

# Developing an Advanced Practice Credential for Registered Dietitian Nutritionists in Clinical Nutrition Practice



Rebecca A. Brody, PhD, RD, LD, CNSC; Annalynn Skipper, PhD, RD; Clarence L. Chaffee, Jr; Nancy H. Wooldridge, MS, RDN, LD; Jana R. Kicklighter, PhD, RDN, LD, FAND; Riva Touger-Decker, PhD, RD, FADA

**A**T ENTRY-LEVEL, REGISTERED dietitian nutritionists (RDNs) have a broad set of skills intended to support practice in a variety of areas. As RDNs progress beyond entry-level (defined as the first 3 years of practice<sup>1</sup>), personal preference or job demands may create a need for deeper levels of knowledge and skill. Many RDNs elect to concentrate on a particular facet of dietetics, accumulating focused knowledge and experience within a narrow practice area, and may become credentialed specialists. A small group of RDNs accumulate advanced practice skills and experience beyond and different from specialist practice. RDNs who perform their jobs with autonomy, expertise, intuition, leadership, and initiative have been described as advanced practitioners.<sup>2-5</sup> Formalizing an advanced practice role would benefit patients, clients, and employers, and could also increase the visibility of RDN expertise and provide career advancement opportunities.<sup>6,7</sup> Efforts to identify and define advanced-level practice (ALP) have been complicated by a lack of widespread understanding of what constitutes advanced practice in dietetics. Previous attempts to define advanced practice have focused on all RDNs, independent of practice area. However, results from the 2007 Commission on Dietetic Registration (CDR) advanced practice audit suggested that narrowing the focus of advanced practice would aid in detecting an advanced practice skill set.<sup>8</sup>

Based on ongoing interest in advanced practice and prior Academy

and CDR task force and committee work,<sup>9-13</sup> CDR appointed a task force to identify advanced practice skills among RDNs who provide patient or client care. Traditionally, “clinical” patient or client care has been in acute-care settings. However, to expand the definition of *clinical* and include the increasing number of RDNs practicing outside of acute-care settings, advanced clinical nutrition practice was not considered setting-specific. Thus, the task force defined clinical nutrition practice as the “provision of direct nutrition care to individuals or groups.” This population offered the advantage of being the largest practice segment in the dietetics profession, with more than 60% of RDNs providing direct nutrition care to individuals and/or groups.<sup>14</sup> Given that Bradley<sup>2</sup> estimated that less than 10% of the profession practiced at an advanced level, this population would afford the largest sample of ALP RDNs.

This article outlines the steps taken to establish the need and justification for an advanced practice certification program for RDNs in clinical nutrition practice and the processes used to develop the advanced-level clinical practice audit. A complementary research paper describes the practice audit results.<sup>15</sup>

## JUSTIFICATION OF AN ADVANCED PRACTICE CERTIFICATION PROGRAM IN THE MARKETPLACE

A certification is essentially a statement by a sponsoring body, such as CDR, that individuals holding a given credential possess the knowledge and skill required to competently perform those tasks that the sponsoring body is willing to warrant that certificants can do. Certifications become valuable when consumers,

including individuals, groups of individuals, or organizations who hire or receive the services of certificants, believe that they can rely on the warranty. Because there are widely accepted processes for developing a certification program, building an advanced practice credential would seem like a straightforward task. The complexity in this case was to agree on what *advanced practice* means, what an ALP RDN does, and what makes an ALP RDN more valuable to consumers than other RDNs. Therefore, the task force needed to first determine the feasibility of an advanced practice credential for RDNs in clinical nutrition practice.

## Step 1—Determining the Market Value

To assess whether a market demand existed for an advanced practice credential in clinical nutrition among internal and external stakeholders, CDR commissioned a market research study.<sup>6</sup> This qualitative research included telephone interviews with 45 representative RDNs, physicians, administrators, and other health care professionals who work with, hire, and/or supervise RDNs. Interview questions addressed the value of an advanced practice credential to the RDN, the profession, and to consumers. Study findings revealed a strong market demand for an advanced practice credential for RDNs in clinical practice provided that the credential was rigorous and specifically defined what the credential holder could actually do. The findings supported the assumption that the nutrition and dietetics profession would benefit substantially from such a credential and that the quality of patient and client care would be enhanced from the introduction and acceptance of an advanced practice credential. The

researchers concluded, however, that there was no consensus about the nature of the tasks that would be expected of RDNs performing at an advanced level in clinical nutrition practice.<sup>6</sup>

## Step 2—Determining the Tasks to Be Included in the Credential

In constructing the practice audit, the task force needed to determine the tasks and the degree of autonomy that would make an advanced practice credential most valuable to certificants and stakeholders. It was also critical that the task force could reliably assess advanced practice tasks and the knowledge and skill required to do them. To answer these questions, the task force created a carefully structured practice audit.<sup>15</sup> The first stage of the audit included demographic questions regarding respondents' qualifications, experience, clinical dietetics employment, and position. Recognizing that autonomous practice is dictated by federal, state, and facility regulations, this stage also asked respondents about their level of autonomy relative to select tasks such as writing orders, initiating consults, and implementing or managing programs if there were no restrictions to their practice. Respondents chose one of three responses for each task—"performed," "competent to perform," or "allowed to perform"—to describe their level of autonomy.

Individuals whose responses indicated that they were likely to be beyond-entry-level (BEL) RDNs (more than 3 years of experience as an RDN) or ALP RDNs (meeting select qualifications, experience, and autonomous practice based on theoretical models of ALP<sup>2-4</sup>) were then invited to complete the second stage of the audit, which asked about the frequency with which they performed various tasks and the degree of risk associated with doing each of the tasks poorly. Seventy tasks were developed based on prior research<sup>2-4,16</sup> and Standards of Practice and Standards of Professional Performance in clinically focused practice areas,<sup>17-27</sup> and reviewed and vetted by RDN experts of diverse clinical backgrounds. Cognitive interviewing was used with 16 RDNs to assure tasks were interpreted as intended. The tasks were arranged in seven categories; four were the steps of the Nutrition Care

Process<sup>28</sup>: nutrition assessment, nutrition diagnosis, nutrition intervention, and nutrition monitoring and evaluation. The remaining tasks fell into three categories: support of nutrition care, manage systems of nutrition care, and conduct research/design/develop systems of care.

The results of the practice audit indicated that in many cases individuals identified as probable ALP RDNs performed many of the same tasks, particularly those related to the Nutrition Care Process, as individuals identified as BEL RDNs. This was expected, because tasks defining direct nutrition care are done by all RDNs.<sup>29,30</sup> However, the manner in which the tasks are done, such as with a higher degree of autonomy, efficiency, and accuracy, differentiate ALP RDNs from BEL RDNs.<sup>2-4</sup> Tasks addressing support and management of systems of care and research more often differentiated ALP from BEL RDNs. Detailed results, including the percentage of respondents performing each of the 70 tasks and the task force's decision to include each task in the test specifications for the advanced practice certification examination, are presented in the practice audit report.<sup>15</sup> Generally, tasks done by 50% or more of the population are included in the certification warranty, although tasks that are near that level may also be included if deemed important. Based on the audit results, the task force created the profile of the ALP RDN in clinical nutrition practice (Figure).

## Step 3—Determining the Assessment Process

Once the tasks to be warranted by the advanced practice credential for RDNs in clinical nutrition practice had been determined, the task force began designing the process through which CDR will determine whether an applicant has the knowledge and skill required to perform the warranted tasks. This process includes four important required elements: education, experience, examination, and continued professional development.

In creating these requirements and the examination, the goal is to maximize the probability that individuals who meet the requirements possess the requisite knowledge and skills for certification without setting the standard

so high as to exclude large numbers of potential certificants. In this case, the process also included considerations for ensuring that certificants can "autonomously apply the Nutrition Care Process at an optimal level of accuracy and efficiency" as stated in the certificants' profile. The certification requirements are presented in the Figure. These requirements were approved by CDR in spring 2014.

## Step 4—Determine Whether the Certification Program Is Viable and Sustainable

The last step before beginning development of the advanced practice credential was to determine whether the certification program as envisioned and designed was, in fact, feasible, viable, and sustainable. To address this issue, the task force sought information to answer the following questions:

- Could CDR construct an examination process that could measure accurate and efficient performance of the tasks to be warranted?
- How many RDNs would meet the requirements and what percentage of those would actually pursue the credential?
- What would it cost to create and maintain the program and what would applicants have to pay for the credential to offset those costs?

The task force reviewed state-of-the-art testing processes and concluded that it was possible to create an examination to assess the knowledge and skills required for the credential. Next, data from the practice audit results<sup>15</sup> along with data from other CDR studies<sup>2,8,31</sup> were evaluated to approximate the number of RDNs who would meet the credential prerequisites. The task force then estimated the number of potential applicants by investigating the market penetration rates of other credentialing programs. With these numbers the task force was able to create a 5-year financial plan to estimate candidate fees and probable program revenue and expenses. The conclusion was that the credentialing program was feasible, viable, and maintainable. Based on these findings, the task force recommended that CDR undertake the development of the

**Profile**

Professionals holding the Commission on Dietetic Registration's Advanced Practice Clinical Nutrition credential (AP-RDN) are experienced registered dietitian nutritionists (RDNs) who have the knowledge and skill required to autonomously apply the nutrition care process at an optimal level of accuracy and efficiency.

AP-RDNs are able to manage patients/clients or groups of patients/clients using contemporary research-based practices and are strategically selective in their determination of the most appropriate interventions for a patient or group of patients. They also possess the skills required to lead interdisciplinary health care teams and to direct initiatives to design, develop, or evaluate nutrition care systems or protocols.

**Advanced Practice Clinical Nutrition Certification Eligibility Requirements: Two Pathways****Pathway One (For RDNs with a graduate degree)**

- 1) Current RDN.
- 2) Be an RDN for at least 4 calendar years.
- 3) Have a graduate degree from a US regionally accredited college or university. The qualifying degrees will include all degrees, except those from arts and humanities categories.
- 4) Document 8,000 hours of clinical nutrition practice within the past 15 years; 800 of the required hours must be within the past 2 years.

**Pathway Two (For RDNs without a graduate degree)**

- 1) Current RDN.
- 2) Be an RDN for at least 4 calendar years.
- 3) Document 8,000 hours of clinical nutrition practice within the past 15 years; 800 of the required hours must be within the past 2 years.
- 4) Complete two of the three following eligibility criteria post-RDN:
  - a. Present posters, research, and/or a practice topic at a professional conference in clinical nutrition. Candidates must verify that they have completed a presentation at a national, state, and/or local level within the past 5 years and that it was given to a professional audience.
  - b. Publish a clinical nutrition research or non-research article in a peer-reviewed professional journal, have a clinical nutrition book or book chapter published (not self-published), edit or review a clinical nutrition peer-reviewed professional journal article or book, or have a clinical nutrition abstract published in a peer-reviewed journal. Candidates must be able to document that they have either authored or reviewed a peer-reviewed book or book chapter within the past 5 years, prior to submitting their eligibility application, and the candidate would have to be the first author.
  - c. Attain a specialist certification in a clinical nutrition—related topic. The specialist certification must include the RDN as a prerequisite qualification. RDNs must hold the specialist certification at the time of exam.

**Examination**

- 1) Pass a rigorous, two-part examination specifically designed to assess performance at an optimal level of accuracy and efficiency.
- 2) Re-examination every 5 years.

**Figure.** Profile and eligibility requirements for the advanced practice credential for RDNs in clinical practice.

advanced practice credential for RDNs in clinical practice.

**IMPLICATIONS**

Recognizing advanced practice through certification is a critical step in formalizing this higher level of practice. RDNs functioning at an advanced level merit recognition and compensation for their skills because they bring value to patients or clients and to employers. Market analysis and practice audit results support development of an

advanced practice credential for RDNs in clinical practice. Those earning the credential will use the title Advanced Practitioner or AP-RDN. As with any CDR-sponsored certification program, the value and outcomes of credential holders will be evaluated over time. Practice audits will occur every 5 years to address changes in practice, and eligibility requirements will be re-examined. Examination details can be found on the CDR website ([www.cdrnet.org](http://www.cdrnet.org)). RDNs seeking formal recognition of advanced clinical practice

who meet the qualifications should sit for the credentialing examination.

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**AUTHOR INFORMATION**

R. A. Brody is an assistant professor, Graduate Programs in Clinical Nutrition, and R. Touger-Decker is professor and chair, Department of Nutritional Sciences, School of Health Related Professions, Rutgers Biomedical and Health Sciences, Newark, NJ. A. Skipper is with Health and Science at the American Medical Association, Chicago, IL. C. L. Chaffee, Jr, is an honorary member of the American Society of Landscape Architects, and president of The Caviart Group, LLC, Vienna, VA. N. H. Wooldridge is an associate professor emerita, Department of Pediatrics, University of Alabama at Birmingham. J. R. Kicklighter is an associate professor emeritus, Division of Nutrition, Georgia State University, Atlanta.

Address correspondence to: Rebecca A. Brody, PhD, RD, LD, Graduate Programs in Clinical Nutrition, Department of Nutritional Sciences, School of Health Related Professions, Rutgers Biomedical and Health Sciences, 65 Bergen St, Room 157, Newark NJ 07107-3001. E-mail: [brodyra@shrp.rutgers.edu](mailto:brodyra@shrp.rutgers.edu)

**Commission on Dietetic Registration Advanced-Level Clinical Practice Audit Task Force**

*Chair:* Riva Touger-Decker, PhD, RD, FADA

Rebecca A. Brody, PhD, RD, CNSC

Jana R. Kicklighter, PhD, RD, LD

Karmeen Kulkarni, MS, RD, CDE, BCADM

Laura Matarese, PhD, RD, LDN, CNSC, FADA, FASPEN

Charles Mueller, PhD, RD, CNSD

Annalynn Skipper, PhD, RD, FADA

Nancy H. Wooldridge, MS, RDN, LD

*Consultants:* Dick Rogers, senior vice president, Readex Research, Stillwater, MN; Clarence L. Chaffee, Jr, president, The Caviart Group, LLC, Vienna, VA.

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