



CDR
CPEU Prior Approval
Program

Glossary of Terms



Some terms and definitions in the CDR CPEU Prior Approval Program Manual and this associated Glossary of Terms have been taken from the CDR/AND Definition of Terms List and other resources and have been adapted to better suit related topics.

This Glossary of Terms has been developed for the purposes of this resource only.

Access: Refers to giving equitable access to everyone regardless of human ability and experience.¹

Accountable Contact(s): The available liaison between the CPE Provider and CDR. The Accountable Contact represents the CPE Provider and is appointed by the CPE Provider to ensure compliance with Content Criteria, Activity Type Definitions, and CDR Provider Policies. There may be secondary or tertiary Accountable Contacts.

Activity Description: A brief explanation of the CPE activity that includes topic(s), delivery method, and requirements for completion.

Activity Type Definitions: CPE activities defined in the PDP Guide, which are permissible for CPEUs. All CDR CPEU Prior Approved Activities must conform to an Activity Type Definition.

Annual Report: A yearly report submitted by the Accountable Contact(s) for Providers who have submitted CPE activities during a reporting year. Data gathered via reports will be presented to CDR's Competency Assurance Panel and CDR and may be utilized to inform future revisions to Provider Policies and Content Criteria as well as quality processes. Non-submission of the Annual Report may result in suspension of CPE activity submission.

Assessment: The systematic collection, review, and use of information about educational programs to improve learning. Assessment focuses on what learners know, what they are able to do, and what values they have after completing a training.

Assessment provides feedback to both the presenter and the learner. This feedback enhances learning (for the learner) and informs instruction (for the presenter).

Benchmarking Report: An initial, one-time report completed by the Accountable Contact(s) which provides a reference point for the Annual Report. Submission of the Benchmarking Report is required prior to CPE activity submission.

Best Available Research/ Evidence: Refers to the strongest data available on a particular topic as determined by effectiveness of the study design and size. CPE Providers should utilize the Best Available Research/ Evidence when developing content. When available, evidence-based guidelines and systematic reviews are considered the best sources of research/ evidence. Study designs from least to most effective: case studies/series, ecological studies, cross-sectional studies, case-control studies, clinical trials.²

See [Academy of Nutrition and Dietetics Evidence Analysis Library](#)

See "Safe, Effective Customer Care or Service"

Bias: A disproportionate weight in favor of or against an idea or thing, usually in a way that is closed-minded, prejudicial, or unfair. Biases can be innate or learned. People may develop biases for or against an individual, a group, or a belief. Bias may be conscious or unconscious.¹

Explicit (Conscious) Bias: When individuals are aware of their prejudices and attitudes toward certain groups. Their positive or negative preferences for a particular group are conscious. Explicit bias can result in numerous "isms"-racism, sexism, ageism, classism, able-ism, heterosexism.¹

Implicit (Unconscious) Bias: The attitudes or stereotypes that unconsciously affect our understanding, actions, and decisions. These biases, which can be favorable or unfavorable, are activated involuntarily and without our awareness or intentional control. Unconscious beliefs we hold about others do not necessarily align with our conscious declared beliefs. Studies show we generally tend to hold unconscious biases that favor who are most like us (in-group).¹

Commercial Bias: Content or format in a CDR CPEU Prior Approved Activity or its related educational materials that promotes products or business lines.³

Commercial Support: Financial or in-kind support from entities external to the Provider that manufacture, distribute, sell, resell, or promote products, services, or commodities. Commercial support shall not be utilized in any capacity which influences, contributes, or impacts CPE content.

Competence: A principle of professional practice, identifying the ability of the CDR Credentialed Practitioner to administer safe and reliable services on a consistent basis.

Conflict of Interest: A personal or financial interest or a duty to another party which may prevent an individual from acting in the best interests of CDR Credentialed Practitioners, and patients, clients, and customers. Conflicts of interest may arise in continuing education since the potential exists for professional judgement and practice to be biased by an economic interest in, or personal benefit from, professionally related commercial enterprises.⁴

Content Criteria (Core): Describes the required characteristics of Continuing Professional Education (CPE). The term “Content Criteria” always refers to both Core and Supplemental Content Criteria.

Content Criteria (Supplement): Further defines characteristics of Continuing Professional Education (CPE) listed in the Content Criteria (Core). The term “Content Criteria” always refers to both Core and Supplemental Content Criteria.

Continuing Professional Education (CPE): Nutrition and dietetics related and updates, enhances, or assesses knowledge, skills, and attitudes of professional dietetics practice.⁵

Continuing Professional Education (CPE) Database: A comprehensive listing of CDR CPEU Prior Approved Activities. The CPE database is utilized by CPE Providers in the submission and audit processes and by learners in searching for CPE activities.

Continuing Professional Education Unit (CPEU): CDR’s credit designation.

Culture: The distinctive customs, values, beliefs, knowledge, art, and language of a society or a community. These values and concepts are passed on from generation to generation, and they are the basis for everyday behaviors and practices.⁶

Cultural Competence: The American Hospital Association defines cultural competence in health care as the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including the tailoring of health care delivery to meet patients’ social, cultural and linguistic needs.¹

Cultural Humility: Cultural humility involves the ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the client. It requires practitioners to engage in self-reflection and self-critique as lifelong learners.¹

Disclosure: The action of making conflicts of interest, commercial support, funding, or lack thereof, openly known.⁷ The Accountable Contact is responsible for collecting and disclosing conflicts of interest as well as managing and disclosing commercial support and funding.

Discrimination: The unequal treatment of individuals or a socially defined group. It can be conceptualized as systemic unfair treatment that seeks privileges for members of dominant groups at the expense of other groups.¹

Disparity: The condition of being unequal. It usually refers to a difference that is unfair.¹

Diversity: The presence of differences within a given setting. Differences people have with respect to race, religion, color, gender, national origin, disability, sexual orientation, age, size, education, geographic origin, and skill characteristics, among others. Diversity refers to the composition of a group of people from any number of demographic backgrounds, identities (innate and selected), and the collective strength of their experiences, beliefs, values, skills, and perspectives.¹

Educational Content: Content that is relevant to knowledge, skills, and attitudes⁸ of professional nutrition and dietetics practice and provides learning outcomes that apply to professional, interprofessional, or intended practice of the target audience.

Essential Practice Competencies: The Commission on Dietetic Registration has developed the Essential Practice Competencies for CDR Credentialed Nutrition and Dietetics Practitioners to provide overarching validated standards for two credentials, the Registered Dietitian (RD) and the Dietetic Technician, registered (DTR). 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, evaluate, and develop the behaviors required for continuing competence. Unlike entry-level competencies, which focus on preparation and evaluation for minimum competence upon completion of an ACEND (Accreditation Council for Education in Nutrition and Dietetics) education program and during early years of practice, the essential practice competencies are intended for use throughout a nutrition and dietetics practitioner’s career.⁸

Components of Essential Practice Competencies

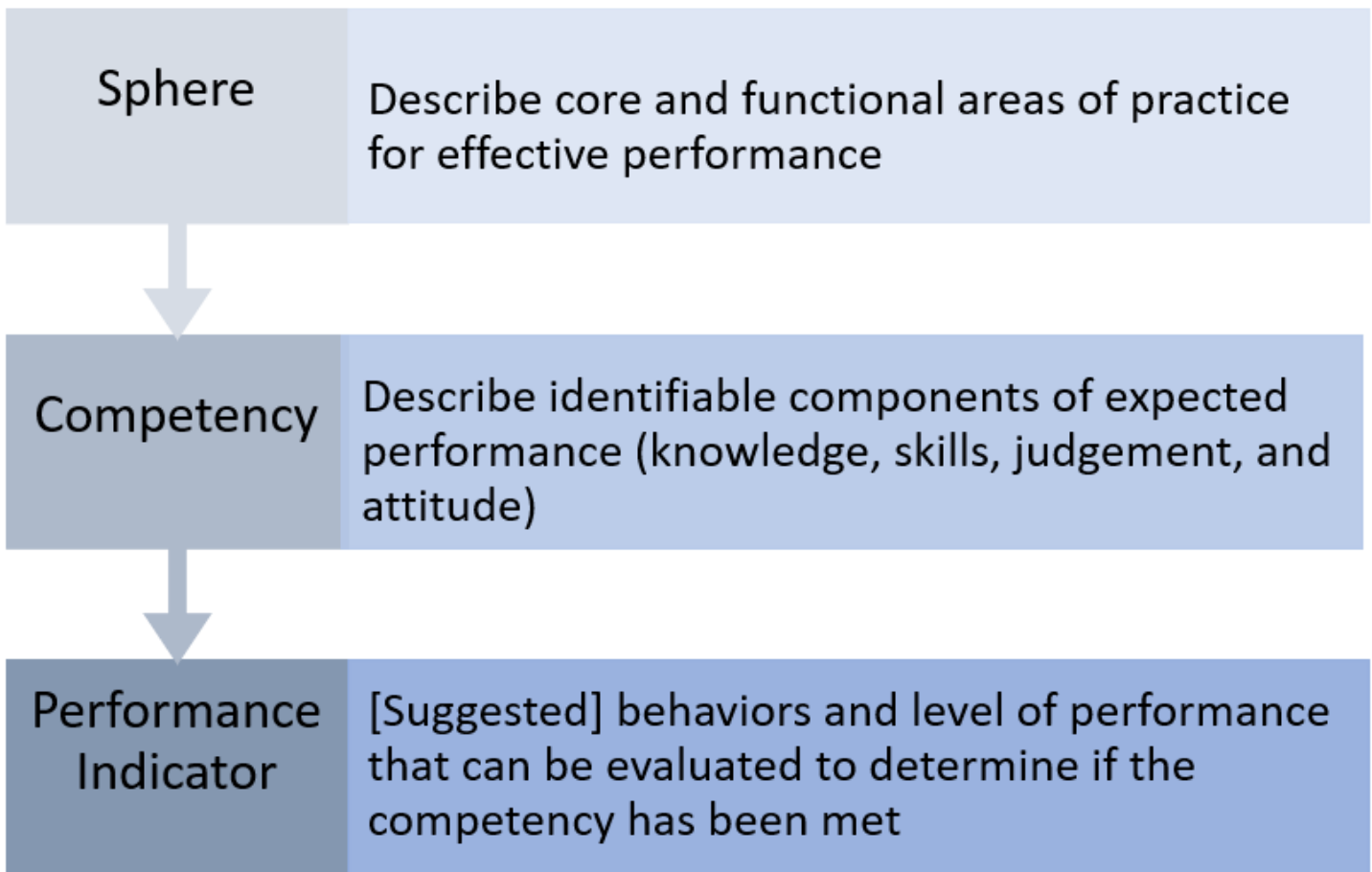


Image 1. Components of Essential Practice Competencies^{8,9}

Ethnicity: A social construct which divides people into smaller social groups based on characteristics, such as shared sense of group membership, values, behavioral patterns, language, political and economic interest, history and ancestral geographical base.¹

Equity: The quality of being equal or fair; fairness, impartiality; even-handed dealing.⁷ The absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification.¹⁰

Feedback (Formal): A systematic way for the provider to gather formalized evidence or proof (e.g., test, paper, computer, performance) of the learners’ extent of understanding/comprehension of the learning objectives.

Feedback (Informal): A non-standardized measure or casual means to determine learner understanding of concepts.

Funding: Revenue generated by the CPE Provider (or affiliated parent or sister companies) from the manufacture, distribution, sale, resale, or promotion of non-CPE products, services, or commodities which is utilized in the planning, development, review, and presentation of CPE.⁷

Gender: The socially constructed characteristics, behaviors, and roles associated with being masculine or feminine (women or men; boys or girls). This is not the same thing as a person’s sex.¹¹

Gender Identity: A person’s innate sense of his/her/their own gender, how he/she/they perceives himself/herself/themselves and what they call himself/herself/themselves.¹¹

Generic: Of a commercial product: having no brand name.⁷

Inclusion: The intentional, ongoing effort to ensure that diverse people with different identities can fully participate in all aspects of the work of an organization, including leadership positions and decision-making processes. Engaging each individual and making everyone feel valued, inclusion is the act of establishing philosophies, policies, practices, and procedures so that organizations and individuals contributing to the organizations’ success have a more level playing field to compete, and equal access to opportunities and information.¹

In-Kind Support: Non-monetary support.¹²

See “Commercial Support”

Marketing: The action or business of bringing or sending a product or commodity to market. The action, business, or process of promoting and selling a product, etc., including marketing research, advertising, and distribution.⁷

Microaggression: Brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative prejudicial slights and insults toward stigmatized groups, particularly culturally marginalized groups.¹

Nutrition and Dietetics: Reflects the integration of Nutrition—which encompasses the science of food, nutrients and other substances contributing to nutrition status and health, with Dietetics—which is the application of food, nutrition and associated sciences, to optimize health and the delivery of care and services for individuals and groups as defined by the Essential Practice Competencies.

See “Essential Practice Competencies”

Nutrition and Diet Topics: Topics focused on the science of food, nutrients, and other substances intended for intake or infusion^{7,13}; the action, interaction, and balance of food, nutrients, and other substances in relation to health and disease; and the processes by which food, nutrients, and other substances are ingested, absorbed, transported, utilized, and excreted.

Objectives: Statements that define the goal(s) of an educational activity.¹⁴

Outcomes: Results that reflect levels of knowledge, competence, and performance and address educational needs that contribute to narrowing a practice gap.^{14,15} Providers implement methods for measuring outcomes to assess learners and to evaluate and improve the effectiveness of CPE activities. Performance Indicators describe sets of behaviors that can be evaluated to determine competence and can be used to illustrate anticipated outcomes. Assessment and evaluation methods are dependent on the activity type and setting.

Practice Gap: Refers to a problem that exists in practice or an opportunity for improvement in knowledge, skill, and/or attitude. Practice gaps are the building blocks of an educational activity, in that they form the foundation to its justification, design, implementation, and assessment.¹⁶

Privilege: Unearned power that is afforded to some but not others based on status rather than earned merit; such power may come in the form of rights, benefits, social comfort, opportunities, or the ability to define what is normative or valued. Privilege arises in relation to systems of oppression. A person has privilege not because he/she/they desire to have privilege or promote inequity but because he/she/they exist within a system where biased values, attitudes, and behaviors have become integrated and normalized.¹⁷

Professional Development Portfolio (PDP): A three-step recertification process utilized by CDR credentialed practitioners that requires establishing goals by creating a Learning Plan, recording activities into the Activity Log, and reflecting on learning outcomes.

See [Professional Development Portfolio Guide with Essential Practice Competencies](#)

Promote: To publicize or advertise (a product, organization, venture, etc.) so as to increase sales or public awareness.⁷

Provider CPEU Caps: Maximum allowable CPEUs assigned for enduring activities based on tier.

Provider Username: A unique, system-generated code that is created and assigned upon Provider account registration. This code also serves as the Provider account username.

QR (also called “QR Code”): Quick response; frequently *attributive*, with reference to a type of two-dimensional machine-readable code consisting of an array of black and white squares, typically used for storing URLs or coding information for reading by a camera phone.⁷

Quality Improvement (QI): Systematic and continuous actions that lead to measurable improvement in CPE activities via the collection, evaluation, and utilization of data related to learner participation, satisfaction, knowledge, and application.

Race: A social construct that artificially divides people into distinct groups based on characteristics such as physical appearance (particularly color), ancestral heritage, cultural affiliation, cultural history, ethnic classification, and the social, economic and political needs of a society at a given period of time. Racial categories subsume ethnic groups.¹

Remediation: The action of remedying or correcting⁷ quality or compliance shortcomings pertaining to the CDR CPEU Prior Approval Program. Remediation results from non-compliant audit outcomes or non-submission of audit documentation and requires an agreement and compliance with the terms and timeframes of the remediation plan.

Safe, Effective Customer Care or Service: Recommendations for customer care or service in continuing education are based on current science and evidence and promote critical thinking and evidence-based decision making in practice while considering the customer.¹⁸ Risk versus benefit information is conveyed when appropriate. Controversial or disputed issues are presented as such.¹⁹

Although CPE activities are an appropriate place to discuss, debate, and explore new and evolving topics, these areas need to be clearly identified as such. It is the responsibility of Providers to facilitate engagement with these topics without advocating for, or promoting, practices that are not, or not yet adequately based on current science, best available evidence, and clinical reasoning.²⁰

All scientific research referred to, reported, or used in CPE in support or justification of customer care or service recommendations must conform to the generally accepted standards of experimental design, data collection, analysis, and interpretation.²⁰

Sexual Orientation: A person’s sexual identity in relation to the gender or genders to which he/she/they are attracted.¹¹

Valid Content: Content that is based on the Best Available Research/ Evidence which is supported by documentation from reputable, peer-reviewed scientific journals. Areas of doubt, uncertainty, or controversy are clearly identified and communicated. Referenced content supports Safe, Effective Customer Care or Service.

See “Safe, Effective Customer Care or Service”

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