute and Critical Access Hospitals

The CMS Hospital and Critical Access Hospital Conditions of Participation

now allow a hospital and its medical staff the option of including RDNs or other qualified nutrition professionals within the category of "non-physician practitioners" eligible for credentialing for appointment to the medical staff or be granted ordering privileges, without appointment to the medical staff, for therapeutic diets and nutrition-related services, if consistent with state law.^{5,12}

To comply with regulatory requirements, an RDN's eligibility to be considered for ordering privileges must be approved through the hospital's medical staff rules, regulations, and bylaws, or other facility-specific processes.⁶ The actual privileges granted will be based on the RDN's knowledge, skills, experience, specialist certification, if required, and demonstrated and documented competence. RDNs must review state laws, if applicable (eg, licensure, certification, and title protection) and health care regulations to determine whether there are any barriers or state-specific processes to address. For more information, please review the Academy's practice tips that outline the regulations and implementation steps for obtaining ordering privileges (www.eatrightpro.org/dietorders/).

Long-Term Care

The Long-Term Care Final Rule published October 4, 2016 in the *Federal Register* "allows the attending physician to delegate to a qualified dietitian or other clinically qualified nutrition professional the task of prescribing a resident's diet, including a therapeutic diet, to the extent allowed by State law" and permitted by the facility's policies. The qualified professional works under the supervision of the physician.⁸ The physician's supervision may include, for example, counter-signing orders written by the qualified dietitian or clinically qualified nutrition professional, if required by state law.

RDNs who work in long-term care facilities should review the Academy's updates on CMS (www.eatrightpro.org/quality), which outline the regulatory changes to section 483.60 Food and Nutrition Services and considerations for developing the facilities process with medical director and orientation for attending physicians and review

revisions to the CMS State Operations Manual, Appendix PP—Guidance to Surveyors for Long-Term Care Facilities.⁷

IMPACT Act—Implications for Hospitals and Post-Acute Care Conditions of Participation

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

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

In response to provisions of the IMPACT Act, CMS published a proposed rule in November 2015 (final action to be determined by November 2018; <https://www.regulations.gov/docket?D=CMS-2015-0120>) to revise the discharge planning requirements for hospitals including long-term care hospitals and inpatient rehabilitation facilities, home health agencies, and critical access hospitals. The provisions address discharge planning policies and procedures, applicable

patient types, timing, people involved (includes patient and caregiver), criteria for evaluation of discharge needs, discharge instructions, post-discharge follow-up, transfers (required medical information to the receiving facility), and other hospital requirements (eg, improving focus on behavioral health).¹⁵

In the proposed rule, CMS expressed concern with the variation in the discharge planning process. CMS is looking to require that all patients, including inpatients, outpatients under observation status, outpatients undergoing surgical procedures, and emergency department patients, receive a discharge plan. Another requirement deals with timing, that is, a copy of the discharge plan and summary must be sent to the practitioners responsible for the patient's follow-up care within 48 hours. The third change is for the hospital to establish a post-discharge follow-up process to check on patients who return home. Discharge planning, Hospital Conditions of Participation section 482.43, is highlighted to assist with limiting readmissions, which has a negative impact on the Medicare program.¹⁶ Check the CMS Regulations and Guidance page regularly, as Hospital Conditions of Participation updates and revisions are released continuously (<https://www.cms.gov/Regulations-and-Guidance/Regulations-and-Guidance.html>).

Electronic Clinical Quality Measures for Malnutrition

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

HOW WERE THE STANDARDS REVISED?

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

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

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

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

- Adult Weight Management;
- Clinical Nutrition Management;

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

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

The RDN is responsible for supervising or providing oversight of any patient/client/population care activities assigned to professional, technical, and support staff, including the NDTR, and can be held accountable to the patients/clients/populations and others for services rendered. This description of "supervision" as it relates to the RDN/NDTR team is not synonymous with managerial supervision or clinical supervision used in medicine and mental health fields (eg, peer to peer), supervision of provisional licensees, and/or supervision of dietetics interns and students.¹⁷ Additional information is available regarding the roles and practice of NDTRs in the following resources: Revised 2017 Scope of Practice for the NDTR,¹⁸ Revised 2017 SOP in Nutrition Care and SOPP for NDTRs,¹⁹ Practice Tips: The RDN-NDTR Team-Steps to Preserve,²⁰ and Practice Tips: What is Meant by "Under the Supervision of the RDN"?¹⁷ (The Revised 2017 Scope of Practice for the NDTR and the Revised 2017 SOP and SOPP for NDTRs will be published in 2018).

In direct patient/client care, the RDN and NDTR work as a team²⁰ using a systematic process reflecting the Nutrition Care Process³ and the

organization's manual or electronic documentation system, for example, an electronic health record that uses one of the available standardized terminologies that may incorporate the electronic Nutrition Care Process Terminology (eNCPT).²¹ The RDN develops and oversees the system for delivery of nutrition care activities, often with the input of others, including the NDTR. Components of the nutrition care delivery system might include the following: policies and procedures, protocols, standards of care, forms, documentation standards, and roles and responsibilities of professional, technical, and support personnel participating in the care of patients/clients. The RDN is responsible for completing the nutrition assessment; determining the nutrition diagnosis or diagnoses; developing the care plan; implementing the nutrition intervention; evaluating the patient's/client's response; and also supervising the activities of professional, technical, and support personnel assisting with the patient's/client's care.^{2,18}

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

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

client's response, including documenting outcomes or providing evidence signifying the need to adjust the nutrition intervention/plan of care.

HOW ARE THE STANDARDS STRUCTURED?

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

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

RDNs should review the SOP in Nutrition Care and the SOPP at determined intervals. Regular self-evaluation is important because it helps identify opportunities to improve and enhance practice and professional performance. RDNs are encouraged to pursue additional training and experience, regardless of practice setting, to maintain currency and to expand individual scope of practice within the limitations of the legal scope of practice, as defined in state law, if applicable, and federal and state regulations. Refer to [Figure 4](#) for a flow chart that outlines how an RDN can apply the SOP and SOPP to their practice.

The standards can also be used as part of CDR's Professional Development Portfolio process²² to develop goals and focus continuing education efforts. The Professional Development Portfolio process encourages CDR-credentialed nutrition and dietetics practitioners to incorporate self-reflection and learning needs assessment for development of a learning plan for improvement and commitment to lifelong learning. CDR's updated system implemented with the 5-year recertification cycle that began in 2015 incorporates the use of essential practice competencies for determining professional development needs.²³ In the 3-step process, the credentialed practitioner accesses an online Goal Wizard (step 1), which uses a decision algorithm to identify essential practice

competency goals and performance indicators relevant to the RDN's area(s) of practice (essential practice competencies and performance indicators replace the learning need codes of the previous process). The Activity Log (step 2) is used to log and document continuing professional education over a 5-year period. The Professional Development Evaluation (step 3) guides self-reflection and assessment of learning and how it is applied. The outcome is a completed evaluation of the effectiveness of the practitioner's learning plan and continuing professional education. The self-assessment/self-evaluation information can then be used in developing the plan for the practitioner's next 5-year recertification cycle. (For more information, see <https://www.cdrnet.org/competencies-for-practitioners>.)

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

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

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

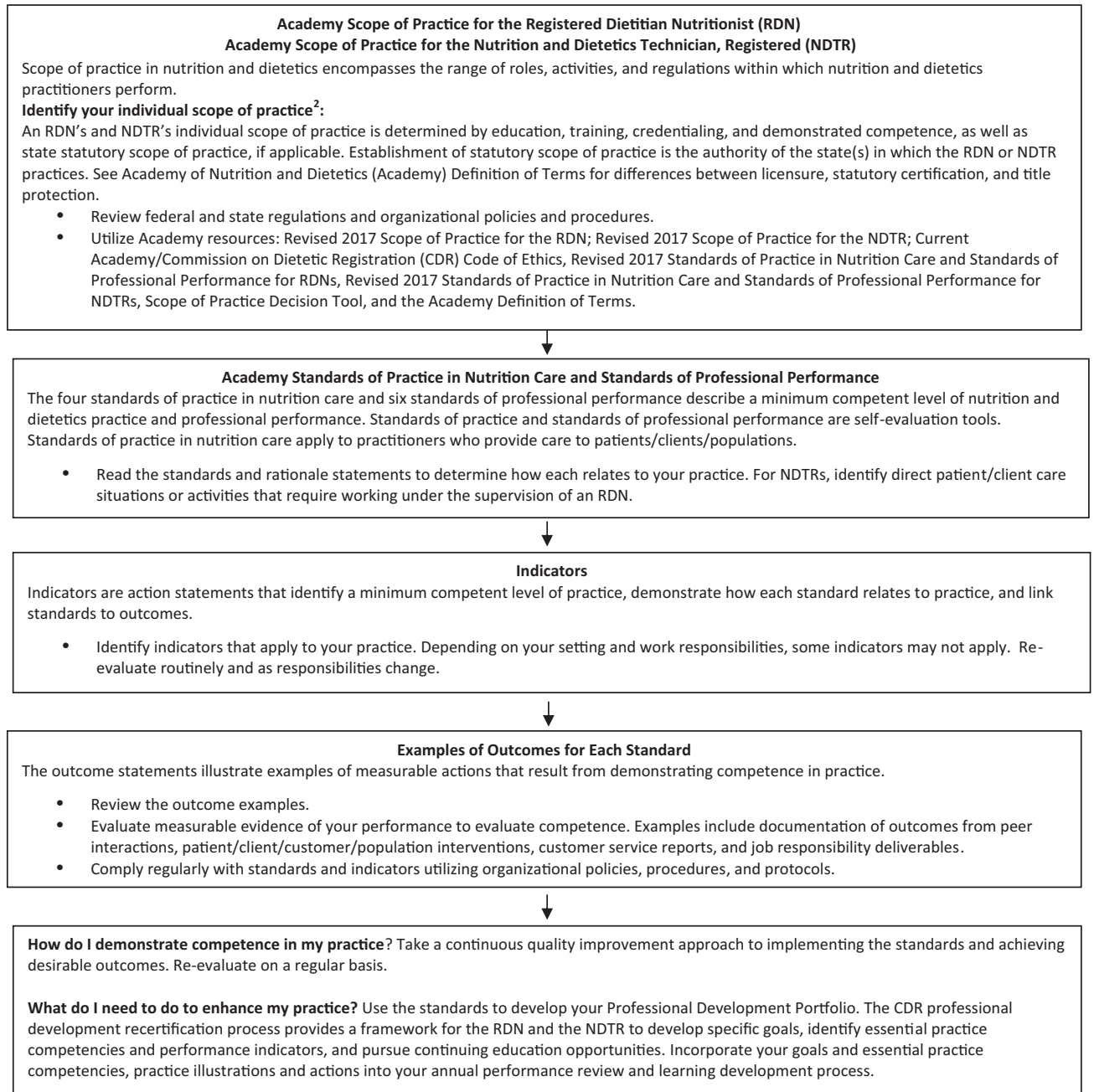


Figure 4. Flow chart on how to use the Academy of Nutrition and Dietetics Standards of Practice and Standards of Professional Performance.

SUMMARY

RDNs face complex situations every day. Competently addressing the unique needs of each situation and applying standards appropriately is essential to providing safe, timely, person-/client-/population-centered, quality care and service. All RDNs are advised to conduct their practice based on the most recent edition of the Academy/CDR Code of

Ethics¹ and the Revised 2017 Scope of Practice for the RDN,² the Revised 2017 SOP in Nutrition Care and SOPP for RDNs, and any applicable focus area SOP and SOPP for RDNs. These resources provide minimum standards and tools for demonstrating competence and safe practice and are used collectively to gauge and guide an RDN's performance in nutrition and dietetics practice. The

SOP and SOPP for the RDN are self-evaluation tools that promote quality assurance, performance improvement, and outcomes management.²⁵ Self-assessment provides opportunities to identify areas for enhancement, new learning, and skill development, and to encourage progression of career growth.

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

Role	Examples of use of Standards of Practice (SOP) and Standards of Professional Performance (SOPP) documents by RDNs in different practice roles
Clinical practitioner, inpatient or outpatient care	A hospital-based RDN in general clinical practice has accepted a new coverage assignment that includes patients with gastrointestinal (GI) disorders. The RDN notes the types of GI disorders and reviews medical nutrition therapy resources and published practice guidelines to identify areas for enhancing knowledge and skills with continuing education and mentoring from a more experienced practitioner. Because the available focus area SOP and SOPP do not specifically address GI disorders, the RDN uses the SOP and SOPP for RDNs as the primary guide for self-evaluation. The RDN recognizes that this self-evaluation and review of GI-related resources will assist with revising their professional development plan to incorporate new competencies, if necessary, and to identify relevant continuing education activities.
Sales representative, national food distributor	An RDN with a management role in hospital foodservice has accepted a sales representative position with a national foodservice distributor. In reviewing resources for the new role, the RDN identifies knowledge and skill areas to strengthen for quality practice. The RDN reviewed the Academy of Nutrition and Dietetics (Academy)/Commission on Dietetic Registration (CDR) Code of Ethics, ¹ the Academy's ethics resources, and the SOPP for RDNs to be reminded of areas to consider when in a business practice role. This self-evaluation process identifies knowledge/skill areas for continuing education and mentoring by more experienced RDN colleagues and others with expertise in business and sales. The RDN updates professional development plan to incorporate new practice competencies applicable to the new role in sales.
Quality improvement specialist, multi-hospital system	An RDN with experience as a clinical nutrition manager and as a clinical practitioner in oncology is recruited for an open position in the quality improvement/compliance monitoring department for the hospital system. In evaluating the position description and role expectations, the RDN identifies some knowledge and skill areas for development/enhancement. The RDN uses the SOP and SOPP for RDNs for self-evaluation reflecting on the standards and indicators with the perspective of the quality improvement role. The RDN identifies specific continuing-education activities, updates professional development plan with new essential competencies, and sets a goal to qualify for one of the quality credentials or certifications.
RDN practitioner in a rural community	An RDN who lives in a rural community works professionally in multiple settings (critical access hospital, clinic at the county health department, and the community's senior meal program) as a part-time employee or contractor. Because of varying professional roles, the RDN uses the SOP and SOPP for RDNs as the guiding self-evaluation resource with each role. This allows the RDN to direct attention to, and reflect on, any new/enhanced knowledge or skills needed for quality and competent practice. Applicable focus area SOP and SOPPs are reviewed as well, to inform this process and to identify any additional resources for investigation (eg, regulations, practice guidelines, professional organizations, websites, and literature citations). With each role, the RDN evaluates the need for any new essential practice competencies and updates professional development plan as needed.
<i>(continued on next page)</i>	

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

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

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

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

each resource is maintained on, or accessed through, the Academy website. The documents are reviewed and updated as new trends in the profession of nutrition and dietetics, health care, public health, food science, and other external influences emerge.

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Standards of Practice for Registered Dietitian Nutritionists

Standard 1: Nutrition Assessment

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

Rationale:

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

Indicators for Standard 1: Nutrition Assessment

Each RDN:

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

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

Indicators for Standard 1: Nutrition Assessment		
	1.5F	Physical activity, cognitive and physical ability to engage in developmentally appropriate nutrition-related tasks (eg, self-feeding and other activities of daily living), instrumental activities of daily living (eg, shopping, food preparation), and breastfeeding
	1.5G	Other factors affecting intake and nutrition and health status (eg, cultural, ethnic, religious, lifestyle influencers, psychosocial, and social determinants of health)
1.6	Comparative standards: Uses reference data and standards to estimate nutrient needs and recommended body weight, body mass index, and desired growth patterns	
	1.6A	Identifies the most appropriate reference data and/or standards (eg, international, national, state, institutional, and regulatory) based on practice setting and patient-/client-specific factors (eg, age and disease state)
1.7	Physical activity habits and restrictions: Assesses physical activity, history of physical activity, and physical activity training	
1.8	Collects data and reviews data collected and/or documented by the nutrition and dietetics technician, registered (NDTR), other health care practitioner(s), patient/client, or staff for factors that affect nutrition and health status	
1.9	Uses collected data to identify possible problem areas for determining nutrition diagnoses	
1.10	Documents and communicates:	
	1.10A	Date and time of assessment
	1.10B	Pertinent data (eg, medical, social, behavioral)
	1.10C	Comparison to appropriate standards
	1.10D	Patient/client/population perceptions, values, and motivation related to presenting problems
	1.10E	Changes in patient/client/population perceptions, values, and motivation related to presenting problems
	1.10F	Reason for discharge/discontinuation or referral, if appropriate

Examples of Outcomes for Standard 1: Nutrition Assessment

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

Standard 2: Nutrition Diagnosis

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

Rationale:

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

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

Indicators for Standard 2: Nutrition Diagnosis	
<i>Each RDN:</i>	
2.1	Diagnoses nutrition problems based on evaluation of assessment data and identifies supporting concepts (ie, etiology, signs, and symptoms)
2.2	Prioritizes the nutrition problem(s)/diagnosis(es) based on severity, safety, patient/client needs and preferences, ethical considerations, likelihood that nutrition intervention/plan of care will influence the problem, discharge/transitions of care needs, and patient/client/advocate ^a perception of importance
2.3	Communicates the nutrition diagnosis(es) to patients/clients/advocates, community, family members or other health care professionals when possible and appropriate
2.4	Documents the nutrition diagnosis(es) using standardized terminology and clear, concise written statement(s) (eg, using Problem [P], Etiology [E], and Signs and Symptoms [S] [PES statement(s)] or Assessment [A], Diagnosis [D], Intervention [I], Monitoring [M], and Evaluation [E] [ADIME statement(s)])
2.5	Re-evaluates and revises nutrition diagnosis(es) when additional assessment data become available

Examples of Outcomes for Standard 2: Nutrition Diagnosis	
<ul style="list-style-type: none"> • Nutrition diagnostic statements that accurately describe the nutrition problem of the patient/client and/or community in a clear and concise way • Documentation of nutrition diagnosis(es) is relevant, accurate, and timely • Documentation of nutrition diagnosis(es) is revised as additional assessment data become available 	

Standard 3: Nutrition Intervention/Plan of Care	
<p>The registered dietitian nutritionist (RDN) identifies and implements appropriate, person-centered interventions designed to address nutrition-related problems, behaviors, risk factors, environmental conditions, or aspects of health status for an individual, target group, or the community at large.</p> <p>Rationale:</p> <p>Nutrition intervention consists of two interrelated components—planning and implementation.</p> <ul style="list-style-type: none"> • Planning involves prioritizing the nutrition diagnoses, conferring with the patient/client and others, reviewing practice guidelines, protocols and policies, setting goals, and defining the specific nutrition intervention strategy. • Implementation 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 change in condition and/or the patient/client/population response. <p>An RDN implements the interventions or assigns components of the nutrition intervention/plan of care to professional, technical, and support staff in accordance with knowledge/skills/judgment, applicable laws and regulations, and organization policies. The RDN collaborates with or refers to other health care professionals and resources. The nutrition intervention/plan of care is ultimately the responsibility of the RDN.</p>	

Indicators for Standard 3: Nutrition Intervention/Plan of Care	
<i>Each RDN:</i>	
<i>Plans the Nutrition Intervention/Plan of Care:</i>	
3.1	Addresses the nutrition diagnosis(es) by determining and prioritizing appropriate interventions for the plan of care
3.2	Bases intervention/plan of care on best available research/evidence and information, evidence-based guidelines, and best practices
<i>(continued on next page)</i>	

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

Indicators for Standard 3: Nutrition Intervention/Plan of Care	
3.3	Refers to policies and procedures, protocols and program standards
3.4	Collaborates with patient/client/advocate/population, caregivers, interprofessional ^b team, and other health care professionals
3.5	Works with patient/client/advocate/population and caregivers to identify goals, preferences, discharge/transitions of care needs, plan of care and expected outcomes
3.6	Develops the nutrition prescription and establishes measurable patient-/client-focused goals to be accomplished
3.7	Defines time and frequency of care including intensity, duration, and follow-up
3.8	Uses standardized terminology for describing interventions
3.9	Identifies resources and referrals needed
<i>Implements the Nutrition Intervention/Plan of Care:</i>	
3.10	Collaborates with colleagues, interprofessional team, and other health care professionals
3.11	Communicates and coordinates the nutrition intervention/plan of care
3.12	Initiates the nutrition intervention/plan of care
	3.12A Uses approved clinical privileges, physician/non-physician practitioner ^c –driven orders (ie, delegated orders), protocols, or other facility-specific processes for order writing or for provision of nutrition-related services consistent with applicable specialized training, competence, medical staff, and/or organizational policy
	3.12A1 Implements, initiates, or modifies orders for therapeutic diet, nutrition-related pharmacotherapy management, or nutrition-related services (eg, medical foods/nutrition/dietary supplements, food texture modifications, enteral and parenteral nutrition, intravenous fluid infusions, laboratory tests, medications, and education and counseling)
	3.12A2 Manages nutrition support therapies (eg, formula selection, rate adjustments, addition of designated medications and vitamin/mineral supplements to parenteral nutrition solutions or supplemental water for enteral nutrition)
	3.12A3 Initiates and performs nutrition-related services (eg, bedside swallow screenings, inserting and monitoring nasogastric feeding tubes, and indirect calorimetry measurements, or other permitted services)
3.13	Assigns activities to NDTR and other professional, technical, and support personnel in accordance with qualifications, organizational policies/protocols, and applicable laws and regulations
	3.13A Supervises professional, technical, and support personnel
3.14	Continues data collection
3.15	Documents:
	3.15A Date and time
	3.15B Specific and measurable treatment goals and expected outcomes
	3.15C Recommended interventions
	3.15D Patient/client/advocate/caregiver/community receptiveness
	3.15E Referrals made and resources used
	3.15F Patient/client/advocate/caregiver/community comprehension
<i>(continued on next page)</i>	

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

Indicators for Standard 3: Nutrition Intervention/Plan of Care		
	3.15G	Barriers to change
	3.15H	Other information relevant to providing care and monitoring progress over time
	3.15I	Plans for follow up and frequency of care
	3.15J	Rationale for discharge or referral if applicable

Examples of Outcomes for Standard 3: Nutrition Intervention/Plan of Care	
<ul style="list-style-type: none"> • Goals and expected outcomes are appropriate and prioritized • Patient/client/advocate/population, caregivers, and interprofessional teams collaborate and are involved in developing nutrition intervention/plan of care • Appropriate individualized patient-/client-centered nutrition intervention/plan of care, including nutrition prescription, is developed • Nutrition intervention/plan of care is delivered and actions are carried out as intended • Discharge planning/transitions of care needs are identified and addressed • Documentation of nutrition intervention/plan of care is: <ul style="list-style-type: none"> ○ Specific ○ Measurable ○ Attainable ○ Relevant ○ Timely ○ Comprehensive ○ Accurate ○ Dated and timed 	

Standard 4: Nutrition Monitoring and Evaluation	
<p>The registered dietitian nutritionist (RDN) monitors and evaluates indicators and outcomes data directly related to the nutrition diagnosis, goals, preferences, and intervention strategies to determine the progress made in achieving desired results of nutrition care and whether planned interventions should be continued or revised.</p> <p>Rationale:</p> <p>Nutrition monitoring and evaluation are essential components of an outcomes management system in order to assure quality, patient-/client-/population-centered care, and to promote uniformity within the profession in evaluating the efficacy of nutrition interventions. Through monitoring and evaluation, the RDN identifies important measures of change or patient/client/population outcomes relevant to the nutrition diagnosis and nutrition intervention/plan of care; describes how best to measure these outcomes; and intervenes when intervention/plan of care requires revision.</p>	

Indicators for Standard 4: Nutrition Monitoring and Evaluation		
<i>Each RDN:</i>		
4.1	Monitors progress:	
	4.1A	Assesses patient/client/advocate/population understanding and compliance with nutrition intervention/plan of care
	4.1B	Determines whether the nutrition intervention/plan of care is being implemented as prescribed
<i>(continued on next page)</i>		

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

Indicators for Standard 4: Nutrition Monitoring and Evaluation	
4.2	Measures outcomes:
4.2A	Selects the standardized nutrition care measurable outcome indicator(s)
4.2B	Identifies positive or negative outcomes, including impact on potential needs for discharge/transitions of care
4.3	Evaluates outcomes:
4.3A	Compares monitoring data with nutrition prescription and established goals or reference standard
4.3B	Evaluates impact of the sum of all interventions on overall patient/client/population health outcomes and goals
4.3C	Evaluates progress or reasons for lack of progress related to problems and interventions
4.3D	Evaluates evidence that the nutrition intervention/plan of care is maintaining or influencing a desirable change in the patient/client/population behavior or status
4.3E	Supports conclusions with evidence
4.4	Adjusts nutrition intervention/plan of care strategies, if needed, in collaboration with patient/client/population/ advocate/caregiver and interprofessional team
4.4A	Improves or adjusts intervention/plan of care strategies based upon outcomes data, trends, best practices, and comparative standards
4.5	Documents:
4.5A	Date and time
4.5B	Indicators measured, results, and the method for obtaining measurement
4.5C	Criteria to which the indicator is compared (eg, nutrition prescription/goal or a reference standard)
4.5D	Factors facilitating or hampering progress
4.5E	Other positive or negative outcomes
4.5F	Adjustments to the nutrition intervention/plan of care, if indicated
4.5G	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-/population-centered outcomes (eg, quality of life, satisfaction, self-efficacy, self-management, functional ability)
 - Health care utilization and cost-effectiveness outcomes (eg, change in medication, special procedures, planned/unplanned clinic visits, preventable hospital admissions, length of hospitalizations, prevented or delayed nursing home admissions, morbidity, and mortality)

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

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

^a**Advocate:** An *advocate* is a person who provides support and/or represents the rights and interests at the request of the patient/client. The person may be a family member or an individual not related to the patient/client who is asked to support the patient/client with activities of daily living or is legally designated to act on behalf of the patient/client, particularly when the patient/client has lost decision-making capacity. (Adapted from definitions within The Joint Commission Glossary of Terms⁴ and the Centers for Medicare and Medicaid Services, Hospital Conditions of Participation⁵).

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

^c**Non-physician practitioner:** A *non-physician practitioner* may include a physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, certified nurse-midwife, clinical social worker, clinical psychologist, anesthesiologist's assistant, qualified dietitian, or nutrition professional. Disciplines considered for privileging by a facility's governing body and medical staff must be in accordance with state law.^{5,6} The term *privileging* is not referenced in the Centers for Medicare and Medicaid Services long-term care (LTC) regulations. With publication of the Final Rule revising the Conditions of Participation for LTC facilities effective November 2016, post-acute care settings, such as skilled and long-term care facilities, may now allow a resident's attending physician the option of delegating order writing for therapeutic diets, nutrition supplements, or other nutrition-related services to the qualified dietitian or clinically qualified nutrition professional, if consistent with state law, and organization policies.^{7,8}

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

Standards of Professional Performance for Registered Dietitian Nutritionists

Standard 1: Quality in Practice

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

Rationale:

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

Indicators for Standard 1: Quality in Practice

Each RDN:

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 and applicable laws and regulations
1.3	Adheres to sound business and ethical billing practices applicable to the role and setting
1.4	Uses national quality and safety data (eg, National Academies of Sciences, Engineering, and Medicine: Health and Medicine Division, National Quality Forum, Institute for Healthcare Improvement) to improve the quality of services provided and to enhance customer-centered services
1.5	Uses 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, quality, person-centeredness, equity, timeliness, and efficiency of practice
1.6A	Involves colleagues and others, as applicable, in systematic outcomes management
1.6B	Defines expected outcomes
1.6C	Uses indicators that are specific, measurable, attainable, realistic, and timely (S.M.A.R.T.)
1.6D	Measures quality of services in terms of structure, process, and outcomes
1.6E	Incorporates electronic clinical quality measures to evaluate and improve care of patients/clients at risk for malnutrition or with malnutrition (www.eatrightpro.org/emeasures)
1.6F	Documents outcomes and patient reported outcomes (eg, PROMIS [®])
1.6G	Participates in, coordinates, or leads program participation in local, regional, or national registries and data warehouses used for tracking, benchmarking, and reporting service outcomes
1.7	Identifies and addresses potential and actual errors and hazards in provision of services or brings to attention of supervisors and team members as appropriate
1.8	Compares actual performance to performance goals (ie, Gap Analysis, SWOT Analysis [strengths, weaknesses, opportunities, and threats], PDCA Cycle [plan, do, check, act], DMAIC [define, measure, analyze, improve, control])
1.8A	Reports and documents action plan to address identified gaps in care and/or service performance
1.9	Evaluates interventions and workflow process(es) and identifies service and delivery improvements
1.10	Improves or enhances patient/client/population care and/or services working with others based on measured outcomes and established goals

Examples of Outcomes for Standard 1: Quality in Practice

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

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

- Performance improvement program specific to program(s)/service(s) is established and updated as needed; is evaluated for effectiveness in providing desired outcomes data and striving for excellence in collaboration with other team members
- Performance indicators are specific, measurable, attainable, realistic, and timely (S.M.A.R.T.)
- Aggregate outcomes results meet pre-established criteria
- Quality improvement results direct refinement and advancement of practice

Standard 2: Competence and Accountability

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

Rationale:

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

Indicators for Standard 2: Competence and Accountability	
<i>Each RDN:</i>	
2.1	Adheres to the code(s) of ethics (eg, Academy/CDR, other national organizations, and/or employer code of ethics)
2.2	Integrates the Standards of Practice (SOP) and Standards of Professional Performance (SOPP) into practice, self-evaluation, and professional development
	2.2A Integrates applicable focus area(s) SOP SOPP into practice (www.eatrightpro.org/sop)
2.3	Demonstrates and documents competence in practice and delivery of customer-centered service(s)
2.4	Assumes accountability and responsibility for actions and behaviors
	2.4A Identifies, acknowledges, and corrects errors
2.5	Conducts self-evaluation at regular intervals
	2.5A Identifies needs for professional development
2.6	Designs and implements plans for professional development
	2.6A Develops plan and documents professional development activities in career portfolio (eg, organizational policies and procedures, credentialing agency[ies])
2.7	Engages in evidence-based practice and uses best practices
2.8	Participates in peer review of others as applicable to role and responsibilities
2.9	Mentors and/or precepts others
2.10	Pursues opportunities (education, training, credentials, certifications) 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:
 - Code(s) of ethics (eg, Academy/CDR, other national organizations, and/or employer code of ethics)
 - Scope of Practice, Standards of Practice, and Standards of Professional Performance
 - Evidence-based practice and best practices
 - Commission on Dietetic Registration Essential Practice Competencies and Performance Indicators

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

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

Standard 3: Provision of Services

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

Rationale:

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

Indicators for Standard 3: Provision of Services

Each RDN:

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, principles, values, and service expectations and outputs of the organization/business
	3.1B	Uses the needs, expectations, and desired outcomes of the customers/populations (eg, patients/clients, families, community, decision makers, administrators, 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 disparities
3.2	Promotes public access and referral to credentialed nutrition and dietetics practitioners for quality food and nutrition programs and services	
	3.2A	Contributes to or designs referral systems that promote access to qualified, credentialed nutrition and dietetics practitioners
	3.2B	Refers customers to appropriate providers when requested services or identified needs exceed the RDN'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, resources of the customer, and social determinants of health
	3.3B	Uses knowledge of the customer's/target population's health conditions, cultural beliefs, and business objectives/services to guide design and delivery of customer-centered services
	3.3C	Communicates principles of disease prevention and behavioral change appropriate to the customer or target population
<i>(continued on next page)</i>		

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

Indicators for Standard 3: Provision of Services		
	3.3D	Collaborates with the customers to set priorities, establish goals, and create customer-centered action plans to achieve desirable outcomes
	3.3E	Involves customers in decision making
3.4	Executes programs/services in an organized, collaborative, cost effective, and customer-centered manner	
	3.4A	Collaborates and coordinates with peers, colleagues, stakeholders, and within interprofessional ^b teams
	3.4B	Uses and participates in, or leads in the selection, design, execution, and evaluation of customer programs and services (eg, nutrition screening system, medical and retail foodservice, electronic health records, interprofessional programs, community education, grant management)
	3.4C	Uses and develops or contributes to selection, design and maintenance of policies, procedures (eg, discharge planning/transitions of care), protocols, standards of care, technology resources (eg, Health Insurance Portability and Accountability Act [HIPAA]-compliant telehealth platforms), and training materials that reflect evidence-based practice in accordance with applicable laws and regulations
	3.4D	Uses and participates in or develops processes for order writing and other nutrition-related privileges, in collaboration with the medical staff ^c or medical director (eg, post-acute care settings, dialysis center, public health, community, free-standing clinic settings), consistent with state practice acts; federal and state regulations; organization policies; and medical staff rules, regulations, and bylaws
	3.4D1	Uses and participates in or leads development of processes for privileges or other facility-specific processes related to (but not limited to) implementing physician/non-physician practitioner ^d -driven delegated orders or protocols, initiating or modifying orders for therapeutic diets, medical foods/nutrition supplements, dietary supplements, enteral and parenteral nutrition, laboratory tests, medications, and adjustments to fluid therapies or electrolyte replacements
	3.4D2	Uses and participates in or leads development of processes for privileging for provision of nutrition-related services, including (but not limited to) initiating and performing bedside swallow screenings, inserting and monitoring nasogastric feeding tubes, providing home enteral nutrition or infusion management services (eg, ordering formula and supplies) and indirect calorimetry measurements
	3.4E	Complies with established billing regulations, organization policies, grant funder guidelines, if applicable to role and setting, and adheres to ethical and transparent financial management and billing practices
	3.4F	Communicates with the interprofessional team and referring party consistent with the HIPAA rules for use and disclosure of customer's personal health information
3.5	Uses professional, technical, and support personnel appropriately in the delivery of customer-centered care or services in accordance with laws, regulations, and organization policies and procedures	
	3.5A	Assigns activities, including direct care to patients/clients, consistent with the qualifications, experience, and competence of professional, technical, and support personnel
	3.5B	Supervises professional, technical, and support personnel
3.6	Designs and implements food delivery systems to meet the needs of customers	
	3.6A	Collaborates in or leads the design of food delivery systems to address health care needs and outcomes (including nutrition status), ecological sustainability, and to meet the culture and related needs and preferences of target populations (ie, health care patients/clients, employee groups, visitors to retail venues, schools, child and adult day-care centers, community feeding sites, farm to institution initiatives, local food banks)
	3.6B	Participates in, consults/collaborates with, or leads the development of menus to address health, nutritional, and cultural needs of target population(s) consistent with federal, state or funding source regulations or guidelines
<i>(continued on next page)</i>		

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

Indicators for Standard 3: Provision of Services		
	3.6C	Participates in, consults/collaborates with, or leads interprofessional process for determining medical foods/nutritional supplements, dietary supplements, enteral and parenteral nutrition formularies, and delivery systems for target population(s)
3.7	Maintains records of services provided	
	3.7A	Documents according to organization policies, procedures, standards, and systems including electronic health records
	3.7B	Implements data management systems to support interoperable data collection, maintenance, and utilization
	3.7C	Uses data to document outcomes of services (ie, staff productivity, cost/benefit, budget compliance, outcomes, quality of services) and provide justification for maintenance or expansion of services
	3.7D	Uses data to demonstrate program/service achievements and 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 and chronic conditions
	3.8C	Advocates for protection of the public through multiple avenues of engagement (eg, legislative action, establishing effective relationships with elected leaders and regulatory officials, participation in various Academy committees, workgroups and task forces, Dietetic Practice Groups, Member Interest Groups, and State Affiliates)

Examples of Outcomes for Standard 3: Provision of Services	
•	Program/service design and systems reflect organization/business mission, vision, principles, values, and customer needs and expectations
•	Customers participate in establishing program/service goals and customer-focused action plans and/or nutrition interventions (eg, in-person or via telehealth)
•	Customer-centered needs and preferences are met
•	Customers are satisfied with services and products
•	Customers have access to food assistance
•	Customers have access to food and nutrition services
•	Foodservice system incorporates sustainability practices addressing energy and water use and waste management
•	Menus reflect the cultural, health and/or nutritional needs of target population(s) and consideration of ecological sustainability
•	Evaluations reflect expected outcomes and established goals
•	Effective screening and referral services are established or implemented as designed
•	Professional, technical, and support personnel are supervised when providing nutrition care to customers
•	Ethical and transparent financial management and billing practices are used per role and setting

Standard 4: Application of Research
The registered dietitian nutritionist (RDN) applies, participates in, and/or generates research to enhance practice. Evidence-based practice incorporates the best available research/evidence and information in the delivery of nutrition and dietetics services.
Rationale: Application, participation, and generation of research promote improved safety and quality of nutrition and dietetics practice and services.
<i>(continued on next page)</i>

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

Indicators for Standard 4: Application of Research	
<i>Each RDN:</i>	
4.1	Reviews best available research/evidence and information for application to practice
4.1A	Understands basic research design and methodology
4.2	Uses best available research/evidence and information as the foundation for evidence-based practice
4.3	Integrates best available research/evidence and information 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 application of research in practice through alliances or collaboration with food and nutrition and other professionals and organizations

Examples of Outcomes for Standard 4: Application of Research
<ul style="list-style-type: none"> Evidence-based practice, best practices, clinical and managerial expertise, and customer values are integrated in the delivery of nutrition and dietetics services Customers receive appropriate services based on the effective application of best available research/evidence and information Best available research/evidence and information is used as the foundation of evidence-based practice

Standard 5: Communication and Application of Knowledge
The registered dietitian nutritionist (RDN) effectively applies knowledge and expertise in communications.
Rationale: The RDN works with others to achieve common goals by effectively sharing and applying unique knowledge, skills, and expertise in food, nutrition, dietetics, and management services.

Indicators for Standard 5: Communication and Application of Knowledge	
<i>Each RDN:</i>	
5.1	Communicates and applies current knowledge and information based on evidence
5.1A	Demonstrates critical thinking and problem-solving skills when communicating with others
5.2	Selects appropriate information and the most effective communication method or format that considers customer-centered care and the needs of the individual/group/population
5.2A	Uses communication methods (ie, oral, print, one-on-one, group, visual, electronic, and social media) targeted to various audiences
5.2B	Uses information technology to communicate, disseminate, manage knowledge, and support decision making
5.3	Integrates knowledge of food and nutrition with knowledge of health, culture, social sciences, communication, informatics, sustainability, and management
5.4	Shares current, evidence-based knowledge, and information with various audiences
5.4A	Guides customers, families, students, and interns in the application of knowledge and skills
5.4B	Assists individuals and groups to identify and secure appropriate and available educational and other resources and services
<i>(continued on next page)</i>	

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

Indicators for Standard 5: Communication and Application of Knowledge		
	5.4C	Uses professional writing and verbal skills in all types of communications
	5.4D	Reflects knowledge of population characteristics in communication methods
5.5	Establishes credibility and contributes as a food and nutrition resource within the interprofessional health care and management team, organization, and community	
5.6	Communicates performance improvement and research results through publications and presentations	
5.7	Seeks opportunities to participate in and assume leadership roles with local, state, and national professional and community-based organizations (eg, government-appointed advisory boards, community coalitions, schools, foundations or nonprofit organizations serving the food insecure) providing food and nutrition expertise	

Examples of Outcomes for Standard 5: Communication and Application of Knowledge	
<ul style="list-style-type: none"> • Expertise in food, nutrition, dietetics, and management is demonstrated and shared • Interoperable information technology is used to support practice • Effective and efficient communications occur through appropriate and professional use of e-mail, texting, and social media tools • Individuals, groups, and stakeholders: <ul style="list-style-type: none"> ○ Receive current and appropriate information and customer-centered service ○ Demonstrate understanding of information and behavioral strategies received ○ Know how to obtain additional guidance from the RDN or other RDN-recommended resources • Leadership is demonstrated through active professional and community involvement 	

Standard 6: Utilization and Management of Resources	
The registered dietitian nutritionist (RDN) uses resources effectively and efficiently.	
Rationale:	
The RDN demonstrates leadership through strategic management of time, finances, facilities, supplies, technology, natural and human resources.	

Indicators for Standard 6: Utilization and Management of Resources		
<i>Each RDN:</i>		
6.1	Uses a systematic approach to manage resources and improve outcomes	
6.2	Evaluates management of resources with the use of standardized performance measures and benchmarking as applicable	
	6.2A	Uses the Standards of Excellence Metric Tool to self-assess quality in leadership, organization, practice, and outcomes for an organization (www.eatrightpro.org/excellencetool)
6.3	Evaluates safety, effectiveness, efficiency, productivity, sustainability practices, 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 internal and external customer outcomes (eg, satisfaction, key performance indicators)	
<i>(continued on next page)</i>		

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

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

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

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

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

^c**Medical staff:** *Medical staff* is composed of doctors of medicine or osteopathy and can, in accordance with state law, including scope of practice laws, include other categories of physicians, and non-physician practitioners who are determined to be eligible for appointment by the governing body.⁵

^d**Non-physician practitioner:** A *non-physician practitioner* may include a physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, certified nurse-midwife, clinical social worker, clinical psychologist, anesthesiologist's assistant, qualified dietitian, or nutrition professional. Disciplines considered for privileging by a facility's governing body and medical staff must be in accordance with state law.^{5,6} The term *privileging* is not referenced in the Centers for Medicare and Medicaid Services long-term care (LTC) regulations. With publication of the Final Rule revising the Conditions of Participation for LTC facilities effective November 2016, post-acute care settings, such as skilled and long-term care facilities, may now allow a resident's attending physician the option of delegating order writing for therapeutic diets, nutrition supplements or other nutrition-related services to the qualified dietitian or clinically qualified nutrition professional, if consistent with state law, and organization policies.^{7,8}

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

Code of Ethics for the Nutrition and Dietetics Profession



The **Academy of Nutrition and Dietetics** (Academy) and its credentialing agency, the **Commission on Dietetic Registration** (CDR), believe it is in the best interest of the profession and the public it serves to have a **Code of Ethics** in place that **provides guidance to nutrition and dietetics practitioners in their professional practice and conduct**. Nutrition and dietetics practitioners have voluntarily adopted this Code of Ethics to reflect the values and ethical principles guiding the profession and to set forth commitments and obligations of the nutrition and dietetics practitioner to the public, clients, the profession, colleagues, and all others to which they provide service. The updated Code of Ethics was approved by the Academy Board of Directors and the Commission on Dietetic Registration, effective June 1, 2018.

THE CODE OF ETHICS APPLIES TO THE FOLLOWING PRACTITIONERS:

- All members of the Academy who are credentialed by CDR
- All members of the Academy who are not credentialed by CDR
- All CDR credentialed practitioners whether or not they are members of the Academy

The Code is overseen by a three-person Ethics Committee, with representation from the Board of Directors, Commission on Dietetic Registration and House of Delegates. The term of office is three years.

Code of Ethics

A preamble, 4 principles and 32 standards comprise the code

NON-MALEFICENCE

AUTONOMY

BENEFICENCE

JUSTICE

PREAMBLE

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

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

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

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

PRINCIPLES AND STANDARDS

1. Competence and professional development in practice (Non-Maleficence)

Nutrition and dietetics practitioners shall:

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

2. Integrity in personal and organizational behaviors and practices (Autonomy)

Nutrition and dietetics practitioners shall:

- a. Disclose any conflicts of interest, including any financial interests in products or services that are recommended. Refrain from accepting gifts or services which potentially influence or which may give the appearance of influencing professional judgment.
- b. Comply with all applicable laws and regulations, including obtaining/maintaining a state license or certification if engaged in practice governed by nutrition and dietetics statutes.
- c. Maintain and appropriately use credentials.
- d. Respect intellectual property rights, including citation and recognition of the ideas and work of others, regardless of the medium (e.g. written, oral, electronic).
- e. Provide accurate and truthful information in all communications.
- f. Report inappropriate behavior or treatment of a patient/client by another nutrition and dietetics practitioner or other professionals.
- g. Document, code and bill to most accurately reflect the character and extent of delivered services.

- h. Respect patient/client's autonomy. Safeguard patient/client confidentiality according to current regulations and laws.
- i. Implement appropriate measures to protect personal health information using appropriate techniques (e.g., encryption).

3. Professionalism (Beneficence)

Nutrition and dietetics practitioners shall:

- a. Participate in and contribute to decisions that affect the well-being of patients/clients.
- b. Respect the values, rights, knowledge, and skills of colleagues and other professionals.
- c. Demonstrate respect, constructive dialogue, civility and professionalism in all communications, including social media.
- d. Refrain from communicating false, fraudulent, deceptive, misleading, disparaging or unfair statements or claims.
- e. Uphold professional boundaries and refrain from romantic relationships with any patients/clients, surrogates, supervisees, or students.
- f. Refrain from verbal/physical/emotional/sexual harassment.
- g. Provide objective evaluations of performance for employees, coworkers, and students and candidates for employment, professional association memberships, awards, or scholarships, making all reasonable efforts to avoid bias in the professional evaluation of others.
- h. Communicate at an appropriate level to promote health literacy.
- i. Contribute to the advancement and competence of others, including colleagues, students, and the public.

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

Nutrition and dietetics practitioners shall:

- a. Collaborate with others to reduce health disparities and protect human rights.
- b. Promote fairness and objectivity with fair and equitable treatment.
- c. Contribute time and expertise to activities that promote respect, integrity, and competence of the profession.
- d. Promote the unique role of nutrition and dietetics practitioners.
- e. Engage in service that benefits the community and to enhance the public's trust in the profession.
- f. Seek leadership opportunities in professional, community, and service organizations to enhance health and nutritional status while protecting the public.

Glossary of Terms

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

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

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

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

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

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

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

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

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

Approach to Ethical Decision-Making*

STEP 1

STATE AN ETHICAL DILEMMA

Identify components of potential ethical dilemma

- Is it an ethical issue, OR a
- Communication problem, OR a
- Practitioner-patient issue, OR a
- Practitioner-supervisor/employer issue, OR a
- Legal matter
- What are the facts of the situation?
- Objectively identify the issue
- Who are key participants
- Identify your perceptions/values
- What further information is needed

STEP 2

CONNECT ETHICAL THEORY TO THE DILEMMA IN PRACTICE

Employ four key principles of ethical theory*

- Autonomy
- Non-Maleficence
- Beneficence
- Justice

STEP 3

APPLY THE ACADEMY/CDR CODE TO THE ISSUE AND YOUR ETHICAL DECISION-MAKING

There are four principles of the current Academy/CDR Code of Ethics:

- Competence and professional development in practice
- Integrity in personal and organizational behaviors and practices
- Professionalism
- Social responsibility for local, regional, national, global nutrition and well-being

STEP 4

SELECT THE BEST ALTERNATIVE AND JUSTIFY YOUR DECISION

Identify possible alternatives to resolve the dilemma, considering:

- Cultural influences affecting your decision-making process
- How alternative solutions track with your values and your institution's values
- Your confidence in and ability to defend the ultimate decision?
- Whether the decision aligns with the Academy/CDR Code of Ethics and/or the SOPs/SOPPs
- How the decision might affect others and whether they will support it
- Make a final decision

STEP 5

DEVELOP STRATEGIES TO SUCCESSFULLY IMPLEMENT THE CHOSEN DECISION

Strategies to successfully implement the chosen resolution

- Seek additional knowledge to clarify or contextualize the situation as needed
- Implement chosen resolution

STEP 6

EVALUATE THE OUTCOMES AND HOW TO PREVENT A SIMILAR OCCURRENCE

- Monitor outcomes, ensuring intended outcome(s) are achieved
- What are the strategies to prevent a similar issue in the future?

References

1. Fornari A. Approaches to ethical decision-making. *J Acad Nutr Diet.* 2015;115(1):119-121.
2. Academy of Nutrition and Dietetics Definition of Terms List. June, 2017 (Approved by Definition of Terms Workgroup Quality Management Committee May 16, 2017). Accessed October 11, 2017.
3. Academy of Nutrition and Dietetics: Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitian Nutritionists. *J Acad Nutr Diet.* 2018; 118: 132-140.
4. Academy of Nutrition and Dietetics "Diversity Philosophy Statement" (adopted by the House of Delegates and Board of Directors in 1995).

INDIVIDUAL -VS- ORGANIZATIONAL ETHICS

What if my ethics complaint concerns an organization or group, not an individual?

The Code of Ethics for the Nutrition and Dietetics Profession pertains to individual practitioners, not organizations. The Academy is an individual professional membership organization. Thus, the Academy cannot accept ethics complaints that pertain to organizations. If you have an organizational ethics issue:

- Reach out to the governing body or Board of Directors, if your concern involves a for-profit or non-profit organization,
- Consider contacting the American Hospital Association (AHA), if your concern relates to a hospital or healthcare system,
- The America's Health Insurance Plans (AHIP) may be able to assist, if your complaint involves a health insurer,
- Consider contacting the professional organization that represents that profession or their state department of professional regulation, if your concern relates to a non-CDR credentialed nutrition and dietetics practitioner that is not an Academy member.

How Do I Know if it is Really an Ethics Issue?

In the Ethics Committee's experience, many of the matters brought to them are not ethics matters. Instead, the matters presented are business disputes, employment disputes, or legal matters. What is...



AN ETHICAL ISSUE?

The violation of established rules or standards governing the conduct of a person or the members of a profession. An ethical issue is specific to one of the four principles and 32 standards of the Code.



A LEGAL ISSUE?

Many state and federal laws apply to our profession. If a state or federal law has been violated, the issue could result in action by the Ethics Committee. However, not every violation of the law is a breach of the Academy/CDR Code of Ethics for the Nutrition and Dietetics Profession.



A BUSINESS ISSUE?

An issue may be a business issue, but not an ethical issue, if it arises from a business dispute or breach of a contractual obligation, or a failure to provide products or services of an expected quality. Examples include billing or contract disputes, scheduling problems or other dissatisfaction with services provided. You should not attempt to use the Code to resolve business disputes between practitioners, other health care providers or consumers.



AN EMPLOYMENT ISSUE?

Employment issues can be addressed by an employer's policy or policies or can be resolved in the workplace via the appropriate structure to provide oversight (i.e., Human Resources) or through federal and state laws that protect employees. An employment issue may not be an ethical issue, such as a disagreement with a supervisor or other employee about how to conduct business. Additional examples of an employment issue include: disagreement about time or hours worked; misleading statements to supervisors, co-workers, customers, or vendors; and misusing an employer's assets.

The focus of the code is:



EDUCATION



REMEDIAION



SELF-REGULATION

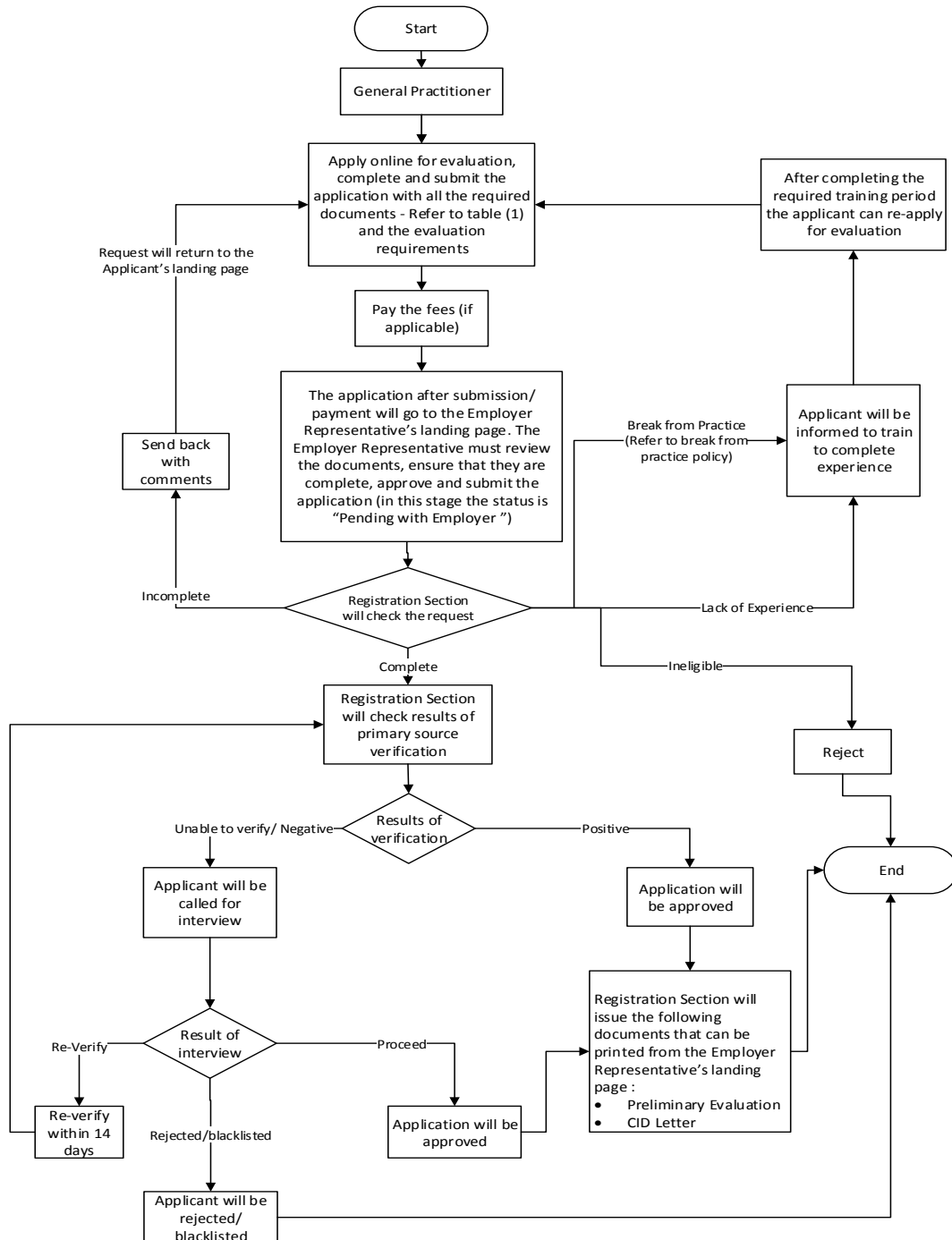
The purpose of the code is not policing practitioners.



Guidelines for Allied Healthcare Professions (AHP)



1. Registration/Evaluation process map



- ❖ The applicant should follow up on the request with the employer representative.
- ❖ For break from practice policy, refer to attachment "1" in the [“Additional Attachments”](#) document.
- ❖ Preliminary evaluation is only valid for 6 months.



Registration/Evaluation Requirements

Please apply through the Registration/Licensing Electronic System on the Department of Healthcare Professions' [website](#), complete the online application and pay the required fees (if applicable).

Submit an electronic “Apply for Evaluation” request and upload the below mentioned required documents:

1. Copy of valid passport.
2. Copy of valid QID (front and back) or the national number* with copy of the document.
3. One recent photo (according to photo criteria stated in [circular \(04-2014\)](#) or in the “[Additional Attachments](#)” document).
4. An up to date [Curriculum Vitae \(C.V\)](#).
5. Copy of all academic certificates relevant to applicant’s scope with official transcript (refer to Table no. 1).
6. Copy of the recent work experience certificates (with an issue date) required according to applicant’s scope (refer to Table no. 1).
7. Copy of valid medical/registration licenses accompanying the required years of work experience (if applicable).
8. Copy of primary source verification report.
9. The verification report will be reviewed during this phase; any misleading information provided will result in further investigations and could result in disciplinary action.
10. Copy of the passing certificate of the qualifying exam (if applicable).

*The National number depends on each country such as the national ID in Sudan, the national insurance number in UK, the multi-purpose number in the Philippines...etc.

Notes

- Applications that do not meet the requirements above will be sent back to the applicant.
- The evaluation does not obligate the Department of Healthcare Professions to grant the applicant any specific degree or title.
- Please note that the verification process done by the verification companies replaces attestation of certificates by related competent authorities (i.e.: certificates do not have to be attested).
- The certificate of good standing will be required in the licensing phase unless the case requires otherwise.
- It is the applicant’s responsibility to follow up on the verification report and the certificate of good standing.
- Applicants/employer representatives can follow up on the certificate of good standing with QCHPGoodSt@moph.gov.qa



- Original documents/certificates might be requested on a case by case basis.
- Any other documents required to support the application that are not mentioned above must be submitted upon request.
- Any documents presented in languages other than Arabic or English must be translated to Arabic or English and attached to a copy of the original documents.
- Please refer to the website of the Department of Healthcare Professions frequently to check for updates of the requirements.
- A case by case assessment may be implemented.

You can follow-up on the request with your employer representative.

Table No. "1"

Scope of practice		Education requirements	Experience requirements	Other requirements
Allied Health Practitioners (AHP)	Therapist/ Technologist	Bachelor's degree	In general, 2-5 years post graduate experience in the related field (depending on the scope of practice)	<ul style="list-style-type: none"> • The Allied Health Practitioners counts for more than 50 scopes of practice* from different educational qualifications and expertise * Some specialties are evaluated by specialized committees on a case by case basis
	Technician	Diploma, or equivalent from a recognized institutions.	In general Minimum 2 years post graduate experience in the related field or on a case by case basis (unless otherwise indicated)	

- Please refer to the website of the Healthcare Professions Department to check the detailed [AHP Scope Requirements](#).



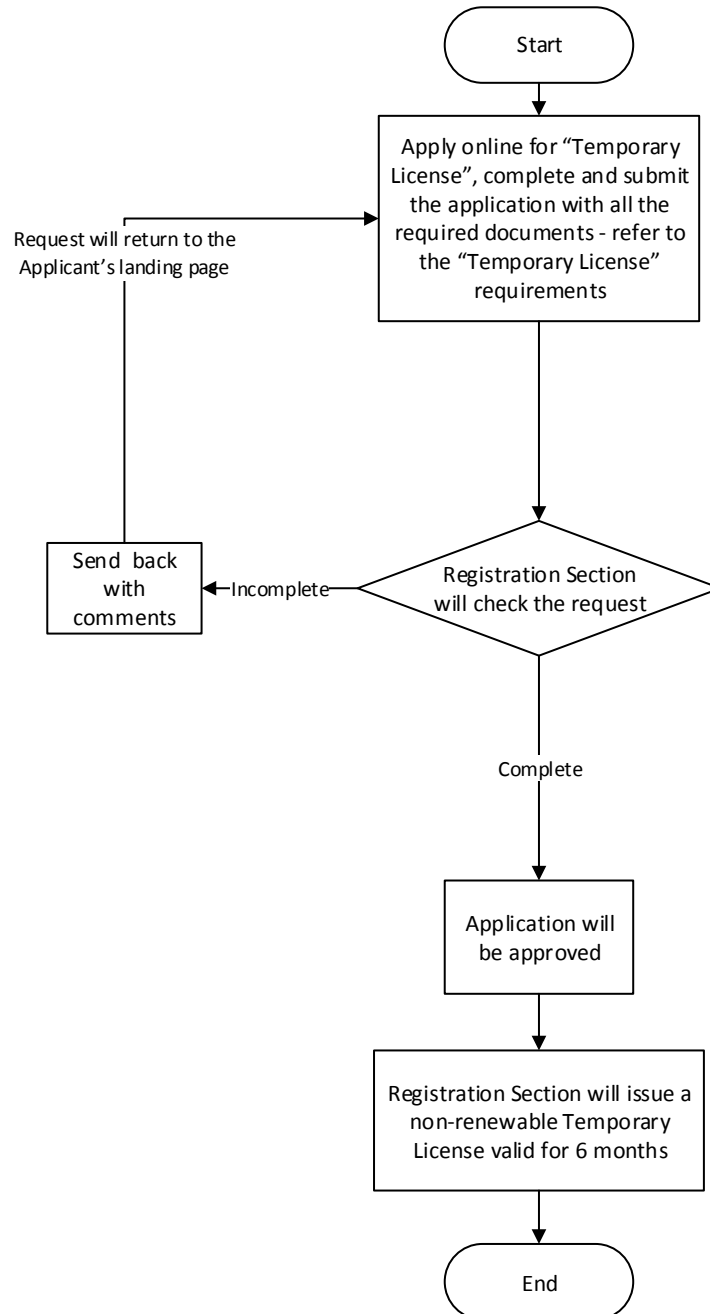
Training Letter requirements

Applicants with a break from practice or lack of experience can apply for training after providing the Registration Section with the below mentioned documents in their evaluation application (please check the break from practice policy: attachment "1" in the "[Additional Attachments](#)" document):

1. No Objection Letter from the employer requesting for approval from the Department of Healthcare Professions' for the applicant to work as trainee within their institution.
2. Valid copy of the Medical License of the supervisor who the applicant will be working under his/her supervision.
3. Copy of the applicant's Qatari ID (front and back).



2. Temporary License Process Map





Temporary License Requirements:

Please apply through the Registration/Licensing Electronic System on the Department of Healthcare Professions' [website](#), complete the online application and pay the required fees (if applicable).

Submit an electronic “Apply for Temporary License” request and upload the below mentioned required documents, (documents uploaded in the evaluation will remain available on the system unless expired):

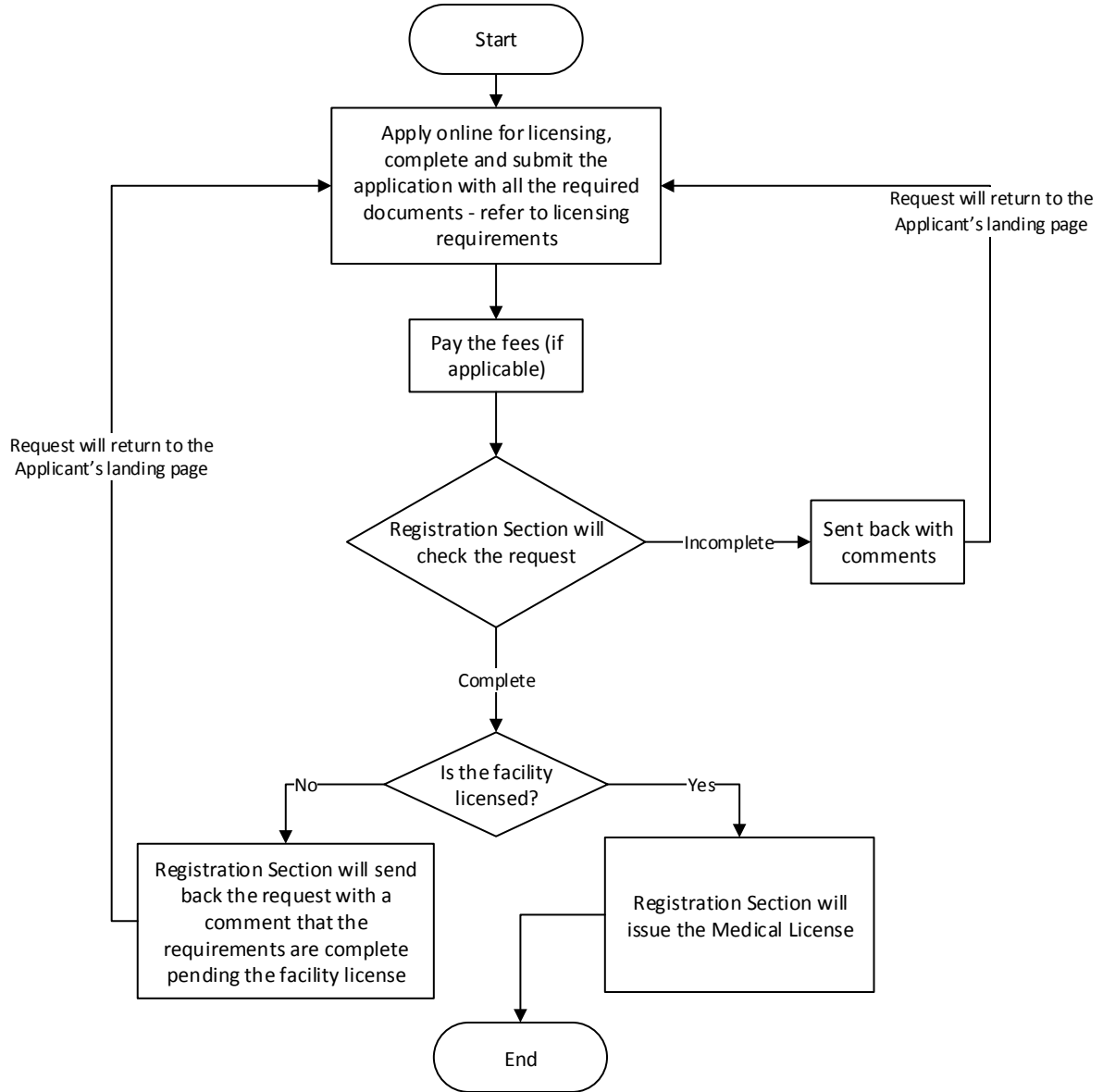
1. Copy of valid QID (front and back) (If applicable)
2. In case the healthcare practitioner applies for the temporary license without a QID, then the following documents must be submitted:
 - Medical Test from the home country (Blood Test, Chest X-ray) attested from the Ministry of Foreign Affairs in Qatar (MOFA).
 - Police Clearance Certificate from the home country attested from MOFA.
3. Undertaking letters for the temporary license for the practitioner and facility (correct templates are in the “[Additional Attachments](#)” document)

Notes

- Applications that do not meet the requirements mentioned above will be sent back to the applicant.
- Temporary Licenses shall be valid for a maximum period of 6 months (non-renewable).
- The practitioner must apply for a licensing application during the temporary license validity period; otherwise, they will have to re-apply for evaluation.
- In case of negative verification reports and proven incidents of fraud, the license will be suspended, practitioner will be banned from practicing immediately and this will result in disciplinary actions on the practitioner.
- Original documents/certificates might be requested on a case by case basis.
- Any other documents required to support the application that are not mentioned above must be submitted upon request.
- Any documents presented in languages other than Arabic or English must be translated to Arabic or English and attached to a copy of the original documents.
- Please refer to the website of the Department of Healthcare Professions frequently to check for updates of the requirements.
- A case by case assessment may be implemented.



3. Licensing Process Map





Licensing Requirements

Please apply through the Registration/Licensing Electronic System on the Department of Healthcare Professions' [website](#), complete the online application and pay the required fees (if applicable).

Submit an electronic “Apply for Licensing” request and upload the below mentioned required documents, (documents uploaded in the evaluation will remain available on the system unless expired):

1. Copy of valid QID (front and back) (If applicable)
 - a. For male practitioners (and female practitioners on their employer's sponsorship), the sponsor should be the potential employer.
 - b. For female practitioners on a family sponsorship, please attach the QID in addition to a letter of intent from your potential employer.
2. Copy of the verification report.
3. Copy of Police Clearance Certificate from Qatari Ministry of Interior.
4. Medical report (valid for 6 months), which can be issued by:
 - a. HMC
 - b. Medical Commission
 - c. Private hospitals (Al Ahli, Al Emadi & Doha Clinic)
 - d. Primary Health Care Corporation (For Qataris only)
5. Medical report must include: HIV test, HCV test, HBV test and Chest X-Ray.
6. Copy of Valid Recognized CPR (cardio-pulmonary resuscitation) course or its equivalent (or CPR registration receipt + undertaking letter that CPR certificate will be submitted upon completion).
7. Original Certificate of Good Standing must be sent directly from the Registration authority (or authorities) of the most recent required years of work experience, to: Registration Section, Department of Healthcare Professions, Ministry of Public Health, P.O. Box: 7744, Doha, Qatar or QCHPGoodSt@moph.gov.qa.

Notes

- Applications that do not meet the requirements mentioned above will be sent back to the applicant.
- The certificate of good standing will be reviewed during this phase; any misleading information provided will result in further investigations and could result in disciplinary action.
- It is the applicant's responsibility to follow up on receiving the certificate of good standing.
- Applicants/employer representatives can follow up on the certificate of good standing with QCHPGoodSt@moph.gov.qa

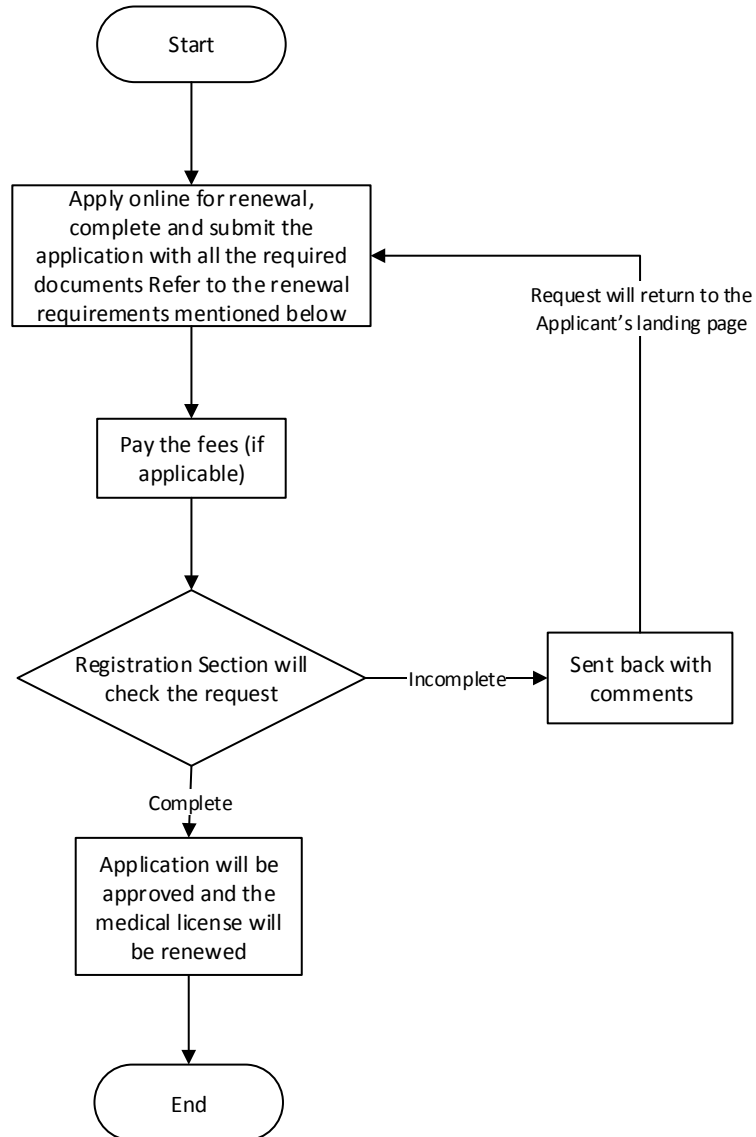


- Original documents/certificates might be requested on a case by case basis.
- Any other documents required to support the application that are not mentioned above must be submitted upon request.
- Any documents presented in languages other than Arabic or English must be translated to Arabic or English and attached to a copy of the original documents.
- Please refer to the website of the Department of Healthcare Professions frequently to check for updates of the requirements.
- A case by case assessment may be implemented.

You can follow-up on the request with your employer representative.



4. License Renewal Process Map





License Renewal Requirements

Step1: Fulfilling CPD Requirements

- All licensed healthcare practitioners are mandated to participate in CPD activities according to the policies and regulations of the Accreditation Section of the Department of Healthcare Professions in order to renew their licenses. All licensed healthcare practitioners are responsible to fulfill annual, category-specific, and CPD cycle requirements and maintain records of CPD activities in the CPD e Portfolio prior to submission of their renewal applications.
- Please refer to the Accreditation Section's standards and guiding documents for more details about CPD Requirements.

Note: Healthcare Practitioners cannot submit renewal applications unless they are fully compliant to the CPD Requirements. System will not allow practitioners to apply for renewal of their licenses and an automated message will be generated informing practitioners that they don't meet the CPD requirements.

Step2: Fulfilling Renewal Application Requirements

Please apply through the Registration/Licensing Electronic System on the Department of Healthcare Professions' [website](#), complete the online application and pay the required fees (if applicable).

Submit an electronic "Apply for Renewal" request and upload the below mentioned required documents:

1. Copy of valid passport.
2. Copy of valid QID (front and back).
 - a) For male practitioners (and female practitioners on their employer's sponsorship), the sponsor should be the employer.
 - b) For female practitioners on a family sponsorship, please attach the QID in addition to a letter of intent from your employer.
3. One recent photo (according to photo criteria stated in [circular \(04-2014\)](#) or in the "[Additional Attachments](#)" document).
4. Medical Report will be requested as per the health fitness policy issued by the Fitness to Practice Section, which published in their [circular \(01-2019\)](#).



5. Copy of Valid Recognized CPR (cardio-pulmonary resuscitation) course or its equivalent as per [circular \(3-2017\)](#), (or CPR registration receipt + undertaking letter that CPR certificate will be submitted upon completion), unless the Health care facility has an approval letter issued by the Department of Healthcare Professions regarding their "[Code Blue Team](#)".
6. An employment letter (correct template is in the "[Additional Attachments](#)" document).
7. Any other additional documents might be requested.

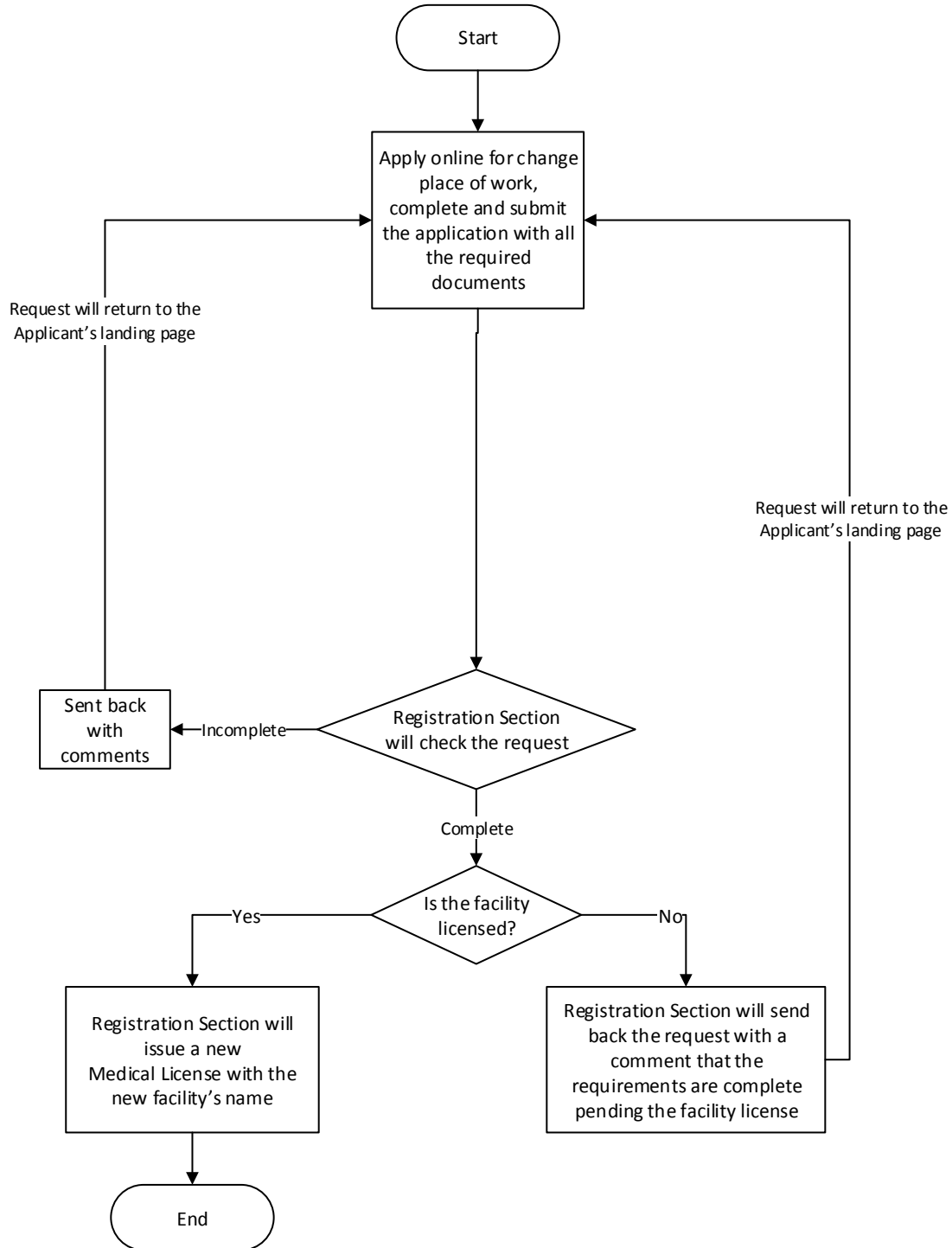
Notes

- Applications that do not meet the requirements mentioned above will be sent back to the applicant.
- Original documents/certificates might be requested on a case by case basis.
- Any other documents required to support the application that are not mentioned above must be submitted upon request.
- Any documents presented in languages other than Arabic or English must be translated to Arabic or English and attached to a copy of the original documents.
- Please refer to the website of the Department of Healthcare Professions frequently to check for updates of the requirements.
- A case by case assessment may be implemented.

You can follow-up on the request with your employer representative.



5. Change Place of Work Process Map





Change Place of Work Requirements

Please apply through the Registration/Licensing Electronic System on the Department of Healthcare Professions' [website](#), complete the online application and pay the required fees (if applicable).

Submit an electronic “Apply to Change Place of Work” request and upload the below mentioned required documents:

1. Copy of valid passport
2. Copy of valid QID (front and back)
 - a) For male practitioners (and female practitioners on their employer’s sponsorship), the sponsor should be the new employer or a secondment from the Ministry of Interior along with an undertaking letter that a renewed secondment or QID will be submitted upon expiry of the attached one.
 - b) For female practitioners on a family sponsorship, please attach the QID in addition to a letter of intent from your new employer and a letter of no objection from the old employer.
3. Any other adjustment according to the current laws and regulations in the State of Qatar

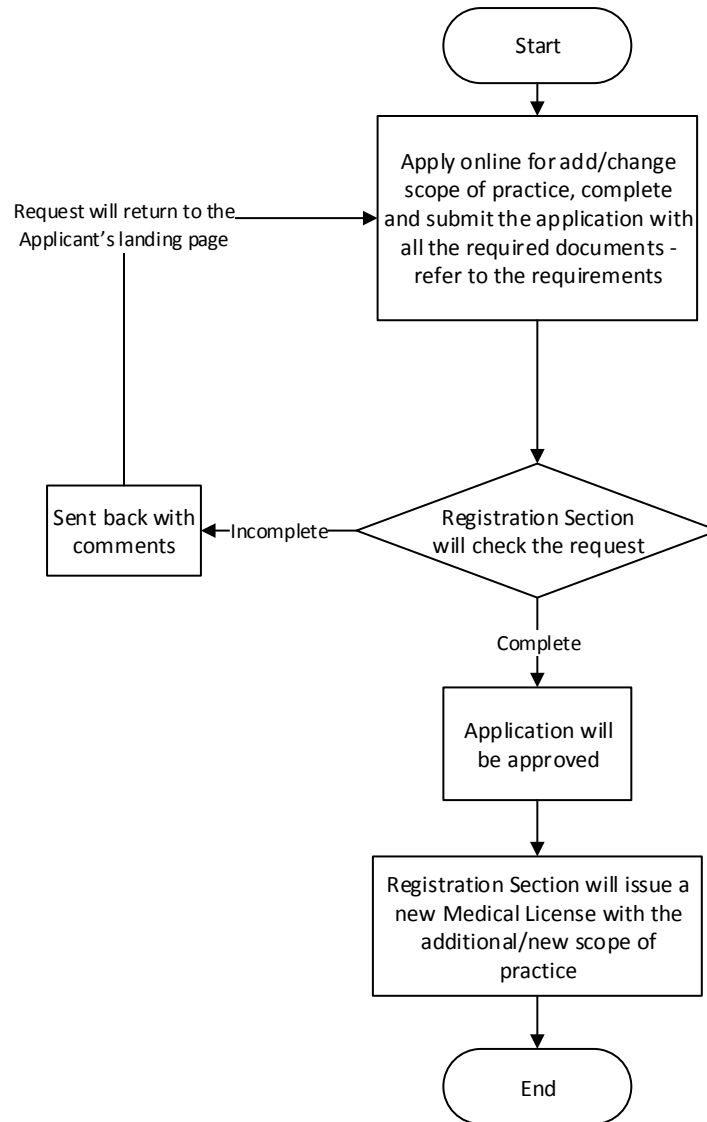
Notes

- In case the “Apply to Change Place of Work” request was submitted after evaluation (before licensing), then the QID will not be required. However, a letter of intent from the new employer and a letter of no objection from the old employer will be required instead.
- Applications that do not meet the requirements mentioned above will be sent back to the applicant.
- Original documents/certificates might be requested on a case by case basis.
- Any other documents required to support the application that are not mentioned above must be submitted upon request.
- Any documents presented in languages other than Arabic or English must be translated to Arabic or English and attached to a copy of the original documents.
- Please refer to the website of the Department of Healthcare Professions frequently to check for updates of the requirements.
- A case by case assessment may be implemented.

You can follow-up on the request with your employer representative.



6. Add/Change Scope of Practice Process Map





Add/Change Scope of Practice Requirements

Please apply through the Registration/Licensing Electronic System on the Department of Healthcare Professions' [website](#), complete the online application and pay the required fees (if applicable).

Submit an electronic “Apply to Add/Change Scope of Practice” request and upload the below mentioned required documents:

1. Copy of valid passport
2. Copy of valid QID (front and back).
3. A recent no objection letter from the employer for the addition/change of scope.
4. Copy of additional academic certificates relevant to the new scope (if applicable).
5. Copy of additional experience certificates (with an issue date) relevant to the new scope (if applicable).
6. Copy of the verification report for any additional documents.

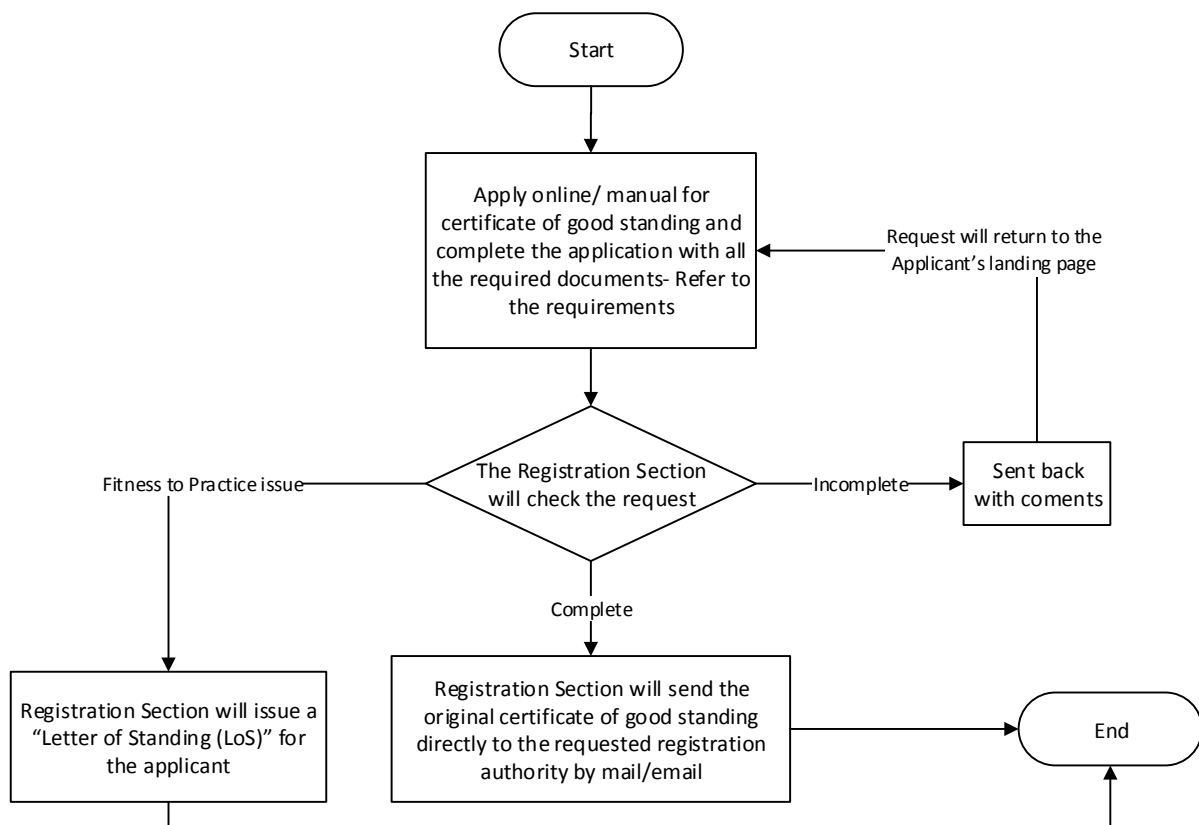
Notes

- Applications that do not meet the requirements mentioned above will be sent back to the applicant.
- If the application is for an additional scope then this must be mentioned in the “Additional Information Section.
- Original documents/certificates might be requested on a case by case basis.
- Any other documents required to support the application that are not mentioned above must be submitted upon request.
- Any documents presented in languages other than Arabic or English must be translated to Arabic or English and attached to a copy of the original documents.
- Please refer to the website of the Department of Healthcare Professions frequently to check for updates of the requirements.
- A case by case assessment may be implemented.

You can follow-up on the request with your employer representative.



7. Certificate of Good Standing Process Map (For Healthcare Practitioners who have a medical license issued by the Department of Healthcare Professions)



- ❖ A black and white copy of the certificate of good standing can be requested by the applicant in the comments section of the application.
- ❖ The Registration certificate/ To whom it may concern certificate can be issued and collected by the applicant only in a sealed envelope.
- ❖ Verification forms can be filled and sent to the competent authority.



Certificate of Good Standing (COGS) Requirements

Please apply through the Registration/Licensing Electronic System on the Department of Healthcare Professions' [website](#), complete the online application and pay the required fees (if applicable).

Submit an electronic “Apply for a Certificate of Good Standing” request and upload the below mentioned required documents:

1. Copy of valid passport
2. Copy of valid QID (front and back).
3. Copy of all academic certificates relevant to applicant’s scope.
4. Certificate of good standing from last place of work (in Qatar).
5. Clear address of the Registration Authority to which the Department of Healthcare Professions will submit the certificate.

Notes

- Applications that do not meet the requirements mentioned above will be sent back to the applicant.
- Original documents/certificates might be requested on a case by case basis.
- Any other documents required to support the application that are not mentioned above must be submitted upon request.
- Any documents presented in languages other than Arabic or English must be translated to Arabic or English and attached to a copy of the original documents.
- Please refer to the website of the Department of Healthcare Professions frequently to check for updates of the requirements.
- A case by case assessment may be implemented.

You can follow-up on the request with QCHPGoodSt@moph.gov.qa



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Additional Attachments



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Attachment “1” - Break from Practice Policy



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Policy Name: Break from practice policy
Policy Code:
Version Number:
Developed by: Registration Department - QCHP
Reviewed by/Date:
Approved by/ Date:
Date Effective:
Date of Due Revision:
Validity:

DOCUMENT CONTROL

REVISION HISTORY

Name	Date	Changes	Version

REVIEWS BY REGISTRATION DEPARTMENT - QCHP

Name	Date	Organization/Position	Version



1. Introduction

As part of the council's mandate, QCHP is continuing to develop and/or amend policies to address concerns that will pose threat or risk to patient's safety. One of the issues that the council considered it to have an effect in the delivery of quality care is break from practice of health care practitioners. There are evidences that non practice of one's profession does impact on the person's skills, performance and competence that may affect licensing / maintenance of license processes

Break in practice policy aims to:

- Provide terms and conditions that will serve as guide for health practitioners with discontinued practice for some period of time.
- Define the length of discontinued practice which will constitute break from practice.
- Define the period of supervised practice that will be required for those practitioners with break in practice..
- Uphold the council's responsibility to ensure that public receives health care services from qualified/competent practitioners at all times.

2. Policy Statement

- All healthcare practitioners who have break from practice should undergo a specified period of supervised practice based on the duration of break prior to granting the license /renewal of license.
- QCHP/Registration team should abide with the break in practice policy

3. Definitions

Clinical practice- refers to activities undertaken by a health practitioner and uses his skills and knowledge in providing direct /indirect care to patients.

Non-clinical practice- refers to activities undertaken by a health practitioner that does not directly relate to the provision of patients care. However, there are also non-clinical activities which require professional knowledge within the roles and responsibilities of the healthcare practitioner that have an impact on the safe and effective delivery of healthcare services. These includes health care professionals working in administration and management, research, quality healthcare roles, education, regulatory and policy development among others.

Break in practice- is the period of time during which a health practitioner has not been working in their scope of practice or not in active clinical practice.

Supervised practice/ Clinical attachment- is a process whereby a health care organization/supervisor will accept to supervise the health care practitioner with break in practice in order to improve the practitioner's knowledge and competencies and provide opportunities for professional development.



Recency of nursing practice means that a nurse or midwife has maintained an adequate connection with and recent practice in the profession/s since qualifying for, or obtaining registration.

4. Abbreviations

N/A

5. Scope

This policy is applicable to:

- Applicants who have break from clinical practice.
- Practitioners who previously held license in Qatar and planning to renew the license after a period of break from clinical practice.
- Practitioners who have been removed from the registry and planning to be restored after a period of break from clinical practice.

6. Procedures/Guidelines

6.1. Length of break

Table 1. Pharmacist, AHP, Nurse/Midwife, and Complimentary medicine.

Break from practice for less than 2 years	No additional requirements are needed*.
Break from practice for 2- less than 4 years	4 months supervised practice/ Clinical Attachment (full time)
Break from practice for 4-less than 7 years	6 months supervised practice/ Clinical Attachment (full-time)
Break for more than 7 -10 years	1 year supervised practice/ Clinical Attachment
More than 10 years	Not eligible to be registered

Table 2. Physician and Dentist

Break from practice for less than 2 years	No additional requirements are needed*.
Break from practice for 2- less than 5 years	6 months supervised practice/ Clinical Attachment (full time)
Break from practice for 5-10 years	1 year supervised practice/ Clinical Attachment



More than 10 years

Not eligible to be registered/licensed

6.2. Break from practice according to profession

6.2.1. Physician /dentists. Break from practice is constituted if the physician is not in active clinical role which involves activities such as patient examination, provision of patient care, , patient treatment, and delegation of medical activities to other health care practitioners, prescription of medications.

Note:

- Specialist physicians/ dentists - in certain specialties as public health, community medicine, preventive medicine and public health dentistry – are not involved in active clinical roles as the above mentioned in section 6.2.1. Their clinical roles involve activities such as community assessment, health awareness and strategic direction for population health programs.
- Specialist who has approved surgical privileges with break from practice should be considered for re evaluation of his/ her surgical privileges after completion of the required supervised practice.

6.2.2. Pharmacist. Break from practice is constituted if the Pharmacist is not practicing the profession.

6.2.3. Complimentary medicine. Break from practice is constituted if the health practitioner is not in active clinical practice.

6.2.4. Allied Health Practitioner. Break from practice is constituted if the health practitioner is not in active clinical practice.

6.2.5. Nurse/ Midwife. Break from practice is constituted if the nurse is not practicing the profession with all the practice domains identified in the national nursing regulatory standards approved by the QCHP .

6.2.5.1. Nurse/Midwife. Practice is defined as working in some capacity by virtue of licensure as RN or RM. It can include administrative, supervisory, teaching, research or managerial roles as well as providing direct patient care. Hence, break in practice is not constituted if the nurse/midwife is working in management, administration, education, research, advisory, regulatory or policy development roles, and any other roles that impact on the safe, effective delivery of services in the profession.

6.3. Supervision. Health practitioners who have break from practice will be required to undergo a supervised practice/clinical attachment on a full-time basis. (Refer to table 1 and 2).

6.3.1. Direct supervision- the supervising practitioner is physically present with the practitioner and the patient.

6.3.2. Indirect supervision- the supervising practitioner is physically within the hospital or other site of patient care, and is immediately available to provide direct supervision.



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6.3.3. Oversight supervision. The supervising practitioner is available to provide review of procedures/ encounter with feedback provided after the care is delivered.

For more information , please refer to the notes (7).

6.4. Eligibility of Supervisors.

6.4.1. Physician/Dentist. The supervisor should be a specialist in the same related field/speciality in a ratio of 1:2.

6.4.2. Nurse/midwife.

6.4.2.1. Nurse practitioner. If the nurse is returning to practice as nurse practitioner, the supervisor should be a nurse practitioner.

6.4.2.2. Nurse specialist. If the nurse is returning to practice as nurse specialist, the supervisor can be a nurse specialist or nurse practitioner in the same or related speciality / sub speciality.

6.4.2.3. Registered General nurse. If the nurse is returning to practice as RGN, the supervisor can be a nurse practitioner, nurse specialist or registered general Nurse.

6.4.3. AHP. The supervisor should be a technologist/ therapist in the same related field/discipline.

6.4.4. Pharmacist. The supervisor should be a pharmacist.

6.4.5. Complimentary Medicine. The supervisor should be licensed in the same related field/discipline.

6.5.5. Requirements before the commencement of the supervised practice/ Clinical attachment.

- a. Qatar ID
- b. Approval letter from the Registration department (supervised practice letter)
- c. copy of valid license of the supervisor
- d. copy of valid medical test
- e. No objection letter from the employer that the practitioner will have a supervised practice in their facility.

7. Notes

- Supervised practice should be commenced after the practitioner received approval from the Registration department. (if the supervised practice will take place in the state of Qatar)
- For physician, the supervised practice should be on an accredited educational hospital.
- Dentists, pharmacists, nurses and Allied Health Practitioners can be supervised in a licensed health Facility of the government and private sector.
- The applicant/practitioner must have QID as Family residency or sponsored by the place of work where he/she will have the supervised practice. On the other hand, secondment document from the Qatari Ministry of Interior will be accepted.
- The table 1 and 2 describes minimum additional registration requirements. In some cases, applicants –depending on their individual circumstances – may be required to undertake



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additional assessment to satisfy the registration department of their eligibility for registration.

- Healthcare practitioners who graduated of medical or other health sciences schools and have never practiced after graduation shall not be eligible for evaluation/ licensing.

8. Charts

For process map, please refer to the guidelines in each scope of practice.

9. References

- Circular 23/2016, QCHP registration department, www.qchp.org.qa
- Nursing and midwifery board of Australia, <http://www.nursingmidwiferyboard.gov.au/>
- Federation of State Medical Boards, <https://www.fsmb.org/>
- Royal college of Ophthalmologists, <https://www.rcophth.ac.uk/>

10. Related Policies

- Break from practice policy, PLC Minute 24 September 2008, paragraph 3
- Circular 23/2016, QCHP registration department

11. Attachments

N/A



CIRCULAR NO. (15/2022)

From	:	Department of Healthcare Professions / Ministry of Public Health
To	:	<ul style="list-style-type: none">• All Healthcare Practitioners in the State of Qatar• All Healthcare Facilities/ focal points in the state of Qatar
Subject	:	Update on Circular (24/2020) Regarding the Registration/Licensing Policy for Healthcare Practitioners
Date	:	7 November 2022

"Greeting from the Department of Healthcare Professions"

In alignment with circular no. (01/2016), circular no. (11/2018), circular No. (19/2020) and circular No. (24/2020) regarding the registration and licensing of healthcare practitioners of **Qatar Universities graduates, Qataris, offspring of Qatari women or offspring of residents**, the Department of Healthcare Professions has decided the following:

1. To work in **governmental/ semi-governmental sectors**:

General Practitioners/ General Dentists/ Pharmacists/ Nurses/ Allied Healthcare Practitioners from the above-mentioned categories will be exempted from the required experience when applying for the registration/ licensing provided that they complete an internship period as per educational program requirements.

2. To work in the **private sector**:

- **General Practitioners** from the above-mentioned categories are required to complete two years of experience. If they have less than two years, please refer to circular No. (22/2020).
- **General Dentists** from the above-mentioned categories are required to complete two years of experience. If they have less than two years, please refer to circular No. (12/2021).
- **Pharmacists/ Nurses/ Allied Healthcare Practitioners** from the above-mentioned categories (**Except for Qatar Universities graduates**) are required to have licensed clinical work experience in their scope of practice for one year OR undergo training under supervision for the same duration after obtaining the required approval from DHP.

3. **Pharmacists/ Nurses/ Allied Healthcare Practitioners** who are Graduates of Universities in Qatar to work in:

- Private Hospitals: they are exempted from work experience requirement.
- Other health facilities in the private sector: they are required to have licensed clinical work experience in their scope of practice for six (6) months or undergo training under supervision for the same duration after obtaining the required approval from DHP.

4. **The following categories** shall be treated as Qataris in terms of exemption from the Qualifying exam requirement for all professions:

- Qatar Universities Graduates
- Offspring of Qatari Women
- Offspring of residents of Qatar that includes the below:
 - Offspring of Residents who changed their sponsorship to their husbands (Valid QID of the father shall be submitted in the evaluation application).
 - Offspring of Residents who changed his/her sponsorship to a healthcare facility (Valid QID of the father shall be submitted in the evaluation application).

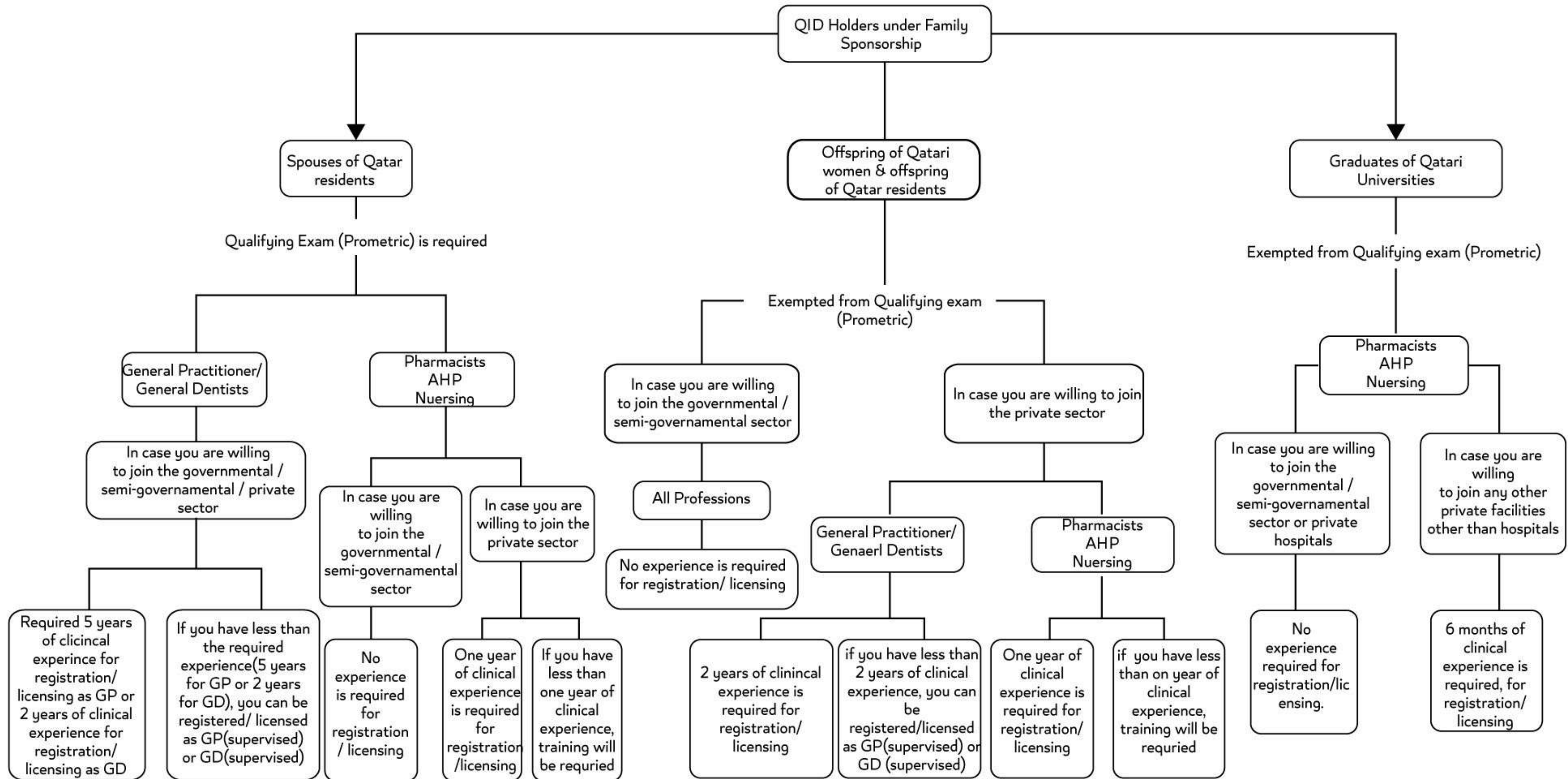
Notes:

- Points 1 and 2 applies on Spouses of residents for the following professions (Pharmacists/ Nurses/ Allied Healthcare Practitioners).
- All Clinical psychologists and psychological counselors are not included under this circular.

This circular would be effective in the issuance date and shall repeal the previous circulars No. (01/2016), (11/2018), (19/2020) and (24/2020).

For further information, contact: - dhregistration@moph.gov.qa

Thank you for your cooperation, Department of Healthcare Professions



Supervised Practice Program (SPP)
Human Nutrition Department – College of Health Sciences
Foreign Dietitian Education Program (FDE) – ACEND Accredited
Qatar University

Welcome to the Qatar University - Supervised Practice component of the Foreign Dietitian Education Program.

You will have an exciting, challenging and busy year ahead. You will rotate through many specialized areas during the supervised practice program (SPP) so that you will develop competences in all areas of profession of nutrition and dietetics. During your rotations, you will work side-by-side with a preceptor who will oversee your work. To supplement this experience, you will attend additional classes and meetings, complete assignments and projects (during off-duty hours). Gradually through each rotation you will gain the knowledge, skills, and confidence necessary to independently work in that area. By the end of the program, you will be well prepared to obtain an entry-level position in dietetics.

You have been selected for this program because you possess the initiative, self-discipline, and responsibility to excel in this profession. As a professional, you have the responsibility for your own professional development and growth. Seek to achieve more than the minimum required of you.

Remember that, at all times, you are representing your profession, and the Human Nutrition Department – Qatar University. The QU faculty expects prompt attendance of all classes, rotations, and conferences.

Part II – SUPERVISED PRACTICE PROGRAM

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Supervised Practice Program

Description of Qatar University –Human Nutrition Department Supervised Practice Program

The Supervised Practice Program offered by the Human Nutrition Department – Qatar University reflects the recognition that experiential education is a cornerstone for equipping students with all skills and competences required to meet the profession needs.

SPP is a one-academic year program that is housed in miscellaneous governmental, semi-governmental and private healthcare facilities in Qatar. Students are trained for 32 weeks in different rotations to practice skills, as well as, gain thorough insights into practices in clinical, community, primary care and foodservice services. By the end of every rotation, interns can effectively apply clinical skills and competences to provide appropriate medical nutrition therapy (MNT) and other nutrition care in a variety of medical and health care settings. They are also able to analyze and critically evaluate clinical ideas, practices, and procedures. SPP enables students to build experience in providing nutrition care and services to populations of different age groups and cultures in both nutrition prevention and intervention.

Length of SPP

Students are enrolled in SPP for 2 semesters (NUTR 494/NUTR 495); in which they complete their supervised practice experience in different professional work settings during Spring and Fall semesters of every year. Throughout SPP year, students are trained in different rotation sites for specific duration as described in pages 46-47. Every training week is composed of 4 days (Sunday to Wednesday).

SPP schedule will be developed to have two interns at a rotation site with minor exceptions.

SPP is delivered in conjunction with Professional Development Class (NUTR 496/497) that is delivered every Thursday during both semesters. Course description is available in pages 16-26.

Rotation and Affiliation Descriptions

During SPP, students rotate through different rotation sites for 1024 training hours in professional work settings as follows:

- **Clinical/Acute Care Rotations: 640 hours (20 weeks).** Students are trained in ambulatory clinics and acute care facilities. They practice the Nutrition Care Process (assessment, diagnosis, intervention, and monitoring/evaluating) in both inpatient and outpatient settings, for a variety of populations of different age groups, cultures, and health conditions impacted by diet. Students also prepare and present case study reports to become skillful in investigating and discussing diverse disease states and conditions in professional settings. In addition, students participate in interdisciplinary team rounds, conferences, group classes, and case studies.
- **Food Service Rotation: 128 hours (4 weeks).** It focuses on all aspects of producing and delivering nutrition, within an inpatient setting, to patients who have medical needs related to their diets including menu modifications, meal orders, tray preparation and delivery, meal promotion, food production and patient satisfaction. Students practice the care and operation of equipment, sanitation audits, HACCP Guidelines, menu planning, customer service and management activities.
- **Community Rotations: 128 hours (4 weeks).** Students practice providing community-based nutrition services including community nutrition assessment, counseling, education, wellness

promotion and project-related time management. They also practice the Nutrition Care Process in outpatient settings, for a variety of populations of different age groups, cultures, and health conditions impacted by diet. Furthermore, students also develop skills in evaluating and applying government program guidelines and policies. During this rotation, students promote good health and wellness to populations of different age groups and cultures.

Throughout each rotation, different experiences found in modules specific to each rotation are expected to be completed by SPP students, along with additional assignments provided by preceptors. These will contribute to the overall evaluation system of the Coordinated Program in Dietetics.

All modules are posted on Blackboard.

A detailed description of each rotation is found in the table below:

Rotation	Learning Outcomes	Duration
Clinical/ acute care rotations		
Medical	Perform the Nutrition Care Process for individuals, groups and populations of differing ages and health status, in a variety of settings. This should include infants, children, adolescents, adults, and elderly, low-income populations and diverse populations. Interns should become familiar with medical nutrition therapy for different conditions/disease states: weight management/obesity, diabetes, cancer, cardiovascular disease, gastrointestinal disease, renal disease, HIV/AIDS, CVA/stroke, enteral nutrition and parenteral nutrition.	4 weeks
Cardiac	Perform the Nutrition Care Process for individuals, groups and populations of differing ages and health status, in a variety of settings. Interns should become familiar with medical nutrition therapy for heart diseases.	2 weeks
Intensive Care Unit (ICU)	Perform the Nutrition Care Process for individuals, groups and populations of differing ages and health status, in a variety of settings. Interns should become familiar with medical nutrition therapy for critical diseases.	2 weeks
Oncology	Perform the Nutrition Care Process for individuals, groups and populations of differing ages and health status, in a variety of settings. Interns should become familiar with medical nutrition therapy for oncologic conditions.	2 weeks
Renal	Perform the Nutrition Care Process for individuals, groups and populations of differing ages and health status, in a variety of settings. This should include infants, children, adolescents, adults, and elderly, and diverse populations. Interns should become familiar with medical nutrition therapy for renal diseases.	2 weeks
Pediatric – general	Perform the Nutrition Care Process for infants and children in a variety of settings. This should include infants, children, and adolescents of different cultures with diverse health conditions impacted by diet.	2 weeks
Pediatric – specialty (<i>1 of the following</i>)		2 weeks
Pediatric – metabolic diseases	Practice the nutrition care process with infants, toddlers, children and adolescents with metabolic diseases.	2 weeks
Pediatric – gastrointestinal diseases	Practice the nutrition care process with children with critical GI illnesses.	1 week
Neonatal Intensive Care Unit (NICU)	Practice the nutrition care process with neonates with critical illnesses.	+1 week

Long Term Care (LTC)	Practice the nutrition care process with inpatients in Long Term Care unit.	2 weeks
<i>Elective Clinical</i> (2 of the following)		4 weeks
Surgical	Practice the nutrition care process with inpatients post surgeries.	2 weeks
Gynecology	Practice the nutrition care process with inpatients in gynecology unit.	2 weeks
Rehabilitation	Practice the nutrition care process with inpatients in Rehabilitation Unit.	2 weeks
Burns	Practice the nutrition care process with inpatients in Burns unit.	2 weeks
Bariatric	Practice the nutrition care process with inpatients and outpatients before or following bariatric surgeries.	2 weeks
Home Care	Perform the Nutrition Care Process for individuals differing ages and health status post bariatric surgeries.	2 weeks
Foodservice Rotation		
	Understand and demonstrate skills in all aspects of producing and delivering food and nutrition, within an inpatient setting, to patients who have medical needs related to their diets including menu modifications, meal orders, tray preparation and delivery, meal promotion, food production, and patient satisfaction.	4 weeks
Community Rotations		
Primary Health Care Corporation (PHCC)	Practice providing community-based nutrition services including community nutrition assessment, counseling, education, wellness promotion, and project related time management. Perform Nutrition Care Process for outpatients with different health conditions impacted by diet.	4 weeks
<i>Elective community rotations</i> (1 of the following)		4 weeks
Qatar Foundation (QF)	Practice providing community-based nutrition services including community nutrition assessment, counseling, education, wellness promotion, and project related time management. Perform Nutrition Care Process for outpatients with different health conditions impacted by diet. Practice sanitation audits, HACCP Guidelines, and menu planning.	4 weeks
Ministry of Public Health (MoPH)	Practice providing community-based nutrition services including community nutrition assessment, counseling, education, wellness promotion, and project related time management. Develop skills in evaluating and applying government program guidelines and policies.	4 weeks

Qatar Diabetes Association (QDA)	Practice providing community-based nutrition services including community nutrition assessment, counseling, education, wellness promotion, and project related time management. Perform Nutrition Care Process for outpatients with diabetes.	4 weeks
ASPETAR	Practice providing community-based nutrition services including community nutrition assessment, counseling, education, and wellness promotion. Perform Nutrition Care Process for athletes.	4 weeks

CRDN Rotation Map

Upon completion of the supervised practice component of the program, all graduates will be able to meet the ACEND-required core competences as follows:

Rotations	CRDN 1.1	CRDN 1.2	CRDN 1.3	CRDN 1.4	CRDN 1.5		CRDN 2.1	CRDN 2.2	CRDN 2.3	CRDN 2.4	CRDN 2.5	CRDN 2.6	CRDN 2.7	CRDN 2.8	CRDN 2.9
Clinical/Acute Care	x	x	x		x		x	x	x	x		x	x	x	
Foodservice	x	x	x	x				x	x		x				
Community	x	x	x		x			x			x		x	x	x
PD Class (NUTR 496/497)		x			x		x	x						x	

Rotations	CRDN 2.10	CRDN 2.11	CRDN 2.12	CRDN 2.13		CRDN 3.1	CRDN 3.2	CRDN 3.3	CRDN 3.4	CRDN 3.5	CRDN 3.6	CRDN 3.7	CRDN 3.8	CRDN 3.9	CRDN 3.10
Clinical/Acute Care	x	x	x			x	x	x	x	x	x	x	x	x	x
Foodservice	x	x	x										x		
Community	x	x	x			x	x		x			x	x	x	x
PD Class (NUTR 496/497)			x	x		x	x		x			x	x	x	x

Rotations	CRDN 3.11	CRDN 3.12	CRDN 3.13	CRDN 3.14		CRDN 4.1	CRDN 4.2	CRDN 4.3	CRDN 4.4	CRDN 4.5	CRDN 4.6	CRDN 4.7	CRDN 4.8	CRDN 4.9	CRDN 4.10
Clinical/Acute Care	x	x							x						
Foodservice	x		x	x		x	x	x		x	x	x	x		x
Community	x	x													
PD Class (NUTR 496/497)	x	x										x			

Rotations	CRDN 5.1	CRDN 5.2	CRDN 5.3	CRDN 5.4	CRDN 5.5	CRDN 5.6	CRDN 5.7	CRDN 5.8
Clinical/Acute Care	x							x
Foodservice	x							x
Community	x					x		x
PD Class (NUTR 496/497)	x	x	x	x	x		x	

Professional Development Classes (NUTR 496/497)

PD Classes tend to supplement the practical experience of the students with different forms of authentic experiences. The main objectives of PD classes is enriching the skills of the dietetic interns through many activities such as:

- case studies
- case simulation
- role-playing
- class discussion
- journal club
- presentations
- webinars development
- preparation of webinars
- posters preparation and presentation
- development of nutrition care handouts for diverse populations of different health conditions in English and Arabic languages
- others (recipe analysis, evaluation of food packages, development of feasibility study if food product, term projects...)

In addition, different health care professionals share their experience and knowledge with students in many workshops conducted in Spring and Fall semesters to further maximize the efficiency of professional development.

PD classes also include an intensive and comprehensive revision of all the didactic courses, as a plan for preparing students for any licensing exam.

Instructions for Supervised Practice Rotations

Each SPP student will be provided with an SPP Studentship Rotation Schedule during an orientation session prior to the beginning of SPP (NUTR 494). This schedule will outline all rotations for the entire duration of the SPP. Each SPP student is responsible for following her own rotation schedule.

- **Prior to each rotation:**

1. On the Wednesday prior to beginning a new rotation, SP student is expected to contact the preceptor of that rotation. (You can check the rotation schedule and contact list of preceptors per each rotation posted on Blackboard)

- a. Send an email to the preceptor, and cc the Clinical Coordinator, to introduce yourself and tell the preceptor that you will be the SP student assigned to them on (provide correct date).

- b. In the same email, clarify all your inquiries, if any. Below is a sample of questions that you can ask your preceptor about:

- What time you should report for the rotation.
- Where you should meet them?
- Are there any requirements other than the ones that are posted on blackboard? (Specific modules to read, other materials to review prior to rotation, should you bring a lunch, laptop, ...)

2. Print the modules of the rotation and prepare all the documents that shall be filled throughout the rotation
 3. Review the pre-readings and resources related to the rotation that are posted on Blackboard.
- **During each rotation:**
1. SPP students are required to be on time and designate the time they are physically present at their placements towards seeing as many patients as possible.
 2. Students are required to solve all the experiences found in the module per every rotation. The preceptor is expected to correct all the assignments.
 3. Assignments shall be completed individually and sent in a zipped file to QU coordinator after the completion of the rotation.
 4. Assignments, found in modules, are to be completed at home. If there are no patients and all patient-related work has been completed, students can proceed on to finishing their assignments.
 5. **Tracking Supervised Practice Hours:** Time spent in professional work settings, simulations, working on case studies, along with required activities, and exposure to various populations and conditions, shall be recorded in rotation time sheet by the SPP student. The Clinical Coordinator will review these logs every 2 weeks and if the intern is missing experiences at mid-point then the intern and preceptor will be contacted to assure exposure will occur.
 6. **Tracking tasks:** SPP students must keep a log of their experiences and observations each day of every rotation. Also record any personal perceptions you had during your experiences. The daily work diary is found in excel sheets specific to each rotation and posted on Blackboard.
 7. SPP students are required to self-assess their performance per specific task related to a particular rotation in the task evaluation form found in the excel sheet specific to every rotation and posted on Blackboard.
- **At the end of each rotation:**
1. At the end of each rotation, SPP student and the preceptor must complete several evaluation forms, as described in page 63.
 2. In a zipped file, each SPP student is expected to send all completed and corrected assignments to the Clinical Coordinator following to completion of every rotation (found in modules).
 3. All documents found in excel sheet specific to each rotation shall be sent to the Clinical Coordinator within one week of completion of the rotation.
- If necessary, the Clinical coordinator will arrange a meeting with the intern to review the rotation. The supervised practice is an educational and learning experience.

Program Policies and Procedures

Calendar

The schedule of the supervised practice rotations abide by QU academic calendar.

SPP is full-time and interns are expected to be at their supervised practice site 32-hours a week from Sunday to Wednesday.

A one-week orientation will begin Spring semester and rotations begin soon after.

To review QU academic calendar, may you visit the following link:

<https://www.qu.edu.qa/students/academic-calendar>

Assignment of SP Rotation Sites

The QU Clinical Coordinator will assign students to training sites based on the availability of preceptors. Students are required to attend rotations at the facilities they are assigned.

You may be required to travel to sites outside Doha for rotations.

It is your responsibility to arrange for transportation to all rotation sites.

Attendance

Attendance to all scheduled supervised practice rotations is **MANDATORY**.

Kindly note the following:

- During SPP, you are required to attend all meetings and activities scheduled by your preceptors and QU Faculty and Clinical Coordinator including the SPP professional development class.
- If you are unable to attend a rotation or meeting due to illness or other approved reasons you must email the QU Clinical Coordinator AND the preceptor to inform them of your absence.
- Assignments missed due to absence must be completed.
- Excessive absences (more than 2 per semester) without a proper excuse will result in disciplinary action by the QU Clinical Coordinator.
- To ensure the completion of required number of hours in practicum, students attendance is monitored and tracked as follows:

Student	Expected Days Spring 2023	Expected Hours Spring 2023	Missed Practical Days Spring 2023	Total attended days in Spring 2023	Missed Practical Hours Spring 2023	Total attended Hours in Spring 2023	Reasons for absence
63 504				63	0	504	
63 504				63	0	504	
63 504			1	62	8	496	Absent day: March 19 (sick leave - documented)
63 504				63	0	504	
63 504				63	0	504	
63 504				63	0	504	
63 504			1	62	8	496	Absent day: January 29/following to request of preceptor (pediatric wart was moving)
63 504				63	0	504	Absent day: January 29/following to request of preceptor (pediatric wart was moving)
63 504				63	0	504	
63 504				63	0	504	
63 504			1	62	8	496	Absent on March 20 (sick)
63 504			1	62	8	496	Preceptor was absent on February 20
63 504			1	62	8	496	Preceptor was absent on February 20
63 504				63	0	504	
63 504				63	0	504	
63 504			2	61	16	488	Sick leave on Feb 6-7 (Documented) She attended on the 8th
63 504			2	61	16	488	Sick Leave on 6-7 Feb (Documented)
63 504				63	0	504	

Time on duty/Tardiness

Supervised Practice students are expected to be on-time to their rotations. They are expected to report promptly to their assigned duty area, class, or meeting and to remain there as scheduled as per the

working schedule of the training facility (for example, typical working hours for HMC will be 6:30 AM to 2:30 PM). The selected time on duty varies depending upon the rotation.

Schedules will be presented to students in advance to allow adequate time for coordination or other options.

Please note the following:

- Due to limited availability and time frames for internship experience, students may be asked to intern during Spring Break.
- You may be scheduled to work at an earlier or later time depending upon the preceptor's work schedule. Rotation schedules for the community practice rotations vary and will be determined by the preceptor.
- In the unlikely event that a student will be late, the student should call the rotation preceptor as a professional courtesy.

Habitual tardiness, (more than 3 times per semester) will result in disciplinary action by the QU Clinical Coordinator

Holidays

Vacation is granted for Qatar National Holidays.

No additional vacation days will be given.

Please note that during supervised practice, university breaks are not observed.

Illness/ medical leave

Sick time benefits are provided by the program for the protection of the student in times of illness.

If a day must be missed for an illness, both the supervising preceptor and QU - HND Clinical Coordinator must be contacted, as early as possible, in advance of their scheduled time of duty by phone or by email. The student should describe the nature of the illness and the expected time of return to the rotation. Students are required to give eight hours' notice when possible. If eight hours' notice is not possible, the student should give notice as soon as possible.

Student must submit MD note for each sick day as soon as possible

Kindly note the following:

- Students are eligible for three days of sick leave during the SPP.
- If a student gets sick or injured while completing one of the rotations, the student has to tell the preceptor and the clinical coordinator in order to be formally excused.
- If illness or other unusual circumstances causes a prolonged interruption within the program, the participant can continue the program the following semester, if approved by the Program Coordinator. A letter explaining the reasons for this interruption must be given to the Program Coordinator. The date the participant plans to complete the program needs to be included in the letter.

If there are any additional sick days or if rotation objectives are not completed, these days and learning objectives will be made up during breaks or at the end of the SPP or the next semester

Emergency leaves

Extended leaves of absence may be granted for serious medical conditions that prevent the student from completing supervised practice rotations. The student must submit a written request to the Clinical Coordinator and provide written certification from a licensed MD to justify the time off.

Sick leave granted for serious illness or injury to a member of the student's immediate family will be restricted to a maximum of three days.

Any requests for absences from duty should be requested in writing for approval of the QU Clinical Coordinator.

If approved, any missed work and assignments must be made up

Maternity leave

Maternity leave is NOT allowed during SPP. Interns are expected to complete the interrupted rotation by the end of the semester or by the following semester, taking into account that the grade of SPP will be INCOMPLETE until the training is completed.

A rotation cannot be missed for more than one week.

Student must submit medical report stating the delivery date and expected date of resumption of training

Personal Days

Each student will be provided three days of personal leave during the SPP.

Kindly note the following:

- Personal leave must be requested in writing (email is fine) and approved by the Clinical Coordinator a minimum of one week (if possible) in advance of the requested day off.
- The student will be responsible for completing all objectives in the rotation affected.

Personal days may NOT be used during the final rotation period unless prior approval is requested and granted by the Clinical Coordinator.

Medical examination / Immunization

Prior to starting SPP, students are required to undergo medical examination as per HMC policy for students and staff who will be working at HMC.

Qatar University and HMC reserve the right to request a student to undergo further medical investigation if initial medical checkup requires so.

Students are normally requested to undergo a full physical exam prior to starting the Human Nutrition Program as per the Annual Physical Exam form on page 38.

Students may have to take vaccines against specific communicable diseases following to the medical report in HMC.

Insurance requirements, including those for professional liability

All interns are required to have health insurance. Documentation of health insurance coverage is required prior to beginning the internship. This evidence may be Health Card issued by Hamad Medical Corporation in the State of Qatar.

For more information on how to apply for a health card, may you visit the link below:

<https://www.hamad.qa/EN/Patient-Information/How-To-Get-A-Health-Card/Pages/default.aspx>

Injury or illness while in a facility for supervised practice experience

The Human Nutrition Department at Qatar university is not liable for any injuries sustained during SPP. In case of minor accident or illness, the clinical coordinator and the preceptor must be notified through an email. Any medical care provided will be at the expense of the individual involved.

All absences must be made up.

Risk of exposure

Participation in clinical/field placement carries with it certain risks of exposure to communicable diseases, including, but not limited to: SARS-Cov-2 (Covid-19), Hepatitis B (“HBV”), and others.

Interns are also expected to follow the policies and guidelines as indicated by the field site.

Transportation & Parking

You are expected to provide your own transportation to and from clinical rotations. You are responsible for liability for safety in travel to or from assigned areas.

Students are expected to park in designated areas. When parking at affiliation sites, you must obey the facilities’ parking regulations. The preceptor at each facility will provide you with parking information. You have to follow the parking guidelines at each facility.

Dress code

It is our belief that the dress/appearance promotes a positive, professional image that projects a caring atmosphere to the clients/patients. Kindly note the following:

1. All students are expected to maintain standards of neatness, cleanliness, grooming, and professional dress. Inappropriate clothing is defined as: evening wear, sheer fabrics, dressy fabrics (satin, brocade, cut velvet, lame), low necklines, sundresses, halter dresses, spaghetti straps, jeans, jean type pants, cords, cargo pants, capri pants, tank tops, t-shirts, tube tops, midriff tops, shorts, miniskirts, athletic wear, leggings, sweatpants/sweatshirts.
2. Clothes will be clean, wrinkle-free and loose fitting to allow for freedom of movement. Shirrtails must be tucked in pants.
3. White lab coats are required and should be worn over professional clothes during clinical rotations. Lab coats should be clean and wrinkle-free at all times.
4. Patterned, appliquéd or seamed hosiery is not acceptable.
5. Clothing with slogans, advertisement, or logos will not be worn unless authorized by the facility management.
6. Identification is to be worn at all times at collar/shoulder level. The name and picture will be visible.
7. Shoes must be clean and in good repair. Shoes should be a comfortable height, appropriate for the work environment and consistent with professional attire. No boots, clogs, tennis shoes or sandals without heel straps (flip-flops) are allowed.

8. Sunglasses (or other tinted, non-prescription glasses) shall not be worn inside the facilities.
9. Hair restraints that completely cover the hair must be worn in the food production or serving areas.
10. Jewelry will be conservative. No facial jewelry permitted (except earrings). Body piercing other than the earlobe is not acceptable business dress.

Jewelry shall be limited to:

- Anklet: not permitted.
- Rings: No more than two per hand (not to extend above the knuckle).
- Earrings: No more than two pair may be worn. Earrings will be no larger than two inches in diameter or length.
- Necklaces: 2.
- Bracelet: 1 to each arm
- Watch: 1

11. Nails will be neat and clean; no longer than one-half inch from the end of the finger. Acrylic nails are not acceptable. (No nail polish is to be worn in food production areas).
12. A minimum amount of perfume, cologne or other scented products may be worn outside the patient care area. Certain patient care areas may prohibit any perfume or scented products.
13. Makeup will be in accordance with rules of good grooming for business hours.
14. Chewing gum is not allowed during production rotations, and during any patient interactions

Intern learning and compensation

SPP students are not offered any form of compensation as part of the internship. SPP student may not be professionally employed nor seek employment in a professional capacity at any of their training sites during the time of their internship rotation, including weekends.

SPP students may be professionally employed at a clinical, foodservice, or community field site during the internship as long as they are not actively interning at the same time of their employment. There must be a complete separation between hours spent in supervised practice and paid experience.

Simultaneously, the Student Employment Program at QU helps students gain work experience in a real working environment. Student employees can work in all QU colleges and departments in different administrative as well as academic positions in their free times and get paid according to the policies and procedures of the program. For more information, may you visit the following page:

<https://www.qu.edu.qa/students/success-and-development/career-development/students-employment-program>

Patient confidentiality

Patient and employee information is considered confidential. This applies to documented and undocumented information. All interns are required to erase their patients' personal information from any document handed to QU.

Failure to maintain confidentiality of patient information is grounds for dismissal from the program.

- DO NOT discuss patients or their cases with anyone except as necessary to provide patient care.
- DO NOT discuss patient cases on the elevator, cafeteria, halls, or other public places.
- DO NOT take photos of patient information.

During the orientation week of SPP, the training facility will provide additional information and policies regarding patient rights.

Guidelines for social networking – electronic devices and social media

The Qatar University – HND proposes the following for social networking vehicles. Online communities like Facebook, MySpace, Flickr and Twitter provide opportunities for faculty, staff, and students to share and explore interests that enrich the higher education learning experience. However, using these mediums with discretion is advised. QU online community members are expected to act with honesty, integrity, and respect for the rights, privileges, privacy, sensibilities, and property of others.

The following guidelines are strongly suggested:

1. Use networking sites legally and appropriately. Consider your personal obligation as a citizen of the university. Use proper conduct in your posts regarding the university and your colleagues/fellow students.
2. Consider the use of a student, staff or faculty member to monitor any departmental social pages. All parties need to understand the guidelines presented.
3. Remember, you cannot ensure who does and does not have access to your information. Any text or photo placed online is available to anyone in the world – even if you limit access to your site.
4. Information that you post online may continue to stay on the World Wide Web even after you erase or delete that information from your profiles or blog. Do not post anything that could reflect negatively on you, your family, your friends, and the university.
5. Do not post any confidential or sensitive information online.
6. By agreeing to the terms of use, online communities have your permission to republish your content worldwide and share information with advertisers, third parties, law enforcement, and others.
7. You are legally responsible for your posts on the social networking sites. Be discreet, respectful, and as accurate/factual as you can be in any comments or content you posted online.
8. Potential employers, admissions officers, and scholarship committees often search social networking sites to screen candidates. Your profile will be a part of how others know you.

Use of Mobile Phones and other Electronic Devices Smart phones, mobile phones or other personal electronic devices (i-pods etc.) may not be used during class times or during supervised practice rotations. You may use your mobile phone during lunch or other breaks.

Phones must be placed in "silent" mode during classes and rotations.

Disciplinary/termination procedures

Disciplinary Action Regulations and procedures are necessary for the orderly progression of the SPP. Depending on the gravity of the situation, whenever possible; a progressive discipline process will be used as follows:

- **Oral Warning** – Oral warning is given for substandard performance, poor attendance, and other types of offenses that occur for the first time. The period for immediate correction will be

determined by the QU Clinical Coordinator and QU Faculty and will not exceed one month. The oral warning will be documented by the QU Clinical Coordinator and placed in the students file.

- **Written Warning with Imposed Probation** – the written warning is given for substandard performance, poor attendance, and other types of offenses that occur for the second time. The clinical coordinator and QU faculty member will determine the period for immediate correction. The period may not exceed one month.
- **Program Dismissal** – if any of the above is not addressed and corrected in the appropriate time frame, dismissal from the program will occur. If a student has received a written warning for an offense and the student receives another oral warning for any offense, the student will be dismissed from the program.

Student record

Your records are maintained by the QU Program Director in a confidential manner.

Access to your records is limited to the QU Program Director, yourself, program faculty, and other authorized persons. Your access to your own records is provided on a 'need to know' basis. If necessary to review your records, you should contact the Program Director who will be present during your review. You have access to your application, performance appraisals, attendance records and notices of commendation/discipline.

For more information, may you visit the following links:

<https://www.qu.edu.qa/students/registration/student-records/confidentiality>

<https://www.qu.edu.qa/students/registration/student-class-registration/self-service-banner-manual>

Graduation Requirements

The student must be evaluated as “Emergent” or above (≥ 3) in all supervised practice experiences provided by the Dietitian Education Program. There must be successful completion of all learning activities for each rotation experience.

Students are required to receive an overall score of 3/5 (emergent) in each rotation to successfully complete the SPP.

Students receiving an overall score of less than 3/5 in a specific rotation will meet with the QU clinical coordinator and preceptor and QU faculty as appropriate to develop a specific plan for improvement. The student will be required to repeat the rotation experience and the time line for improvement may not exceed one month. Failure to achieve a satisfactory evaluation for the repeat rotation will result in the student being dismissed from the SPP.

Verification Statement

Upon successful completion of all supervised practice components, and fulfillment of all QU graduation requirements, the Program Director will issue to the SP student 5 original copies of their Verification Statements indicating successful completion of the required hours of experience.

Verification of completion of dietetics programs is the method used by ACEND to ensure that academic and supervised practice requirements for membership in the Academy of Nutrition and Dietetics have been met.

Grounds for Dismissal

If at any time, the conduct of the dietetics student is judged to unfavorably affect the morale of other participants in the program, to result in an unsatisfactory level of performance, or if the health status of a student is a detriment to the student's successful completion of the SPP, a conference shall be held between the Clinical Coordinator, QU HND Faculty, and other appropriate representatives to determine remedial action.

Procedures for disciplinary action will be follows:

- Students not receiving a rotation overall score of 3/5 after repeating the rotation experience and after following the appropriate disciplinary action procedures will be dismissed from the SPP.
- A student will be dismissed from the SPP if, at any time, it is determined that entry into the program was gained by submitting false information.
- A student who commits an act of academic misconduct will be dismissed from the program.
- A student who fails to maintain confidentiality of patient information will be dismissed from the program.

Counseling

Students who need assistance with assignments or who have difficulty resolving problems which might arise in their supervised practice areas should contact the supervising preceptor to whom he or she is assigned. The preceptor will make a sincere effort to deal with each student and each situation fairly. In the event that a student has a grievance with a preceptor which cannot be satisfactorily resolved with the preceptor, the QU Clinical Coordinator should be consulted.

If a student has a grievance with the QU Clinical Coordinator which cannot be satisfactorily resolved, the student should contact the Head of HND, Dr. Maya Bassil, Bassil.maya@qu.edu.qa

If a student has a grievance which cannot be resolved by the program director, the student has to address the issue with the dean of academic affairs Dr. Layla Kamareddine, lkamareddine@qu.edu.qa

Students Responsibilities during Supervised Practice

1. It is the student's responsibility to be on time, be prepared, and participate fully in all supervised practice experiences, classes, and events.

- The student should have a positive attitude, that is, be prepared and eager to learn what the curriculum prescribes – even when the value of the experiences may not be immediately evident to the student.

- The student should be internally motivated, that is, be interested in learning because they want to become excellent practitioners, team members, and professional leaders. Grades and other extrinsic reward are less important than what the student learns.
2. It is the student's responsibility to communicate regularly and appropriately with preceptors and others so that expectations, arrangements, responsibilities etc. are understood and agreed upon.
- The student should be open to new information, ideas, experiences, approaches, ways of accomplishing things, and opportunities – even when these seem to be or are in conflict with the student's personal beliefs and prior experiences.
 - Students should be willing to approach each new situation with the same openness and eagerness that they had at the beginning of their supervised practice experience.
3. It is the student's responsibility to plan carefully and thoroughly as their preceptor asks them to do. It is also the student's responsibility to follow through with all supervised practice plans and to prepare for the unexpected.
- The student should be organized and willing to assume responsibility for their own learning.
 - Students should be flexible and willing and able to adapt appropriately as situations change and circumstances warrant.
 - Students should remember that providing patient/client care and/or high-quality food and nutrition services should be their preceptor's priority.
4. It is the student's responsibility to learn when to ask for guidance and when to be appropriately self-directed.
- Students should learn when to ask others questions and when to search for the answers themselves.
 - Students should be able and willing to build upon their prior learning.
 - Students should be able to integrate new information and concepts with those that they learned previously. (Preceptors do not have the time nor should they be expected to teach or re-teach theory that students should have mastered previously.)
5. It is the student's responsibility to maintain an appropriate perspective and stay focused on learning and the tasks at hand.
- Students should manage their personal lives so that they can take full advantage of the experiences the program and their preceptors are providing for them.
 - Students should expect that completing a supervised practice experience will be time-consuming and challenging. Without challenge and stretching, there will not be growth.

Student Evaluation: Performance, Remediation and Task Evaluation

SPP students are regularly evaluated on their professionalism and competency in completing activities and assignments in each rotation.

Evaluations of the student's progress shall be conducted throughout the SPP Program. These evaluations are designed to clarify the expectations for completion of the SPP and to assist the student in identifying strengths and areas for improvement.

Evaluation methods shall include the following:

- Formative Evaluation - Informal evaluation of students' performance by the preceptor/clinical coordinator and discussion with student about areas of strength and areas that should be improved.
- Summative Evaluation – Formal written evaluation of the student's performance at the end of each SPP rotation.
- All students are required to complete a self- evaluation of performance. All evaluations are submitted to the Clinical Coordinator upon completion of the rotation.
- The student completes an evaluation of the preceptor and the rotation.

The QU Faculty and Supervised Practice Clinical Coordinator will meet with the supervised practice students during the SPP semesters for a formal discussion and review of student progress (timings will be announced).

a. Student performance

In each rotation, the intern's performance is evaluated by the preceptor according to specific relevant competences (set by ACEND) expected to be met in a rotation after completing the practicum internship, tasks and experiences.

A 5-point rating system to evaluate the application of professional and ethical standards and behaviors. This overall rating system is as follows:

1 = DEFICIENT. Requires significant prerequisite instruction or practice for this rotation. Does participate on schedule but does not demonstrate applicable knowledge, professional behavior, ethics or skills upon which instruction can be built.

2 = LIMITED. Does not meet all core expectations or objectives of the activities or assignments. Demonstrates inaccurate or inappropriate application of core concepts, knowledge, professional behavior, ethics, or skills

3 = EMERGENT. Meets most of the expectations and objectives of the activities and assignments, but demonstrates some gaps in integration or consistent application. Requires additional instruction or practice to ensure achievement of mid rotation goals.

4 = PROFICIENT. Meets all expectations and objectives of the activities and assignments. Consistently demonstrates thorough, accurate and appropriate application of knowledge, professional behavior, ethics and skills.

5 = EXCEPTIONAL. Application of knowledge, professional behavior, ethics, and skills are indistinguishable from an entry-level practitioner when meeting requirements and expectations of the activities and assignments.

In 2 weeks-rotations, there is one main evaluation sheet; whereas, in long rotations (4 weeks), students will be evaluated by preceptors at the mid-point and end of each rotation. At mid-point participants must earn a 3 or higher (accurate most of the time) on their skill development and professionalism. For each score of 3 earned at mid-point, a plan must be in place to help the participants achieve a higher final evaluation.

b. Remediation

If an intern does not satisfactorily meet a rotation's learning objectives, and the interns' overall evaluation score is less than 3 at the end of the rotation, the intern will be placed on probation and must repeat the rotation. At this point, the clinical coordinator will meet the preceptor and a decision will be made regarding a full/partial repeat of the rotation. Simultaneously, the intern would meet with the HND clinical coordinator and/or the Head of Department to discuss their progress, plans for improvement and additional support/tutoring would be offered, if necessary. In cases where a student has the potential to be successful in the internship, a remediation plan will be developed and on a timeline for success will be set. If the student does not complete the remediation plan during the agreed upon timeframe, the student will be dismissed from the program.

Rotations will be scheduled for repeat purposes at the convenience of the preceptors. Repeating rotations may result in delayed graduation.

During the repeated rotation, the intern will be evaluated daily. Interns will be required to revise assignments and other non-rotation projects until they meet the "more than satisfactory" level (score of 4). Students receiving a score of less than 4 after remediation, and following to the appropriate disciplinary action procedures, will be dismissed from the QU Supervised Practice Program in Dietetics.

May you refer to the Remediation Plan Form found in Appendix H.

c. Task evaluation

Task evaluation includes evaluation of specific activities that the SPP student may complete during a particular rotation. The student is required to complete a self-assessment for task evaluation forms mentioned above. Self-Evaluation forms should be completed during the evaluation process with the preceptor. The preceptor evaluation and the student's self-evaluation form must be submitted to the QU Clinical Coordinator by the student after completing the rotation.

All task evaluation sheets are posted on Blackboard.

To achieve a competent level in each relevant CRDN, a minimum score of 3 out 4 is necessary for passing. Task evaluations expected to be completed by every designated rotation are as follows:

Rotation	Task
Medical	<ol style="list-style-type: none"> 1. Diet counseling OR Diet instruction 2. Diet history 3. Documentation 4. Clinical case verbal presentation evaluation
Renal	<ol style="list-style-type: none"> 1. Diet Instruction 2. Diet history 3. Calculating intakes
Cardiac	<ol style="list-style-type: none"> 1. Calculating intakes 2. Documentation
ICU	<ol style="list-style-type: none"> 1. Parenteral and enteral calculation 2. Documentation
Oncology	<ol style="list-style-type: none"> 1. Calculating intakes 2. Documentation
Surgical Gynecology	<ol style="list-style-type: none"> 1. Diet history 2. Diet instructions 3. Documentation
Rehab Long term care Homecare	<ol style="list-style-type: none"> 1. Calculating intakes 2. Documentation
FS	<ol style="list-style-type: none"> 1. Production and cafeteria evaluation
Pediatric general	<ol style="list-style-type: none"> 1. Clinical case verbal presentation evaluation 2. Diet instruction 3. Diet history
Pediatric elective	<ol style="list-style-type: none"> 1. Documentation 2. Intakes calculation
QDA	<ol style="list-style-type: none"> 1. Brochure/educational material grading rubric 2. Diet instruction
PHCC	<ol style="list-style-type: none"> 1. Diet counseling 2. Diet instruction
Community	<ol style="list-style-type: none"> 1. Professional group teaching 2. Group teaching evaluation (when applicable)
Bariatric	<ol style="list-style-type: none"> 1. Diet instruction

Rotation/Preceptor Evaluation

SPP student has to complete the rotation/preceptor evaluation sheet at the end of each rotation, and submitted to QU Clinical Coordinator. These evaluations are kept confidential. The evaluations from students are compiled and shared with preceptors after each group of students has completed the SPP.

BY THE END OF SPP

SPP students are required to fill the exit survey that is shared by the Clinical Coordinator. Exit survey reflects the feedbacks of students based on their experience throughout the whole SPP year. In addition, students are expected to share with the Clinical coordinator their personal contact information for future tracking of employment status.

Summary - Supervised practice documentation

By the end of each rotation, SPP student has to submit the following:

1. Excel Sheet including:
 - a. Rotation time sheet
 - b. Work diary
 - c. Evaluation forms (mid and end evaluations) - *signed by preceptor and SPP student*
 - d. Preceptor/rotation evaluation form
 - e. Tasks evaluation forms (when applicable)
 - ❖ 1 column completed by preceptor - *signed by preceptor and SPP student*
 - ❖ Another column form completed by SPP student -- "Self-evaluation" - *signed by preceptor and SP student*
2. Electronic binder including all the completed assignments found in the modules

*Remark: Documents and assignments shall be submitted individually by each SPP student

Note: Students enrolled in supervised practice must not be used to replace employees

Interns are not, under any circumstances, to be used by sites to replace regular employees. If an intern feels that they are being asked to replace a regular employee, they should inform the Clinical Coordinator, who will contact the site preceptor

SPP Education Excellence Themes

Themes	Implemented	Teaching Methods
Digitally Enriched*	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Using food composition Software Using the Cerner
Learner-Centric*	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Counseling
Experiential	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	All rotations
Entrepreneurial	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Foodservice rotation (<i>purchasing</i>)
Research-Informed	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	All rotations

SPP Graduate Attributes

Graduate Attributes	Supporting Competences
A1: Competent	C1: Subject-matter mastery
	C2: Critical-thinking skills
	C3: Problem-solving skills
	C4: Research, and Novel and Adaptive Thinking
A2: Life-long Learner	C5: Self-awareness
	C6: Adaptability
	C7: Adaptive Thinking
	C8: Desire for life-long learning
A3: Well Rounded	C9: Cultured
	C10: Effective communication skills
	C11: Awareness of local and international issues
A4: Ethically and Socially Responsible	C12: Embody the Arabic-Islamic identity
	C13: Embrace diversity
	C14: Professional and ethical conduct
	C15: Civically engaged
	C16: Community and Global Engagement
A5: Entrepreneurial	C17: Creativity and innovation
	C18: Collaborative
	C19: Management
	C20: Interpersonal
	C21: Leadership

Appendices G & H

Human Nutrition Department
College of Health Sciences
Qatar University

Name : _____

ID number: _____

Email : _____

I have received and I read in its entirety a copy of the supervised professional policy and procedure manual. I understand and agree to abide by the rules set forth in the document and accept all responsibilities associated with being a HND student. Please note that any personal or medical issues (pregnancy, death in family, taking a semester off, failure in a course or rotation) will likely cause a delay in your graduation. Furthermore, you will not be guaranteed internship entry upon delay and returning to internship is subject to capacity availability.

Signature of the Applicant: _____

Date : _____

Supervised Practice Program Human Nutrition Department Remediation Plan

This remediation plan is to be completed for every Supervised Practice Program (SPP) student whose preceptor has determined an overall evaluation score of less than 3 at the end of the internship in the assigned rotation.

A failure can be defined but not limited to the knowledge, skills, and attitude of the student. It is recommended that any SPP student placed on remediation meets with the HND clinical coordinator and/or the Head of Human Nutrition Department (HND) to discuss their progress, and plans for improvement and additional support/tutoring would be offered if necessary.

If the intern does not complete the remediation plan during the agreed upon timeframe, and/or does not receive a score of less than 4 after remediation the student will be dismissed from the program (following to SPP manual page 63).

By signing this document (last page), the SPP student indicates that she understands the nature and structure of the remediation plan.

Ms. _____, an SPP student in _____ [name of rotation], conducted from _____ to _____ [(DD/MM/YEAR)] has failed the final evaluation of the rotation with an overall score of _____ (less than 3) requiring a remedial plan to work towards successfully completing this rotation.

The dates of this remedial period are from _____ to _____ [(DD/MM/YEAR)].

This remedial period is required because of failure to achieve a satisfactory level of performance during the rotation.

The following presenting problem(s) have been identified. The associated objectives and goals were discussed and agreed upon all parties involved.

I. Presenting concern(s):

1. _____
2. _____
3. _____
4. _____
5. _____

(add more if necessary)

II. Remediation action plan

This contract specifies parties to be involved, responsibilities that each party will perform and the timeframe for completion of these tasks.

Student			QU ID no.
First name	Middle name	Family name	
Tasks	Deadline Date(s)		

Preceptor(s) name			Rotation
First name	Middle name	Family name	
Interventions	Deadline Date(s)		

III. Remediation Plan Outcomes to be filled by the preceptor and discussed with the HND clinical coordinator and the student

During the remediation rotation, the student _____

Please indicate outcome of the remediation plan	Achieved	Not achieved
1.		
2.		
3.		
4.		
5.		

**Attach the new evaluation sheet of the remedial rotation – filled and signed by the preceptor*

Upon completion of the remediation period, the following outcome occurred

Overall score	Pass	Fail

The outcome was determined by the preceptor(s), in consultation with the QU-HND clinical coordinator and Head of HND.

Signatures:

Preceptor (s)

Intern

Date [DD/MM/YEAR]