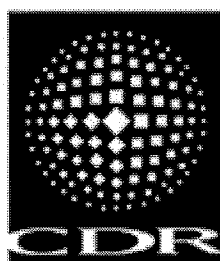


**BOARD CERTIFICATION**  
**AS A**  
**SPECIALIST IN PEDIATRIC AND**  
**RENAL NUTRITION**

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**EXAM DEVELOPMENT PROCESS**



**Commission on Dietetic Registration**  
*the Credentialing Agency for*  
*the American Dietetic Association*

**CDR**

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## **BACKGROUND: SIMULATION EXAMINATION FORMAT**

The Board Certification as Specialist in Pediatric and Renal Nutrition examination consists of a series of nine separate client/patient management problems. The clinical setting and client/patient situation for each problem are designed to simulate reality and be relevant to the clinical practice of specialists in pediatric and renal nutrition.

Each problem begins with a scenario that "sets the scene" for the simulation. The scenario serves to provide introductory information such as hospital type (e.g., medical center, general community, pediatric) and hospital setting (e.g., emergency room, intensive care unit, outpatient clinic, cardiac care unit). The client/patient's age, gender, general presenting conditions and usually a brief history of incident or disease, may be included in the scenario, if appropriate.

The examination requires candidates to apply general principles to the solution of clinical situations. The problems are designed to sample a broad area of competencies, not the recall of isolated facts. The purpose of the examination is to assess the clinical problem solving ability of the candidate, including identifying, analyzing, and resolving the problem.

## **STEPS IN TEST DEVELOPMENT AND ADMINISTRATION**

Examination development and test administration consist of several steps, including: practice analysis, development of test specifications, item writing and review,

test assembly, examination administration, scoring and reporting of results.

CDR currently contracts with Applied Measurement Professionals, Inc. (AMP) for certification examination consulting, test development and administration of the pediatric, renal and sports dietetics specialty examinations.

### **Role Delineation or and Practice Analysis**

A role delineation or practice analysis study describes the tasks performed at an identified level of practice and the knowledge and skills necessary to perform those tasks. It serves as the basis for test specification development. Using a role delineation study is among the most desirable methods for test specification development, because it documents that the certification test is job-related, representative of practice, and geared to the appropriate responsibility level.

The foundation for the research for the specialty exam was created by the 1989 ADA Role Delineation Study that suggested that specialty-level examinations in renal and pediatric nutrition would be appropriate. In 1991 ADA conducted a Dietetics Practice Study to determine the test specifications and operational definitions of the specialty practice areas. The results of the study established the empirical basis for the specialty practice credentials in the three specialty areas. In 1997 and 2004 Renal and Pediatric Practice Audits were conducted for the purpose of identifying changes in practice and for ensuring that the test specifications for the Board Certification as a Specialist in Pediatric and Renal nutrition examinations remain current and relevant.

### **Item Writing**

New items are prepared by board certified specialists in pediatric and renal nutrition who are selected from diverse practice areas and

population subgroups, and who are trained in the specifics of patient management problem development.

Criteria applied to writing test questions or items are:

(1) relevance and criticality to specialty level practice; (2) accuracy, currency and clarity; (3) a lack of regional and institutional differences; and (4) conformity with test specifications.

### **Item Review**

Experienced item reviewers (specialty examination workgroup (SEW), appointed by the Specialty Certification Panel review test items to verify appropriate classification and conformance with item writing and minimum passing level criteria and test specifications. All test items are reviewed by professional test editors to eliminate technical flaws, ambiguities, and potential bias.

### **Test Assembly**

A draft test is assembled by the testing agency staff according to the test specifications. SEW members, review items for content accuracy, currency, and relevance to specialty practice.

The assembled test undergoes final review by the SEW members. Only test items that have survived content, measurement and editorial review are suitable for inclusion on the certification test.

### **Test Administration**

Eligibility requirements were established by the Specialty Certification Panel. In 2002, the paper/latent image format was replaced by a computerized format. The testing agency administers the examinations at over 100 test sites around the country, which was a significant increase over the 25 examination sites for the paper examination. Specialty testing needs, such as those for

religious observance and physical handicaps, are accommodated under the Americans with Disabilities Act under standardized secure conditions.

### **Test Item Analysis**

After each exam has been administered and items have been scored, psychometricians review performance statistics on each item in order to identify any with questionable performance. Exam items that appear problematic, exam data and candidate comments are reviewed by experienced item writers prior to final scoring and score reporting in order to revise scoring if needed for any flawed questions.

## **CANDIDATE RESOURCES**

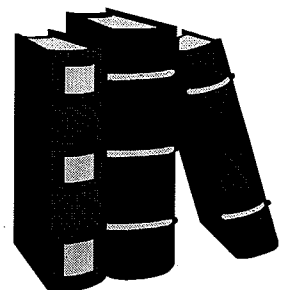
Several resources are available to candidates to assist them in preparing for the specialty examinations.

### **Specialty Self-Assessment Simulations**

The *Self-Assessment Simulations*, which are available in a paper, latent image version, as well as an online version, use the same patient management problem format as the current examinations. They were developed by the Commission Dietetic Registration as study resources for RDs interested in writing the examination for *Board Certification as a Specialist in Pediatric or Renal Nutrition*. They can also be used as a professional development activity for those interested in specialty practice. In, 2003, the self-assessment simulations were migrated to an online platform. The simulations are currently being reviewed and revised.

### **References**

Pediatric and renal references are listed in the *Eligibility Application, Candidate Handbook* and on CDR's web site at [www.cdrnet.org](http://www.cdrnet.org). The references are updated



annually. Most of the publications are available in medical libraries or through ADA.

### **Content Outline**

The pediatric and renal content outlines describe the areas to be assessed on each examination. Content outlines are listed in the *Eligibility Application, Candidate Handbook* and on CDR's web site ([www.cdrnet.org](http://www.cdrnet.org)).

## **SPECIALTY CERTIFICATION ARTICLES**

If you would like more information about specialty certification, refer to the following articles:

Bogle, ML, Balogun L, Cassell J, Catakis A, Holler HJ, Flynn C. Achieving excellence in dietetics practice: certification of specialists and advanced-level practitioners. *J Am Diet Assoc.* 1993;93:149-150.

Bradley R, Young W, Ebbs P. Characteristics of advance-level dietetics practice: a model and empirical results. *J Am Diet Assoc.* 1993; 93: 196-202.

Bradley RT, Young WY, Ebbs P and Martin J. Specialty practice in dietetics: empirical models and results. *J Am Diet Assoc.* 1993;98: 1339-1353.

Leonberg B, Stivers Rops M. The current state of specialty practice in pediatric and renal nutrition. *J Am Diet Assoc.* 1998; 98: 1339-1353.