



Definition of Terms List

September 2023

Approved by

Definition of Terms Task Force

Commission on Dietetic Registration's Practice Competence Committee

Definition of Terms List



The Definition of Terms List is a cumulative anthology of definitions. The definitions are broad based, have implications for use across the profession of nutrition and dietetics, and are consistent with the regulatory and legal needs of the profession. The terms have citations and are cross referenced with other sound resources. Terms are reviewed, revised, and added per the needs of the profession over time.

The terms function as a resource for registered dietitian nutritionists (RDNs), nutrition and dietetics technicians, registered (NDTRs) and other individuals and groups. As a reference document, the definitions serve as standardized language for consistent application in practice settings and Commission on Dietetic Registration (CDR) and Academy of Nutrition and Dietetics (Academy) documents. The terms and definitions are used in a variety of ways including organization requirements, public policy development, regulations related to professional licensure, and as needed by academia, research, professional publications, employers, and industry.

All registered dietitians are nutritionists, but not all nutritionists are registered dietitians. The Commission on Dietetic Registration and Academy's Board of Directors have determined that those who hold the credential Registered Dietitian (RD) may optionally use "Registered Dietitian Nutritionist" (RDN) instead. The two credentials have identical meanings. They have determined that those who hold the credential Dietetic Technician, Registered (DTR) may optionally use "Nutrition and Dietetics Technician, Registered" (NDTR) instead. The two credentials have identical meanings. In this Definition of Terms list, the Practice Competence Committee has chosen to use the term RDN to refer to both the registered dietitian and registered dietitian nutritionist and the term NDTR to refer to both the dietetic technician, registered and nutrition and dietetics technician, registered.


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<p>Competence and Levels of Practice</p> 		
<p>Advanced Beginner Level of Education</p>	<p>The Advanced Beginner is an individual enrolled in supervised practice phase of dietetics education either following or concurrent with the acquisition of didactic knowledge. The advanced beginner has a working knowledge of nutrition science and practice. The advanced beginner increases their skills and abilities throughout the supervised practice period and develops increasing levels of autonomy to complete the credentialing process for subsequent employment as a professional.</p> <p>The definition is based on the Dreyfus Model of Skill Acquisition.</p> <p>Reference: Dreyfus HL, Dreyfus SE. <i>Mind Over Machine: The Power of Human Intuitive Expertise in the Era of the Computer</i>. New York, NY: Free Press; 1986:50-51.</p>	<p>Related: Nutrition and Dietetics Career Development Guide</p>
<p>Competence</p>	<p>Competence is a principle of professional practice, identifying the ability of the provider to administer safe and reliable services on a consistent basis.</p> <p>Reference: Miller-Keane <i>Encyclopedia & Dictionary of Medicine, Nursing, and Allied Health</i>, 7th Ed. Philadelphia, PA: Sanders; 2003.</p>	<p>Professionals who are competent use up-to-date knowledge and skills; make sound decisions based on appropriate data; communicate effectively with patients, clients, customers, and other professionals; critically evaluate their own practice; and improve performance based on self-awareness, applied practice, and feedback from others.^{1,2}</p> <p>A determination of an individual’s capability to perform up to defined expectations.</p> <p>In keeping with the Academy/CDR Code of Ethics, RDNs and NDTRs practice in areas in which they are qualified and have demonstrated and documented competence RDNs and NDTRs understand and practice within their individual scope of practice; use up-to-date knowledge, skills, judgment, and best practices; make sound decisions based on appropriate data; communicate effectively with patients, clients, customers, and others; critically assess their own practice; identify the limits of their competence; and improve performance based on self-evaluation, applied practice, and feedback from others.^{3, 4}</p> <p>See: Individual Scope of Practice</p> <p>Reference: ¹Competency Assessment vs Orientation. The Joint Commission Web site. https://www.jointcommission.org/en/standards/standard-faqs/office-based-surgery/human-resources/hr/000002152/. Accessed March 9, 2020.</p>

Term	Definition/Description	Key Considerations
		<p>²Competency Assessment vs Education and Training. The Joint Commission Web site. https://www.jointcommission.org/en/standards/standard-faqs/ambulatory/human-resources-hr/000002254/. Accessed May 20, 2020.</p> <p>³The Academy Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Scope of Practice for the Registered Dietitian Nutritionist. <i>J Acad Nutr Diet</i>. 2018: 118(1); 141-165.</p> <p>⁴The Academy Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Scope of Practice for the Nutrition and Dietetics Technician, Registered. <i>J Acad Nutr Diet</i>. 2018: 118: 327-342.</p>
<p>Competency(ies)</p>	<p>A Competency is a combination of observable and measurable knowledge, attitude, skills, abilities, behaviors, and other characteristics that an individual needs to perform work roles or occupational functions successfully. Competencies specify the "how" of performing job tasks, or what the person needs to do the job successfully.^{1,2}</p> <p>Reference: ¹ Assessment & Selection. Office of Personnel Management Web site. https://www.opm.gov/policy-data-oversight/assessment-and-selection/competencies/. Accessed March 9, 2020.</p> <p>² Competency Assessment vs Orientation. The Joint Commission Web site. https://www.jointcommission.org/en/standards/standard-faqs/office-based-surgery/human-resources-hr/000002152/. Accessed March 9, 2020.</p>	<p>“Competencies are used for assessing and selecting candidates for a job; assessing and managing employee performance; workforce planning; and employee training and development.”¹</p> <p>Competencies are defined behaviors that are observable and measurable.</p> <p>Competencies reflect effective performance and may be evaluated against well-accepted standards and quality indicators.</p> <p>Essential competencies for the RDN and the NDTR provide a structured guide to help identify, evaluate, and develop the behaviors required for continuing competence.²</p> <p>Competencies may serve a wide variety of purposes including: self-assessment and professional development planning, employee evaluations, job up-skilling, and credentialing.</p> <p>Related: Competence Related: Competent Level of Practice Related: Proficient Level of Practice Related: Expert Level of Practice</p> <p>Reference: ¹ Assessment & Selection. Office of Personnel Management Web site. https://www.opm.gov/policy-data-oversight/assessment-and-selection/competencies/. Accessed March 9, 2020.</p> <p>² Essential Practice Competencies Information. Commission on Dietetic Registration Web site. https://admin.cdrnet.org/vault/2459/web/New_CDR_Compentencies_2021.pdf. Accessed September 6, 2023.</p>

Term	Definition/Description	Key Considerations
<p>Competent Level of Practice</p>	<p>Competent Level of Practice is demonstrated by practitioners who achieve credentialing as an RDN or NDTR and consistently provide safe and reliable services by employing appropriate knowledge, skills, behaviors and values in accordance with accepted standards for the profession. Competent practitioners critically evaluate their own practice; improve performance based on self-awareness, applied science, and feedback from others; and engage in continuing education to enhance skills, proficiency and knowledge. Self-evaluation is particularly important when shifting roles throughout the practitioner’s career.^{1,2}</p> <p>The definition is based on the Dreyfus Model of Skill Acquisition.</p> <p>Reference: ¹Dreyfus HL, Dreyfus SE. <i>Mind Over Machine: The Power of Human Intuitive Expertise in the Era of the Computer</i>. New York, NY: Free Press; 1986:50-51.</p> <p>²Commission on Dietetic Registration. <i>Practice Tips: Competence in Practice</i>. Commission on Dietetics Registration web site. https://cdrnet.org/tips. Accessed September 6, 2023.</p>	<p>Related: Nutrition and Dietetics Career Development Guide</p> <p>Related: Academy of Nutrition and Dietetics Quality Management Committee. Academy of Nutrition and Dietetics: Revised Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitian Nutritionists. <i>J Acad Nutr Diet</i>. 2018;118(1):132-140e15.</p> <p>Academy of Nutrition and Dietetics Quality Management Committee. Academy of Nutrition and Dietetics: Revised Standards of Practice in Nutrition Care and Standards of Professional Performance for Nutrition and Dietetics Technicians, Registered. <i>J Acad Nutr Diet</i>. 2018;118(2):317-326e13.</p>
<p>Expert Level of Practice</p>	<p>Expert Level of Practice is demonstrated by an RDN or NDTR who is recognized within the profession and has mastered the highest degree of skill in and knowledge of nutrition and dietetics. Expert level achievement is acquired through ongoing critical evaluation of practice and feedback from others with additional knowledge, experience, and training. An expert has the ability to quickly identify “what” is happening and “how” to approach the situation. An expert can easily utilize nutrition and dietetics skills to become successful through demonstrating quality practice and leadership, and to consider new opportunities that build upon nutrition and dietetics.</p> <p>The definition is based on the Dreyfus Model of Skill Acquisition.</p> <p>Reference: Dreyfus HL, Dreyfus SE. <i>Mind Over Machine: The Power of Human Intuitive Expertise in the Era of the Computer</i>. New York, NY: Free Press; 1986:50-51.</p>	<p>Nutrition and dietetics practitioners may expand into focus area(s) of practice and acquire relevant certifications in, for example, performance measurement, quality improvement, safety, process improvement, healthcare quality, care management, case management, and coaching, i.e.; health, personal trainer, life, and business.</p> <p>Related: Nutrition and Dietetics Career Development Guide</p> <p>Related: Academy of Nutrition and Dietetics Quality Management Committee. Academy of Nutrition and Dietetics: Revised Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitian Nutritionists. <i>J Acad Nutr Diet</i>. 2018;118(1):132-140e15.</p> <p>Academy of Nutrition and Dietetics Quality Management Committee. Academy of Nutrition and Dietetics: Revised Standards of Practice in Nutrition Care and Standards of Professional Performance for Nutrition and Dietetics Technicians, Registered. <i>J Acad Nutr Diet</i>. 2018;118(2):317-326e13.</p>

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<p>Novice Level of Education</p>	<p>A Novice is an individual acquiring the didactic educational foundation of nutrition science and practice. The novice gains increasingly complex knowledge throughout the education program to complete the credentialing process for subsequent practice as a professional.</p> <p>The definition is based on the Dreyfus Model of Skill Acquisition.</p> <p>Reference: Dreyfus HL, Dreyfus SE. <i>Mind Over Machine: The Power of Human Intuitive Expertise in the Era of the Computer</i>. New York, NY: Free Press; 1986:50-51.</p>	<p>Related: Nutrition and Dietetics Career Development Guide</p>
<p>Nutrition and Dietetics Career Development Guide, Helix</p>	<p>The Nutrition and Dietetics Career Development Guide, Helix is the model used in guiding nutrition and dietetics careers. The helix provides a general framework that individuals or nutrition and dietetics practice groups can use to identify practice guidance from entry into practice to the expert level.</p> <p>Reference: Dreyfus HL, Dreyfus SE. <i>Mind Over Machine: The Power of Human Intuitive Expertise in the Era of the Computer</i>. New York, NY: Free Press; 1986:50-51.</p>	<p>The helix shape used in this model characterizes a fluid movement within the RDN and NDTR career, the ability to be used for different practice areas, and represents varied positions within or outside the field.</p> <p>Helix terminology; See: Novice Level of Education See: Advanced Beginner Level of Education See: Competent Level of Practice See: Proficient Level of Practice See: Expert Level of Practice</p>
<p>Proficient Level of Practice</p>	<p>Proficient Level of Practice is demonstrated by an RDN or NDTR who is three or more years beyond credentialing and entry into the profession. A proficient practitioner has obtained operational job performance knowledge and skills, and consistently provides safe and reliable service. Proficient practitioners critically evaluate their own practice; improve performance based on self-awareness, applied science, and feedback from others; and engage in continuing education.</p> <p>The definition is based on the Dreyfus Model of Skill Acquisition.</p> <p>Reference: Dreyfus HL, Dreyfus SE. <i>Mind Over Machine: The Power of Human Intuitive Expertise in the Era of the Computer</i>. New York, NY: Free Press; 1986:50-51.</p>	<p>Credentialed nutrition and dietetics practitioners may choose a focus areas(s) of practice and acquire a specialist certification(s) to further enhance skills, judgement, proficiency and knowledge.</p> <p>See: Credentialed Nutrition and Dietetics Practitioner Related: Nutrition and Dietetics Career Development Guide</p> <p>Related: Academy of Nutrition and Dietetics Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitian Nutritionists. <i>J Acad Nutr Diet</i>. 2018;118(1):132-140e15.</p>

Term	Definition/Description	Key Considerations
<p>Credentials and Recognition</p> 		
<p>Advanced Practitioner Certification in Clinical Nutrition (RD-AP and RDN-AP)</p>	<p>The Advanced Practitioner Certification in Clinical Nutrition is granted in recognition of an applicant's documented practice experience and successful completion of an examination administered by the Commission on Dietetic Registration (CDR).</p> <p>Reference: Commission on Dietetic Registration. Advanced Practitioner Certification in Clinical Nutrition. https://www.cdrnet.org/board-certification-in-advanced-practice. Accessed September 6, 2023.</p>	<p>Advanced clinical nutrition practice is the provision of direct nutrition care to individuals and/or groups.</p> <p>Profile of Certificants: Professionals holding CDR's advanced practitioner credential for dietitians in clinical practice are experienced RDNs who have the knowledge and skill required to autonomously apply the nutrition care process using an evidence-based approach at an optimal level of accuracy and efficiency.</p> <p>See: Nutrition Care Process</p> <p>Reference: Commission on Dietetic Registration. Advanced Practice Certification in Clinical Nutrition. https://www.cdrnet.org/board-certification-in-advanced-practice-certificant-information. Accessed September 6, 2023.</p>
<p>Board Certified Specialist</p>	<p>Board Certified Specialists are RDNs credentialed by the Commission on Dietetic Registration (CDR) who have met empirically established criteria and who have successfully completed a specialty certification examination that simulates and/or tests practice-related knowledge, skills or abilities.</p> <ul style="list-style-type: none"> • Pediatric Nutrition (CSP) • Pediatric Nutrition Critical Care (CSPCC) • Renal Nutrition (CSR) • Gerontological Nutrition (CSG) • Sports Dietetics (CSSD) • Oncology Nutrition (CSO) • Obesity and Weight Management (CSOWM) <p>Reference: Board Certified Specialist Home. Commission on Dietetic Registration Web site. https://www.cdrnet.org/board-certified-specialist. Accessed September 6, 2023.</p>	<p>Board certification is granted in recognition of an applicant's documented practice experience and successful completion of an examination in the specialty area.</p> <p>Certification in a specialty area signifies the individual possesses expert knowledge in the field.</p> <p>Reference: Board Certified. The Free Dictionary Web site. http://medical-dictionary.thefreedictionary.com/board+certified. Accessed March 9, 2020.</p>
<p>Certificate of Training (CoT) and Certificate Program</p>	<p>Certificate of Training (CoT) and Certificate Program provide instruction with the goal for individuals to gain knowledge, skills, and/or competencies. An assessment (e.g., quiz, test) is used to evaluate understanding of the learning outcomes.</p> <p>See: Competency(ies)</p> <p>Reference: Accreditation. Institute for Credentialing Excellence. https://www.credentialingexcellence.org/p/cm/ld/fid=4. Accessed February 19, 2020.</p>	<p>CoTs and Certificate Programs are offered by academic programs, professional, or private organizations on a variety of subject areas, with varying degrees of extensiveness, and can be hosted as self-study, webinar, and/or in person training. Individuals who have completed a CoT or a Certificate Program do not gain additional credentials after completing the training. Individuals completing a CoT or certificate program receive CPEUs for training and assessment time regardless of whether they pass the post-course assessment and receive the certificate.</p> <p>The Academy's Online CoT programs consist of</p>

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		<p>multiple modules that build on each other. To obtain the Academy CoT verification of completion, a final post-test must be passed with a score of 80 percent or higher. The Academy Online CoT programs are offered on a variety of subjects such as: leadership; food allergies; health and wellness coaching; informatics; integrative and functional nutrition, and more.¹</p> <p>As of 2019 the Commission on Dietetic Registration offers CoTs in Obesity Intervention for Adults and Childhood and Adolescent Weight Management.²</p> <p>An example of a non-Academy/CDR opportunity: Rutgers continuing studies program offers certificate programs such as Health Coaching and Lean Six Sigma.³</p> <p>References: ¹Online Certificate of Training Programs. Academy of Nutrition and Dietetics Web site. https://www.eatrightpro.org/career/continuing-professional-education/online-certificates-of-training. Accessed September 6, 2023.</p> <p>²CPE Offerings and Resources. Commission on Dietetic Registration Web site. https://www.cdrnet.org/cpeu-offerings-and-resources. Accessed September 6, 2023.</p> <p>³Certificate Programs. Rutgers Continuing Education Web Site. https://lifelonglearning.rutgers.edu/certificate-programs. Accessed March 9, 2020.</p>
<p>Certified Health Coach</p>	<p>A Certified Health Coach is a health professional with a diverse educational and professional background who uses evidence-based interventions to collaborate with individuals and/or groups to promote improved health choices, thereby improving their health, health risk and overall wellbeing. Certified Health Coaches guide clients to achieve their health goals through lifestyle and behavior choices aligned with their long-term goals and values.^{1,2,3}</p> <p>A Certified Health Coach should provide expert advice only in the areas where he/she has nationally recognized credentials and/or professional designation (e.g., RDN, physician, psychologist or other qualified health professional) and must adhere to their individual professional scope of practice and code of ethics.^{2,4}</p> <p>See: Individual Scope of Practice</p>	<p>A Certified Health Coach has knowledge and understanding of evidence-based behavior change methodologies, disease prevention and management, and evidence-based health education research.¹</p> <p>Certified Health Coaches may provide expert guidance in areas in which they hold active, nationally recognized credentials, and may offer resources from nationally recognized authorities.¹</p> <p>For a list of certified health coach credential examples, see Figure 4 in the Scope of Practice for the RDN or Scope of Practice for the NDTR article.^{2,3}</p> <p>Certified Health Coaches support clients ranging from low to high health risk in mobilizing internal strengths and external resources, and in developing self-management strategies for making sustainable, healthy lifestyle, behavior changes.⁴</p> <p>The Certified Health Coach knows when, why, and how (i.e., clinically, legally) to refer to a higher level of</p>

Term	Definition/Description	Key Considerations
	<p>See: Statutory Scope of Practice Related: Coach, National Board Certified Health & Wellness Coach</p> <p>Reference: ¹NSHC Code Practice Standards & Ethics. NSHC Web site. https://www.nshcoa.com/program_ethics. Published January 2015. Accessed March 9, 2020.</p> <p>²NSHC Position Statement: Health Coaches & Health Coaching: Definition, Qualifications, Risk and Responsibility, and Differentiation from Wellness Coaching. National Society of Health Coaches (NSHC) Web site. https://www.nshcoa.com/pdf/NSHCPositionStatementFinal2015.pdf. Published April 28, 2015. Accessed March 9, 2020.</p> <p>³Health Coach Certification: A Balanced Approach to Wellness. Dr. Spears Wellness Institute Web site. https://www.drsearswellnessinstitute.org/health-coach-certification/, Accessed March 9, 2020.</p> <p>⁴Coach Certification Candidate Handbook. Wellcoaches School of Coaching. http://www.wellcoach.com/images/wcc_handbook.pdf. Published September 2016. Accessed March 9, 2020.</p>	<p>care when the client’s needs exceed the expertise of the Certified Health Coach, such as a referral to a RDN, physician, psychologist, or other qualified health professional.</p> <p>Settings where RDNs may practice as a Certified Health Coach may include corporate wellness, public and community health, insurance providers, primary care, and private practice.</p> <p>All Certified Health Coaches are considered Health Coaches, but not all Health Coaches are Certified Health Coaches.</p> <p>Reference: ¹Coach Certification Candidate Handbook. Wellcoaches School of Coaching. http://www.wellcoach.com/images/wcc_handbook.pdf. Published September 2018. Accessed March 9, 2020.</p> <p>²The Academy Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Scope of Practice for the Registered Dietitian Nutritionists. <i>J Acad Nutr Diet</i>. 2018; 118(1): 141-165.</p> <p>³The Academy Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Scope of Practice for the Nutrition and Dietetics Technician, Registered. <i>J Acad Nutr Diet</i>. 2018; 118(2): 327- 342.</p> <p>⁴International Certification Exam Study Guide. International Association for Health Coaches. http://iahcnow.org/certification/. Accessed March 9, 2020.</p>
<p>Credentialed Nutrition and Dietetics Practitioner</p>	<p>Credentialed Nutrition and Dietetics Practitioner means an individual who is a Registered Dietitian Nutritionist (RDN), or Registered Dietitian (RD), or who is a Nutrition and Dietetics Technician, Registered (NDTR), or Dietetic Technician, Registered (DTR) with the Commission on Dietetic Registration (CDR).¹ All credentialed nutrition and dietetics practitioners have met the education and credentialing requirements in accordance with the Accreditation Council for Education in Nutrition and Dietetics (ACEND) and CDR.</p> <p>See: Registered Dietitian Nutritionist (RDN) See: Nutrition and Dietetics Technician, Registered (NDTR)</p> <p>Reference: Commission on Dietetic Registration Web site. https://www.cdrnet.org. Accessed September 6, 2023.</p>	<p>For publications and documents, the specific terms RDN, RD, NDTR, and DTR are always the preferred terminology to use when referring to the credentialed nutrition and dietetics practitioner.</p> <p>The broader term, credentialed nutrition and dietetics practitioner, is the recommended terminology to use versus credentialed food and nutrition professional and credentialed food and nutrition practitioner.</p> <p>A credentialed nutrition and dietetics practitioner acquires a certification as an RDN, RD, NDTR, or DTR through successful completion of a national registration examination and maintains registration through completion of approved continuing professional education every 5-years (50 hours for NDTRs and 75 hours for RDNs).</p> <p>Individuals who have obtained a certificate of training in nutrition or other related areas do not meet the</p>

Term	Definition/Description	Key Considerations
		<p>qualifications required for the RDN, RD, NDTR, or DTR certifications.</p> <p>See: Online Certificate of Training (CoT) and Certificate Program</p> <p>References: Certificate of Training Program. Academy of Nutrition and Dietetics Website. https://www.eatrightpro.org/career/continuing-professional-education/online-certificates-of-training. Accessed September 6, 2023.</p>
<p>Credentialing (Organizational Setting)</p>	<p>Credentialing, in the organizational setting, is the process of reviewing, verifying, and evaluating a practitioner’s credentials (i.e., professional education, clinical training, licensure, board and other certification, clinical experience, letters of reference, other professional qualifications, and disciplinary actions) to establish the presence of the specialized professional background required for membership, affiliation, or a position within a healthcare organization or system.</p> <p>Reference: State Operations Manual for Hospitals. Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_a_hospitals.pdf. Updated October 12, 2018. Accessed March 9, 2020.</p>	<p>Often, the result of credentialing in an organizational setting is that a practitioner is granted membership and clinical privileges as a member of the medical staff or as an allied health credentialed professional in the case of RDNs, Occupational Therapists, Speech Therapists, Physical Therapists, etc. The practitioner is evaluated on an organizational or accreditation-specific basis, usually every two (2) years.^{1,2,3}</p> <p>See: Clinical Privileges</p> <p>Credentialing: “the process of obtaining, verifying, and assessing the qualifications of a practitioner to provide care or services in or for a health care organization.”</p> <p>References: ¹The Joint Commission. Glossary. <i>2019 Hospital Accreditation Standards</i>. Oakbrook Terrace, IL; 2019. ²Healthcare Facilities Accreditation Program Standards. HFAP Web site. www.hfap.org. Accessed March 9, 2020. ³DNV-GL Healthcare Standards. DNV-GL Web site. https://www.dnvglhealthcare.com/accreditations/hospital-accreditation. Accessed March 9, 2020.</p> <p>Related: CMS State Operations Manual for Hospitals. Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_a_hospitals.pdf. Updated October 12, 2018. Accessed March 9, 2020.</p>
<p>Credentialing (Professional)</p>	<p>Professional Credentialing is the process by which an agent qualified to do so grants formal recognition to and records such status of entities (individuals, organizations, processes, services, or products) meeting pre-determined and standardized criteria.</p> <p>Reference: Jacobs J A and Glassie J C. <i>Certification and Accreditation Law Handbook</i>,</p>	<p>The Commission on Dietetic Registration (CDR) is the credentialing agency for the Academy. CDR protects the public through credentialing and assessment processes that assure the competence of RDNs and NDTRs.</p> <p>CDR currently administers separate and distinct credentialing programs (e.g., Registered Dietitians, Registered Dietitian Nutritionists; Dietetic</p>

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	<p>2nd edition. Washington D.C.: American Society of Association Executives; 2004: 3.</p>	<p>Technicians, Registered; Nutrition and Dietetics Technician, Registered; and specialty practice credentials). Additional professional credentials, administered by other professional entities, include but not limited to, Certified Diabetes Educator, Certified Nutrition Support Clinician.</p>
<p>Fellow of the Academy of Nutrition and Dietetics (FAND) (Recognition)</p>	<p>“The Fellow of the Academy of Nutrition and Dietetics (FAND) recognizes Academy members who have made significant and sustained contributions to the field of nutrition and dietetics, establishing them as role models.</p> <p>The Fellow of the Academy of Nutrition and Dietetics (FAND) recognizes Academy members who have distinguished themselves among their colleagues, as well as in their communities, by their service to the dietetics profession and by optimizing health through food and nutrition. From a personal perspective, being a Fellow signifies not only 'tenure' in the dietetics profession, but also living the Academy's values of:</p> <ul style="list-style-type: none"> • <i>Customer Focus</i> - Meets the needs and exceeds the expectations of all customers, • <i>Integrity</i> - Acts ethically, with accountability, for life-long learning and commitment to excellence, • <i>Innovation</i> - Embraces change with creativity and strategic thinking, and • <i>Social Responsibility</i> - Makes decisions with consideration for inclusivity, as well as environmental, economic and social implications”. <p>Reference: Fellow of the Academy of Nutrition and Dietetics. Academy of Nutrition and Dietetics Web site. https://www.eatrightpro.org/leadership/honors-and-awards/other-academy-awards/fellow-of-the-academy-of-nutrition-and-dietetics. Accessed September 6, 2023.</p> 	<p>FAND is an Academy recognition certificate initiated in October 2013.</p> <p>The Fellow of the American Dietetic Association (FADA) credential was suspended in 2002. RDNs who have been awarded the FADA credential may bypass the FAND application process and obtain the recognition by submitting a one-time fee. Once the FAND is obtained, they have the option to either use both the credential (FADA) and recognition (FAND) or just one (i.e., RDN, FAND or RDN, FADA).</p> <p>See: Fellow of the American Dietetic Association (FADA) (Certification)</p>
<p>Fellow of the American Dietetic Association (FADA) (Certification)</p>	<p>The Fellow of the American Dietetic Association (FADA) certification represents the RDNs who have earned a master's or doctoral degree and have accumulated at least eight years of work experience. The FADA RDN has taken on multiple professional roles with diverse and complex responsibilities and functions, and possess a diverse network of broad, geographically dispersed professional contacts. Fellows also have successfully demonstrated an approach to practice that reflects a global, intuitive and evolving perspective; creative</p>	<p>The Fellow of the American Dietetic Association (FADA) credential was suspended in 2002. RDNs who have been awarded the FADA credential may bypass the FAND application process and obtain the recognition by submitting a one-time fee. Once the FAND is obtained, they have the option to either use both the credential (FADA) and recognition (FAND) or just one (i.e., RDN, FAND or RDN, FADA).</p> <p>See: Fellow of the Academy of Nutrition and Dietetics (FAND) (Recognition)</p>

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	<p>problem solving; and commitment to self-growth through a portfolio assessment.</p> <p>Reference: FAND FAQ. Academy of Nutrition and Dietetics Web site. https://www.eatrightpro.org/leadership/honors-and-awards/other-academy-awards/fellow-of-the-academy-of-nutrition-and-dietetics. Accessed September 6, 2023.</p>	
<p>National Board Certified Health and Wellness Coach (NBC-HWC)</p>	<p>National Board Certified Health and Wellness Coaches (NBC-HWC) “partner with clients seeking self-directed, lasting changes, aligning with their values, which promote health and wellness and, thereby, enhance well-being.”¹</p> <p>In the course of their work, health and wellness coaches display unconditional positive regard for their clients and a belief in their capacity for change, and honoring that each client is an expert on his or her life while ensuring that all interactions are respectful and non-judgmental”.²</p> <p>A NBC-HWC is a professional with a diverse educational and professional background who works with individuals and/or groups in a client-centered process to facilitate and empower the client to achieve self-determined goals related to health and wellness.¹ NBC-HWCs support clients ranging from low to high health risk in mobilizing internal strengths and external resources, and in developing self-management strategies for making sustainable, healthy lifestyle, behavior changes.²</p> <p>NBC-HWCs must adhere to all code of ethics and standards of practice for his/her nationally-recognized credential and/or professional designation (eg, RDN, physician, psychologist or other qualified health professional)³ or his/her respective healthcare profession, including maintaining an active unencumbered license, registration or special certification to practice if required by law.</p> <p>Related: Certified Health Coach</p> <p>Reference: ¹Wolever R, Simmons LA, Sforzo G, et al. A Systematic Review of the Literature on Health and Wellness Coaching: Defining a Key Behavioral intervention in Healthcare. <i>Global Adv Health Med.</i> 2013; 2(4): 38-57. ²NBHC Health & Wellness Coach Scope of Practice. International Consortium for Health &</p>	<p>A National Board Certified Health and Wellness Coach (NBC-HWC) has knowledge and understanding of behavior change methodologies, disease prevention and management, and evidence-based health education research.</p> <p>NBC-HWCs may provide expert guidance in areas in which they hold active, nationally-recognized credentials and may offer resources from nationally-recognized authorities.¹</p> <p>The NBC-HWC knows when, why, and how (i.e., clinically, legally) to refer to a higher level of care when the client’s needs exceed the expertise of the NBC-HWC, such as referral to a RDN, physician, psychologist, or other qualified health professional.</p> <p>Settings where RDNs may practice as a NBC-HWC may include: corporate wellness, public and community health, insurance providers, primary care and private practice.</p> <p>A pathway to become a NBC-HWC is through the National Board for Health & Wellness Coaching (NBHC).² The candidate must hold a degree in a health related field, complete an approved coach training program with a minimum of 75 contact hours, pass the HWC Certifying Exam, and document at least 50 HWC sessions. For re-certification, individuals must complete 36 hours of continuing education every three years to renew their certifications.²</p> <p>National Board for Health and Wellness Coaching (NBHC) has created national standards and launched a National Board Certification for Health and Wellness Coaches.² A NBC-HWC is a separate unique certification itself, and not merely a combination of possessing both a Certified Health Coach and a Wellness Coach distinction.</p> <p>See: Certified Health Coach</p> <p>All National Board Certified Health and Wellness Coaches are considered Health and Wellness Coaches, but not all Health and Wellness Coaches are National Board Certified Health and Wellness Coaches.</p>


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	<p>Wellness Coaching https://nbhwc.org/wp-content/uploads/2019/04/FINAL-Code-of-Ethics-4_15_19.pdf. Accessed March 9, 2020.</p> <p>³National Board for Health & Wellness Coaching. ICHWC Web site. https://nbhwc.org/. Accessed March 9, 2020.</p>	<p>Reference:</p> <p>¹NBHWC Health & Wellness Coach Scope of Practice. National Board for Health & Wellness Coaching. https://nbhwc.org/wp-content/uploads/2019/05/FINAL-NBHWC-Health-Wellness-Coach-Scope-of-Practice-4_15_19-2.pdf. Accessed March 9, 2020.</p> <p>²National Board for Health & Wellness Coaching. ICHWC Web site. https://nbhwc.org/. Accessed March 9, 2020.</p>
<p>Nutrition and Dietetics Technician, Registered (NDTR)</p>	<p>The Nutrition and Dietetics Technician, Registered (NDTR) is defined by the Commission on Dietetic Registration as an individual who has met current minimum requirements through <u>one</u> of three routes:</p> <ol style="list-style-type: none"> 1. Successful completion of a minimum of an Associate degree granted by a U.S. regionally accredited college or university, or foreign equivalent and completed a minimum of 450 supervised practice hours through a Dietetic Technician Program accredited by Accreditation Council for Education in Nutrition and Dietetics (ACEND) of the Academy. 2. Successful completion of a Baccalaureate degree granted by a U.S. regionally accredited college or university, or foreign equivalent; met current academic requirements (Didactic Program in Dietetics) as accredited by ACEND of the Academy; successfully completed a minimum of 450 supervised practice hours under the auspices of a Dietetic Technician Program as accredited by ACEND. 3. Completed a minimum of a Baccalaureate degree granted by a U.S. regionally accredited college or university, or foreign equivalent; successfully completed a Didactic Program in Dietetics as accredited by ACEND of the Academy. Those with the four-year degree could also choose BS-DTR or BS-NDTR.¹ <p>In all three routes, the individual must successfully complete the Registration Examination for Dietetic Technicians and remit the annual registration maintenance fee. To maintain the DTR or NDTR credential, the DTR or NDTR must comply with the Professional Development Portfolio (PDP) recertification requirements (accrue 50 hours of approved continuing professional education every five years).²</p>	<p>The Academy’s Board of Directors has approved the optional use of the credential “nutrition and dietetics technician, registered” (NDTR) by dietetic technicians, registered (DTRs). The Board supports this new credentialing option, to build upon the existing DTR Pathway III and differentiate between degree levels to obtain the credential Nutrition and Dietetics Technician, Registered (PhD, MS, MA, BS, BA, or AS-NDTR, or AA-NDTR). This credentialing model follows the nursing model (the RN examination is open to AS, AA, BS, BA, MS, and MA prepared individuals). Individuals who have earned the DTR credential could choose to retain this credential or adopt the NDTR; those with the four-year degree likewise could choose BS-DTR/BA-DTR or BS-NDTR/BA-NDTR.¹</p> <p>NDTRs work under the supervision of the RDN when engaged in direct patient/client nutrition care activities in any setting.^{2,3} Refer to Scope of Practice for NDTR Roles: Services, Activities and Practice Areas.</p> <p>The RDN performs all steps of the Nutrition Care Process. The NDTR performs the Nutrition Care Process steps as assigned and supervised by the RDN based on demonstrated and documented competence.</p> <p>See: Nutrition Care Process</p> <p>An RDN may assign a NDTR interventions within the NDTR’s individual scope of practice, which may include educating individuals, planning between-meal nourishments according to the individual’s diet and food preferences, planning and correcting menus for individuals on special diets based on established guidelines, individualizing menus based on food preferences, observing individuals during meal rounds and reporting observations to the RDN; and with the RDN, modifying the plan of nutrition care.</p> <p>See: Individual Scope of Practice</p>

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	<p>Reference: ¹ About Accredited Programs. ACEND Web site. https://www.eatrightpro.org/acend/accredited-programs/about-accredited-programs. Accessed December September 6, 2023.</p> <p>² Dietetic Technician, Registered (DTR) or Nutrition and Dietetics Technician, Registered (NDTR). Commission on Dietetic Registration Web site. https://www.cdrnet.org/NDTR. Accessed September 6, 2023.</p>	<p>Whether the supervision is direct (RDN is on premises and immediately available or self-employed in private practice) or indirect (RDN is immediately available by telephone or other electronic means) is determined by regulation and facility policies and procedures. Direct and indirect supervision of nutrition care services/nutrition care process is when the supervising RDN is available to the NDTR for consultation whenever consultation is required.</p> <p>NDTRs must comply with the Academy of Nutrition and Dietetics/CDR Code of Ethics and Standards of Practice (SOP) in Nutrition Care and Standards of Professional Performance (SOPP) for NDTRs.⁴ To view SOP SOPP documents, visit: https://jandonline.org/content/core.</p> <p>Related: Registered Dietitian Nutritionist (RDN)</p> <p>Reference: ¹NDTR Credential Option- FAQ. Commission on Dietetic Registration Web site. https://www.cdrnet.org/dtrcredentialfaq. Accessed September 6, 2023.</p> <p>²The Academy Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Scope of Practice for the Nutrition and Dietetics Technician, Registered. <i>J Acad Nutr Diet</i>. 2018; 118(2); 327-342.</p> <p>³Practice Tip: What is Meant by “Under the Supervision of the RDN”? Commission on Dietetic Registration Web site. https://cdrnet.org/tips. Accessed September 6, 2023.</p> <p>⁴The Academy Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Nutrition and Dietetics Technicians, Registered. <i>J Acad Nutr Diet</i>. 2018; 118(2); 317-326e13. .</p>
<p>Professional Certification/ Accreditation</p>	<p>Professional Certification/Accreditation is a process, often voluntary, by which individuals who have demonstrated the level of knowledge and skill required in the profession, occupation, role, or skill are identified to the public and other stakeholders by a private entity or certification body that assures individuals meet specified qualifications.</p> <p>Reference: ST NCCA Standards for the Accreditation of Certification. Institute for Credentialing Excellence Web site. https://www.credentialingexcellence.org/p/pr/vi/prodid=169. Accessed March 9, 2020.</p>	<p>Certification is voluntary. An individual does not need to be certified to engage in a given occupation. However, certification may be identified as an organizational requirement in job descriptions, career-laddering systems, reimbursement plans, or project specifications.</p> <p>Professional certification differs from certificate programs and certificate of training by providing an assessment of knowledge, skills and/or competencies that are usually broad in scope. Examples of professional certification are RDN, NDTR, Board Certified Specialist in Sports Dietetics (CSSD) and Board Certified Specialist in Renal Nutrition (CSR).</p>

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		<p>Certificate programs and certificates of training provides instruction and training on a specific skill or competency. Examples of certificate programs are Certificate of Training in Obesity Interventions for Adults and Public Health Nutrition Certificate of Training. ¹</p> <p>See: Certificate of Training (CoT) and Certificate Program</p> <p>Certifications may either be accredited or non-accredited. Accredited certification is a fundamentally important issue in terms of the validity and credibility of a certification. Both the registered dietitian or registered dietitian nutritionists and dietetic technician, registered or nutrition and dietetics technician, registered certification programs administered by the Commission on Dietetic Registration are accredited by the National Commission for Certifying Agencies and comply with the "Standards for Accreditation of National Certification Organizations". ²</p> <p>The Commission's RD/DTR certification programs are fully accredited by the National Commission for Certifying Agencies (NCCA), the accrediting arm of the Institute for Credentialing Excellence based in Washington, D.C. This accreditation reflects achievement of the highest standards of professional credentialing. Reaccreditation was established for the RD, DTR and CSR credentials in July 2017, October 2018 for CSP and CSSP, and January 2019 for CSO and CSG.</p> <p>Reference: ¹Accreditation. Institute for Credentialing Excellence. https://www.credentialingexcellence.org/page/certification-vs-certification. Accessed March 9, 2020. ²NCCA Accreditation. Institute for Credentialing Excellence Web site. https://www.credentialingexcellence.org/page/get-started-with-accreditation. Accessed March 9, 2020.</p>
<p>Registered Dietitian Nutritionist (RDN)</p>	<p>The Registered Dietitian Nutritionist (RDN) is defined by the Commission on Dietetic Registration as an individual who has met current minimum academic requirements (Baccalaureate degree granted by a U.S. regionally accredited college or university, or foreign equivalent) with successful completion of both specified didactic education and supervised-practice experiences through programs accredited by The Accreditation Council for Education in Nutrition and Dietetics (ACEND) of the Academy, who has successfully completed the Registration Examination for</p>	<p>The Academy's Board of Directors and the Commission on Dietetic Registration have approved the optional use of the credential "registered dietitian nutritionist" (RDN) by registered dietitians (RD). The option was established to further enhance the RD brand and more accurately reflect to consumers who registered dietitians are and what they do. This will differentiate the rigorous credential requirements and highlight that <i>all registered dietitians are nutritionists but not all nutritionists are registered dietitians</i>.¹</p> <p>Consideration: Successful completion of the</p>

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	<p>Dietitians and remitted the annual registration fee. To maintain the Registered Dietitian (RD) or RDN credential, the RD or RDN must comply with the Professional Development Portfolio (PDP) recertification requirements (accrue 75 units of approved continuing professional education every five years).</p> <p>Reference: Registered Dietitian (RD) or Registered Dietitian Nutritionist (RDN) Certification. Commission on Dietetic Registration Web site. https://www.cdrnet.org/RDN. Accessed September 6, 2023.</p>	<p>Registration Examination for RDs or RDNs demonstrates minimum competence for practice. Employers should use the RD or RDN credential as the baseline competency assessment for qualified individuals to practice independently. It is only after successfully passing the exam that the individual would meet the Joint Commission standards and elements of performance relative to *qualified individual.</p> <p>*Qualified individual - an individual or staff member who is qualified to participate in one or all of the mechanisms outlined in Joint Commission standards by virtue of the following: education, training, experience, competence, registration or certification; or applicable licensure, law, or regulation.</p> <p>Individuals eligible to sit for the Registration Examination for Dietitians but who have not taken the examination or have taken the examination without successfully completing it, are NOT permitted to use the unapproved and professionally inappropriate non-credential “RDE” abbreviation for “Registration-eligible Dietitian”. Review Registration Eligible term section.²</p> <p>See: Registration Eligible, RDN</p> <p>RDNs must comply with the Academy of Nutrition and Dietetics/CDR Code of Ethics.³</p> <p>Reference: ¹RDN FAQs. Commission on Dietetic Registration Web Site. https://www.cdrnet.org/rdncredentialfaq. Accessed September 6, 2023. ²RDE or RDNE Misuse Policy. Commission on Dietetic Registration Web site. www.cdrnet.org/program-director/rde-misuse. Accessed September 6, 2023. ³Academy of Nutrition and Dietetics/ Commission on Dietetic Registration. Code of Ethics for the Nutrition and Dietetics Profession. https://cdrnet.org/codeofethics. Accessed September 6, 2023.</p>
<p>Registration Eligible, NDTR</p>	<p>Registration Eligible, NDTR identifies an individual who has met the didactic and supervised practice requirements to sit for the registration examination, but individuals cannot use as a professional designation. Dietetic Technician, Registration Eligible (DTRE) or Nutrition and Dietetics Technician, Registration Eligible (NDTRE) is NOT a credential and should not be used.</p>	<p>Dietetic Technician students completing their supervised practice program must sign a(n) NTRE or DTRE Misuse form for their program director regarding this fabricated credential. In addition, each student is provided with a copy of the misuse document to retain in their file.^{1,2}</p> <p>References: ¹Commission on Dietetic Registration. Practice Tips: When to Cosign. https://www.cdrnet.org/tips. Accessed September 6, 2023.</p>

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	<p>Reference: DTRE Misuse Policy. Commission on Dietetic Registration Web site. https://www.cdrnet.org/program-director/dtre-misuse. Accessed September 6, 2023.</p>	<p>²DTRE Misuse Policy. Commission on Dietetic Registration Web site. https://www.cdrnet.org/program-director/dtre-misuse. Accessed September 6, 2023.</p>
<p>Registration Eligible, RDN</p>	<p>Registration Eligible, RDN identifies an individual who has met the didactic and supervised practice requirements to write the registration examination, but individuals cannot use as a professional designation. Registered Dietitian Nutritionist Eligible (RDNE) or Registered Dietitian Eligible (RDE) is not a credential and should not be used.</p> <p>Reference: RDE Misuse Policy. Commission on Dietetic Registration Web site. https://www.cdrnet.org/program-director/rde-misuse. Accessed September 6, 2023.</p>	<p>Dietetic students completing their supervised practice program must sign an RDNE Misuse form for their program director regarding this fabricated credential. In addition, each student is provided with a copy of the misuse document to retain in their file.^{1,2}</p> <p>References: ¹RDE Misuse Policy. Commission on Dietetic Registration Web site. https://www.cdrnet.org/program-director/rde-misuse. Accessed September 6, 2023.</p> <p>²Commission on Dietetic Registration. Practice Tips: When to Cosign. https://www.cdrnet.org/tips. Accessed September 6, 2023.</p>


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Diversity and Health Equity 		
Access to Health Care and/or Services	<p>Access to health care and/or services means "the timely use of personal health services to achieve the best health outcomes"¹ Access to health care consists of four components: coverage, services, timeliness, and workforce.^{2,3}</p> <p>"Access to care often varies based on race, ethnicity, socioeconomic status, age, sex, disability status, sexual orientation, gender identity, and residential location."²</p> <p>Reference: ¹Institute of Medicine, Committee on Monitoring Access to Personal Health Care Services. <i>Access to health care in America</i>. Washington, DC: National Academy Press; 1993.</p> <p>²Access to Health Services. Healthy People Web site. https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services. Accessed October 1, 2020.</p> <p>³Chartbook on Access to Health Care. Agency for Healthcare Research and Quality Web site. https://www.ahrq.gov/research/findings/nhqrdr/chartbooks/access/elements.html#:~:text=Access%20to%20health%20care%20means,%22%20(IOM%2C%201993).&text=Coverage%3A%20facilitates%20entry%20into%20the,to%20have%20poor%20health%20status. Accessed October 1, 2020.</p> <p>Related: Gulliford M, Figueroa-Munoz J, Morgan M, et al. What does 'access to health care' mean?. <i>J Health Serv Res Policy</i>. 2002;7(3):186-188.</p>	<p>"Barriers to health services include:</p> <ul style="list-style-type: none"> • High cost of care • Inadequate or no insurance coverage • Lack of availability of services • Lack of culturally competent care <p>These barriers to accessing health services lead to:</p> <ul style="list-style-type: none"> • Unmet health needs • Delays in receiving appropriate care • Inability to get preventive services • Financial burdens • Preventable hospitalizations" <p>Barriers to access to credentialed nutrition and dietetics practitioners is not limited to health settings, but also apply to other settings in which RDNs and NDTRs work.</p> <p>Reference: Access to Health Services. Healthy People Web site. https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services. Accessed October 1, 2020.</p>
Culturally Appropriate Care	<p>Culturally appropriate care is care that responds to the needs of diverse individuals, family and caregivers. Providers must ensure they have adequate and ongoing training in cultural competence to provide culturally appropriate care.¹</p> <p>Healthcare organizations and health caregivers need to provide effective, equitable, understandable, and respectful services that are responsive to diverse cultural beliefs and practices, preferred languages, health literacy and other communication needs.²</p>	<p>"Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities."¹</p>

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	<p>Reference: ¹Webb R. Culturally Appropriate Care. <i>ANJ</i>. 2008; 108(9): 30.</p> <p>²A Practical Guide to Implementing the National CLAS Standards. Centers for Medicare and Medicaid Services Office of Minority Health Web site. https://www.cms.gov/About-CMS/Agency-Information/OMH/Downloads/CLAS-Toolkit-12-7-16.pdf. Accessed October 1, 2020.</p> <p>Related: McElfish PA, Long CR, Rowland B, et al. Improving Culturally Appropriate Care Using a Community-Based Participatory Research Approach: Evaluation of a Multicomponent Cultural Competency Training Program, Arkansas, 2015–2016. <i>Prev Chronic Dis</i>. 2017;14:170014.</p>	<p>In short, cultural competence is defined as “the ability to understand, appreciate, and interact with people from cultures or belief systems different from one’s own.”²</p> <p>Reference: ¹Practice Tips: Cultural Competence Resources. Commission on Dietetic Registration Web site. https://www.cdrnet.org/tips. Accessed September 6, 2023.</p> <p>² In Search of Cultural Competence. American Psychological Association Web site. https://www.apa.org/monitor/2015/03/cultural-competence#:~:text=Cultural%20competence%20%E2%80%94loosely%20defined%20as,practice%20for%20some%2050%20years. Accessed October 1, 2020.</p> <p>Related: Cultural and Linguistic Competency. The Office of Minority Health Web site. https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=1&lvlid=6. Accessed October 1, 2020.</p> <p>Cultural Competence. National Prevention Information Network, Centers for Disease Control and Prevention Web site. https://npin.cdc.gov/pages/cultural-competence#3. Accessed October 1, 2020.</p>
<p>Diversity and Inclusion</p>	<p>Diversity and Inclusion involve recognizing, respecting, and including differences in ability, age, creed, culture, ethnicity, gender, gender identity, political affiliation, race, religion, sexual orientation, size, and socioeconomic characteristics in the nutrition and dietetics profession.¹</p> <p>The Academy is committed “to find solutions to diversify the profession, foster diverse leadership, and to bring cultural competency to members in order to better serve the world.”²</p> <p>Reference: ¹Russell M. To Support All: Diversity and Inclusion. <i>J Acad Nutr Diet</i>. 2019; 119(4): 543.</p> <p>²Farr LT. Listen and Change. <i>J Acad Nutr Diet</i>. 2020; 120(9):1449.</p>	<p>Diversity is a mosaic encompassing the range of similarities and differences each individual has¹. Diversity ensures a representation of individuals come from a variety of backgrounds, styles, perspectives, values and beliefs as assets to groups and organizations with which they interact.² Utilizing groups of people with distinct differences may enhance the viewpoints of an organization.</p> <p>Inclusion includes “involvement and empowerment, where the inherent worth and dignity of all people are recognized.”³ Inclusion is making sure that an activity or goal allows for participation of all individuals regardless of challenges faced. It breaks down physical, emotional and mental barriers that prevent individuals with differences from being able to participate. Inclusion is “authentically bringing traditionally excluded individuals and/or groups into processes, activities, and decision/policy making in a way that shares power.”⁴</p> <p>Reference: ¹Diversity and Inclusion Definitions. HUD.Gov Web site. https://www.hud.gov/program_offices/administratio/admabout/diversity_inclusion/definitions. Accessed October 1, 2020.</p>

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		<p>²Understanding Diversity to Design Programs. University of Florida Web site. https://fycs.ifas.ufl.edu/diversity/diversity%20website/unit1.pdf. Accessed October 1, 2020.</p> <p>³Diversity and Inclusion Definitions. Ferris State University Web site. https://www.ferris.edu/htmls/administration/president/diversityoffice/definitions.htm. Accessed October 1, 2020.</p> <p>⁴ Diversity, Equity, and Inclusion Committee. University of Washington Web site. https://epi.washington.edu/sites/default/files/DEI%20Glossary%20Word.pdf. Accessed October 1, 2020.</p>
<p>Health Disparities</p>	<p>Health disparities are preventable differences in health status linked with inequitable distribution of social, political, economic, educational, medical, and environmental resources which negatively impact health outcomes and are experienced by socially disadvantaged populations.^{1,2,3,4}</p> <p>Reference: ¹Health Disparities. CDC Web site. https://www.cdc.gov/healthyyouth/disparities/index.htm. Accessed October 1, 2020.</p> <p>²Disparities. Healthy People 2020 Web site. https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities. Accessed October 1, 2020.</p> <p>³Fact Sheet: Health Disparities. American Psychological Association Web site. https://www.apa.org/topics/health-disparities/fact-sheet. Accessed October 1, 2020.</p> <p>⁴Bravement P. What are Health Disparities and Health Equity? We Need to Be Clear. <i>Public Health Rep.</i> 2014; 129 (Suppl 2): 5-8.</p>	<p>Health disparities adversely affect groups of individuals who have experienced obstacles in health based on factors such as race or ethnicity, gender, education or income, disability, geographic location (e.g., rural or urban), sexual orientation, or other characteristics historically linked to discrimination or exclusion.^{1,2, 3}</p> <p>“Health disparities result from multiple factors including:</p> <ul style="list-style-type: none"> • poverty • environmental threats • inadequate access to health care • individual and behavioral factors • educational inequalities”² <p>Health disparities can occur even when practitioners use evidence-based practice, if the evidence is limited to interventions and outcomes only studied in one group of people. Lack of diversity in research means practitioners are limited in providing care that may not be culturally appropriate.</p> <p>Related: Diversity and Inclusion Related: Competence Related: Implicit Bias Related: Social Determinants of Health (SDOH)</p> <p>Reference: ¹Disparities. Healthy People 2020 Web site. https://www.healthypeople.gov/2020/about/foundation-health-measures/Disparities. Accessed October 1, 2020.</p> <p>²Health Disparities. CDC Web site. https://www.cdc.gov/healthyyouth/disparities/index.htm. Accessed October 1, 2020.</p> <p>³About Health Disparities. National Heart, Lung and Blood Institute Web site.</p>

Term	Definition/Description	Key Considerations
		<p>https://www.nhlbi.nih.gov/health/educational/health_disp/about-health-disparities.htm. Accessed October 1, 2020.</p> <p>Related: Brown AF, Ma GX, Miranda J. Structural Interventions to Reduce and Eliminate Health Disparities. <i>AJPH</i>. 2019; 109 (S1): S72-S78.</p>
<p>Health Equity</p>	<p>“Equity is 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. “Health equity” or “equity in health” implies that ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential.”</p> <p>Reference: Health Equity. World Health Organization Web site. https://www.who.int/topics/health_equity/en/#:~:text=Equity%20is%20the%20absence%20of,by%20other%20means%20of%20stratification. Accessed October 1, 2020.</p> <p>Related: Raine R, Or Z, Prady S, Bevan G. Essay 5 Evaluating health-care equity. In: Challenges, solutions, and future directions in the evaluation of service innovations in health care and public health. <i>Health Services and Delivery Research</i>. 2016; 4(16).</p>	<p>Health equity is one of the overarching goals in the Surgeon General’s report on Healthy People 2030.¹</p> <p>The Robert Wood Johnson Foundation (RWJF) put forth four key steps to achieve health equity:</p> <ul style="list-style-type: none"> • Identify important health disparities. • Change and implement policies, laws, systems, environments, and practices to reduce inequities in the opportunities and resources needed to be as healthy as possible. • Evaluate and monitor efforts using short- and long-term measures as it may take decades or generations to reduce some health disparities. • Reassess strategies in light of process and outcomes and plan next steps.² <p>Community food retail strategies can increase access to healthy food or decrease access to unhealthy food in local stores, supermarkets, farmers’ markets, and other food outlets: a strategy to advance health equality.³</p> <p>Reference: ¹ Healthy People 2030. Healthy People Web site. https://health.gov/healthypeople. Accessed October 1, 2020.</p> <p>²Braveman P, Arkin E, Orleans T, Proctor D, Plough A. What is Health Equity? Robert Wood Johnson Foundation Web site. https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html. Accessed October 1, 2020.</p> <p>³Practitioner’s Guide for Advancing Health Equity; Community Food Retail Environment. Centers for Disease Control and Prevention Web site. https://www.cdc.gov/nccdphp/dnpao/state-local-programs/health-equity-guide/index.htm. Accessed October 1, 2020.</p>
<p>Implicit Bias</p>	<p>Implicit bias refers to holding positive or negative feelings, associations, or beliefs about others on an unconscious level which differs from their conscious and adapted views. These associations develop over a lifetime from a very early age through exposure to direct and indirect messages. Additionally, the media and news programming are often-cited origins of implicit associations. ^{1,2}</p>	<p>Implicit bias should not be confused with explicit bias. In the case of explicit or conscious, the person is very clear about his or her feelings and attitudes, and related behaviors are conducted with intent. This type of bias is processed neurologically at a conscious level as declarative, semantic memory, and in words. Conscious bias in its extreme is characterized by overt negative behavior that can be expressed through physical and verbal harassment or through more subtle means such as exclusion.</p>

Term	Definition/Description	Key Considerations
	<p>Reference: ¹How Does Implicit Bias by Physicians Affect Patients' Health Care? American Psychological Association Web site. https://www.apa.org/monitor/2019/03/ce-corner. Accessed October 1, 2020.</p> <p>²Understanding Implicit Bias. The Ohio State University Kirwan Institute for the Study of Race and Ethnicity Web site. http://kirwaninstitute.osu.edu/research/understanding-implicit-bias/. Accessed October 1, 2020.</p> <p>Related: Blair IV, Steiner JF, Havranek EP. Unconscious (implicit) bias and health disparities: where do we go from here?. <i>Perm J.</i> 2011;15(2):71-78.</p>	<p>Related: Competence Related: Diversity and Inclusion Related: Health Disparities</p> <p>Reference: Conscious and Unconscious Biases in Health Care. Georgetown University Web site. https://nccc.georgetown.edu/bias/module-3/. Accessed October 1, 2020.</p>
<p>Social Determinants of Health (SDOH)</p>	<p>Social determinants of health (SDOH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.^{1,2}</p> <p>Reference: ¹Social Determinants of Health. Office of Disease Prevention and Health Promotion Web site. https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health. Accessed October 1, 2020.</p> <p>²About Social Determinants of Health. Centers for Disease Control and Prevention Web site. https://www.cdc.gov/socialdeterminants/about.html. Accessed October 1, 2020.</p>	<p>Healthy People 2020 uses a place-based framework outlining five key areas of SDOH: economic stability, education, health and health care, neighborhood and built environment, social and community context. Each of these five determinant areas reflects a number of key issues that make up the underlying factors in the arena of SDOH.^{1,2}</p> <p>SDOH are shaped by the distribution of money, power, and resources at global, national, and local levels. The social determinants of health contribute to health inequities – the unfair and avoidable differences in health status seen within and between countries.³</p> <p>Related: Health Disparities Related: Health Equity Related: Access to Health Care and/or Services</p> <p>Reference: ¹Social Determinants of Health. Office of Disease Prevention and Health Promotion Web site. https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health. Accessed October 1, 2020.</p> <p>²About Social Determinants of Health. Centers for Disease Control and Prevention Web site. https://www.cdc.gov/socialdeterminants/about.html. Accessed October 1, 2020.</p> <p>³Social Determinants of Health. World Health Organization Web site. https://www.who.int/social_determinants/sdh_definition/en/. Accessed October 1, 2020.</p>

Term	Definition/Description	Key Considerations
Foundational and Essential 		
Dietetics	<p>Dietetics is the integration, application and communication of practice principles derived from food, nutrition, social, business and basic sciences, to achieve and maintain optimal nutrition status of individuals and groups.</p> <p>Reference: Academy of Nutrition and Dietetics Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Scope of Practice for the Registered Dietitian Nutritionist. <i>J Acad Nutr Diet.</i> 2018;118(1):141-165.</p>	<p>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.</p> <p>The practice of dietetics is applied in a variety of settings to develop, provide and manage quality food and nutrition care and services. Dietetics encompasses ethical, safe, effective, person-centered, timely, efficient and equitable practices.</p> <p>Reference: Institute of Health. <i>Crossing the Quality Chasm: A New Health System for the 21st Century.</i> Washington (DC): National Academies Press; 2001.</p>
Diversity and Inclusion	<p>Diversity and Inclusion involve recognizing, respecting, and including differences in ability, age, creed, culture, ethnicity, gender, gender identity, political affiliation, race, religion, sexual orientation, size, and socioeconomic characteristics in the nutrition and dietetics profession.¹</p> <p>The Academy is committed “to find solutions to diversify the profession, foster diverse leadership, and to bring cultural competency to members in order to better serve the world.”²</p> <p>Reference: ¹Russell M. To Support All: Diversity and Inclusion. <i>J Acad Nutr Diet.</i> 2019; 119(4): 543. ²Farr LT. Listen and Change. <i>J Acad Nutr Diet.</i> 2020; 120(9):1449.</p>	<p>Diversity is a mosaic encompassing the range of similarities and differences each individual has¹. Diversity ensures a representation of individuals come from a variety of backgrounds, styles, perspectives, values and beliefs as assets to groups and organizations with which they interact.² Utilizing groups of people with distinct differences may enhance the viewpoints of an organization.</p> <p>Inclusion includes “involvement and empowerment, where the inherent worth and dignity of all people are recognized.”³ Inclusion is making sure that an activity or goal allows for participation of all individuals regardless of challenges faced. It breaks down physical, emotional and mental barriers that prevent individuals with differences from being able to participate. Inclusion is “authentically bringing traditionally excluded individuals and/or groups into processes, activities, and decision/policy making in a way that shares power.”⁴</p> <p>Reference: ¹Diversity and Inclusion Definitions. HUD.Gov Web site. https://www.hud.gov/program_offices/administratio n/admabout/diversity_inclusion/definitions. Accessed October 1, 2020. ²Understanding Diversity to Design Programs. University of Florida Web site. https://fyics.ifas.ufl.edu/diversity/diversity%20websit e/unit1.pdf. Accessed October 1, 2020. ³Diversity and Inclusion Definitions. Ferris State University Web site. https://www.ferris.edu/htmls/administration/preside</p>


Term	Definition/Description	Key Considerations
		<p>nt/diversityoffice/definitions.htm. Accessed October 1, 2020.</p> <p>⁴ Diversity, Equity, and Inclusion Committee. University of Washington Web site. https://epi.washington.edu/sites/default/files/DEI%20Glossary%20Word.pdf. Accessed October 1, 2020.</p>
<p>Individual Scope of Practice</p>	<p>Individual Scope of Practice is comprised of following:</p> <ul style="list-style-type: none"> • Scope of Practice; • State Laws; • Education and Credentials; • Federal and State Regulations and Interpretive Guidelines; • Accreditation Organizations; • Organization Policies and Procedures; and • Additional Individual Training/Credentials/Certifications.^{1,2} <p>Related: Statutory Scope of Practice</p> <p>Reference:</p> <p>¹The Academy Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Scope of Practice for the Registered Dietitian Nutritionists. <i>J Acad Nutr Diet</i>. 2018; 118(1): 141-165.</p> <p>²The Academy Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Scope of Practice for the Nutrition and Dietetics Technician, Registered. <i>J Acad Nutr Diet</i>. 2018; 118(2): 327-342.</p>	<p>An individual’s scope of practice in nutrition and dietetics has flexible boundaries to capture the breadth of the individual’s professional practice. Each RDN or NDTR has an individual scope of practice that is determined by education, training, credentialing, experience, and demonstrated and documented competence.^{1,2}</p> <p>Individuals and organizations must ethically take responsibility for determining competence of each individual to provide a specific care, treatment or service. Not all RDNs and NDTRs will practice to the full extent of the range of nutrition and dietetics practice.</p> <p>See: Competence See: Nutrition and Dietetics Practice</p> <p>A tool to help determine individual scope of practice is the Scope of Practice Decision Algorithm. It provides a process for self-evaluation to determine if a desired activity is within an RDN’s or NDTR’s individual scope of practice by answering a series of questions.³</p> <p>Reference:</p> <p>¹The Academy Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Scope of Practice for the Registered Dietitian Nutritionists. <i>J Acad Nutr Diet</i>. 2018; 118(1): 141-165.</p> <p>²The Academy Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Scope of Practice for the Nutrition and Dietetics Technician, Registered. <i>J Acad Nutr Diet</i>. 2018; 118(2): 327-342.</p> <p>³Scope of Practice Decision Algorithm. Commission on Dietetic Registration Web site. www.cdrnet.org/scope. Accessed September 6, 2023.</p>
<p>Nutrition</p>	<p>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”.</p>	<p>Nutrition is the science or study that deals with food and nourishment, especially in humans. Nutrition is the process by which a living organism assimilates food and uses it for growth, liberation of energy, and replacement of tissues; its successive states include digestion, absorption, assimilation, and excretion.^{1,2}</p> <p>References:</p>

Term	Definition/Description	Key Considerations
	<p>Reference: Rosalinda T. Laguna and Virginia S. Claudio. <i>Nutrition and Diet Therapy Reference Dictionary</i>. Oxford, UK: Blackwell Publishing; 2004.</p>	<p>¹Dorland, W. A. N. <i>Dorland's Illustrated Medical Dictionary</i>. 33rd ed. Philadelphia: Saunders; 2019.</p> <p>²Stedman, T. L. <i>Stedman's Medical Dictionary</i>. 26th ed. Baltimore: Williams & Wilkins; 1995.</p>
<p>Nutrition and Dietetics</p>	<p>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.</p> <p>See: Nutrition See: Dietetics</p> <p>Reference: Academy of Nutrition and Dietetics Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Scope of Practice for the Registered Dietitian Nutritionist. <i>J Acad Nutr Diet</i>. 2018;118(1):141-165.</p>	
<p>Nutrition and Dietetics Practice</p>	<p>Nutrition and Dietetics Practice is the synthesis and application of nutrition and dietetics education using the nutrition care process model to assist patients/clients/customers or groups/populations to establish and achieve person-centered health and nutrition-related goals.^{1,2}</p> <p>See: Nutrition Care Process</p> <p>Reference: ¹Academy of Nutrition and Dietetics Quality Management Committee. Academy of Nutrition and Dietetics: Scope of Practice for the Registered Dietitian Nutritionist. <i>J Acad Nutr Diet</i>. 2018;118(1):141-165.</p> <p>²Swan WI, Vivanti A, Hakel-Smith NA, et al. Nutrition care process and model update: Toward realizing people-centered care and outcomes management. <i>J Acad Nutr Diet</i>. 2017;117(12):2003-2014.</p>	<p>To understand the application of nutrition and dietetics practice in various practice areas and settings, please review the Focus Area Standards of Practice and Standards of Professional Performance for RDNs. There are 17 Focus Area SOP SOPP articles in topics such as oncology nutrition, diabetes care, public health community nutrition to sustainable, resilient, and healthy food and water systems, management of food and nutrition systems, and education of nutrition and dietetics practitioners.</p> <p>See: Registered Dietitian Nutritionist (RDN)</p> <p>Reference: Standards of Practice. Commission on Dietetic Registration Web site. www.cdrnet.org/scope. Accessed September 6, 2023.</p>
<p>Nutrition and Dietetics Technician, Registered (NDTR)</p>	<p>The Nutrition and Dietetics Technician, Registered (NDTR) is defined by the Commission on Dietetic Registration as an individual who has met current minimum requirements through <u>one</u> of three routes:</p> <p>1. Successful completion of a minimum of an Associate degree granted by a U.S. regionally accredited college or university, or foreign equivalent and completed a minimum of 450 supervised practice hours through a Dietetic Technician Program accredited by Accreditation</p>	<p>The Academy’s Board of Directors has approved the optional use of the credential “nutrition and dietetics technician, registered” (NDTR) by dietetic technicians, registered (DTRs). The Board supports this new credentialing option, to build upon the existing DTR Pathway III and differentiate between degree levels to obtain the credential Nutrition and Dietetics Technician, Registered (PhD, MS, MA, BS, BA, or AS-NDTR, or AA-NDTR). This credentialing model follows the nursing model (the RN examination is open to AS, AA, BS, BA, MS, and MA prepared individuals). Individuals who have earned the DTR credential could</p>

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	<p>Council for Education in Nutrition and Dietetics (ACEND) of the Academy.</p> <p>2. Successful completion of a Baccalaureate degree granted by a U.S. regionally accredited college or university, or foreign equivalent; met current academic requirements (Didactic Program in Dietetics) as accredited by ACEND of the Academy; successfully completed a minimum of 450 supervised practice hours under the auspices of a Dietetic Technician Program as accredited by ACEND.</p> <p>3. Completed a minimum of a Baccalaureate degree granted by a U.S. regionally accredited college or university, or foreign equivalent; successfully completed a Didactic Program in Dietetics as accredited by ACEND of the Academy. Those with the four-year degree could also choose BS-DTR or BS-NDTR.¹</p> <p>In all three routes, the individual must successfully complete the Registration Examination for Dietetic Technicians and remit the annual registration maintenance fee. To maintain the DTR or NDTR credential, the DTR or NDTR must comply with the Professional Development Portfolio (PDP) recertification requirements (accrue 50 hours of approved continuing professional education every five years).²</p> <p>Reference: ¹ About Accredited Programs. ACEND Web site. https://www.eatrightpro.org/acend/accredited-programs/about-accredited-programs. Accessed September 6, 2023.</p> <p>² Dietetic Technician, Registered (DTR) or Nutrition and Dietetics Technician, Registered (NDTR). Commission on Dietetic Registration Web site. https://www.cdrnet.org/NDTR. Accessed September 6, 2023.</p>	<p>choose to retain this credential or adopt the NDTR; those with the four-year degree likewise could choose BS-DTR/BA-DTR or BS-NDTR/BA-NDTR.¹</p> <p>NDTRs work under the supervision of the RDN when engaged in direct patient/client nutrition care activities in any setting.^{2,3} Refer to Scope of Practice for NDTR Roles: Services, Activities and Practice Areas.</p> <p>The RDN performs all steps of the Nutrition Care Process. The NDTR performs the Nutrition Care Process steps as assigned and supervised by the RDN based on demonstrated and documented competence.</p> <p>See: Nutrition Care Process</p> <p>An RDN may assign a NDTR interventions within the NDTR’s individual scope of practice, which may include educating individuals, planning between-meal nourishments according to the individual’s diet and food preferences, planning and correcting menus for individuals on special diets based on established guidelines, individualizing menus based on food preferences, observing individuals during meal rounds and reporting observations to the RDN; and with the RDN, modifying the plan of nutrition care.</p> <p>See: Individual Scope of Practice</p> <p>Whether the supervision is direct (RDN is on premises and immediately available or self-employed in private practice) or indirect (RDN is immediately available by telephone or other electronic means) is determined by regulation and facility policies and procedures. Direct and indirect supervision of nutrition care services/nutrition care process is when the supervising RDN is available to the NDTR for consultation whenever consultation is required.</p> <p>NDTRs must comply with the Academy of Nutrition and Dietetics/CDR Code of Ethics and Standards of Practice (SOP) in Nutrition Care and Standards of Professional Performance (SOPP) for NDTRs.⁴ To view SOP SOPP documents, visit: https://www.cdrnet.org/scope.</p> <p>Related: Registered Dietitian Nutritionist (RDN)</p> <p>Reference: ¹NDTR Credential Option- FAQ. Commission on Dietetic Registration Web site. https://www.cdrnet.org/dtrcredentialfaq. Accessed September 6, 2023.</p>

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		<p>²The Academy Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Scope of Practice for the Nutrition and Dietetics Technician, Registered. <i>J Acad Nutr Diet</i>. 2018: 118(2); 327-342.</p> <p>³Practice Tip: What is Meant by “Under the Supervision of the RDN”? Commission on Dietetic Registration Web site. https://www.cdrnet.org/tips. Accessed September 6, 2023.</p> <p>⁴The Academy Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Nutrition and Dietetics Technicians, Registered. <i>J Acad Nutr Diet</i>. 2018: 118(2); 317-326e13. .</p>
<p>Nutrition-Related Services</p>	<p>Nutrition-Related Services encompass action and activities provided by registered dietitian nutritionists (RDNs) and nutrition and dietetics technicians, registered (NDTRs) that relate to the delivery of food and nutrition care and services.</p> <p>Reference: Nutrition Therapy Services. Medicare Web site. http://www.medicare.gov/coverage/nutrition-therapy-services.html. Accessed March 9, 2020.</p>	<p>Medicare Part B Insurance (Medical Insurance) may cover medical nutrition therapy services and certain related services if the patient/client has diabetes or kidney disease, or has had a kidney transplant in the last 36 months. A registered dietitian or nutrition professional who meets certain requirements can provide these services, which may include nutritional assessment, one-on-one counseling, and therapy services through an interactive telecommunications system.</p> <p>See: Medical Nutrition Therapy</p> <p>Reference: Nutrition Therapy Services. Medicare Web site. http://www.medicare.gov/coverage/nutrition-therapy-services.html. Accessed March 9, 2020.</p>
<p>Registered Dietitian Nutritionist (RDN)</p>	<p>The Registered Dietitian Nutritionist (RDN) is defined by the Commission on Dietetic Registration as an individual who has met current minimum academic requirements (Baccalaureate degree granted by a U.S. regionally accredited college or university, or foreign equivalent) with successful completion of both specified didactic education and supervised-practice experiences through programs accredited by The Accreditation Council for Education in Nutrition and Dietetics (ACEND) of the Academy, who has successfully completed the Registration Examination for Dietitians and remitted the annual registration fee. To maintain the Registered Dietitian (RD) or RDN credential, the RD or RDN must comply with the Professional Development Portfolio (PDP) recertification requirements (accrue 75 units of approved continuing professional education every five years).</p> <p>Reference: Registered Dietitian (RD) or Registered Dietitian Nutritionist (RDN)</p>	<p>The Academy’s Board of Directors and the Commission on Dietetic Registration have approved the optional use of the credential “registered dietitian nutritionist” (RDN) by registered dietitians (RD). The option was established to further enhance the RD brand and more accurately reflect to consumers who registered dietitians are and what they do. This will differentiate the rigorous credential requirements and highlight that <i>all registered dietitians are nutritionists but not all nutritionists are registered dietitians</i>.¹</p> <p>Consideration: Successful completion of the Registration Examination for RDs or RDNs demonstrates minimum competence for practice. Employers should use the RD or RDN credential as the baseline competency assessment for qualified individuals to practice independently. It is only after successfully passing the exam that the individual would meet the Joint Commission standards and elements of performance relative to *qualified individual.</p>

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	<p>Certification. Commission on Dietetic Registration Web site. https://www.cdrnet.org/RDN. Accessed September 6, 2023.</p>	<p>*Qualified individual - an individual or staff member who is qualified to participate in one or all of the mechanisms outlined in Joint Commission standards by virtue of the following: education, training, experience, competence, registration or certification; or applicable licensure, law, or regulation.</p> <p>Individuals eligible to sit for the Registration Examination for Dietitians but who have not taken the examination or have taken the examination without successfully completing it, are NOT permitted to use the unapproved and professionally inappropriate non-credential “RDE” abbreviation for “Registration-eligible Dietitian”. Review Registration Eligible term section.²</p> <p>See: Registration Eligible, RDN</p> <p>RDNs must comply with the Academy of Nutrition and Dietetics/CDR Code of Ethics.³</p> <p>Reference: ¹RDN FAQs. Commission on Dietetic Registration Web Site. https://www.cdrnet.org/rdncredentialfaq. Accessed September 6, 2023. ²RDE or RDNE Misuse Policy. Commission on Dietetic Registration Web site. www.cdrnet.org/program-director/rde-misuse. Accessed September 6, 2023. ³Academy of Nutrition and Dietetics/ Commission on Dietetic Registration. Code of Ethics for the Nutrition and Dietetics Profession. https://www.cdrnet.org/codeofethics. Accessed September 6, 2023.</p>

Term	Definition/Description	Key Considerations
Nutrition Care Process (NCP) and Workflow Elements 		
Nutrition Assessment	<p>Nutrition Assessment (and reassessment) is a critical component of the NCP. Nutrition Assessment is a “systematic approach for collecting, classifying, and synthesizing important and relevant data to describe nutritional status related nutritional problems, and their causes.”¹ It is an ongoing, dynamic process that involves not only initial data collection, but also reassessment and analysis of client or community needs and provides the foundation for Nutrition Diagnosis and nutritional recommendations including enteral and parenteral nutrition.^{2,3}</p> <p>See: Enteral Nutrition See: Parenteral Nutrition See: Nutrition Care Process</p> <p>Reference: ¹Academy of Nutrition and Dietetics. Nutrition Terminology Reference Manual (eNCPT): Dietetics Language for Nutrition Care 2019, Nutrition Assessment Introduction, page 001, https://www.ncpro.org/pubs/encpt-en/page-001 , Accessed March 9, 2020. (Login required)</p> <p>²Swan WI, Vivanti A, Hakel-Smith NA, et al. Nutrition care process and model update: Toward realizing people-centered care and outcomes management. <i>J Acad Nutr Diet.</i> 2017;117(12):2003-2014.</p> <p>³Lacey K, Pritchett E. Nutrition care process and model: ADA adopts road map to quality care and outcomes management. <i>J Am Diet Assoc.</i> 2003;103(8):1061-1072.</p>	<p>While the type of data from nutrition assessment may vary among nutrition settings meeting client or community needs, the process and intention are the same. The assessment data is compared to reference standards, recommendations, or goals for evaluation. Further, Nutrition Assessment initiates the data collection process providing the evidence for Nutrition Diagnosis and Nutrition Intervention that is continued throughout the NCP and form the foundation for reassessment and reanalysis of the data in Nutrition Monitoring & Evaluation.</p> <p>See: Nutrition Diagnosis See: Nutrition Intervention See: Nutrition Monitoring & Evaluation</p> <p>Reference: The Nutrition Care Process. eNCPT Web site. https://www.ncpro.org/nutrition-care-process?404%3Bhttp%3A%2F%2Fwww.ncpro.org%3A80%2Fnutrition-care-process=404%3Bhttp%3A%2F%2Fwww.ncpro.org%3A80%2Fnutrition-care-process&set_ga_opt_in_cookie=1&set_ga_opt_in=Save+Settings. Accessed March 9, 2020.</p>
Nutrition Care Process	<p>The Nutrition Care Process is a systematic problem-solving method that credentialed nutrition and dietetics practitioners use to critically think and make decisions when providing medical nutrition therapy or to address nutrition-related problems and provide safe and effective quality nutrition care.¹ The NCP consists of four distinct, interrelated steps: Nutrition Assessment and Reassessment, Nutrition Diagnosis, Nutrition Intervention, and Nutrition Monitoring and Evaluation.²</p> <p>See: Credentialed Nutrition and Dietetics Practitioner See: Medical Nutrition Therapy See: Nutrition Assessment</p>	<p>The NCP consists of four distinct, but interrelated and connected steps: 1) Nutrition Assessment and Reassessment, 2) Nutrition Diagnosis, 3) Nutrition Intervention, and 4) Nutrition Monitoring and Evaluation. The four steps are divided into two components: problem identification and problem solving. This distinction is important for application purposes. Problem identification includes Nutrition Assessment and Reassessment (Step 1), and Nutrition Diagnosis (Step 2). Problem solving includes Nutrition Intervention (Step 3), and Nutrition Monitoring and Evaluation (Step 4).¹ The NCP is dynamic and multidirectional to support critical thinking and timely care. As new information is collected, a credentialed nutrition and dietetics practitioner may revisit previous steps of the process to remove, add, or</p>


Term	Definition/Description	Key Considerations
	<p>See: Nutrition Diagnosis See: Nutrition Intervention See: Nutrition Monitoring and Evaluation</p> <p>Reference: ¹Lacey K, Pritchett E. Nutrition care process and model: ADA adopts road map to quality care and outcomes management. <i>J Am Diet Assoc.</i> 2003;103(8):1061-1072.</p> <p>²Swan WI, Vivanti A, Hakel-Smith NA, et al. Nutrition care process and model update: Toward realizing people-centered care and outcomes management. <i>J Acad Nutr Diet.</i> 2017;117(12):2003-2014.</p>	<p>change nutrition diagnoses, adjust interventions, or modify goals and monitoring data. The RDN makes decisions when providing medical nutrition therapy and addressing nutrition-related problems to ensure provision of safe, effective, timely and equitable quality care.²</p> <p>See: Credentialed Nutrition and Dietetics Practitioner See: Medical Nutrition Therapy</p> <p>The RDN performs all steps of the NCP. The NDTR performs the NCP steps as assigned and supervised by the RDN based on demonstrated and documented competence.</p> <p>See: Competence</p> <p>The electronic Nutrition Care Process Terminology (eNCPT) is one of many standardized terminologies that are used by the health professions. The eNCPT is included in the US mandated electronic health record terminologies of SNOMED CT (snomed.org) and LOINC (LOINC.org) to consistently describe, document and communicate nutrition and dietetics practice.</p> <p>The eNCPT provides the framework and data terms for research or quality improvement that facilitates measurement of nutrition practice and outcomes.</p> <p>The NCP Model is a visual representation that reflects key concepts of the NCP by presenting the workflow of credentialed nutrition and dietetics practitioners in diverse individual and population care delivery settings.</p> <p>Reference: ¹Swan WI, Vivanti A, Hakel-Smith NA, et al. Nutrition care process and model update: Toward realizing people-centered care and outcomes management. <i>J Acad Nutr Diet.</i> 2017;117(12):2003-2014.</p> <p>²Nutrition Care Process Model. Academy of Nutrition and Dietetics website. https://www.eatrightpro.org/practice/nutrition-care-process/ncp-overview/nutrition-care-process-model. Accessed December 13, 2022. (Login required)</p>
<p>Nutrition Diagnosis</p>	<p>Nutrition Diagnosis is a critical component of the NCP. A nutrition diagnosis identifies and describes a specific nutrition problem(s) that can be resolved or improved through nutrition intervention. ^{1,2,3}</p> <p>See: Nutrition Care Process</p>	<p>Nutrition Diagnosis is a critical step between Nutrition Assessment and Nutrition Intervention. This step of the NCP results in documentation of one or more eNCPT diagnosis(es) which typically includes a PES statement composed of three distinct components: Problem, Etiology, and Signs or Symptoms. Identifying the etiologies of nutrition problems leads to the selection of a Nutrition Intervention(s) aimed at</p>

Term	Definition/Description	Key Considerations
	<p>Reference:</p> <p>¹Academy of Nutrition and Dietetics. Nutrition Terminology Reference Manual (eNCPT): Dietetics Language for Nutrition Care 2019, ND Introduction, page-028, https://www.ncpro.org/pubs/encpt-en/page-028. Accessed March 9, 2020. (Login required)</p> <p>²Swan WI, Vivanti A, Hakel-Smith NA, et al. Nutrition care process and model update: Toward realizing people-centered care and outcomes management. <i>J Acad Nutr Diet.</i> 2017;117(12):2003-2014.</p> <p>³Lacey K, Pritchett E. Nutrition care process and model: ADA adopts road map to quality care and outcomes management. <i>J Am Diet Assoc.</i> 2003;103(8):1061-1072.</p>	<p>resolving the underlying cause of the nutrition problem(s) whenever possible.</p> <p>See: Nutrition Assessment See: Nutrition Intervention</p>
Nutrition Intervention	<p>Nutrition Intervention is purposefully planned actions designed with the intent of changing a nutrition-related behavior, risk factor, environmental condition, or aspect of health status and is a critical component of the NCP. The aim of the Nutrition Intervention is typically directed toward resolving the Nutrition Diagnosis by altering or eliminating the nutrition etiology. Less often, it is directed at relieving the signs and symptoms of the nutrition problem.^{1,2,3}</p> <p>See: Nutrition Diagnosis See: Nutrition Care Process</p> <p>Reference:</p> <p>¹Academy of Nutrition and Dietetics. Nutrition Terminology Reference Manual (eNCPT): Dietetics Language for Nutrition Care 2019, NI Introduction, page-048, https://www.ncpro.org/pubs/encpt-en/page-048?preview=true. Accessed March 9, 2020. (Login required)</p> <p>²Swan WI, Vivanti A, Hakel-Smith NA, et al. Nutrition care process and model update: Toward realizing people-centered care and outcomes management. <i>J Acad Nutr Diet.</i> 2017;117(12):2003-2014.</p> <p>³Lacey K, Pritchett E. Nutrition care process and model: ADA adopts road map to quality care and outcomes management. <i>J Am Diet Assoc.</i> 2003;103(8):1061-1072.</p>	<p>A Nutrition Intervention consists of two components: 1) Planning, and 2) Implementation.</p> <p>Nutrition Intervention includes 5 domains: 1. Food and Nutrient Delivery 2. Nutrition Education 3. Nutrition Counseling 4. Coordination of Nutrition Care 5. Population Based Nutrition Action</p> <p>Nutrition Interventions may be targeted at the individual level and/or population level, and include interventions for supportive individuals (e.g., family and caregivers) and supportive structures (e.g., social service agencies, faith-based organizations).</p> <p>Reference: Academy of Nutrition and Dietetics. Nutrition Terminology Reference Manual: Dietetics Language for Nutrition Care 2019. NCP Step 3: Nutrition Intervention, page-055. https://www.ncpro.org/pubs/encpt-en/page-055. Accessed March 9, 2020. (Login required)</p>
Nutrition Monitoring and Evaluation	<p>Nutrition Monitoring and Evaluation is a critical component of the NCP because it identifies outcomes and indicators relevant to the</p>	<p>Nutrition care outcomes represent the credentialed nutrition and dietetics practitioner’s specific</p>

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	<p>Nutrition Diagnosis(es) and Nutrition Intervention. Although the NCP steps are necessarily linear, a credentialed nutrition and dietetics practitioner completes a Nutrition Assessment, identifies and selects the term(s) for the Nutrition Diagnosis(es), and plans and implements the Nutrition Intervention(s), usually based on the etiology of the nutrition diagnosis.^{1,2}</p> <p>See: Nutrition Care Process See: Nutrition Diagnosis See: Nutrition Intervention See: Nutrition Assessment See: Credentialed Nutrition and Dietetics Practitioner</p> <p>Nutrition evaluation is the systematic comparison of current findings with the previous status, nutrition intervention goals, effectiveness of overall nutrition care, or a reference standard. Through monitoring and evaluation credentialed nutrition and dietetics practitioners determine the progress made in achieving desired outcomes of nutrition care and whether planned interventions should be continued or revised.</p> <p>Reference: ¹Swan WI, Vivanti A, Hakel-Smith NA, et al. Nutrition care process and model update: Toward realizing people-centered care and outcomes management. <i>J Acad Nutr Diet.</i> 2017;117(12):2003-2014.</p> <p>²Academy of Nutrition and Dietetics. Nutrition Terminology Reference Manual (eNCPT): Dietetics Language for Nutrition Care 2019, NCP and NME, page-066, https://www.ncpro.org/pubs/encpt-en/page-066. Accessed March 9, 2020. (Login required)</p>	<p>contribution to care, a distinguishing factor from health care outcomes.”</p> <p>Nutrition care outcomes:</p> <ul style="list-style-type: none"> • Represent nutrition care results • Can be linked to Nutrition Intervention goals • Are measurable with tools and resources available to the practitioner • Occur in a reasonable time period • Can be attributed to the nutrition care • Are logical and biologically or psychologically plausible steppingstones to other health care outcomes (eg, health and disease, cost, and client outcomes)¹ <p>Related: Outcome Measure</p> <p>References: Academy of Nutrition and Dietetics. Nutrition Terminology Reference Manual (eNCPT): Dietetics Language for Nutrition Care 2019, NCP and NME, page-067, https://www.ncpro.org/pubs/encpt-en/page-067. Accessed March 9, 2020. (Login required)</p>
<p>Nutrition Screening</p>	<p>Nutrition Screening is the process of identifying and referring those individuals and populations who are at risk for nutrition-related problems, are appropriate for nutrition care services, and would benefit from the NCP.^{1,2,3,4}</p> <p>See: Nutrition Care Process</p> <p>Reference: ¹Academy of Nutrition and Dietetics. Nutrition Terminology Reference Manual (eNCPT): Dietetics Language for Nutrition Care 2019, Nutrition Assessment Introduction, page-003. https://www.ncpro.org/pubs/encpt-en/page-003. Accessed March 9, 2020. (Login required)</p>	<p>Nutrition screening may be conducted in any practice setting as appropriate.</p> <p>Nutrition Screening tools are appropriate, valid, and reliable screening tools and resources to identify and recognize nutritional risk factors. Nutrition risk screening is often synonymous with malnutrition screening since malnutrition screening tools are the most common.¹</p> <p>Nutrition screening tools and parameters are established by RDNs, however, the screening process may be carried out by NDRs and others who have been trained in the use of the screening tool.²</p>

Term	Definition/Description	Key Considerations
	<p>²Swan WI, Vivanti A, Hakel-Smith NA, et al. Nutrition care process and model update: Toward realizing people-centered care and outcomes management. <i>J Acad Nutr Diet.</i> 2017;117(12):2003-2014.</p> <p>³Lacey K, Pritchett E. Nutrition care process and model: ADA adopts road map to quality care and outcomes management. <i>J Am Diet Assoc.</i> 2003;103(8):1061-1072.</p> <p>⁴Skipper A, Coltman A, Tomesko J, et al. Adult Malnutrition (Undernutrition) Screening: An Evidence Analysis Center Systematic Review. <i>J Acad Nutr Diet.</i> 2019 (Published online December 19, 2019).</p>	<p>Nutrition screening and rescreening should occur within an appropriate timeframe for the setting.</p> <p>Reference:</p> <p>¹ Skipper A, Coltman A, Tomesko J, et al. Position of the Academy of Nutrition and Dietetics: Malnutrition (Undernutrition) Screening Tools for All Adults. <i>J Acad Nutr Diet.</i> 2019. (Published online December 19, 2019)</p> <p>²Nutrition Screening Adults. Evidence Analysis Library Web site. https://www.andeal.org/topic.cfm?menu=5382. Accessed March 9, 2020.</p>
<p>Outcomes Management System</p>	<p>An Outcomes Management System is a system that evaluates the effectiveness and efficiency of an entire process such as the NCP, including cost and other relevant factors.^{1,2}</p> <p>See: Nutrition Care Process See: Outcomes Management</p> <p>Reference:</p> <p>¹Lacey K, Pritchett E. Nutrition care process and model: ADA adopts road map to quality care and outcomes management. <i>J Am Diet Assoc.</i> 2003;103(8):1061-1072.</p> <p>²Swan WI, Vivanti A, Hakel-Smith NA, et al. Nutrition care process and model update: Toward realizing people-centered care and outcomes management. <i>J Acad Nutr Diet.</i> 2017;117(12):2003-2014.</p>	<p>Outcomes management system functions include/to:</p> <ul style="list-style-type: none"> • Research the process, such as the NCP • Use aggregated data to conduct research • Conduct continuous quality improvement • Calculate and report quality indicators <p>See: Quality Improvement</p> <p>Using the NCP as an example: <i>Aggregated data is the foundation of NCP research.</i> An example to aggregate data is the Academy of Nutrition and Dietetics Health Informatics Infrastructure or ANDHII (https://www.andhii.org/info/).</p> <p><i>Conduct continuous quality improvement</i> applies to improving the model and care delivery as credentialed nutrition and dietetics practitioners participate in a learning organization.</p> <p><i>Calculate and report quality indicators</i> supports the Academy’s commitment to promote malnutrition quality measures reporting within the U.S. health care system (https://www.cdrnet.org/malnutrition), and reporting of other national health systems’ quality indicators.</p> <p>These activities support the credentialed nutrition and dietetics practitioner’s ability to report quality measures and other results from the Outcomes Management System within the NCP Model. Through the fully deployed Outcomes Management System, credentialed nutrition and dietetics practitioners influence the NCP environment described in its framing rings.</p> <p>See: Credentialed Nutrition and Dietetics Practitioners See: Quality Measures</p>


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		Reference: Swan WI, Vivanti A, Hakel-Smith NA, et al. Nutrition care process and model update: Toward realizing people-centered care and outcomes management. <i>J Acad Nutr Diet.</i> 2017;117(12):2003-2014.

Term	Definition/Description	Key Considerations
<p>Nutrition, Diet, and Supplements</p> 		
<p>Dietary Supplement</p>	<p>“A dietary supplement is a product taken by mouth that contains a ‘dietary ingredient’ intended to supplement the diet. The ‘dietary ingredients’ in these products may include:</p> <ul style="list-style-type: none"> ● vitamins, ● minerals, ● herbs or other botanicals, ● amino acids, ● dietary substance for use to supplement the diet by increasing the total dietary intake; or ● a concentrate, metabolite, constituent, or extract <p>Dietary supplements can also be extracts or concentrates and may be found in many forms such as tablets, capsules, softgels, gelcaps, liquids, or powders. They can also be in other forms, such as a bar, but if they are, information on their label must not represent the product as a conventional food or a sole item of a meal or diet. Whatever their form may be, DSHEA places dietary supplements in a special category under the general umbrella of "foods," not drugs, and requires that every supplement be labeled a dietary supplement.”</p> <p>Reference: Questions and Answers on Dietary Supplements. U.S. Food and Drug Administration Web site. https://www.fda.gov/food/information-consumers-using-dietary-supplements/questions-and-answers-dietary-supplements. Accessed February 19, 2020.</p> <p>Related: Title 21 Food and Drugs, Chapter 9 Federal Food, Drug, and Cosmetic Act. United States Code Web site. https://uscode.house.gov/view.xhtml?path=/pr elim@title21/chapter9&edition=prelim. Accessed March 9, 2020.</p>	<p>“The Federal Food, Drug, and Cosmetic Act requires that manufacturers and distributors who wish to market dietary supplements that contain ‘new dietary ingredients’ notify the Food and Drug Administration about these ingredients.”</p> <p>Reference. New Dietary Ingredients (NDI) Notification Process. U.S. Food and Drug Administration Web site. https://www.fda.gov/food/dietary-supplements/new-dietary-ingredients-ndi-notification-process. Accessed March 9, 2020.</p>
<p>Enteral Nutrition</p>	<p>Enteral Nutrition is the delivery of nutrients to a functional segment of the gastrointestinal tract distal to the oral cavity employing the use of a tube or catheter device to supply a liquid formula.^{1,2,3}</p> <p>Reference: ¹Cederholm T, Barazzoni R, Austin P, Ballmer P, Biolo G, Bischoff SC, Jensen GL. ESPEN Guidelines on Definitions and Terminology of Clinical Nutrition. <i>Clin Nutr.</i> 2017;36(1): 49-64.</p>	

Term	Definition/Description	Key Considerations
	<p>²Robinson D, Walker R, Adams S, et al. American Society for Parenteral and Enteral Nutrition (ASPEN) definition of terms, style, and conventions used in ASPEN Board of Directors-approved documents. https://www.nutritioncare.org/uploadedFiles/Documents/Guidelines_and_Clinical_Resources/ASPEN%20Definition%20of%20Terms,%20Style,%20and%20Conventions%20Used%20in%20ASPEN%20Board%20of%20Directors%E2%80%93Approved%20Documents.pdf. Published May 2018. Accessed March 9, 2020.</p> <p>³Szajewska H, Shamir R. (Eds.). <i>Evidence-based research in pediatric nutrition</i>. Karger Medical and Scientific Publishers; 2013.</p>	
Medical Food	<p>A Medical Food is “a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation.”</p> <p>Reference: (Section 5(b)(3) of the Orphan Drug Act (21 U.S.C. 360 ee (b) (3)). https://www.fda.gov/industry/designating-orphan-product-drugs-and-biological-products/orphan-drug-act-relevant-excerpts. Accessed February 19, 2020.</p>	<p>Criteria clarifying the statutory definition of a medical food can be found in FDA’s regulations at 21 CFR 101.9(j)(8).</p> <p>Medical foods are regulated as food and not drugs.¹ Medical Foods can be classified into categories.²</p> <p>Related: Enteral Nutrition Related: Dietary Supplements Related: Oral Nutrition Supplements</p> <p>Reference: ¹Medical Foods Guidance Documents & Regulatory Information. https://www.fda.gov/food/guidance-documents-regulatory-information-topic-food-and-dietary-supplements/medical-foods-guidance-documents-regulatory-information. Accessed March 9, 2020.</p> <p>²Food Composition, Standards, Labeling and Economics. http://www.fda.gov/downloads/Food/ComplianceEnforcement/UCM073339.pdf. Accessed March 9, 2020.</p>
Oral Nutritional Supplement	<p>An Oral Nutritional supplement is a food item consumed to manage calories, protein or other nutrient(s) to enhance nutritional quality; the supplement could be a meal replacement, a part of a meal or consumed as a snack. Examples: Commercial ready-to-use beverages or powdered products to be reconstituted with milk/milk substitute or water, puddings, soups or bars.^{1, 2}</p> <p>Reference: ¹British Association for Parenteral and Enteral Nutrition. (2016, May 30). Oral Nutritional Supplements (ONS). https://www.bapen.org.uk/nutrition-</p>	<p>Related: Dietary Supplements Related: Medical Foods</p>

Term	Definition/Description	Key Considerations
	<p>support/nutrition-by-mouth/oral-nutritional-supplements. Accessed March 9, 2020.</p> <p>²Robinson D, Walker R, Adams S, et al. American Society for Parenteral and Enteral Nutrition (ASPEN) definition of terms, style, and conventions used in ASPEN Board of Directors-approved documents. https://www.nutritioncare.org/uploadedFiles/Documents/Guidelines_and_Clinical_Resources/ASPEN%20Definition%20of%20Terms,%20Style,%20and%20Conventions%20Used%20in%20ASPEN%20Board%20of%20Directors%E2%80%93Approved%20Documents.pdf. Published May 2018. Accessed March 9, 2020.</p>	
Parenteral Nutrition	<p>Parenteral Nutrition is the intravenous administration of nutrients such as amino acids, carbohydrate, lipid, and added vitamins and minerals delivered via central or peripheral route. Central means parenteral nutrition delivered into a large-diameter vein, usually the superior vena cava adjacent to the right atrium. Peripheral means parenteral nutrition delivered into a peripheral vein, usually of the hand or forearm.^{1,2,3}</p> <p>References:</p> <p>¹ Robinson D, Walker R, Adams S, et al. American Society for Parenteral and Enteral Nutrition (ASPEN) definition of terms, style, and conventions used in ASPEN Board of Directors-approved documents. https://www.nutritioncare.org/uploadedFiles/Documents/Guidelines_and_Clinical_Resources/ASPEN%20Definition%20of%20Terms,%20Style,%20and%20Conventions%20Used%20in%20ASPEN%20Board%20of%20Directors%E2%80%93Approved%20Documents.pdf. Published May 2018. Accessed March 9, 2020.</p> <p>²Ayers P, Adams S, et al. ASPEN Parenteral Nutrition Safety Consensus Recommendations. <i>JPEN J Parenter Enteral Nutr.</i> 2014; 38: 296-333.</p> <p>³The Joint Commission. Glossary. In: 2019 Comprehensive Accreditation Manual for Hospitals (CAMH). Oak Brook, IL: Joint Commission Resources; 2018:GL-1.</p>	
Therapeutic Diet	<p>A Therapeutic Diet is a nutrition intervention prescribed by a physician or other authorized non-physician practitioner that provides food, fluid, or nutrients via oral, enteral and/or parenteral routes as part of treatment of disease or clinical conditions to modify,</p>	<p>Therapeutic diets provide nutrition intervention based on nutrition assessment that addresses an identified disease, clinical condition, or nutrition diagnosis by providing the specific nutritional requirements.¹</p> <p>See: Nutrition Intervention</p>

Term	Definition/Description	Key Considerations
	<p>eliminate, decrease, or increase identified micro- and macro-nutrients in the diet.^{1,2,3}</p> <p>See: Nutrition Intervention See: Enteral Nutrition See: Parenteral Nutrition</p> <p>References: ¹Academy of Nutrition and Dietetics. Therapeutic Diet Orders; 2022. https://www.eatrightpro.org/advocacy/licensur e/therapeutic-diet-orders. Accessed September 6, 2023. (Login required)</p> <p>²Practice Tips: Hospital Regulation- Ordering Privileges for the RDN. Commission on Dietetic Registration Web site. https://www.cdrnet.org/tips. Accessed September 6, 2023.</p> <p>³Practice Tips: Implementation Steps- Ordering Privileges for the RDN. Commission on Dietetic Registration Web site. https://www.cdrnet.org/tips. Accessed September 6, 2023.</p>	<p>See: Nutrition Assessment</p> <p>Mechanically altered diets are considered different from a therapeutic diet and “refers to food that has been altered to make it easier for the patient or resident to chew and swallow, and this type of diet is used for patients and residents who have difficulty performing these functions.”²</p> <p>Reference: ¹MDS 3.0 RAI Manual, Chapter 3, Section K: Swallowing/ Nutritional Status http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIMa nual.html. Updated October 1, 2018. Accessed March 9, 2020.</p> <p>²Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2020 Rates; Proposed Quality Reporting Requirements for Specific Providers; Medicare and Medicaid Promoting Interoperability Programs Proposed Requirements for Eligible Hospitals and Critical Access Hospitals. Federal Register Web site. https://www.federalregister.gov/documents/2019/05/03/2019-08330/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the. Accessed March 9, 2020.</p>

Term	Definition/Description	Key Considerations
<p>Practice</p> 		
<p>Certified Health Coach</p>	<p>A Certified Health Coach is a health professional with a diverse educational and professional background who uses evidence-based interventions to collaborate with individuals and/or groups to promote improved health choices, thereby improving their health, health risk and overall wellbeing. Certified Health Coaches guide clients to achieve their health goals through lifestyle and behavior choices aligned with their long-term goals and values.^{1,2,3}</p> <p>A Certified Health Coach should provide expert advice only in the areas where he/she has nationally recognized credentials and/or professional designation (e.g., RDN, physician, psychologist or other qualified health professional) and must adhere to their individual professional scope of practice and code of ethics.^{2,4}</p> <p>See: Individual Scope of Practice See: Statutory Scope of Practice Related: Coach, National Board Certified Health & Wellness Coach</p> <p>Reference: ¹NSHC Code Practice Standards & Ethics. NSHC Web site. https://www.nshcoa.com/program_ethics. Published January 2015. Accessed March 9, 2020.</p> <p>²NSHC Position Statement: Health Coaches & Health Coaching: Definition, Qualifications, Risk and Responsibility, and Differentiation from Wellness Coaching. National Society of Health Coaches (NSHC) Web site. https://www.nshcoa.com/pdf/NSHCPositionStatementFinal2015.pdf. Published April 28, 2015. Accessed March 9, 2020.</p> <p>³Health Coach Certification: A Balanced Approach to Wellness. Dr. Spears Wellness Institute Web site. https://www.drsearswellnessinstitute.org/health-coach-certification/, Accessed March 9, 2020.</p> <p>⁴Coach Certification Candidate Handbook. Wellcoaches School of Coaching. http://www.wellcoach.com/images/wcc_handb</p>	<p>A Certified Health Coach has knowledge and understanding of evidence-based behavior change methodologies, disease prevention and management, and evidence-based health education research.¹</p> <p>Certified Health Coaches may provide expert guidance in areas in which they hold active, nationally recognized credentials, and may offer resources from nationally recognized authorities.¹</p> <p>For a list of certified health coach credential examples, see Figure 4 in the Scope of Practice for the RDN or Scope of Practice for the NDTR article.^{2,3}</p> <p>Certified Health Coaches support clients ranging from low to high health risk in mobilizing internal strengths and external resources, and in developing self-management strategies for making sustainable, healthy lifestyle, behavior changes.⁴</p> <p>The Certified Health Coach knows when, why, and how (i.e., clinically, legally) to refer to a higher level of care when the client’s needs exceed the expertise of the Certified Health Coach, such as a referral to a RDN, physician, psychologist, or other qualified health professional.</p> <p>Settings where RDNs may practice as a Certified Health Coach may include corporate wellness, public and community health, insurance providers, primary care, and private practice.</p> <p>All Certified Health Coaches are considered Health Coaches, but not all Health Coaches are Certified Health Coaches.</p> <p>Reference: ¹Coach Certification Candidate Handbook. Wellcoaches School of Coaching. http://www.wellcoach.com/images/wcc_handbook.pdf. Published September 2018. Accessed March 9, 2020.</p> <p>²The Academy Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Scope of Practice for the Registered Dietitian Nutritionists. <i>J Acad Nutr Diet</i>. 2018; 118(1): 141-165.</p> <p>³The Academy Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Scope of Practice for the Nutrition and Dietetics</p>

Term	Definition/Description	Key Considerations
	<p>ook.pdf. Published September 2016. Accessed March 9, 2020.</p>	<p>Technician, Registered. <i>J Acad Nutr Diet</i>. 2018; 118(2): 327- 342.</p> <p>⁴International Certification Exam Study Guide. International Association for Health Coaches. http://iahcnow.org/certification/. Accessed March 9, 2020.</p>
Clinical Nutrition	<p>Clinical nutrition deals with the prevention, diagnosis and management of nutritional and metabolic changes related to acute and chronic diseases and conditions caused by a lack or excess of energy and nutrients (macro and micro). Any nutritional measure, preventive or curative, targeting individual patients is clinical nutrition. Clinical nutrition is largely defined by the interaction between food and nutrients, disease and the life-cycle. Clinical nutrition includes application of the Nutrition Care Process and workflow elements including Medical Nutrition Therapy to address the nutritional care of patients/clients with malnutrition, obesity, diabetes, food allergies or intolerances, metabolic diseases, and all other diseases or conditions in which nutrition plays a role in prevention or treatment, such as critical illness, pre-diabetes, cancer or cystic fibrosis.^{1, 2}</p> <p>See: Nutrition Care Process See: Medical Nutrition Therapy</p> <p>References: ¹ Academy of Nutrition and Dietetics Quality Management Committee. Academy of Nutrition and Dietetics: Scope of Practice for the Registered Dietitian Nutritionist. <i>J Acad Nutr Diet</i>. 2018;118:141-165. ² Cederholm T, Barazzoni R, Austin P, et al. ESPEN guidelines and definitions and terminology of clinical nutrition. <i>Clin Nutr</i>. 2017;36(1):49-64.</p> <p>Related: Academy of Nutrition and Dietetics. Academy of Nutrition and Dietetics: Revised Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Clinical Nutrition Management. <i>J Acad Nutr Diet</i>. 2019;119(9):1545-1560.</p>	
Clinical Privileges	<p>Clinical Privileges provide a way to differentiate between individuals’ different levels of clinical decision-making and application skills. Authorization is granted by the appropriate authority (e.g., the governing body of a health care facility) to a practitioner to provide specific care, treatment, or services in the organization</p>	<p>Clinical Privileging is the formal process by which, upon request from the individual healthcare provider, a healthcare organization determines the current knowledge, skill, competence, and statutory scope of practice of the requesting individual to perform diagnostic and/or therapeutic procedures and/or interventions and grants authorization to perform</p>

Term	Definition/Description	Key Considerations
	<p>within well-defined limits, based on the following factors: license (state-specific, if applicable), education, training, experience, judgment, and demonstrated and documented competence.</p> <p>See: Competence</p> <p>Reference: Ambulatory Care Program: The Who, What, When, and Where’s of Credentialing and Privileging. The Joint Commission Web site. https://www.jointcommission.org/assets/1/6/A_HC_who_what_when_and_where_credentialin_g_booklet.pdf. Published June 21, 2016. Accessed March 9, 2020.</p>	<p>identified client/patient-care services within that organization for a defined period of time concurrent with any specified performance review procedures.¹</p> <p>RDN healthcare providers and their managers/directors considering incorporation of specific nutrition-related activities, (e.g., diet, oral nutritional supplement, enteral or parenteral nutrition orders) diagnostic and therapeutic procedures into their practice are accountable and responsible for determining both their individual scope of practice and statutory scope of practice.</p> <p>See: Enteral Nutrition See: Parenteral Nutrition See: Oral Nutritional Supplement See: Individual Scope of Practice See: Statutory Scope of Practice</p> <p>A common type of clinical privileges is ordering privileges. RDNs became an eligible for ordering privileges in acute and critical access hospitals when the CMS Conditions of Participations were revised, consistent with state law. Regulatory changes in long-term care allow a physician to delegate diet order writing to an RDN.^{2,3,4}</p> <p>References: ¹Hospitals and Long Term Care Facilities. Academy of Nutrition and Dietetics Web site. https://www.eatrightpro.org/advocacy/licensure/the-rapeutic-diet-orders/hospitals-and-long-term-care-facilities. Accessed September 6, 2023. (Login required)</p> <p>²The Academy Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Scope of Practice for the Registered Dietitian Nutritionist. <i>J Acad Nutr Diet</i>. 2018; 118(1); 141-165.</p> <p>³Practice Tips: Hospital Regulation- Ordering Privileges for the RDN. Commission on Dietetic Registration Web site. https://www.cdrnet.org/tips. Accessed September 6, 2023.</p> <p>⁴Practice Tips: Implementation Steps- Ordering Privileges for the RDN. Commission on Dietetic Registration Web site. https://www.cdrnet.org/tips. Accessed September 6, 2023.</p> <p>Related: Academy of Nutrition and Dietetics/ Commission on Dietetic Registration. Code of Ethics for the Nutrition and Dietetics Profession. https://www.cdrnet.org/codeofethics. Accessed September 6, 2023.</p>

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		<p>State Operations Manual for Hospitals. Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals. Updated October 12, 2018. Available at https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107apa_hospitals.pdf. Accessed March 9, 2020.</p>
<p>Community Dietitian Nutritionist</p>	<p>A Community Dietitian Nutritionist is a professional trained in the delivery of primary, secondary, and tertiary nutrition services within community settings. The RDN has training in nutrition throughout the lifespan; nutrition education and counseling; and program development. The Academy strongly recommends that they are RDNs, and maintain state licensure.</p> <p>Reference: Bruening M, Udarbe A, Yakes Jimenez E, et al. Academy of Nutrition and Dietetics: Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Public Health and Community Nutrition. <i>J Acad Nutr Diet</i>. 2015: 115(10); 1699-1709e39.</p>	<p>The main functions of Community Dietitian Nutritionists include:</p> <ul style="list-style-type: none"> • developing, providing, and evaluating nutrition education and counseling efforts for small groups and individuals; • planning, implementing, and evaluating primary and secondary prevention interventions based on community assessment data and scientific evidence; • developing nutrition programs and interventions, including related educational materials and in-service education programs, that meet the cultural and linguistic needs of individuals and target populations; • communicating with target population via a variety of strategies (e.g., social media, flyers, public service announcements); • providing referrals to and collaborating with local health organizations to assure comprehensive nutrition services; • administering programs and supervising staff; participating in care coordination or providing case management. <p>Reference: Bruening M, Udarbe A, Yakes Jimenez E, et al. Academy of Nutrition and Dietetics: Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Public Health and Community Nutrition. <i>J Acad Nutr Diet</i>. 2015: 115(10); 1699-1709e39.</p>
<p>Community Nutrition</p>	<p>Community Nutrition encompasses individual and interpersonal-level interventions that create changes in knowledge, attitudes, behavior and health outcomes among individuals, families or small, targeted groups within a community setting.</p> <p>Reference: Bruening M, Udarbe A, Yakes Jimenez E, et al. Academy of Nutrition and Dietetics: Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Public Health and Community Nutrition. <i>J Acad Nutr Diet</i>. 2015: 115(10); 1699-1709e39.</p>	
<p>Conflict(s) of Interest(s)</p>	<p>A Conflict(s) of Interest(s) is traditionally defined as a personal or financial interest or a duty to another party which may prevent an</p>	<p>Conflict of interest may arise when circumstances or relationships create or increase the risk that professional judgment or actions regarding a primary</p>

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	<p>individual 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.^{1, 2, 3}</p> <p>Reference: ¹ Institute of Medicine (IOM). <i>Conflict of Interest in Medical Research, Education, and Practice</i>. Washington, DC: The National Academies Press; 2009.</p> <p>² Conflict of Interest Policy. Academy of Nutrition and Dietetics Web site. https://www.eatrightpro.org/leadership/governance/bylaws-and-policies/conflict-of-interest-policy. Accessed September 6, 2023. (Login required)</p> <p>³ Peregrin, T. Identifying and Managing Conflicts of Interest. <i>J Acad Nutr Diet</i>. 2020; 120(3): 445.447.</p>	<p>interest may be unduly influenced by a secondary interest. Conflicts of interest can also be categorized into individual or institutional and tangible or intangible.¹ Primary interests of a healthcare professional society, such as the Academy, are to promote and protect the:</p> <ul style="list-style-type: none"> • welfare of patients/residents/clients/public, • integrity and transparency of research, and • quality of nutrition and dietetics education. <p>Secondary interests may include:</p> <ul style="list-style-type: none"> • financial gain, • desire for professional advancement, • recognition for personal achievement, • favors to friends and family or to students and colleagues.² <p>After declaring a conflict of interest, act in accordance with the organization’s conflict of interest policy.</p> <p>When representing a State on a professional regulatory board, a perception of conflict of interest may occur when one also serves on an Affiliate board or on the Affiliate Public Policy Panel. These boards specifically indicate what is considered a conflict in their position descriptions. Such positions may require the person to advocate and express support publicly for positions of the professional organization. This applies to both State and Federal levels of the professional organization, recognizing that a majority of potential conflicts involve dual memberships on State Affiliate boards and State licensure or certification boards.</p> <p>The Academy of Nutrition and Dietetics and Commission on Dietetic Registration Code of Ethics provides guidance on Conflict of Interest to credentialed nutrition and dietetics practitioners in their professional practice and conduct.³ The Code of Ethics is comprised of four principles and standards to guide practice roles and conduct. Because of its importance to practice Principle 2 is outlined below in entirety.</p> <p>See: Credentialed Nutrition and Dietetics Practitioner</p> <p>Principle 2: Integrity in personal and organizational behaviors and practices (Autonomy)</p> <p>a. Nutrition and dietetics practitioners shall: 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.³</p>

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		<p>References:</p> <p>¹ Conflicts of Interest. Columbia University Web site. http://cnmtl.columbia.edu/projects/rcr/rcr_conflicts/foundation/#1_1. Accessed March 9, 2020.</p> <p>² Institute of Medicine (IOM). <i>Conflict of Interest in Medical Research, Education, and Practice</i>. Washington, DC: The National Academies Press; 2009.</p> <p>³Academy of Nutrition and Dietetics/ Commission on Dietetic Registration. Code of Ethics for the Nutrition and Dietetics Profession. https://www.cdrnet.org/codeofethics. Accessed September 6, 2023.</p> <p>Related: Conflicts of Interest. Institute on Medicine as a Profession Web site. http://imapny.org/conflicts-of-interest/conflicts-of-interest-2/. Accessed March 9, 2020.</p>
Dietitian	<p>Some states have enacted licensure laws or other forms of legislation that regulate use of the title “Dietitian” and/or sets specific qualifications for using the title, often but not uniformly including either registration with CDR as an RDN or holding a license as a dietitian within the state.</p> <p>See: Registered Dietitian Nutritionist (RDN)</p> <p>Refer to state laws and licensure board for each state’s specific licensing acts for becoming a dietitian.</p> <p>Reference: State Licensure. Commission on Dietetic Registration site. https://www.cdrnet.org/licensure. Accessed September 6, 2023.</p>	
Entry-Level Practitioner	<p>An Entry-Level Practitioner has less than three years of registered practice experience and demonstrates a competent level of dietetics practice and professional performance.</p> <p>Reference: Griswold K, Rogers D, Sauer KL, Kellogg-Leibovitz P, Finn J. Entry-Level Dietetics Practice Today: Results from the 2015 Commission on Dietetic Registration Entry-Level Dietetics Practice Audit. <i>J Acad Nutr Diet</i>. 2016; 116(10); 1632-1984.</p>	Related: Nutrition and Dietetics Career Development Guide Helix
Focus Area of Nutrition and Dietetics Practice	<p>A Focus Area of Nutrition and Dietetics Practice is a defined practice area that requires focused knowledge, skills, and experience.</p> <p>See: Nutrition and Dietetics Practice</p>	The term focus area is adopted based on feedback from Academy members to the Academy Council on Future Practice and relates to how a practitioner specializes in a specific area of practice (i.e., diabetes, community health).

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	<p>Reference: Academy of Nutrition and Dietetics Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitian Nutritionists. <i>J Acad Nutr Diet.</i> 2018;118(1):132-140e15.</p>	<p>Reference: Council on Future Practice. Academy of Nutrition and Dietetics website. https://www.eatrightpro.org/leadership/governance/academy-committees/council-on-future-practice. Accessed September 6, 2023.</p>
<p>Food as Medicine</p>	<p>Food as Medicine is a philosophy where food and nutrition aids individuals through interventions that support health and wellness. Focus areas include:</p> <ul style="list-style-type: none"> • Food as preventative medicine to encourage health and well-being; • Food as medicine in disease management and treatment; • Food as medicine to improve nutrition security¹; and • Food as medicine to promote food safety. <p>Food as medicine is a reaffirmation that food and nutrition play a role in sustaining health, preventing disease, and as a therapy for those with conditions or in situations responsive to changes in their diet.²</p> <p>References: ¹ Yoder AD, Proaño GV, Handu D. Retail Nutrition Programs and Outcomes: An Evidence Analysis Center Scoping Review. <i>J Acad Nutr Diet.</i> 2020; In Press. ² Downer S, Berkowitz SA, Harlan TS, Lee Olstad D, Mozaffarian D. Food is medicine: Actions to integrate food and nutrition into healthcare. <i>BMJ.</i> 2020; 369: m2482.</p>	<p>The concept of ‘food as medicine’ is not new, it is attributed to Hippocrates around 400 BC- “Let food be thy medicine and medicine be thy food”.¹ One in five deaths across the globe is attributed to suboptimal diet, prompting the use of food as medicine as part of patient/client care.²</p> <p>The Academy identified a future change driver in the 2017 Visioning Report: “Food Becomes Medicine in the Continuum of Health”³, and RDNs have been at the forefront, incorporating the concept into person-centered nutrition care and services (e.g., medical nutrition therapy).⁴ Food as medicine research indicates interventions such as: person-centered nutrition education, prescriptions for produce, medically tailored meal or food programs may be associated with improved health outcomes and reduced health care usage and cost.^{1, 2, 5}</p> <p>Food can be therapeutic through its biological, psychological, emotional, and social effects on people. Credentialed nutrition and dietetics practitioners use food as a therapy to achieve their patients’/clients’ health-related goals by multiple methods such as patient-centered optimization of food selection, frequency and quantity of consumption, preparation methods, and improved food access. RDNs assist individuals to translate nutrient needs and preferences into food choices or purchases that improve health⁶ in places such as hospitals, clinics, grocery stores, and/or farmers markets.</p> <p>References: ¹ Yoder AD, Proaño GV, Handu D. Retail Nutrition Programs and Outcomes: An Evidence Analysis Center Scoping Review. <i>J Acad Nutr Diet.</i> 2020; In Press. ² Downer S, Berkowitz SA, Harlan TS, Lee Olstad D, Mozaffarian D. Food is medicine: Actions to integrate food and nutrition into healthcare. <i>BMJ.</i> 2020; 369: m2482.</p>

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		<p>³ Kicklighter JR, Dorner B, Hundter AM, Spear B, Hand R, Byrne C. Visioning Report 2017: A Preferred Path Forward for the Nutrition and Dietetics Profession. <i>J Acad Nutr Diet.</i> 2017; 117(1): 110-127.</p> <p>⁴ Russell M. Treating the Whole Person: Food as Lifestyle Medicine. <i>J Acad Nutr Diet.</i> 2018; 118(8): 1353.</p> <p>⁵ Berkowitz SA, Terranova J, Randall L, et al. Association between receipt of a medically tailored meal program and health care use. <i>JAMA Intern Med.</i> 2019;179(6):786-793.</p> <p>⁶ Prescribing Food as Medicine. Oliver Wyman Website. https://www.oliverwyman.com/our-expertise/insights/2018/dec/health-innovation-journal/what-s-next/prescribing-food-as-medicine.html. Accessed February 25, 2021.</p>
<p>Medical Nutrition Therapy</p>	<p>Medical Nutrition Therapy (MNT) is an evidence-based application of the Nutrition Care Process. The provision of MNT (to a patient/client) may include one or more of the following: nutrition assessment/reassessment, nutrition diagnosis, nutrition intervention and nutrition monitoring and evaluation that typically results in the prevention, delay or management of diseases and/or conditions. ^{1, 2}</p> <p>See: Nutrition Care Process</p> <p>Reference: ¹electronic Nutrition Care Process Terminology. Academy of Nutrition and Dietetics Nutrition Care Process and Outcomes Web site. https://www.ncpro.org//default.cfm?. Accessed March 9, 2020. (Login required)</p> <p>²Lacey K, Pritchett E. Nutrition Care Process and Model: ADA adopts road map to quality care and outcomes management. <i>J Am Diet Assoc.</i> 2003; 103(8):1061-1072.</p>	<p>CDR’s definition of medical nutrition therapy is broader than the MNT definition established by Medicare Part B and other health plans. In addition, the definition may differ from the MNT definition included in state licensure laws.¹</p> <p>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”.¹</p> <p>In order for RDNs to bill for MNT, they must receive (or obtain) a referral from Licensed Independent Practitioners (LIPs) which include Advanced Practice Registered Nurses (APRNs), Physician Assistants (PAs) as well as Doctors of Osteopathy (DOs) and Medical Doctors (MDs). Referrals may include, but not limited to, inpatient and outpatient nutrition consults, discharge planning and transitions of care.²</p> <p>MNT utilizes all domains of nutrition intervention.³ MNT involves in-depth individualized nutrition assessment, determination of the nutrition diagnosis, determination and application of the nutrition intervention personalized for the individual or group, and periodic monitoring, evaluation, re-assessment and intervention tailored to manage the disease, injury or condition.</p> <p>See: Nutrition Assessment See: Nutrition Diagnosis See: Nutrition Intervention</p>

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		<p>As noted in the Evidence Analysis Library, MNT is “... focused on the management of diseases. MNT involves in-depth individualized nutrition assessment and a duration and frequency of care using the Nutrition Care Process to manage disease.”³</p> <p>Reference: ¹ US Code of Federal Regulation, Title 42. § 1395x. Social Security. (vv) Medical nutrition therapy services; registered dietitian or nutrition professional; subpart G—medical nutrition therapy. 42 C.F.R. 410.134. SOURCE: 66 FR 55331, Nov. 1, 2001, as amended at 72 FR 66400, Nov. 27, 2007. §410.130, 132, 134. https://www.ecfr.gov/cgi-bin/text-idx?SID=7b0debeb5b121c3aad075234c34e6220&mc=true&node=se42.2.410_1132&rgn=div8 Accessed May 20, 2020.</p> <p>²Medical Nutrition Therapy. Academy of Nutrition and Dietetics. https://www.eatrightpro.org/career/payment/medical-nutrition-therapy . Accessed September 6, 2023. (Login required)</p> <p>³Evidence Analysis Library. Academy of Nutrition and Dietetics. https://www.andeal.org/. Accessed March 9, 2020.</p>
<p>National Board Certified Health and Wellness Coach (NBC-HWC)</p>	<p>National Board Certified Health and Wellness Coaches (NBC-HWC) “partner with clients seeking self-directed, lasting changes, aligning with their values, which promote health and wellness and, thereby, enhance well-being.”¹</p> <p>In the course of their work, health and wellness coaches display unconditional positive regard for their clients and a belief in their capacity for change, and honoring that each client is an expert on his or her life while ensuring that all interactions are respectful and non-judgmental”.²</p> <p>A NBC-HWC is a professional with a diverse educational and professional background who works with individuals and/or groups in a client-centered process to facilitate and empower the client to achieve self-determined goals related to health and wellness.¹ NBC-HWCs support clients ranging from low to high health risk in mobilizing internal strengths and external resources, and in developing self-management strategies for making sustainable, healthy lifestyle, behavior changes.²</p>	<p>A National Board Certified Health and Wellness Coach (NBC-HWC) has knowledge and understanding of behavior change methodologies, disease prevention and management, and evidence-based health education research.</p> <p>NBC-HWCs may provide expert guidance in areas in which they hold active, nationally-recognized credentials and may offer resources from nationally-recognized authorities.¹</p> <p>The NBC-HWC knows when, why, and how (i.e., clinically, legally) to refer to a higher level of care when the client’s needs exceed the expertise of the NBC-HWC, such as referral to a RDN, physician, psychologist, or other qualified health professional.</p> <p>Settings where RDNs may practice as a NBC-HWC may include: corporate wellness, public and community health, insurance providers, primary care and private practice.</p> <p>A pathway to become a NBC-HWC is through the National Board for Health & Wellness Coaching (NBHWC).² The candidate must hold a degree in a health related field, complete an approved coach training program with a minimum of 75 contact hours, pass the HWC Certifying Exam, and document</p>

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	<p>NBC-HWCs must adhere to all code of ethics and standards of practice for his/her nationally-recognized credential and/or professional designation (eg, RDN, physician, psychologist or other qualified health professional)³ or his/her respective healthcare profession, including maintaining an active unencumbered license, registration or special certification to practice if required by law.</p> <p>Related: Certified Health Coach</p> <p>Reference: ¹Wolever R, Simmons LA, Sforzo G, et al. A Systematic Review of the Literature on Health and Wellness Coaching: Defining a Key Behavioral intervention in Healthcare. <i>Global Adv Health Med.</i> 2013; 2(4): 38-57.</p> <p>²NBHWC Health & Wellness Coach Scope of Practice. International Consortium for Health & Wellness Coaching https://nbhwc.org/wp-content/uploads/2019/04/FINAL-Code-of-Ethics-4_15_19.pdf. Accessed March 9, 2020.</p> <p>³National Board for Health & Wellness Coaching. ICHWC Web site. https://nbhwc.org/. Accessed March 9, 2020.</p>	<p>at least 50 HWC sessions. For re-certification, individuals must complete 36 hours of continuing education every three years to renew their certifications.²</p> <p>National Board for Health and Wellness Coaching (NBHWC) has created national standards and launched a National Board Certification for Health and Wellness Coaches.² A NBC-HWC is a separate unique certification itself, and not merely a combination of possessing both a Certified Health Coach and a Wellness Coach distinction.</p> <p>See: Certified Health Coach</p> <p>All National Board Certified Health and Wellness Coaches are considered Health and Wellness Coaches, but not all Health and Wellness Coaches are National Board Certified Health and Wellness Coaches.</p> <p>Reference: ¹NBHWC Health & Wellness Coach Scope of Practice. National Board for Health & Wellness Coaching. https://nbhwc.org/wp-content/uploads/2019/05/FINAL-NBHWC-Health-Wellness-Coach-Scope-of-Practice-4_15_19-2.pdf. Accessed March 9, 2020.</p> <p>²National Board for Health & Wellness Coaching. ICHWC Web site. https://nbhwc.org/. Accessed March 9, 2020.</p>
<p>Nutrition and Dietetics Technician, Registered (NDTR)</p>	<p>The Nutrition and Dietetics Technician, Registered (NDTR) is defined by the Commission on Dietetic Registration as an individual who has met current minimum requirements through <u>one</u> of three routes:</p> <ol style="list-style-type: none"> 1. Successful completion of a minimum of an Associate degree granted by a U.S. regionally accredited college or university, or foreign equivalent and completed a minimum of 450 supervised practice hours through a Dietetic Technician Program accredited by Accreditation Council for Education in Nutrition and Dietetics (ACEND) of the Academy. 2. Successful completion of a Baccalaureate degree granted by a U.S. regionally accredited college or university, or foreign equivalent; met current academic requirements (Didactic Program in Dietetics) as accredited by ACEND of the Academy; successfully completed a minimum of 450 supervised practice hours under the auspices of a Dietetic Technician Program as accredited by ACEND. 	<p>The Academy’s Board of Directors has approved the optional use of the credential “nutrition and dietetics technician, registered” (NDTR) by dietetic technicians, registered (DTRs). The Board supports this new credentialing option, to build upon the existing DTR Pathway III and differentiate between degree levels to obtain the credential Nutrition and Dietetics Technician, Registered (PhD, MS, MA, BS, BA, or AS-NDTR, or AA-NDTR). This credentialing model follows the nursing model (the RN examination is open to AS, AA, BS, BA, MS, and MA prepared individuals). Individuals who have earned the DTR credential could choose to retain this credential or adopt the NDTR; those with the four-year degree likewise could choose BS-DTR/BA-DTR or BS-NDTR/BA-NDTR.¹</p> <p>NDTRs work under the supervision of the RDN when engaged in direct patient/client nutrition care activities in any setting.^{2,3} Refer to Scope of Practice for NDTR Roles: Services, Activities and Practice Areas.</p> <p>The RDN performs all steps of the Nutrition Care Process. The NDTR performs the Nutrition Care</p>

Term	Definition/Description	Key Considerations
	<p>3. Completed a minimum of a Baccalaureate degree granted by a U.S. regionally accredited college or university, or foreign equivalent; successfully completed a Didactic Program in Dietetics as accredited by ACEND of the Academy. Those with the four-year degree could also choose BS-DTR or BS-NDTR.¹</p> <p>In all three routes, the individual must successfully complete the Registration Examination for Dietetic Technicians and remit the annual registration maintenance fee. To maintain the DTR or NDTR credential, the DTR or NDTR must comply with the Professional Development Portfolio (PDP) recertification requirements (accrue 50 hours of approved continuing professional education every five years).²</p> <p>Reference: ¹ About Accredited Programs. ACEND Web site. https://www.eatrightpro.org/acend/accredited-programs/about-accredited-programs. Accessed September 6, 2023.</p> <p>² Dietetic Technician, Registered (DTR) or Nutrition and Dietetics Technician, Registered (NDTR). Commission on Dietetic Registration Web site. https://www.cdrnet.org/NDTR. Accessed September 6, 2023.</p>	<p>Process steps as assigned and supervised by the RDN based on demonstrated and documented competence.</p> <p>See: Nutrition Care Process</p> <p>An RDN may assign a NDTR interventions within the NDTR’s individual scope of practice, which may include educating individuals, planning between-meal nourishments according to the individual’s diet and food preferences, planning and correcting menus for individuals on special diets based on established guidelines, individualizing menus based on food preferences, observing individuals during meal rounds and reporting observations to the RDN; and with the RDN, modifying the plan of nutrition care.</p> <p>See: Individual Scope of Practice</p> <p>Whether the supervision is direct (RDN is on premises and immediately available or self-employed in private practice) or indirect (RDN is immediately available by telephone or other electronic means) is determined by regulation and facility policies and procedures. Direct and indirect supervision of nutrition care services/nutrition care process is when the supervising RDN is available to the NDTR for consultation whenever consultation is required.</p> <p>NDTRs must comply with the Academy of Nutrition and Dietetics/CDR Code of Ethics and Academy Standards of Practice (SOP) in Nutrition Care and Standards of Professional Performance (SOPP) for NDTRs.⁴ To view SOP SOPP documents, visit: https://iandonline.org/content/core.</p> <p>Related: Registered Dietitian Nutritionist (RDN)</p> <p>Reference: ¹NDTR Credential Option- FAQ. Commission on Dietetic Registration Web site. https://www.cdrnet.org/dtrcredentialfaq. Accessed September 6, 2023.</p> <p>²The Academy Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Scope of Practice for the Nutrition and Dietetics Technician, Registered. <i>J Acad Nutr Diet</i>. 2018; 118(2); 327-342.</p> <p>³Practice Tip: What is Meant by “Under the Supervision of the RDN”? Commission on Dietetic Registration Web site. https://www.cdrnet.org/tips. Accessed September 6, 2023.</p>

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		<p>⁴The Academy Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Nutrition and Dietetics Technicians, Registered. <i>J Acad Nutr Diet.</i> 2018; 118(2); 317-326e13. .</p>
<p>Nutrition Informatics</p>	<p>Nutrition Informatics is “The effective retrieval, organization, storage and optimum use of information, data and knowledge regarding food and nutrition in order to accelerate improvements in global health and well-being. Informatics is supported by the use of information standards, processes and technology.”</p> <p>Reference: Originally adapted from the definition of biomedical informatics; Shortliffe EH, Cimino JJ, eds. <i>Biomedical Informatics: Computer Applications in Health Care and Biomedicine.</i> 3rd ed. New York, NY: Springer Science + Business Media, LLC; 2006: 24.</p>	<p>Nutrition Informatics is using and managing knowledge that is acquired through technology. Nutrition informatics is also part of the larger health informatics landscape, which would include areas such as health care, research, public health, health policy, etc.</p> <p>Simple definition: The intersection of information, nutrition and technology.</p> <p>Reference: Nutrition informatics. Healthcare Information and Management Systems Society (HIMSS). https://www.himss.org/library/nutrition-informatics. Accessed March 9, 2020.</p> <p>Related: Rusnak, S. and Charney, P. Position of the Academy of Nutrition and Dietetics: Nutrition Informatics. <i>J Acad Nutr Diet.</i> 2019; 119(8): 1375-138</p> <p>What is Informatics? AMIA.org. https://www.amia.org/fact-sheets/what-informatics. Accessed March 9, 2020.</p>
<p>Nutrition-Related Services</p>	<p>Nutrition-Related Services encompass action and activities provided by registered dietitian nutritionists (RDNs) and nutrition and dietetics technicians, registered (NDTRs) that relate to the delivery of food and nutrition care and services.</p> <p>Reference: Nutrition Therapy Services. Medicare Web site. http://www.medicare.gov/coverage/nutrition-therapy-services.html. Accessed March 9, 2020.</p>	<p>Medicare Part B Insurance (Medical Insurance) may cover medical nutrition therapy services and certain related services if the patient/client has diabetes or kidney disease, or has had a kidney transplant in the last 36 months. A registered dietitian or nutrition professional who meets certain requirements can provide these services, which may include nutritional assessment, one-on-one counseling, and therapy services through an interactive telecommunications system.</p> <p>See: Medical Nutrition Therapy</p> <p>Reference: Nutrition Therapy Services. Medicare Web site. http://www.medicare.gov/coverage/nutrition-therapy-services.html. Accessed March 9, 2020.</p>
<p>Nutritional Genomics</p>	<p>Nutritional Genomics describes the application of genetic technology to food and nutrition and includes nutrigenetics and nutrigenomics. It is the study of the interaction between nutrients and genes, and resultant regulatory and metabolic changes.^{1,2}</p> <p>“Nutritional genomics concentrates on the effect our genes have on our risk of disease and disfunction that can be mitigated by nutritional</p>	<p>The nutritional genomics community is standardizing terminology across disciplines and countries, with “nutritional genomics” being the field. “The broad term encompassing nutrigenetics, nutrigenomics, and nutritional epigenomics, all of which involve interactions between nutrients and genes, the expression to reveal phenotypic outcomes, including disease risk.”¹</p>

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	<p>intervention, as well as the impact our food, nutrition, stress, and toxins have on the expression of our genes.”³</p> <p>References: ¹ Rozga M, Handu D. Nutritional Genomics in Precision Nutrition: An Evidence Analysis Center Scoping Review. <i>J Acad Nutr Diet.</i> 2019; 119(3); 507-515e7. ² Sales NMR, Pelegrini PB, Goersch MC. Nutrigenomics: Definitions and Advances of This New Science. <i>J Nutr Metab.</i> 2014: Article ID 202759; 1-6. ³ Nutritional Genomics: What you Need to Know. Dietitians in Integrative and Functional Medicine Web site. https://integrativerd.org/nutritional-genomics. Accessed May 20, 2020.</p>	<p>Nutrigenetics considers the influence of individual genetic variation on differences in response to dietary components, nutrient requirements and predisposition to disease.²</p> <p>“Nutrigenomics involves the study of interactions between the genome and diet, including how nutrients affect the transcription and translation process plus subsequent proteomic and metabolomic changes, and also differences in response to dietary factors based on the individual genetic makeup.”²</p> <p>Epigenetics is the study of changes to the DNA and associate histone proteins that influences gene expression without altering the DNA sequence itself. Disruption of any of these processes can lead to inappropriate expression/silencing of genes, leading to health consequences.”³</p> <p>Reference: ¹Noland D, Raj S. Academy of Nutrition and Dietetics: Revised 2019 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Nutrition in Integrative and Functional Medicine. <i>J Acad Nutr Diet.</i> 2019; 119(6): 1019-1036e47. ²Kohlmeier M, De Caterina R, Ferguson LR, et al. Guide and Position of the International Society of Nutrigenetics/Nutrigenomics on Personalized Nutrition: Part 2- Ethics, Challenges and Endeavors of Precision Nutrition. <i>J Nutrigenet Nutrigenomics.</i> 2016; 9(1): 28-46. ³Epigenetics. Genetic Science Learning Center Web site. https://learn.genetics.utah.edu/content/epigenetics. Accessed March 9, 2020.</p>
<p>Nutritionist</p>	<p>Some states have enacted licensure laws or other forms of legislation that regulate use of the title “Nutritionist” and/or sets specific qualifications for using the title, often but not uniformly including an advanced degree in nutrition.</p> <p>Refer to state laws and licensure board for each state’s specific licensing acts for becoming a nutritionist.</p> <p>Related: Registered Dietitian Nutritionist (RDN)</p> <p>Reference: State Licensure. Commission on Dietetics Registration Web site. https://www.cdrnet.org/licensure. Accessed September 6, 2023.</p>	


Term	Definition/Description	Key Considerations
<p>Position Paper</p>	<p>A Position Paper includes a position statement and is based on systematic reviews with high, or at least moderate, quality evidence (Grade I or Grade II). Position papers are written on topics that are confusing and require clarification, are controversial, or are important from a policy perspective.</p> <p>Reference: Handu D, Moloney L, Rozga MR, Cheng F, Wickstrom D, Acosta A. Evolving the Academy Position Paper Process: Commitment to Evidence-Based Practice. <i>J Acad Nutr Diet.</i> 2018; 118(9): 1743-1746.</p>	<p>Position papers are written by health professionals (e.g., physicians, RDNs, nurses) who possess thorough and current knowledge of the topic. At least one author must be a member of the Academy.</p> <p>The position paper process begins with a scoping review, which will provide an overview of current literature on a topic and will assist in determining if a systematic review is warranted. Then, if applicable, a systematic review will arbitrate if there is a sufficient amount of scientific literature. If the topic has multiple subtopics, an Evidence-Based Nutrition Practice Guideline will be developed. If a topic is confusing or needs clarification, it may become either a position paper (Grade I or Grade II) or a consensus statement (Grade III).</p> <p>See: Evidence-Based Nutrition Practice Guidelines</p> <p>Reference: Handu D, Moloney L, Rozga MR, Cheng F, Wickstrom D, Acosta A. Evolving the Academy Position Paper Process: Commitment to Evidence-Based Practice. <i>J Acad Nutr Diet.</i> 2018; 118(9): 1743-1746.</p> <p>Related: Academy Positions. Academy of Nutrition and Dietetics Web site. https://www.eatrightpro.org/practice/guidelines-and-positions/academy-positions. Accessed September 6, 2023. (Login required)</p>
<p>Practice Paper</p>	<p>A Practice Paper is a critical analysis of the current research literature that addresses a practice topic to translate science into practice. It provides RDNs and NDTRs with information to enhance critical reasoning and quality improvement in nutrition and dietetics practice.</p> <p>Practice Papers are no longer being updated and published.</p> <p>Reference: Handu D, Moloney L, Rozga MR, Cheng F, Wickstrom D, Acosta A. Evolving the Academy Position Paper Process: Commitment to Evidence-Based Practice. <i>J Acad Nutr Diet.</i> 2018; 118(9): 1743-1746.</p>	<p>The practice paper may include the following components:</p> <ul style="list-style-type: none"> • Implications for the Nutrition Care Process; • Description of best practices; • Decision trees; • Benchmark levels; • Practice guidelines, including links to evidence-based analysis, when available; • Practice definitions; • Standards of Practice and Standards of Professional Performance and; • Opposing and emerging science. It is up to the discretion of the Academy Council on Research workgroup to recommend that the author(s) include a section on opposing views or emerging science. <p>See: Nutrition Care Process</p> <p>Related: Evidence-Based Nutrition Practice Guidelines. Academy of Nutrition and Dietetics Web site. https://www.eatrightpro.org/practice/guidelines-and-positions/evidence-based-nutrition-practice-guidelines. Accessed September 6, 2023. (Login required)</p>

Term	Definition/Description	Key Considerations
<p>Public Health Dietitian Nutritionist</p>	<p>A Public Health Dietitian Nutritionist is a professional trained in both nutrition and the core competency areas of public health (including biostatistics, epidemiology, health behavior, health policy and, management and environmental science). The professional has advanced didactic and experiential training in public health and nutrition practice, or holds advanced degree(s) in public health nutrition or nutrition science. The Academy strongly recommends that these professionals should be Registered Dietitians (RD) or Registered Dietitian Nutritionists (RDNs) and should maintain state licensure.</p> <p>Reference: Bruening M, Udarbe A, Yakes Jimenez E, et al. Academy of Nutrition and Dietetics: Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Public Health and Community Nutrition. <i>J Acad Nutr Diet.</i> 2015: 115(10); 1699-1709e39.</p>	<p>The main functions of public health dietitian nutritionists include:</p> <ul style="list-style-type: none"> • taking a leadership role in identifying nutrition-related needs of a community; • advocating for and participating in policy development and evaluation including identifying the impacts and outcomes of these efforts; • assessing, planning, directing, and evaluating health-promotion and disease-prevention efforts; • administering and managing programs, including supervising personnel; • developing and/or assisting in budget preparation; • identifying and seeking resources (e.g., grants, contracts) to support programs and services; • providing technical assistance/consultation to policymakers, decision-makers, and others within and outside of health agencies; • communicating with target population via a variety of strategies (e.g., social media, fliers, public service announcements) • participating in research, evaluation, and demonstration projects, including interpreting and applying research findings and successful interventions to public health and nutrition programs; • collaborating with others to promote environmental and systems changes; • assuring access to healthy and affordable food and nutrition-related care; and, systematically collecting, analyzing and interpreting data on population demographics, health and disease trends, and food consumption patterns through nutrition surveillance programs and systems. <p>Reference: Bruening M, Udarbe A, Yakes Jimenez E, et al. Academy of Nutrition and Dietetics: Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Public Health and Community Nutrition. <i>J Acad Nutr Diet.</i> 2015: 115(10); 1699-1709e39.</p>
<p>Public Health Nutrition</p>	<p>Public Health Nutrition is the application of nutrition and public health principles to design programs, systems, policies, and environments that aims to improve or maintain the optimal health of populations and targeted groups.</p> <p>Reference: Bruening M, Udarbe A, Yakes Jimenez E, et al. Academy of Nutrition and Dietetics: Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient,</p>	

Term	Definition/Description	Key Considerations
	<p>and Expert) in Public Health and Community Nutrition. <i>J Acad Nutr Diet.</i> 2015; 115(10); 1699-1709e39.</p>	
<p>Quality Healthcare</p>	<p>Quality Healthcare is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.^{1,2}</p> <p>Reference: ¹<i>Why Quality?</i> National Quality Forum, 2015. http://www.qualityforum.org/Home.aspx Accessed March 9, 2020.</p> <p>²Crossing the Quality Chasm: a new health system for the 21st century. Institute of Medicine. March 2001. https://www.nap.edu/catalog/10027/crossing-the-quality-chasm-a-new-health-system-for-the Accessed May 20, 2020.</p>	<p>The pillars of quality nutrition and dietetics practice are providing safe, effective, person-centered, timely, efficient, and equitable care and services.</p> <p>See: Quality Nutrition and Dietetics Practice</p> <p>Resource: Six Domains of Healthcare Quality. Agency for Healthcare Research and Quality. https://www.ahrq.gov/talkingquality/measures/six-domains.html. Accessed December 15, 2022.</p>
<p>Quality Nutrition and Dietetics Practice</p>	<p>Quality Nutrition and Dietetics Practice is built on a solid foundation of education and credential assessment processes to assure the competence of the RDN and NDTR.</p> <p>Reference: Quality Management. Commission on Dietetic Registration Web site. https://www.cdrnet.org/Quality. Accessed September 6, 2023.</p>	<p>Quality in Practice is one of the six domains in the Standards of Professional Performance.¹</p> <p>Quality nutrition and dietetics practice involves complying with applicable state, organization, and sound business practices, laws and regulations. Individuals providing quality practice may access national quality and safety data, using information provided by national quality organizations.²</p> <p>Quality nutrition and dietetics practice delivers higher quality services by participating and designing workplace studies and improvements, and improving or enhancing patient/client/population care and/or services working with others based on measured outcomes and established goals.²</p> <p>Reference: ¹Academy of Nutrition and Dietetics Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitian Nutritionists. <i>J Acad Nutr Diet.</i> 2018;118(1):132-140.</p> <p>²Scope of Practice. Commission on Dietetics Registration Web site. www.cdrnet.org/scope. Accessed September 6, 2023.</p>
<p>Registered Dietitian Nutritionist (RDN)</p>	<p>The Registered Dietitian Nutritionist (RDN) is defined by the Commission on Dietetic Registration as an individual who has met current minimum academic requirements (Baccalaureate degree granted by a U.S. regionally accredited college or university, or foreign equivalent) with successful completion of both specified didactic education and</p>	<p>The Academy’s Board of Directors and the Commission on Dietetic Registration have approved the optional use of the credential “registered dietitian nutritionist” (RDN) by registered dietitians (RD). The option was established to further enhance the RD brand and more accurately reflect to consumers who registered dietitians are and what they do. This will differentiate the rigorous credential requirements</p>

Term	Definition/Description	Key Considerations
	<p>supervised-practice experiences through programs accredited by The Accreditation Council for Education in Nutrition and Dietetics (ACEND) of the Academy, who has successfully completed the Registration Examination for Dietitians and remitted the annual registration fee. To maintain the Registered Dietitian (RD) or RDN credential, the RD or RDN must comply with the Professional Development Portfolio (PDP) recertification requirements (accrue 75 units of approved continuing professional education every five years).</p> <p>Reference: Registered Dietitian (RD) or Registered Dietitian Nutritionist (RDN) Certification. Commission on Dietetic Registration Web site. https://www.cdrnet.org/RDN. Accessed September 6, 2023.</p>	<p>and highlight that <i>all registered dietitians are nutritionists but not all nutritionists are registered dietitians</i>.¹</p> <p>Consideration: Successful completion of the Registration Examination for RDs or RDNs demonstrates minimum competence for practice. Employers should use the RD or RDN credential as the baseline competency assessment for qualified individuals to practice independently. It is only after successfully passing the exam that the individual would meet the Joint Commission standards and elements of performance relative to *qualified individual.</p> <p>*Qualified individual - an individual or staff member who is qualified to participate in one or all of the mechanisms outlined in Joint Commission standards by virtue of the following: education, training, experience, competence, registration or certification; or applicable licensure, law, or regulation.</p> <p>Individuals eligible to sit for the Registration Examination for Dietitians but who have not taken the examination or have taken the examination without successfully completing it, are NOT permitted to use the unapproved and professionally inappropriate non-credential “RDE” abbreviation for “Registration-eligible Dietitian”. Review Registration Eligible term section.²</p> <p>See: Registration Eligible, RDN</p> <p>RDNs must comply with the Academy of Nutrition and Dietetics/CDR Code of Ethics.³</p> <p>Reference: ¹RDN FAQs. Commission on Dietetic Registration Web site. https://www.cdrnet.org/rdncredentialfaq. Accessed September 6, 2023. ²RDE or RDNE Misuse Policy. Commission on Dietetic Registration Web site. www.cdrnet.org/program-director/rde-misuse. Accessed September 6, 2023. ³Academy of Nutrition and Dietetics/ Commission on Dietetic Registration. Code of Ethics for the Nutrition and Dietetics Profession. https://www.cdrnet.org/codeofethics. Accessed September 6, 2023.</p>
Telehealth	<p>Telehealth is the use of electronic information and telecommunications technologies to support clinical health care, patient and professional health-related education, public health and health administration.^{1,2}</p>	<p>Telehealth will include both the use of interactive, specialized equipment, for such purposes as health promotion, disease prevention, diagnosis, consultation, therapy, and/or nutrition intervention/plan of care, and non-interactive (or</p>

Term	Definition/Description	Key Considerations
	<p>References:</p> <p>¹Rusnak, S. and Charney, P. Position of the Academy of Nutrition and Dietetics: Nutrition Informatics. <i>J Acad Nutr Diet.</i> 2019; 119(8): 1375-138</p> <p>²Telehealth Basics. American Telemedicine Association. https://www.americantelemed.org/resource/why-telemedicine/. Accessed March 9, 2020.</p>	<p>passive) communications, over the Internet, video-conferencing, e-mail, and other methods of communications, for the delivery of broad-based nutrition information. Telehealth can be real-time or stored and forwarded. It should also include respect for a patient’s/client’s autonomy and safeguard patient/client confidentiality according to the most recent laws and regulations. The technology utilized should be HIPAA compliant and adhere to secure services agreements.^{1,2}</p> <p>Reference: ¹Telehealth. Commission on Dietetic Registration Web site. https://www.cdrnet.org/telehealth. Accessed September 6, 2023.</p> <p>²Practice Tips: Telehealth Challenges and Opportunities. Commission on Dietetic Registration Web site. https://www.cdrnet.org/tips. Accessed September 6, 2023.</p>
Telenutrition	<p>Telenutrition involves the interactive use, by a RDN or NDTR, of electronic information and telecommunications technologies to implement the Nutrition Care Process with patients or clients at a remote location, within the provisions of their state licensure as applicable.^{1,2}</p> <p>See: Nutrition Care Process See: Registered Dietitian Nutritionist (RDN) See: Nutrition and Dietetics Technician, Registered (NDTR) Related: Telehealth</p> <p>References:</p> <p>¹Telehealth. Commission on Dietetic Registration Web site. https://www.cdrnet.org/telehealth. Accessed September 6, 2023.</p> <p>²Academy of Nutrition and Dietetics Quality Management Committee. Academy of Nutrition and Dietetics: Scope of Practice for the Registered Dietitian Nutritionist. <i>J Acad Nutr Diet.</i> 2018;118(8):141-165.</p>	

Term	Definition/Description	Key Considerations
Quality Management 		
Outcomes Management	<p>Outcomes Management is a system for assessing and identifying preferred interventions or non-interventions that leads to a desired outcome.</p> <p>Related: Outcomes Management System</p> <p>Reference: Segen JC. Outcomes Management. <i>Concise Dictionary of Modern Medicine</i>. New York, NY: McGraw-Hill; 2002</p>	<p>Outcomes management provides benefits such as decreasing healthcare costs, decreasing length of stay, improving outcomes, improving system processes, and fostering outcomes research.</p> <p>Reference: Grady GF, Castle B, Sibley K. Outcomes Management: An Interdisciplinary Approach to Improving Patient Outcomes. <i>Nephrol News Issues</i>. 1996; 10(11): 29-29.</p>
Outcomes Management System	<p>An Outcomes Management System is a system that evaluates the effectiveness and efficiency of an entire process such as the NCP, including cost and other relevant factors.^{1,2}</p> <p>See: Nutrition Care Process See: Outcomes Management</p> <p>Reference: ¹Lacey K, Pritchett E. Nutrition care process and model: ADA adopts road map to quality care and outcomes management. <i>J Am Diet Assoc</i>. 2003;103(8):1061-1072. ²Swan WI, Vivanti A, Hakel-Smith NA, et al. Nutrition care process and model update: Toward realizing people-centered care and outcomes management. <i>J Acad Nutr Diet</i>. 2017;117(12):2003-2014.</p>	<p>Outcomes management system functions include/to:</p> <ul style="list-style-type: none"> • Research the process, such as the NCP • Use aggregated data to conduct research • Conduct continuous quality improvement • Calculate and report quality indicators <p>See: Quality Improvement</p> <p>Using the NCP as an example: <i>Aggregated data is the foundation of NCP research.</i> An example to aggregate data is the Academy of Nutrition and Dietetics Health Informatics Infrastructure or ANDHII (https://www.andhii.org/info/).</p> <p><i>Conduct continuous quality improvement</i> applies to improving the model and care delivery as credentialed nutrition and dietetics practitioners participate in a learning organization.</p> <p><i>Calculate and report quality indicators</i> supports the Academy’s commitment to promote malnutrition quality measures reporting within the U.S. health care system (https://www.cdrnet.org/malnutrition), and reporting of other national health systems’ quality indicators.</p> <p>These activities support the credentialed nutrition and dietetics practitioner’s ability to report quality measures and other results from the Outcomes Management System within the NCP Model. Through the fully deployed Outcomes Management System, credentialed nutrition and dietetics practitioners influence the NCP environment described in its framing rings.</p> <p>See: Credentialed Nutrition and Dietetics Practitioners See: Quality Measures</p> <p>Reference: Swan WI, Vivanti A, Hakel-Smith NA, et al. Nutrition care process and model update: Toward</p>


Term	Definition/Description	Key Considerations
		realizing people-centered care and outcomes management. <i>J Acad Nutr Diet.</i> 2017;117(12):2003-2014.
Performance Improvement	<p>Performance Improvement is the systematic process of detecting and analyzing performance problems, designing and developing interventions to address the problems, implementing the improvement interventions, evaluating the results, and sustaining the improvement(s).</p> <p>Reference: The Joint Commission: Glossary. In: <i>Comprehensive Accreditation Manual for Nursing Care Centers: The Guide to Powering Performance Excellence in Your Organization.</i> Oakbrook Terrace, IL: The Joint Commission; 2016: GL-24.</p>	<p>Performance improvement focuses on the end “results” as defined by an organization's efficiency and outcome of care or service, and level of customer satisfaction. Whereas quality improvement focuses on “how” things are done based on an organization's service delivery approach or underlying systems of care.¹</p> <p>A commonly used methodology for performance and process improvement is Six Sigma, which uses models such as DMAIC (Define, Measure, Analyze, Improve, Control), and/or DMADV (Define, Measure, Analyze, Design, Verify).²</p> <p>See: Process Improvement</p> <p>“QAPI is the coordinated application of two mutually-reinforcing aspects of a quality management system: Quality Assurance (QA) and Performance Improvement (PI). QAPI takes a systematic, comprehensive, and data-driven approach to maintaining and improving safety and quality.” The intent of performance improvement is to better services or outcomes as well as prevent or decrease problems from occurring³</p> <p>See: Quality Assurance</p> <p>Reference: ¹ Quality Improvement. Health Resources and Services Administration Web site. https://www.hrsa.gov/sites/default/files/quality/toolbox/508pdfs/qualityimprovement.pdf. Accessed March 9, 2020. ²Pyzdek T, Keller P. <i>Six Sigma Handbook: A Complete Guide for Green Belts, Black Belts, and Managers at All Levels 4th ed.</i> New York, NY: McGraw Hill Education; 2014. ³Centers for Medicare & Medicaid Services. https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapidefinition.html. Accessed March 9, 2020.</p>
Performance Measurement	<p>Performance Measurement is the regular collection of data to assess whether the correct processes are being performed and desired results are being achieved.</p> <p>Reference: Health Resources and Services Administration Web site. https://www.hrsa.gov/sites/default/files/qualit</p>	<p>“Performance measurement is the process of collecting, analyzing and/or reporting information regarding the performance of an individual, group, organization, system or component.”</p> <p>Performance measurement “can involve studying processes/strategies within organizations, or studying engineering processes/parameters/phenomena, to</p>

Term	Definition/Description	Key Considerations
	<p>y/toolbox/508pdfs/qualityimprovement.pdf. Accessed March 9, 2020.</p>	<p>see whether outputs are in line with what was intended or should have been achieved.”</p> <p>Reference: Medical Dictionary by Farlex http://encyclopedia.thefreedictionary.com/Performance+Measurement. Accessed March 9, 2020.</p>
<p>Process Improvement</p>	<p>Process Improvement is the proactive task of identifying, analyzing and improving upon existing system processes within an organization for optimization and to meet new quotas or standards of quality.^{1,2}</p> <p>Reference: ¹Pyzdek T. Keller P. <i>Six Sigma Handbook: A Complete Guide for Green Belts, Black Belts, and Mangers at All Levels 5th ed.</i> New York, NY: McGraw Hill Education; 2018.</p> <p>²Guide to Process Improvement and Change. ASQ Web site. https://asq.org/training/guide-to-process-improvement-and-change-gpic. Accessed March 9, 2020.</p>	<p>Process Improvement is the job of examining the processes used in an organization, department, project, etc. to see how they can be made more effective.¹</p> <p>“It often involves a systematic approach which follows a specific methodology but there are different approaches to be considered. Some examples are benchmarking or lean manufacturing, each of which focuses on different areas of improvement and uses different methods to achieve the best results. Processes can either be modified or complemented with sub-processes or even eliminated for the ultimate goal of improvement.”²</p> <p>Process Improvement is an ongoing practice and should always be followed up with the analysis of tangible areas of improvement. When implemented successfully, the results can be measured in the enhancement of product quality, customer satisfaction, customer loyalty, increased productivity, development of the skills of employees, efficiency and increased profit resulting in higher and faster return on investment (ROI).²</p> <p>A commonly used methodology for process and performance improvement is Six Sigma, which uses models such as DMAIC (Define, Measure, Analyze, Improve, Control), and/or DMADV (Define, Measure, Analyze, Design, Verify).³</p> <p>See Performance Improvement</p> <p>Reference: ¹Cambridge Dictionary. http://dictionary.cambridge.org/us/dictionary/english/process-improvement. Accessed March 9, 2020.</p> <p>²Appian. http://www.appian.com/about-bpm/process-improvement-organizational-development/. Accessed March 9, 2020.</p> <p>³Pyzdek T. Keller P. <i>Six Sigma Handbook: A Complete Guide for Green Belts, Black Belts, and Mangers at All Levels 4th ed.</i> New York, NY: McGraw Hill Education; 2014.</p>
<p>Quality Assurance (QA)</p>	<p>Quality Assurance (QA) is the specification of standards for quality of service and outcomes, and a process throughout the organization for assuring that care and/or service is maintained at acceptable levels in relation to those</p>	<p>Quality assurance refers to the activities implemented in a quality system so that requirements for the service will be fulfilled. It is the systematic measurement, comparison with a standard,</p>

Term	Definition/Description	Key Considerations
	<p>standards. QA is on-going, both anticipatory and retrospective in its efforts to identify how the organization is performing, including where and why facility performance is at risk or has failed to meet standards.</p> <p>Reference: Centers for Medicare & Medicaid Services. https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapidefinition.html. Accessed March 9, 2020.</p>	<p>monitoring of processes and an associated feedback loop that confers error prevention.</p> <p>“QAPI is the coordinated application of two mutually-reinforcing aspects of a quality management system: Quality Assurance (QA) and Performance Improvement (PI). QAPI takes a systematic, comprehensive, and data-driven approach to maintaining and improving safety and quality.” The intent of performance improvement is to better services or outcomes as well as prevent or decrease problems from occurring ^{1,2}</p> <p>See: Performance Improvement</p> <p>Reference: ¹Centers for Medicare & Medicaid Services. https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapidefinition.html. Accessed March 9, 2020.</p> <p>²Medical Dictionary by Farlex http://encyclopedia.thefreedictionary.com/Quality+Assurance. Accessed March 9, 2020.</p>
<p>Quality Improvement (QI)</p>	<p>Quality Improvement (QI) consists of systematic and continuous actions that lead to measurable improvement in services and/or the status of targeted individuals or groups.</p> <p>Reference: Health Resources and Services Administration Web site. https://www.hrsa.gov/sites/default/files/quality/toolbox/508pdfs/qualityimprovement.pdf. Accessed March 9, 2020.</p>	<p>Quality improvement uses techniques to assess and improve internal operations. QI is a means by which quality performance is achieved at unprecedented levels by establishing the infrastructure needed to secure improvement and by providing the resources, motivation and training needed.¹ QI focuses on organizational systems to improve quality rather than individual or organizational performance and seeks to improve quality rather than correcting errors when safety thresholds are crossed.² QI involves setting goals, implementing systematic changes, measuring outcomes and making and sustaining subsequent improvements using techniques and tools such as: the Standards of Excellence Metric Tool, PDSA, Lean, Six Sigma, and Team Steps.^{3,4,5}</p> <p>Quality Improvement focuses on “how” things are done based on an organization's service delivery approach or underlying systems of care. Whereas performance improvement focuses on the end “results” as defined by an organization's efficiency and outcome of care, and level of customer satisfaction.⁶</p> <p>Reference: ¹Pelletier L. Beaudin C. <i>Q Solutions: Essential Resources for the Healthcare Quality Professional</i>, 3rd ed. NAHQ; 2012</p> <p>²Performance Improvement: A Change for the Better. RN.com Website.</p>

Term	Definition/Description	Key Considerations
		<p>https://lms.rn.com/getpdf.php/649.pdf. Published April 10, 2003. Updated June 15, 2005. Accessed March 9, 2020.</p> <p>³ Price J, Kent S, Cox S. et al. Using Academy Standards of Excellence in Nutrition and Dietetics for Organization Self-Assessment and Quality Improvement. <i>J Acad Nutr Diet</i>. 2014; 114(8); 1277-1292.</p> <p>⁴ Scope and Standards of Practice. Commission on Dietetic Registration Web page. https://www.cdrnet.org/practice. Accessed December 15, 2022.</p> <p>⁵ Quality Management. Academy of Nutrition and Dietetics. https://www.eatrightpro.org/practice/dietetics-resources/quality-management. Accessed December 14, 2022.</p> <p>⁶ Health Resources and Services Administration Web site. https://www.hrsa.gov/sites/default/files/quality/toolbox/508pdfs/qualityimprovement.pdf. Accessed March 9, 2020.</p>
<p>Quality Improvement Project (QIP)</p>	<p>A Quality Improvement Project (QIP) is a set of related activities designed to achieve measurable improvement in a process of outcomes of care and/or service.¹ A QIP should be a continuous process of learning, development and assessment, and part of a wider quality improvement program.²</p> <p>See: Quality Improvement</p> <p>Reference: ¹Centers for Medicare & Medicaid Services https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/qio110c16.pdf. Accessed March 9, 2020. ²Royal College of General Practitioners https://www.rcgp.org.uk/clinical-and-research/our-programmes/quality-improvement.aspx. Accessed March 9, 2020.</p>	<p>A Quality Improvement Project (QIP) evolves from the definition of a quality review study as an assessment conducted for a Quality Improvement Organization or a problem for the purpose of improving care and/or service through peer analysis, intervention, resolution of the problem and follow up.^{1,2}</p> <p>Reference: ¹Commission on Dietetic Registration. Practice Tips: Provide Quality Nutrition and Dietetics Care. https://www.cdrnet.org/tips. Accessed September 6, 2023. ²Centers for Medicare & Medicaid Services https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/qio110c16.pdf. Accessed March 9, 2020.</p>
<p>Quality Management</p>	<p>Quality Management is a continuous and ongoing systematic process which has four main components: quality planning (which may involve a quality improvement project); quality assurance; quality control (verifies deliverables are as specified); and continual improvement.^{1,2}</p> <p>See: Quality Improvement Project See: Quality Assurance</p>	

Term	Definition/Description	Key Considerations
	<p>Reference:</p> <p>¹Quality Management. Association for Project Management Web site. https://www.apm.org.uk/body-of-knowledge/delivery/quality-management/. Accessed March 9, 2020.</p> <p>²Quality Management. Investopedia Web site. https://www.investopedia.com/terms/q/quality-management.asp. Accessed March 9, 2020.</p>	


Term	Definition/Description	Key Considerations
<p>Quality Measures</p> 		
<p>Balancing Measure</p>	<p>A Balancing Measure evaluates whether looking at a system/process from a different perspective allows individuals or organizations to see if changes intended to improve one part of the system/process are causing issues or new problems in another part of the system/process.</p> <p>Reference: Science of Improvement: Establishing Measures. IHI Web site. http://www.ihl.org/resources/Pages/HowtoImprove/ScienceofImprovementEstablishingMeasures.aspx. Accessed March 9, 2020</p>	<p>An example of how a balancing measure can be used is by evaluating if a new quality improvement change “improves staff satisfaction, but decreases client satisfaction.”</p> <p>See: Quality Improvement</p> <p>A Balancing Measure can apply to many nutrition and dietetics practice sectors including: health care, education and research, business and industry, and community nutrition and public health.</p> <p>Reference: Measurement for Quality Improvement. Health Quality Ontario Web site. http://www.hqontario.ca/Portals/0/Documents/qi/qi-measurement-primer-en.pdf. Accessed March 9, 2020.</p>
<p>Clinical Quality Measure (CQM)</p>	<p>Clinical Quality Measures (CQMs) are tools provided by the Centers for Medicare & Medicaid Services (CMS) that help measure and track the quality of health care services eligible professionals and hospitals provide.</p> <p>Reference: Clinical Quality Measures Basics. Centers for Medicare & Medicaid Services Web site. https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html. Accessed March 9, 2020.</p>	<p>CQMs help ensure that the health care system is “delivering effective, safe, efficient, patient-centered, equitable, and timely care.”</p> <p>CQMs measure many aspects such as: “patient and family engagement; patient safety; care coordination; population/public health; efficient use of healthcare resources; and clinical process/effectiveness.”</p> <p>Reference: Clinical Quality Measures Basics. Centers for Medicare & Medicaid Services Web site. https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html. Accessed March 9, 2020.</p>
<p>Electronic Clinical Quality Measure (eCQM)</p>	<p>Health care providers are required to begin electronically reporting Clinical Quality Measures (eCQMs) as of January 2018, which use data from electronic health records (EHRs) and/or health information technology systems to measure health care quality.^{1,2} eCQMs are updated to reflect changes in code sets and measure logic, and advances in evidence-based healthcare.¹</p> <p>Related: Nutrition Informatics</p> <p>Reference: ¹Clinical Quality Measures Basics. Centers for Medicare & Medicaid Services Web site. https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/ClinicalQualityMeasures.html. Accessed March 9, 2020.</p> <p>²Global Malnutrition Composite Score (GMCS). Commission on Dietetic Registration Web site.</p>	<p>The Academy is a measure steward (i.e., organization responsible for providing the required measure information for measure maintenance process) of four (4) eCQMs that are a part of the Malnutrition Quality Improvement Initiative (MQii):</p> <ul style="list-style-type: none"> • Completion of a Malnutrition Screening within 24 hours of Admission (NQF #3087; MUC16-194) • Completion of a Nutrition Assessment for Patients Identified as At-Risk for Malnutrition within 24 hours of a Malnutrition Screening (NQF #3088; MUC16-296) • Nutrition Care Plan for Patients Identified as Malnourished after Completed Nutrition Assessment (NQF #3089; MUC16-372) • Appropriate Documentation of a Malnutrition Diagnosis (NQF #3090; MUC16-344) <p>See: Clinical Quality Measure See: Nutrition Assessment Related: Nutrition Screening Related: Nutrition Diagnosis</p>

Term	Definition/Description	Key Considerations
	<p>https://www.cdrnet.org/GMCS. Accessed September 6, 2023.</p>	<p>Reference: Global Malnutrition Composite Score (GMCS). Commission on Dietetic Registration Web site. https://www.cdrnet.org/GMCS. Accessed September 6, 2023.</p>
<p>electronic Measure (eMeasure)</p>	<p>Electronic Measures “(eMeasures) are performance measures that have been developed for use in an EHR or other electronic system. eMeasures pull the information needed to evaluate performance directly from the electronic record. They can be far more efficient than traditional approaches of extracting data from paper charts or claims databases.”</p> <p>Reference: National Quality Forum Glossary of Terms. https://www.qualityforum.org/Measuring_Performance/Submitting_Standards/NQF_Glossary.aspx Accessed March 9, 2020.</p>	<p>“A value set is a list of specific clinical terms and the codes that correspond with them. A value set defines each of the clinical terms in the elements of a quality measure. Value sets support the calculation of eMeasures and the systematic exchange of health information.”</p> <p>Reference: National Quality Forum Glossary of Terms. https://www.qualityforum.org/Measuring_Performance/Submitting_Standards/NQF_Glossary.aspx. Accessed March 9, 2020.</p>
<p>Outcome Measure</p>	<p>An Outcome Measure assesses the impact of care, services or interventions that are experienced by the individual, or a function or process over a period of time.^{1,2}</p> <p>Reference: ¹Types of Quality Measures. Agency for Healthcare Research and Quality Web site. https://www.ahrq.gov/professionals/quality-patient-safety/talkingquality/create/types.html. Accessed March 9, 2020.</p> <p>²Home Health Quality Measures. Centers for Medicare & Medicaid Services Web site. https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Measures.html. Accessed March 9, 2020.</p>	<p>There are multiple types of Outcome Measures that include measurable endpoints. Examples related to health care include:</p> <ul style="list-style-type: none"> • Improvement measures (e.g., quality of life, functional ability, activities of daily living, and general health) • Measures of potentially avoidable events (e.g., markers for potential problems in care or services) • Utilization of care measures¹ (e.g., access to health care resources) • Clinical & Health Status (e.g., laboratory values, blood pressure, signs and symptoms) • Person-/Client-Centered (e.g., satisfaction- Press Ganey Survey)³ • Health Utilization and Cost (e.g., length of stay, preventable hospitalizations) <p>An Outcome Measure is the result of numerous factors that are sometimes beyond the individual’s or organization’s control. Risk-adjustment methods (i.e. mathematical models that correct for differing characteristics) can help account for these factors.²</p> <p>“An intermediate outcome measure assesses a factor or short-term result that contributes to an ultimate outcome.”³</p> <p>An Outcome Measure can apply to many nutrition and dietetics practice sectors including: health care, education and research, business and industry, and community nutrition and public health.</p> <p>Reference:</p>

Term	Definition/Description	Key Considerations
		<p>¹Home Health Quality Measures. Centers for Medicare & Medicaid Services Web site. https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Measures.html. Accessed March 9, 2020.</p> <p>²Types of Quality Measures. Agency for Healthcare Research and Quality Web site. https://www.ahrq.gov/professionals/quality-patient-safety/talkingquality/create/types.html. Accessed March 9, 2020.</p> <p>³National Quality Forum Glossary of Terms. https://www.qualityforum.org/Measuring_Performance/Submitting_Standards/NQF_Glossary.aspx. Accessed March 9, 2020.</p>
<p>Process Measure</p>	<p>A Process Measure indicates what an individual or organization does to improve care and/or services.¹ Process measures assess steps that should be followed to provide quality care and/or services.²</p> <p>Reference: ¹Types of Quality Measures. Agency for Healthcare Research and Quality Web site. https://www.ahrq.gov/professionals/quality-patient-safety/talkingquality/create/types.html. Accessed March 9, 2020.</p> <p>²National Quality Forum Glossary of Terms. https://www.qualityforum.org/Measuring_Performance/Submitting_Standards/NQF_Glossary.aspx. Accessed March 9, 2020.</p>	<p>“Process measures can inform consumers about medical care they may expect to receive for a given condition or disease, and can contribute toward improving health outcomes. The majority of health care quality measures used for public reporting are process measures.”¹</p> <p>See: Quality Measures</p> <p>A Process Measure may be based on nutrition practice guidelines/protocols, policy and/or regulatory requirements (eg, for accreditation or reimbursement), initiatives for improving care delivery, performance, or satisfaction with services provided.</p> <p>An example of a process measure is: “Completion of a Malnutrition Screening within 24 hours of Admission”.²</p> <p>A Process Measure can apply to many nutrition and dietetics practice sectors including: health care, education and research, business and industry, and community nutrition and public health.</p> <p>Reference: ¹Types of Quality Measures. Agency for Healthcare Research and Quality Web site. https://www.ahrq.gov/professionals/quality-patient-safety/talkingquality/create/types.html. Accessed March 9, 2020.</p> <p>² Global Malnutrition Composite Score (GMCS). Commission on Dietetic Registration Web site. https://www.cdrnet.org/GMCS. Accessed September 6, 2023.</p>
<p>Quality Measures</p>	<p>Quality Measures are a tool that helps individuals or organizations measure or quantify processes, outcomes, patient/client</p>	<p>Quality measures are a way to calculate whether and how often the system does what it should. Quality Measures are based on scientific evidence about</p>

Term	Definition/Description	Key Considerations
	<p>perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality care and/or services that relate to one or more quality goals.</p> <div data-bbox="402 447 865 569" style="text-align: center;"> <pre> graph TD QM[Quality Measure] --> BM[Balancing Measure] QM --> OM[Outcome Measure] QM --> PM[Process Measure] QM --> SM[Structural Measure] </pre> </div> <p>See: Balancing Measure See: Outcome Measure See: Process Measure See: Structural Measure</p> <p>Reference: Quality Measures. Centers for Medicare & Medicaid Services Web site. https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/index.html. Accessed March 9, 2020.</p>	<p>processes, outcomes, perceptions, or systems that relate to high-quality care and/or services.¹</p> <p>Quality Measures can apply to many nutrition and dietetics practice sectors including: health care, education and research, business and industry, and community nutrition and public health. Other fields may use the terms performance measurement or performance improvement instead.</p> <p>See: Performance Measurement See: Performance Improvement</p> <p>Quality Measures relate to one or more quality goals. Goals related to health care may include: effective, safe, efficient, patient-centered, equitable, and timely care.²</p> <p>Quality Measures in public health are “non-medical interventions to reduce the spread of disease.”³ Examples of measures in public health related to early detection and prevention of transmission include screening points of entry, and enhancing surveillance for contact tracing and monitoring.⁴</p> <p>Reference: ¹National Quality Forum Glossary of Terms. https://www.qualityforum.org/Measuring_Performance/Submitting_Standards/NQF_Glossary.aspx. Accessed March 9, 2020. ²Quality Measures. Centers for Medicare & Medicaid Services Web site. https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/index.html. Accessed March 9, 2020. ³Public Health Measures. Peterborough County-City Health Unit. http://www.peterboroughpublichealth.ca/. Accessed March 9, 2020. ⁴Public Health Measures for Early Detection and Prevention of Transmission. WHO Web site. http://www.emro.who.int/surveillance-forecasting-response/emerging-diseases/public-health-measures.html. Accessed March 9, 2020.</p>
<p>Structural Measure</p>	<p>A Structural Measure assesses an organization’s infrastructure.¹ It gives consumers a sense of an organization’s capacity, systems, and processes involved to provide high quality care and/or service.²</p> <p>Reference:</p>	<p>Examples of a Structural Measure may include addressing staffing levels; competence; and appropriate use of technology to improve care delivery, performance, or outcomes of services provided.</p> <p>A Structural Measure can apply to many nutrition and dietetics practice sectors including: health care,</p>

Term	Definition/Description	Key Considerations
	<p>¹National Quality Forum Glossary of Terms. https://www.qualityforum.org/Measuring_Performance/Submitting_Standards/NQF_Glossary.aspx. Accessed March 9, 2020.</p> <p>²Types of Quality Measures. Agency for Healthcare Research and Quality Web site. https://www.ahrq.gov/professionals/quality-patient-safety/talkingquality/create/types.html. Accessed March 9, 2020.</p>	<p>education and research, business and industry, and community nutrition and public health.</p>


Term	Definition/Description	Key Considerations
<p>Regulatory</p> 		
<p>Dietitian</p>	<p>Some states have enacted licensure laws or other forms of legislation that regulate use of the title “Dietitian” and/or sets specific qualifications for using the title, often but not uniformly including either registration with CDR as an RDN or holding a license as a dietitian within the state.</p> <p>See: Registered Dietitian Nutritionist (RDN)</p> <p>Refer to state laws and licensure board for each state’s specific licensing acts for becoming a dietitian.</p> <p>Reference: State Licensure. Commission on Dietetic Registration Web site. https://www.cdrnet.org/licensure. Accessed September 6, 2023.</p>	
<p>Individual Scope of Practice</p>	<p>Individual Scope of Practice is comprised of following:</p> <ul style="list-style-type: none"> • Scope of Practice; • State Laws; • Education and Credentials; • Federal and State Regulations and Interpretive Guidelines; • Accreditation Organizations; • Organization Policies and Procedures; and • Additional Individual Training/Credentials/Certifications.^{1,2} <p>Related: Statutory Scope of Practice</p> <p>Reference:</p> <p>¹The Academy Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Scope of Practice for the Registered Dietitian Nutritionists. <i>J Acad Nutr Diet</i>. 2018; 118(1): 141-165.</p> <p>²The Academy Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Scope of Practice for the Nutrition and Dietetics Technician, Registered. <i>J Acad Nutr Diet</i>. 2018; 118(2): 327-342.</p>	<p>An individual’s scope of practice in nutrition and dietetics has flexible boundaries to capture the breadth of the individual’s professional practice. Each RDN or NDTR has an individual scope of practice that is determined by education, training, credentialing, experience, and demonstrated and documented competence.^{1,2}</p> <p>Individuals and organizations must ethically take responsibility for determining competence of each individual to provide a specific care, treatment or service. Not all RDNs and NDTRs will practice to the full extent of the range of nutrition and dietetics practice.</p> <p>See: Competence See: Nutrition and Dietetics Practice</p> <p>A tool to help determine individual scope of practice is the Scope of Practice Decision Algorithm. It provides a process for self-evaluation to determine if a desired activity is within an RDN’s or NDTR’s individual scope of practice by answering a series of questions.³</p> <p>Reference:</p> <p>¹The Academy Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Scope of Practice for the Registered Dietitian Nutritionists. <i>J Acad Nutr Diet</i>. 2018; 118(1): 141-165.</p> <p>²The Academy Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Scope of Practice for the Nutrition and Dietetics</p>

Term	Definition/Description	Key Considerations
		<p>Technician, Registered. <i>J Acad Nutr Diet.</i> 2018; 118(2): 327-342.</p> <p>³Scope of Practice Decision Algorithm. Commission on Dietetic Registration website. www.cdrnet.org/scope. Accessed September 6, 2023.</p>
<p>Licensure (Regulatory)</p>	<p>Licensure is the process by which a state governmental agency grants time-limited permission (that may vary by state) to an individual to be recognized as and/or practice a given occupation after verifying that the individual has met predetermined, standardized qualifications.^{1,2}</p> <p>Reference: ¹ State Licensure s. Commission on Dietetic Registration Web site. https://www.cdrnet.org/licensure. Accessed September 6, 2023.</p> <p>²The <i>ICE Guide to Understanding Credentialing Concepts, 2005</i>, the Institute for Credentialing Excellence (ICE).</p>	<p>Licensing is the most restrictive legislative regulation, other than outright prohibition of professional practice, and usually requires specific educational attainment and passage of a competency examination. Licensing programs often include (1) title protection for licensees, meaning that only those the state has properly licensed may use a particular title or hold themselves out as members of a particular profession, and (2) practice exclusivity, meaning only those the state has properly licensed may engage in activities falling within the regulated profession’s scope of practice.</p> <p>See: Title Protection</p> <p>The goal of licensure is to ensure that licensees have the minimum degree of competency necessary to ensure that the public’s health, safety, and welfare are reasonably well protected.</p> <p>Licensure is typically granted at the state level. States vary in terms of their eligibility and maintenance requirements for registration, certification, and licensure.</p> <p>If a state has licensure with practice exclusivity for a given occupation, a person in that occupation must be licensed to work in that state.</p> <p>If a person works in multiple states, he or she must be licensed in each of those states unless an exemption allows practice (often time-limited) by practitioners licensed in another state.</p> <p>Professional associations do not grant licensure, but they may have a role in licensure activities such as advocating that licensure be instituted in states operating as the benchmark standard of qualification and collaborating with the state agencies.</p> <p>Most scopes of practice in licensure law contain only a general statement about the responsibilities, education requirements, and a non-specific list of allowed duties and do not explicitly enumerate services that are complex or beyond their scope. If a duty or practice is not explicitly identified as “not within the scope” it does not mean a person cannot do that service.</p>

Term	Definition/Description	Key Considerations
		<p>State scopes of practice are vague and broad.</p> <p>See: Statutory Scope of Practice</p> <p>Reference: Office of the Inspector General [OIG]. http://oig.hhs.gov/oei/reports/oei-02-00-00290.pdf. Accessed March 9, 2020.</p>
Nutritionist	<p>Some states have enacted licensure laws or other forms of legislation that regulate use of the title “Nutritionist” and/or sets specific qualifications for using the title, often but not uniformly including an advanced degree in nutrition.</p> <p>Refer to state laws and licensure board for each state’s specific licensing acts for becoming a nutritionist.</p> <p>Related: Registered Dietitian Nutritionist (RDN)</p> <p>Reference: State Licensure. Commission on Dietetic Registration Web site. https://www.cdrnet.org/licensure. Accessed September 6, 2023.</p>	
Statutory Certification	<p>Statutory Certification “is the procedure and action by which a state evaluates and determines (i.e., certifies) that an individual has met pre-determined requirements in order to use a specific title recognizing one is qualified when practicing the profession within its jurisdiction.”</p> <p>Related: Title Protection</p> <p>Reference: Combined Glossary of General Terminology Used in Professional and Occupational Regulation 2014. Council on Licensure, Enforcement and Regulation (CLEAR) Web site. https://www.clearhq.org/resources/Glossary_Combined.pdf. Accessed March 9, 2020.</p>	<p>State certification within practice acts generally provides a lower level of protection for consumers than licensure because certification laws do not generally include practice exclusivity and there is no mechanism to remove harmful practitioners. Others can continue to practice the profession as long as they do not use the protected title.¹</p> <p>See: Licensure (Regulatory)</p> <p>Most often, state certification requires that an individual desiring to be certified by the state obtain a private credential from a specified non-governmental professional entity (like CDR) in order to use the specified title – example “Certified Dietitian” or “Certified Registered Dietitian Nutritionist”. The quality of the private credential adopted by the state is key to protecting consumers served by the profession.¹</p> <p>It is generally illegal to use the state “certified” title without attainment of proper credentials.</p> <p>Frequently, state standards for certification are found in “right-to title” statutes and are called state certification acts.</p> <p>State certification should not be confused with private certifications that are not required by state laws or regulations. Certifications from independent professional certification organizations such as</p>

Term	Definition/Description	Key Considerations
		<p>Certified Diabetes Educator (CDE), Certified Specialists in Renal, Pediatric, or Oncology Nutrition (CSR, CSP, CSO), Registered Dietitian Nutritionist-Advanced Practitioner (RDN-AP), etc. recognize areas of specialization within the profession to establish recognition for practitioners and are strictly voluntary.</p> <p>References: ¹State Licensure. Commission on Dietetic Registration Web site. https://www.cdrnet.org/licensure. Accessed September 6, 2023.</p>
<p>Statutory Scope of Practice</p>	<p>Statutory scope of practice definition has been adopted from The Center for the Health Professions, University of California, San Francisco. “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 scopes of practice is a state-based activity...State legislatures consider and pass the 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.”</p> <p>Related: Individual Scope of Practice</p> <p>References: Promising Scopes of Practice Models for the Health Professions. Catherine Dower, JD; Sharon Christian, JD; and Edward O’Neil, PhD, MPA, FAAN. The Center for the Health Professions, University of California, San Francisco, 2007. https://www.health.ny.gov/health_care/medicaid/redesign/docs/2007-12_promising_scope_of_practice_models.pdf. Accessed March 9, 2020.</p>	<p>The statutory scope of practice typically describes the practitioner’s practice, qualifications, board representation, and fee and renewal schedule. The scopes may also list specific examples of responsibilities such as taking histories, patient care, education and training.</p> <p>Related: Scope of Practice Laws in Health Care: Exploring New Approaches for California. March 2008. http://www.chcf.org/publications/2008/03/scope-of-practice-laws-in-health-care-exploring-new-approaches-for-california. Accessed March 9, 2020.</p>
<p>Title Protection</p>	<p>Title Protection is a provision in the state practice acts which provides only those states to properly authorize use of a particular title (e.g., LD, licensed dietitian; RD, registered dietitian; dietitian; DTR, dietetic technician, registered; nutritionist; RDN, registered dietitian nutritionist) or hold themselves out as able to practice a particular profession.¹</p> <p>Related: Statutory Certification Related: Licensure</p> <p>References: ¹State Licensure. Commission on Dietetic Registration Web site.</p>	<p>“This least protective form of state regulation permits anyone to practice the profession, but only individuals with specified qualifications or credentials (such as the RDN credential) may hold themselves out as dietitians, nutritionists, or use other titles as specified in the title protection statute. However, there are no established standards of practice or ethics established or regulated by the state.”</p> <p>See: Registered Dietitian Nutritionist (RDN) See: Dietitian See: Nutritionist</p> <p>Reference: State Licensure. Commission on Dietetic Registration Web site. https://www.cdrnet.org/licensure. Accessed</p>

Term	Definition/Description	Key Considerations
	https://www.cdrnet.org/licensure . Accessed September 6, 2023.	September 6, 2023.

Term	Definition/Description	Key Considerations
<p>Research</p> 		
<p>Evidence-Based Dietetics Practice</p>	<p>Evidence-Based Dietetics Practice involves the process of asking questions, systematically finding research evidence, and assessing its validity, applicability and importance to nutrition and dietetics practice decisions; and applying relevant evidence in the context of the practice situation including professional expertise* and the values and circumstances of patients/clients, customers, individuals, groups, or populations to achieve positive outcomes.</p> <p>Evidence-based dietetics practice clearly states the source of evidence underpinning practice recommendations.</p> <p>This definition was adopted from the International Confederation of Dietetic Associations.</p> <p>Reference: Evidence-Based Dietetics Practice. International Confederation of Dietetic Associations' Web site. http://www.internationaldietetics.org/International-Standards/Evidence-based-Dietetics-Practice.aspx. Published November 13, 2010. Accessed March 9, 2020.</p> <p>*Professional Expertise is the RDN's cumulated related-experience, education, and professional skills. It includes both systematic (documented) and anecdotal observations.^{1,2}</p> <p>Reference: ¹Sackett DL, Rosenberg WMC, Gray JAM, Haynes RB, Richardson WS. Evidence based medicine: what it is and what it isn't. <i>BMJ</i>. 1996; 312(7023): 71-72. ²Epstein RM, Hundert EM. Defining and assessing professional competence. <i>JAMA</i>. 2002; 287(2): 226-235.</p>	<p>Evidence-based dietetics practice is consistent with the general definition and key considerations of evidence-based practice.</p> <p>See: Evidence-Based Practice</p> <p>The systematic review of scientific evidence is an ongoing process and requires the selection of best available evidence.</p> <p>See: Evidence: Best Available Research/Evidence</p> <p>It is the responsibility of the credentialed nutrition and dietetics practitioner to conduct a thorough and systematic search for evidence in order to accurately determine the extent and strength of the evidence available. Ethical credentialed nutrition and dietetics practitioners must utilize the best available evidence, not weaker evidence that supports a personal belief or sense of expertise.</p> <p>See: Credentialed Nutrition and Dietetics Practitioner</p> <p>While patient/client preferences and professional expertise are important in contextualizing and implementing research evidence, they should not be used independently of best available evidence except in the rare case that no research evidence is available. Best available evidence may also be overridden by strong patient/client or community preferences such as religious dietary restrictions.</p> <p>Evidence-based dietetics practice involves continuing evaluation of outcomes which becomes part of the evidence base.</p> <p>Evidence-based dietetics practice applies to patients/clients, customers, individuals, groups, or populations.</p> <p>Reference: Evidence-Based Dietetics Practice. International Confederation of Dietetic Associations Web site. http://www.internationaldietetics.org/International-Standards/Evidence-based-Dietetics-Practice.aspx. Published November 13, 2010. Accessed March 9, 2020</p> <p><u>For Professional Expertise, consider:</u> Gradients have been suggested for professional expertise (competent, proficient, expert), and an RDN</p>

Term	Definition/Description	Key Considerations
		<p>can be on one level in a context and a different level in another context/practice scenario.^{1,2}</p> <p>In Evidence-Based Practice or Evidence-Based Dietetics Practice, individual professional expertise helps to contextualize best available evidence but is not a standalone source of evidence.</p> <p>Reference: ¹ Academy of Nutrition and Dietetics Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitian Nutritionists. <i>J Acad Nutr Diet</i>. 2018; 118(1): 132-140e15.</p> <p>² Dreyfus HL, Dreyfus SE. <i>Mind Over Machine: The Power of Human Intuitive Expertise in the Era of the Computer</i>. New York, NY: Free Press; 1986:50-51.</p>
<p>Evidence-Based Nutrition Practice Guidelines</p>	<p>Evidence-Based Nutrition Practice Guidelines are a series of recommendations which are developed based on systematic reviews of evidence and assessment of the benefits and harms of treatment options to improve patient/client care and outcomes. The guidelines are designed to assist the RDN/NDTR team and other intended users and patient/client in making decisions about appropriate nutrition care.</p> <p>Evidence-Based Nutrition Practice Guidelines for nutrition and dietetics practice are available at http://www.andeal.org.</p> <p>Reference: Evidence Analysis Library. Academy of Nutrition and Dietetics Evidence Analysis Library Web site. https://www.andeal.org/category.cfm?cid=14#EBNPG. Accessed March 9, 2020.</p>	<p>Evidence-based nutrition practice guidelines aim to promote the delivery of evidence-based health care and to reduce inappropriate variations in practice. The guidelines have the potential to improve the safety, quality, and value of health care and the health status of patients/clients/populations. Outcomes of care can be identified and evaluated.</p> <p>The guidelines meet the standards of the National Academy of Sciences.</p> <p>An evidence-based nutrition practice guideline should be:</p> <ul style="list-style-type: none"> • Based on evidence, or in the absence of evidence, expert consensus. • Periodically reviewed and, as indicated, revised based on new empirical studies and/or changes in expert consensus. • Adapted, as appropriate, to the specific patient/client populations served in various settings. • Approved by appropriate clinical and administrative leaders in the organization where they are implemented. • Disseminated and implemented by RDNs and other professionals who will apply the guideline in patient/client care. • Supported through changes in the organization’s systems, such as information management processes and equipment management processes. <p>The Academy’s Evidence-Based Nutrition Practice Guidelines are intended as general frameworks for the care of patients/clients/populations and not for application to all patients/clients/populations in all circumstances. The independent skill and judgment of</p>

Term	Definition/Description	Key Considerations
		<p>the RDN and/or referring health care provider must always determine treatment decisions. Protocols/guidelines for practice are provided with the express understanding that they do not establish or specify standards of care for legal, medical, or other purposes.</p> <p>Related: Evidence-Based Dietetics Practice Related: Evidence-Based Practice</p> <p>Reference: Clinical Practice Guidelines We Can Trust. National Academies of Sciences, Engineering, and Medicine Web site. http://www.nationalacademies.org/hmd/Reports/2011/Clinical-Practice-Guidelines-We-Can-Trust.aspx. Accessed March 9, 2020.</p>
<p>Evidence-Based Practice</p>	<p>Evidence-Based Practice is an approach to health care wherein credentialed nutrition and dietetics practitioners use the best available evidence, to make decisions for patients/clients, customers, individuals, groups, or populations.</p> <p>See: Credentialed Nutrition and Dietetics Practitioner See: Evidence: Best Available Research/Evidence</p> <p>Evidence-based practice values, enhances and builds on professional expertise*, knowledge of disease mechanisms, and pathophysiology. It involves complex and conscientious decision-making based not only on the available evidence but also on patient/client characteristics, situations, and values. It recognizes that health care is individualized and ever changing and involves uncertainties and probabilities.</p> <p>Evidence-based practice incorporates successful strategies that improve patient/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.</p> <p>Evidence-based practice requires clear communication about the source(s) of evidence and their weight in each decision-making process.</p> <p>Reference: Evidence-Based Practice. Evidence Analysis Library Web site. https://www.andeal.org/evidence-based-</p>	<p>Related: Evidence-Based Dietetics Practice (Key Considerations)</p> <p><u>For Professional Expertise, consider:</u> Gradients have been suggested for professional expertise (competent, proficient, expert), and an RDN can be on one level in a context and a different level in another context/practice scenario.^{1,2}</p> <p>In Evidence-Based Practice or Evidence-Based Dietetics Practice, individual professional expertise helps to contextualize best available evidence but is not a standalone source of evidence.</p> <p>Reference: ¹ Academy of Nutrition and Dietetics Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitian Nutritionists. <i>J Acad Nutr Diet</i>. 2018; 118(1): 132-140e15. ² Dreyfus HL, Dreyfus SE. <i>Mind Over Machine: The Power of Human Intuitive Expertise in the Era of the Computer</i>. New York, NY: Free Press; 1986:50-51.</p>

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	<p>practice. Accessed March 9, 2020.</p> <p>*Professional Expertise is the RDN’s cumulated related-experience, education, and professional skills. It includes both systematic (documented) and anecdotal observations.^{1,2}</p> <p>Reference: ¹Sackett DL, Rosenberg WMC, Gray JAM, Haynes RB, Richardson WS. Evidence based medicine: what it is and what it isn’t. <i>BMJ</i>. 1996; 312(7023): 71-72. ²Epstein RM, Hundert EM. Defining and assessing professional competence. <i>JAMA</i>. 2002; 287(2): 226-235.</p>	
<p>Evidence: Best Available Research/Evidence</p>	<p>The Best Available Research/Evidence refers to the most appropriate research/evidence available to answer a question. Evidence-based guidelines and systematic reviews are considered the best available sources of research/evidence. If these do not exist, then primary research is the best available and the type of question would determine the best research/evidence.</p> <p>See: Evidence-Based Nutrition Practice Guidelines</p> <p>Reference: Evidence Analysis Library. Academy of Nutrition and Dietetics Evidence Analysis Library Web site. https://www.andeal.org. Accessed March 9, 2020.</p>	<p>“The four most common types of evidence analysis questions are: diagnosis, treatment, prognosis and etiology. The type of question you are trying to answer determines the best research design to seek.</p> <p>For instance, a randomized controlled trial (RCT) would be the most appropriate type of study to answer a question about therapy or treatment. This hierarchy is often shown graphically as a pyramid with expert opinions at the bottom of the pyramid and randomized controlled trials (RCTs) at the top.</p> <p>However, a RCT would not be the strongest research design to answer a question about prognosis. The highest level of evidence for prognosis is a cohort study. Always look for the strongest evidence you can find to answer your type of question.</p> <div data-bbox="906 1234 1279 1606" data-label="Diagram"> </div> <p>Hierarchy of Evidence by Research Design The type of question you are trying to answer determines the best <i>research design to use</i>.”</p> <p>For more information, visit the Academy Evidence Analysis Library at: http://www.andeal.org.</p>

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		<p>Reference: Evidence Analysis Manual: Steps in the Academy Evidence Analysis Process, April 2016, page 30. https://www.andeal.org/evidence-analysis-manual. Accessed March 9, 2020.</p>
<p>Outcomes Management System</p>	<p>An Outcomes Management System is a system that evaluates the effectiveness and efficiency of an entire process such as the NCP, including cost and other relevant factors.^{1,2}</p> <p>See: Nutrition Care Process See: Outcomes Management</p> <p>Reference: ¹Lacey K, Pritchett E. Nutrition care process and model: ADA adopts road map to quality care and outcomes management. <i>J Am Diet Assoc.</i> 2003;103(8):1061-1072. ²Swan WI, Vivanti A, Hakel-Smith NA, et al. Nutrition care process and model update: Toward realizing people-centered care and outcomes management. <i>J Acad Nutr Diet.</i> 2017;117(12):2003-2014.</p>	<p>Outcomes management system functions include/to:</p> <ul style="list-style-type: none"> • Research the process, such as the NCP • Use aggregated data to conduct research • Conduct continuous quality improvement • Calculate and report quality indicators <p>See: Quality Improvement</p> <p>Using the NCP as an example: <i>Aggregated data is the foundation of NCP research.</i> An example to aggregate data is the Academy of Nutrition and Dietetics Health Informatics Infrastructure or ANDHII (https://www.andhii.org/info/).</p> <p><i>Conduct continuous quality improvement</i> applies to improving the model and care delivery as credentialed nutrition and dietetics practitioners participate in a learning organization.</p> <p><i>Calculate and report quality indicators</i> supports the Academy’s commitment to promote malnutrition quality measures reporting within the U.S. health care system (www.cdrnet.org/malnutrition), and reporting of other national health systems’ quality indicators.</p> <p>These activities support the credentialed nutrition and dietetics practitioner’s ability to report quality measures and other results from the Outcomes Management System within the NCP Model. Through the fully deployed Outcomes Management System, credentialed nutrition and dietetics practitioners influence the NCP environment described in its framing rings.</p> <p>See: Credentialed Nutrition and Dietetics Practitioners See: Quality Measures</p> <p>Reference: Swan WI, Vivanti A, Hakel-Smith NA, et al. Nutrition care process and model update: Toward realizing people-centered care and outcomes management. <i>J Acad Nutr Diet.</i> 2017;117(12):2003-2014.</p>
<p>Position Paper</p>	<p>A Position Paper includes a position statement and is based on systematic reviews with high, or at least moderate, quality evidence (Grade I or Grade II). Position papers are written on topics that are confusing and require clarification, are controversial, or are important from a policy perspective.</p>	<p>Position papers are written by health professionals (e.g., physicians, RDNs, nurses) who possess thorough and current knowledge of the topic. At least one author must be a member of the Academy.</p> <p>The position paper process begins with a scoping review, which will provide an overview of current</p>

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	<p>Reference: Handu D, Moloney L, Rozga MR, Cheng F, Wickstrom D, Acosta A. Evolving the Academy Position Paper Process: Commitment to Evidence-Based Practice. <i>J Acad Nutr Diet.</i> 2018; 118(9): 1743-1746.</p>	<p>literature on a topic and will assist in determining if a systematic review is warranted. Then, if applicable, a systematic review will arbitrate if there is a sufficient amount of scientific literature. If the topic has multiple subtopics, an Evidence-Based Nutrition Practice Guideline will be developed. If a topic is confusing or needs clarification, it may become either a position paper (Grade I or Grade II) or a consensus statement (Grade III).</p> <p>See: Evidence-Based Nutrition Practice Guidelines</p> <p>Reference: Handu D, Moloney L, Rozga MR, Cheng F, Wickstrom D, Acosta A. Evolving the Academy Position Paper Process: Commitment to Evidence-Based Practice. <i>J Acad Nutr Diet.</i> 2018; 118(9): 1743-1746.</p> <p>Related: Position Papers. Academy of Nutrition and Dietetics Web site. https://www.eatrightpro.org/practice/position-and-practice-papers/position-papers. Accessed September 6, 2023. (Login required)</p>
<p>Practice Paper</p>	<p>A Practice Paper is a critical analysis of the current research literature that addresses a practice topic to translate science into practice. It provides RDNs and NDTRs with information to enhance critical reasoning and quality improvement in nutrition and dietetics practice.</p> <p>Practice Papers are no longer being updated and published.</p> <p>Reference: Handu D, Moloney L, Rozga MR, Cheng F, Wickstrom D, Acosta A. Evolving the Academy Position Paper Process: Commitment to Evidence-Based Practice. <i>J Acad Nutr Diet.</i> 2018; 118(9): 1743-1746.</p>	<p>The practice paper may include the following components:</p> <ul style="list-style-type: none"> • Implications for the Nutrition Care Process; • Description of best practices; • Decision trees; • Benchmark levels; • Practice guidelines, including links to evidence-based analysis, when available; • Practice definitions; • Standards of Practice and Standards of Professional Performance and; • Opposing and emerging science. It is up to the discretion of the Academy Council on Research workgroup to recommend that the author(s) include a section on opposing views or emerging science. <p>See: Nutrition Care Process</p> <p>Related: Evidence-Based Nutrition Practice Guidelines. Academy of Nutrition and Dietetics Web site. https://www.eatrightpro.org/practice/guidelines-and-positions/evidence-based-nutrition-practice-guidelines. Accessed September 6, 2023. (login required)</p>