

## Entry-Level Dietetics Practice Today: Results from the 2010 Commission on Dietetic Registration Entry-Level Dietetics Practice Audit

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With responsibilities in the areas of credentialing, education, and practice standards, the Commission on Dietetic Registration (CDR), Commission on Accreditation for Dietetics Education (CADE), and the American Dietetic Association (ADA) have need of current, comprehensive information on dietetics practice. One response to this has been to periodically conduct empirical practice analyses to pro-

file what registered dietitians (RDs) and dietetic technicians, registered (DTRs) actually do in practice (1-7).

Under the leadership of CDR's Dietetic Practice Audit Committee (including volunteer leaders and key professional staff), perspectives on contemporary dietetics practice have been updated through the 2010 Entry-Level Dietetics Practice Audit (DPA). As with the most recent previous implementation in 2005, this audit focuses solely on the nature of entry-level dietetics practice.

The primary objective of the dietetic practice audit was to provide quantitative measures of entry-level dietetic activity level of involvement, frequency of involvement in that activity, and the risk associated with each activity for both RDs and DTRs. These data are sought primarily to inform the development and validation of the Commission's registration examinations for the RD and DTR credentials. As required in the *Standards for Accreditation of Certification Programs* of the National Commission for Certifying Agencies, certification programs must employ assessment instruments that are derived from job/practice analysis and that are consistent with generally accepted psychometric principles (8). As stated in the *Standards for Educational and Psychological Testing* (9), the knowledge or skills being assessed by licensure and certification tests should be justified, and practice analyses (job analyses) should provide the primary basis for defining content domain.

Secondary objectives of the audit included distinguishing between entry-level RD and DTR practice, and

investigating associations between educational attributes and practice among RDs and DTRs.

This article presents the results that apply to the primary objective. Subsequent articles will analyze practice similarities and differences between entry-level RDs and DTRs, and describe educational attributes associated with entry-level RDs and DTRs.

### METHODOLOGY

A mixed-mode survey (mail and Internet) of recently registered entry-level RDs and DTRs, assessing their level of involvement, frequency of involvement, and risk associated with activities, was conducted to collect audit data. The primary component of the survey was a battery of 166 activity statements, believed to constitute the extent of entry-level RD and DTR practice. This battery was developed by the DPA committee beginning in January 2010, building on the 2005 instrument, which originated from previous audits and a 1989 Role Delineation study.

The survey also included a set of profiling questions investigating practitioners' qualifications, experience, and employment situations. Where possible, these items were made consonant with the biennial *ADA Compensation & Benefits Survey of the Dietetics Profession* (10) to support comparisons with the profession as a whole.

Two versions of the resulting instrument were created, one for RDs and one for DTRs. The versions were essentially identical, with the exception that 24 of the 166 activities deemed unlikely to be part of entry-

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level DTR practice were omitted from that version.

Data were collected between June 22 and August 6, 2010. The survey sample was stratified by credential and years since registration; each cohort in years 1 through 5 since registration was represented to facilitate investigation of the boundaries of entry-level practice. In addition, the sample for RDs was stratified by practice area (as recorded in the CDR registry). Because of their small numbers, all DTRs registered within the last 5 years were invited to complete the survey. Samples of each annual cohort of RDs by practice area were systematically selected, and these results were weighted in tabulation to restore true population proportions.

In addition to the main survey mailing, to boost response, the data collection series included alert postcards to all sample members, reminder postcards, and a follow-up survey mailing to nonrespondents. Those with an e-mail address on file with CDR were also sent reminders via e-mail to complete the survey. All sample members were given the option of completing the survey online.

#### DEFINING "ENTRY LEVEL"

The knowledge, skills, and competencies needed for successful entry-level practice constitute the ultimate target of professional education/preparation in dietetics, and the legitimate content domain of registration exams that certify accomplishment and protect the public. Thus, entry-level practice has been a key focus of prior role delineation and practice audit studies.

In studies prior to 2005, "entry level" had been defined *a priori* as practice in the first 3 years following registration. For the 2005 Practice Audit, an empirical investigation examined the adequacy of this definition. Data on level and frequency of involvement with each activity, by experience cohort (years 1 through 5 since registration) were examined. Results suggested that a 3-year time frame is, in fact, adequate as a definition for entry-level RDs. Results for DTRs were less conclusive. But in the absence of dispositive evidence, and to facilitate comparisons with the definition of entry-level RDs, the first 3

years definition of entry-level for DTRs was also retained (7).

In 2010, in order to account for the possibility that the nature of entry-level practice had expanded beyond 3 years experience, the sample was stratified across practitioners in their first 5 years since registration. Then, at the conclusion of the study, an investigation of the survey results was conducted into the adequacy of the traditional 3-year definition of entry-level. For this analysis, comparisons on involvement levels in activities were made between two segments: those in their first 3 years since registration (traditionally defined entry-level practitioners) and those with 4 to 5 years since registration.

Among RDs, differences in proportions involved were statistically significant at the 95% confidence level for 36% (61 of 166) of activity statements, between traditionally-defined entry-level practitioners (first 3 years since registration) and those with 4 to 5 years since registration. These differences were disproportionately concentrated in the activity categories managing human resources (where 94% of statements showed a significant difference), managing financial resources (64%), managing food and other material resources (58%), and managing facilities (33%). In all cases, those in their first 3 years since registration had significantly lower involvement levels than those at 4 to 5 years. At the same time, RDs in their first 3 years since registration showed significantly higher levels of involvement in 70% of the statements related to providing nutrition care than those at 4 to 5 years. Based on these data, the Dietetics Practice Audit Committee endorsed the continued definition of entry-level RD practice as constituted by the first 3 years since registration.

Among DTRs, significant differences in levels of involvement were noted in 11% of activity statements (16 of 142). These differences were more generally distributed across activity categories. For each activity showing a difference, the level of involvement was higher among the 4- to 5-year cohort.

Although there is some evidence of difference between the two experience levels, as with the 2005 investigation, support for the 3-year definition of entry level for DTRs is not as

conclusive as for RDs. However, in light of existing evidence, and to retain continuity with prior practice audits and to facilitate comparisons with RD data, the Committee endorsed the continued use of the 3-year definition of entry level for DTRs as well.

Thus, results discussed in this report include only respondents within the first 3 years since registration. Most data are based only on those confirmed as "practitioners": that is, those who are currently employed/self-employed in a dietetics-related position, or those who are not currently so employed but have been at some point since becoming registered.

#### RESULTS

##### Response Rate

The overall response rate for RDs was 74%; for DTRs, 69%. These are substantial increases over the response rates received in the previous DPA in 2005, which were 64% and 56%, respectively. Improving response rates, and reversing the pattern of decline in response experienced since the first Practice Audit in 1989, was a goal of the 2010 DPA. The enhanced data collection method (increased number of contacts, multiple modes of contact, a web component, and use of incentive) appears to have been successful in accomplishing this goal. Table 1 provides key details of sample composition and disposition.

##### PROFILE—ENTRY-LEVEL RDs

##### Demographics

A profile of entry-level RDs' key demographic variables is provided in Table 2. Regarding location, the distribution of entry-level RDs by Census Region is similar to the US population as a whole (11): 22% Northeast (compared to 18% of the US population), 25% Midwest (22% US), 32% South (37% US), and 21% West (23% US).

Comparison of survey respondents with the population of entry-level RDs as a whole shows their distribution across the nine Census Divisions to vary no more than a single percentage point between population and sample. Combined with the strong 74% response rate, this finding raises confidence that survey results are representative of all entry-level RDs.

**Table 1.** Survey sample composition and disposition, 2010 Entry-Level Dietetics Practice Audit

Cohort	Registered Dietitians						Dietetic Technicians, Registered					
	Population	Invited	Responded	Response rate (%)	Practicing	%	Population	Invited	Responded	Response rate (%)	Practicing	%
Registered up to 1 y	3,081	785	621	79	578	93	252	252	185	73	142	77
Registered up to 2 y	2,968	859	655	76	645	98	153	153	102	67	81	79
Registered up to 3 y	2,813	848	616	73	606	98	147	147	98	67	86	88
Registered up to 4 y	2,793	886	636	72	624	98	151	151	103	68	94	91
Registered up to 5 y	2,795	907	644	71	630	98	152	152	98	64	94	96
Total	14,450	4,285	3,172	74	3,083	97	855	855	586	69	497	85
Entry-level: registered up to 3 y	8,862	2,492	1,892	76	1,829	97	552	552	385	70	309	80
Margin of error <sup>a</sup> (%)					±2.0%						±3.1%	

<sup>a</sup>Maximum sampling error for percentages at the 95% confidence level.

**Table 2.** Selected characteristics of entry-level registered dietitians, n=1,892, 2010 Entry-Level Dietetics Practice Audit

<b>Location (US Census Region)</b>	
Northeast	22%
Midwest	25%
South	32%
West	21%
<b>Age (y)</b>	
Under 25	10%
25-29	58%
30-34	16%
35-39	6%
40 or older	9%
Mean	29.7
Standard error	0.2
Median	27
<b>Degree(s) earned</b>	
Associate's	12%
Bachelor's	95%
Master's	39%
Doctoral	1%
<b>Years experience prior to registration—dietetics-related</b>	
5 y or more	7%
3-4 y	15%
2 y	19%
1 y	48%
None	11%
Mean	1.9
Standard error	0.1
Median	1
<b>Years experience prior to registration—other (not dietetics-related)</b>	
5 y or more	31%
3-4 y	10%
2 y	5%
1 y	8%
None	46%
Mean	3.6
Standard error	0.1
Median	1

Regarding degrees earned, 95% of entry-level RDs hold a bachelor's degree, 39% a master's, and 1% a doctorate. Those who earned graduate degrees before becoming registered outnumber those who earned graduate degrees after registration by a ratio of more than two-to-one (25% to 11%).

Only 4% of entry-level RD respondents indicated that they do not now hold, and have not held, a dietetics-related position since registration. The balance of results discussed are based on the 96% (n=1,829) who are "practitioners"—that is, they currently do or have held one or more such positions. Those holding more than one such position were asked to answer for the one position they consider primary.

#### Primary Position

Entry-level RD practitioners were asked to select the one position (from a standardized list of 60 positions with brief descriptions) that most closely matched their primary position. Twelve of these positions account for 72% of entry-level RD practitioner employment; details are shown in Table 3. An additional 8% indicated a type of Clinical Dietitian, Specialist, although none of the 12 specific positions listed under this heading was selected by more than 1% of practicing entry-level RDs.

Seventy-seven percent reported their positions are full-time (defined as working 35 hours or more per week) and 23% are part-time. Eighty-two percent of practicing entry-level RDs indicated that registration is a requirement for the reported positions, and 13% said registration is

**Table 3.** Primary positions held by practicing entry-level registered dietitians, n=1,829, 2010 Entry-Level Dietetics Practice Audit

Position	%
Clinical Dietitian	31
Clinical dietitian, Long-Term Care	10
WIC <sup>a</sup> Nutritionist	8
Private Practice	
Dietitian—Patient/Client	
Nutrition Care	4
Pediatric/Neonatal Dietitian	3
Nutrition Support Dietitian	3
Outpatient Dietitian, General	3
Outpatient Dietitian, Specialist—Diabetes	2
Outpatient Dietitian, Specialist—Weight Management	2
Research Dietitian	2
Public Health Nutritionist	2
Consultant—Community and/or Corporate Programs	2
All others (48 positions)	27

<sup>a</sup>WIC=Special Supplemental Nutrition Program for Women, Infants, and Children.

preferred but not required. Only 4% said registration makes no difference. For 53% of practicing entry-level RDs, a state license or certification is also required by the position.

Asked to indicate in which setting(s) they spend at least 20% of their time, 43% said an inpatient acute-care facility, 16% an outpatient acute care facility, 15% a community or public health program, 14% a long-term or extended care facility, and 9% an ambulatory/outpatient care facility (clinic, physician's office, etc). Other options were each named by 7% or fewer. Multiple answers were accepted and 36% of practicing entry-

**Table 4.** Responses, definitions, and scale values assigned to way(s) involved, frequency of involvement, and risk, for 166 activities, 2010 Entry-Level Dietetics Practice Audit

Response	Definition	Scale value
<b>Way(s) Involved</b>		
In the last year, in what way(s) have you been involved with this activity (if any)?		
No involvement		
Assist others	Help with this activity under someone else's direct supervision	1
Perform myself	Personally do this activity (independently or as part of a group) without direct supervision	2
Supervise/manage	Oversee performance of this activity by others and/or plan, organize, or direct organizational performance of this activity	3
<b>Frequency of Involvement (days/month)</b>		
With what frequency have you been personally involved (in any way) with this activity over the last year?		
Daily		20
Weekly		4
Monthly		1
Less than monthly		0.5
<b>Risk</b>		
How do you rate the risk (of physical harm, financial loss, etc) to recipients of services and/or the effectiveness of your organization if this activity is performed poorly? Note that poor performance always involves some risk, but some activities involve more risk than others.		
Low		1
		2
		3
		4
High		5

level RDs chose two or more settings in response to this question.

Asked to indicate in which practice area(s) they spend at least 20% of their time, a large majority (82%) said nutrition care/counseling for individuals; 43% said nutrition information/education for groups; 15% said food-service; 15% said organizational (not functional) administration/management; 14% said research/teaching; 9% said sales, marketing, product development, communications, public relations; and 9% indicated practice areas other than those listed on the survey. Multiple answers were accepted and 59% of practicing entry-level RDs chose two or more practice areas in response to this question.

#### ACTIVITIES—ENTRY-LEVEL RDs

For each of 166 activities, grouped into 11 categories, practicing entry-level RDs answered three questions:

- In the last year, in what way(s) have you been involved with this activity (if any)?
- [IF INVOLVED] With what frequency have you been personally involved (in any way) with this activity over the last year?
- [IF INVOLVED] How do you rate the risk (of physical harm, financial

loss, etc) to recipients of services and/or the effectiveness of your organization if this activity is performed poorly?

Details on response options and scaling for each question are provided in **Table 4**. Complete results for practicing entry-level RDs on each of these measurements are shown in **Table 5**.

#### Core Activities

Listed below are the activities determined to constitute the core of entry-level RD practice. These are the activities with which at least 40% of all practicing entry-level RDs are involved in some way, and for which average frequency of involvement is at least 5 days per months. These 54 statements represent about a third of the entire battery of 166 activity statements presented on the survey.

#### GENERAL

- Collect data for clinical and/or management decisions
- Analyze data
- Use evidence analysis as the basis for practice decisions; eg, evidence-based guidelines for practice, evidence analysis library, and/or position papers

- Implement electronic management of food delivery and health-care services; eg, electronic health records, food and nutrition services software
- Use health-care informatics systems/technologies
- Ensure compliance with regulatory agencies and/or accrediting bodies

#### PRINCIPLES OF EDUCATION

- Assess learning needs of others; eg, patients/clients, employees, students
- Evaluate learner knowledge and performance

#### MANAGING FOOD AND OTHER MATERIAL RESOURCES

- Develop menus for clients with special or therapeutic needs
- Assess client satisfaction with food and/or nutrition service

#### PROVIDING NUTRITION CARE—COMMUNITY/CLINICAL GENERAL

- Nutrition Care Process for individuals or populations:
  - Screen
  - Assess
  - Diagnose nutrition problems
  - Intervene
  - Monitor
  - Evaluate

**Table 5.** Way(s) involved, frequency of involvement, and risk for 166 activities, n=1,829 practicing entry-level registered dietitians, 2010 Entry-Level Dietetics Practice Audit

#	Activity	"Core" activity <sup>a</sup>	Way(s) Involved					Frequency of Involvement (Days/Month)						Risk							
			Percent assist others (1)	Percent perform myself (2)	Percent supervise/manage (3)	Percent involved in any way	Mean <sup>b</sup>	Standard error	Percent daily (20)	Percent weekly (4)	Percent monthly (1)	Percent less than monthly (0.5)	Mean <sup>c</sup>	Standard error	Percent high (5)	Percent (4)	Percent (3)	Percent (2)	Percent low (1)	Mean <sup>d</sup>	Standard error
<b>General</b>																					
1	Evaluate how effective programs are in reaching their goals		36	33	8	60	1.71	0.02	8	11	24	17	4.04	0.19	3	7	17	13	18	2.39	0.04
2	Adapt products, programs, or services to fit the market		24	29	6	45	1.83	0.02	8	9	16	13	4.69	0.24	2	5	11	11	13	2.37	0.04
3	Collect data used in research studies		12	16	3	24	1.80	0.03	5	5	6	9	5.37	0.36	1	2	6	4	9	2.24	0.06
4	Collect data for clinical and/or management decisions	Yes	24	39	5	56	1.82	0.02	15	11	18	12	6.68	0.26	4	9	13	12	14	2.57	0.04
5	Evaluate and synthesize research literature using a formal method		6	16	1	19	1.89	0.03	2	4	7	7	3.05	0.28	1	2	4	4	7	2.18	0.07
6	Analyze data	Yes	12	36	3	42	1.93	0.02	12	9	12	9	7.05	0.30	4	7	11	8	11	2.62	0.05
7	Write reports		9	31	3	36	1.97	0.02	6	7	15	8	4.69	0.27	2	5	8	8	10	2.47	0.05
8	Write grant proposals		4	4	1	7	1.66	0.05	0	0	1	6	1.02	0.23	1	1	2	1	2	2.56	0.12
9	Use evidence analysis as the basis for practice decisions; eg, evidence-based guidelines for practice, evidence analysis library, and/or position papers	Yes	13	71	4	76	2.01	0.01	38	14	16	8	11.08	0.24	12	15	19	12	13	3.01	0.04
10	Implement electronic management of food delivery and health-care services; eg, electronic health records, food and nutrition services software	Yes	14	33	6	41	1.96	0.02	28	4	4	5	14.07	0.31	6	9	10	6	7	3.02	0.05
11	Use health-care informatics systems/technologies	Yes	7	47	3	49	2.04	0.01	42	5	1	1	17.60	0.20	8	11	10	7	10	2.96	0.05
12	Negotiate contracts		4	6	1	9	1.83	0.05	1	1	2	6	1.96	0.35	1	2	2	2	2	2.94	0.11
13	Perform quality assurance, quality improvement, performance improvement, or performance management (QA/QI/PI/PM)		28	42	7	58	1.86	0.02	9	11	25	13	4.39	0.21	7	9	15	11	12	2.77	0.04
14	Develop a business plan for a product, program, or service		8	11	2	16	1.81	0.04	1	2	4	9	2.19	0.27	2	3	4	3	3	2.75	0.08

(continued)

**Table 5.** Way(s) involved, frequency of involvement, and risk for 166 activities, n=1,829 practicing entry-level registered dietitians, 2010 Entry-Level Dietetics Practice Audit (continued)

#	Activity	"Core" activity <sup>a</sup>	Way(s) Involved					Frequency of Involvement (Days/Month)							Risk						
			Percent assist others (1)	Percent perform myself (2)	Percent supervise/manage (3)	Percent involved in any way	Mean <sup>b</sup>	Standard error	Percent daily (20)	Percent weekly (4)	Percent monthly (1)	Percent less than monthly (0.5)	Mean <sup>c</sup>	Standard error	Percent high (5)	Percent (4)	Percent (3)	Percent (2)	Percent low (1)	Mean <sup>d</sup>	Standard error
15	Develop strategic plan for your organization		16	12	2	26	1.59	0.03	1	3	7	15	1.83	0.18	3	4	7	5	6	2.70	0.06
16	Ensure compliance with regulatory agencies and/or accrediting bodies	Yes	30	43	11	59	1.94	0.02	31	6	10	13	11.02	0.28	19	13	11	6	7	3.54	0.04
<b>Principles of Education</b>																					
17	Assess learning needs of others; eg, patients/clients, employees, students	Yes	14	86	8	90	2.06	0.01	61	16	8	5	14.40	0.20	11	16	23	17	16	2.87	0.03
18	Develop instructional materials for individuals and groups		25	72	8	81	2.00	0.01	9	17	29	26	3.51	0.15	5	12	21	17	19	2.56	0.03
19	Design an individual course or seminar for patients, clients, employees, or students		16	45	4	51	1.97	0.01	2	6	15	28	1.94	0.13	3	7	13	11	12	2.54	0.04
20	Design a group of related courses for an educational institution or organization		5	12	2	16	1.94	0.03	1	2	4	9	2.33	0.28	1	2	4	3	3	2.66	0.08
21	Teach classes or laboratories or do demonstrations		9	46	4	48	2.04	0.01	5	12	13	18	3.63	0.20	4	7	12	10	12	2.58	0.04
22	Evaluate learner knowledge and performance	Yes	9	60	5	64	2.03	0.01	24	16	13	10	8.93	0.26	5	8	17	14	14	2.60	0.04
23	Evaluate education programs		10	17	2	23	1.86	0.03	2	3	7	12	2.49	0.24	2	3	6	5	6	2.49	0.06
24	Supervise students or precept interns		14	49	6	55	2.04	0.01	7	5	10	32	3.48	0.20	6	11	14	8	12	2.81	0.04
<b>Conducting Research</b>																					
25	Review research literature		6	53	1	54	2.01	0.01	3	14	23	14	2.83	0.15	2	5	12	9	21	2.16	0.04
26	Develop hypotheses for research studies		3	3	0	5	1.70	0.06	0	0	1	4	1.65	0.41	0	1	1	1	2	2.15	0.14
27	Design research studies		3	3	0	6	1.67	0.06	0	0	1	4	1.65	0.39	0	1	1	1	2	2.33	0.13
28	Develop research proposals		2	3	0	5	1.74	0.06	0	0	1	4	1.11	0.29	0	1	1	1	2	2.42	0.15
29	Conduct research studies		5	5	1	8	1.82	0.06	2	1	1	4	5.41	0.68	1	1	1	1	2	2.60	0.12
30	Report research at professional conferences		2	5	0	6	1.93	0.04	0	0	0	6	0.59	0.10	0	1	1	1	2	2.33	0.13

(continued)

**Table 5.** Way(s) involved, frequency of involvement, and risk for 166 activities, n=1,829 practicing entry-level registered dietitians, 2010 Entry-Level Dietetics Practice Audit (continued)

#	Activity	Way(s) Involved						Frequency of Involvement (Days/Month)						Risk							
		"Core" activity <sup>a</sup>	Percent assist others (1)	Percent perform myself (2)	Percent supervise/manage (3)	Percent involved in any way	Mean <sup>b</sup>	Standard error	Percent daily (20)	Percent weekly (4)	Percent monthly (1)	Percent less than monthly (0.5)	Mean <sup>c</sup>	Standard error	Risk					Mean <sup>d</sup>	Standard error
			Percent high (5)	Percent (4)	Percent (3)	Percent (2)	Percent low (1)														
31	Write manuscripts for peer-reviewed publications	2	4	0	5	1.79	0.05	0	0	1	4	0.83	0.18	1	0	1	1	2	2.44	0.15	
	<b>Managing Human Resources</b>																				
32	Develop job descriptions or job specifications	10	9	2	16	1.69	0.04	0	0	1	15	0.68	0.09	1	2	4	4	5	2.45	0.07	
33	Determine staffing needs	13	9	3	20	1.63	0.04	2	2	4	11	3.10	0.31	2	3	4	4	5	2.71	0.07	
34	Recruit staff and/or students	9	9	2	16	1.72	0.04	0	0	3	12	1.01	0.15	1	2	4	3	4	2.64	0.08	
35	Interview applicants	20	13	2	28	1.56	0.03	0	0	2	25	0.67	0.06	4	5	7	5	5	2.89	0.06	
36	Hire staff	7	7	2	12	1.79	0.05	0	0	1	10	0.65	0.06	2	2	3	2	2	3.13	0.10	
37	Conduct staff orientation, training, in-service, or staff development programs	19	31	4	40	1.89	0.02	0	2	10	28	0.84	0.05	5	7	11	7	7	2.84	0.05	
38	Assign or schedule staff	5	11	3	15	2.06	0.04	2	4	4	4	4.41	0.39	2	2	3	3	4	2.74	0.09	
39	Coordinate job activities across different departments or work units	9	11	3	16	1.91	0.04	3	4	4	5	4.87	0.41	1	3	4	3	3	2.73	0.07	
40	Counsel staff	8	19	3	22	2.01	0.03	3	5	5	9	4.04	0.32	2	4	5	5	4	2.80	0.07	
41	Make decisions on personnel actions such as promotions, transfers, separations, demotions, or discipline	6	7	2	10	1.88	0.05	1	1	2	6	2.19	0.33	2	2	2	2	1	3.17	0.10	
42	Comply with labor relations regulations and/or agreements	6	12	3	15	1.98	0.04	9	1	1	4	12.48	0.55	3	3	3	2	3	3.08	0.09	
43	Monitor staff compliance with state, federal, and/or accrediting agency regulations	12	16	6	23	2.02	0.03	10	3	5	6	9.13	0.44	7	5	5	3	3	3.51	0.07	
44	Evaluate performance of staff such as providing ongoing feedback or formal evaluations	10	16	4	22	1.93	0.03	2	3	6	11	3.01	0.28	3	3	5	4	5	2.78	0.07	
45	Conduct and/or facilitate meetings	17	21	4	29	1.89	0.03	2	7	11	10	2.62	0.19	3	3	7	7	7	2.55	0.06	
46	Make salary decisions	2	2	1	4	1.89	0.08	0	0	0	3	1.20	0.34	1	1	1	1	1	2.81	0.17	

(continued)

**Table 5.** Way(s) involved, frequency of involvement, and risk for 166 activities, n=1,829 practicing entry-level registered dietitians, 2010 Entry-Level Dietetics Practice Audit (continued)

#	Activity	Way(s) Involved						Frequency of Involvement (Days/Month)						Risk							
		"Core" activity <sup>a</sup>	Percent assist others (1)	Percent perform myself (2)	Percent supervise/manage (3)	Percent involved in any way	Mean <sup>b</sup>	Standard error	Percent daily (20)	Percent weekly (4)	Percent monthly (1)	Percent less than monthly (0.5)	Mean <sup>c</sup>	Standard error	Percent high (5)	Percent (4)	Percent (3)	Percent (2)	Percent low (1)	Mean <sup>d</sup>	Standard error
47	Conduct productivity studies	5	7	1	10	1.84	0.04	1	1	5	3	3.40	0.44	1	2	2	2	3	2.63	0.10	
	<b>Marketing of Products, Programs, or Services</b>																				
48	Conduct a competitor analysis	2	4	1	6	1.83	0.06	0	0	1	4	1.85	0.41	1	1	1	1	2	2.64	0.14	
49	Develop marketing objectives or strategies for products, programs, or services	9	10	2	16	1.75	0.04	1	2	5	8	1.91	0.23	1	2	4	4	4	2.53	0.07	
50	Define target markets for products, programs, or services	9	11	2	16	1.77	0.04	1	2	5	9	2.17	0.27	1	2	4	4	4	2.50	0.07	
51	Develop new products, programs, or services	12	15	2	22	1.82	0.03	1	2	7	12	1.70	0.19	1	3	5	5	5	2.53	0.07	
52	Develop promotional materials describing products, programs, or services	12	18	2	24	1.85	0.03	1	2	8	13	1.61	0.16	1	3	5	6	7	2.30	0.06	
53	Perform nutrient analysis of new food products for industry	3	6	1	8	1.87	0.04	1	2	2	4	2.59	0.39	1	1	2	1	2	2.71	0.11	
54	Develop nutrition labels for products in compliance with regulations	1	2	0	2	1.98	0.08	0	1	1	1	5.04	1.09	0	1	1	0	0	3.10	0.21	
55	Pilot- test new products, programs, or services	9	8	2	13	1.79	0.04	0	1	3	9	1.34	0.20	1	2	4	3	3	2.55	0.08	
56	Implement marketing plan	5	6	1	9	1.86	0.05	1	1	3	4	3.59	0.49	1	1	2	3	2	2.49	0.10	
57	Prepare proposals	3	5	0	7	1.83	0.04	0	0	2	5	1.34	0.28	0	1	2	2	1	2.66	0.12	
58	Prepare cost comparison and analysis for customers	1	3	1	4	2.02	0.07	0	0	1	2	2.42	0.60	1	1	1	1	1	2.72	0.16	
59	Sell products, programs, or services	3	7	2	9	2.09	0.04	4	2	1	1	10.17	0.70	2	1	2	2	2	2.84	0.12	
60	Evaluate marketing plan	3	4	1	6	1.88	0.06	0	1	2	3	1.88	0.36	1	0	2	1	1	2.60	0.12	
	<b>Managing Food and Other Material Resources</b>																				
61	Verify shipments against purchase orders and/or invoices	5	9	3	13	2.07	0.04	1	5	4	4	3.51	0.32	1	2	4	2	3	2.63	0.08	
62	Maintain safety and sanitation of food, facilities, or equipment	14	15	9	27	2.09	0.04	12	6	6	3	9.84	0.40	9	6	4	3	3	3.66	0.06	

(continued)



**Table 5.** Way(s) involved, frequency of involvement, and risk for 166 activities, n=1,829 practicing entry-level registered dietitians, 2010 Entry-Level Dietetics Practice Audit (continued)

#	Activity	"Core" activity <sup>a</sup>	Way(s) Involved					Frequency of Involvement (Days/Month)							Risk						
			Percent assist others (1)	Percent perform myself (2)	Percent supervise/manage (3)	Percent involved in any way	Mean <sup>b</sup>	Standard error	Percent daily (20)	Percent weekly (4)	Percent monthly (1)	Percent less than monthly (0.5)	Mean <sup>c</sup>	Standard error	Percent high (5)	Percent (4)	Percent (3)	Percent (2)	Percent low (1)	Mean <sup>d</sup>	Standard error
63	Monitor storage conditions for food and other material resources		10	13	8	22	2.13	0.04	8	5	7	2	8.72	0.43	6	5	4	2	2	3.54	0.07
64	Develop menus for clients with normal nutritional needs		13	24	3	33	1.86	0.02	6	8	8	12	4.95	0.29	5	7	8	5	6	2.97	0.06
65	Develop menus for clients with special or therapeutic needs	Yes	14	31	4	40	1.90	0.02	8	9	9	14	5.25	0.27	8	10	8	5	5	3.28	0.05
66	Prepare food		5	7	6	13	2.32	0.05	5	2	3	3	8.49	0.58	3	2	2	2	2	3.14	0.09
67	Assemble meals		4	4	5	10	2.35	0.06	5	2	1	2	10.17	0.68	2	2	1	2	1	3.20	0.11
68	Check trays for accuracy		6	23	6	28	2.12	0.02	5	9	10	4	5.13	0.30	6	5	7	4	3	3.25	0.06
69	Serve meals or food		5	6	6	12	2.31	0.05	5	2	2	3	9.75	0.61	2	1	2	2	2	3.05	0.10
70	Develop and verify standardized recipes		5	7	2	11	1.98	0.05	1	1	3	6	3.07	0.41	2	2	3	2	1	3.00	0.09
71	Select products to be purchased		11	9	3	18	1.78	0.04	1	4	5	7	2.62	0.26	1	3	5	4	3	2.71	0.07
72	Select vendors		4	5	1	8	1.85	0.06	0	1	2	5	1.89	0.35	1	1	2	2	1	2.83	0.11
73	Monitor food quality		12	25	7	32	2.04	0.03	9	10	9	5	6.87	0.33	6	6	8	5	5	3.09	0.06
74	Evaluate food products using sensory techniques such as taste, smell, and appearance		10	27	5	33	2.01	0.02	6	8	11	7	4.96	0.29	4	5	8	6	6	2.77	0.05
75	Prepare specialized enteral products or tube feedings		2	3	1	5	1.97	0.07	1	1	1	1	6.41	0.87	2	1	1	1	1	3.54	0.17
76	Forecast demand		2	5	2	7	2.14	0.06	1	3	2	1	5.30	0.61	1	1	2	1	1	3.02	0.11
77	Calculate quantities to be purchased for food and other material resources		3	6	3	9	2.20	0.05	1	4	3	2	4.24	0.43	1	2	2	2	1	2.95	0.10
78	Purchase materials such as food, nutritional supplements, equipment, or supplies		5	10	3	14	2.03	0.04	1	6	4	3	3.35	0.28	2	3	3	3	2	2.92	0.09
79	Receive and/or store materials such as food, nutritional supplements, equipment, or supplies		5	9	4	14	2.14	0.04	2	6	4	2	4.32	0.36	2	2	3	3	2	2.84	0.08
80	Distribute materials such as food, nutritional supplements, equipment, or supplies		4	10	4	14	2.15	0.04	4	5	3	2	7.80	0.51	1	2	4	2	3	2.78	0.08
81	Establish purchasing policies and procedures		2	3	1	5	1.96	0.08	0	0	1	3	1.44	0.33	1	1	1	1	1	2.90	0.16

(continued)

**Table 5.** Way(s) involved, frequency of involvement, and risk for 166 activities, n=1,829 practicing entry-level registered dietitians, 2010 Entry-Level Dietetics Practice Audit (continued)

#	Activity	"Core" activity <sup>a</sup>	Way(s) Involved					Frequency of Involvement (Days/Month)						Risk							
			Percent assist others (1)	Percent perform myself (2)	Percent supervise/manage (3)	Percent involved in any way	Mean <sup>b</sup>	Standard error	Percent daily (20)	Percent weekly (4)	Percent monthly (1)	Percent less than monthly (0.5)	Mean <sup>c</sup>	Standard error	Percent high (5)	Percent (4)	Percent (3)	Percent (2)	Percent low (1)	Mean <sup>d</sup>	Standard error
82	Write product and equipment specifications		1	1	0	2	1.75	0.10	0	0	0	2	1.15	0.33	0	1	1	0	0	3.13	0.19
83	Assess client satisfaction with food and/or nutrition service	Yes	14	33	5	40	1.99	0.02	14	11	8	7	8.51	0.32	5	6	10	7	8	2.81	0.05
84	Adjust daily menu, food production, or distribution based on the availability of resources such as food, labor, or equipment		6	6	4	11	2.08	0.06	4	3	2	2	7.92	0.61	1	3	2	2	2	3.06	0.10
85	Monitor portion control		8	14	7	21	2.13	0.04	8	7	5	2	8.60	0.43	3	4	6	4	3	2.96	0.07
86	Institute or maintain sustainability practices		5	4	3	8	2.03	0.07	2	2	1	2	7.35	0.70	1	1	2	2	1	2.80	0.12
<b>Managing Facilities</b>																					
87	Assess the adequacy of current facilities		7	6	2	12	1.78	0.05	2	1	3	5	4.33	0.48	1	2	3	2	2	2.86	0.09
88	Project future needs for facilities and equipment		8	6	2	12	1.66	0.05	1	1	2	8	1.73	0.28	1	2	2	2	3	2.60	0.10
89	Propose revisions to the design of a functional unit (such as the main kitchen, cafeteria, or nutrition clinic)		6	4	1	9	1.64	0.06	0	0	1	7	0.98	0.19	1	2	2	1	2	2.78	0.11
90	Maintain facilities and/or equipment		6	6	4	11	2.08	0.06	4	2	2	2	8.80	0.63	2	2	3	2	2	2.97	0.10
91	Assure safety of employees, patients, clients, and/or customers		13	16	7	25	2.00	0.03	17	3	2	3	13.99	0.40	8	6	4	2	2	3.68	0.06
92	Create disaster plans		5	3	1	7	1.74	0.07	0	0	1	6	1.07	0.27	3	1	1	1	1	3.71	0.13
<b>Managing Financial Resources</b>																					
93	Develop operating budgets		3	4	1	6	1.77	0.06	0	1	1	5	1.23	0.25	2	1	2	1	1	3.34	0.12
94	Develop capital budget		2	2	1	4	1.77	0.08	0	0	1	3	1.26	0.39	1	1	1	1	0	3.39	0.17
95	Obtain funding or financing for projects		3	3	1	5	1.76	0.07	0	0	1	4	1.20	0.29	1	1	1	1	1	3.17	0.16
96	Administer resources based on a budget		4	7	1	9	1.99	0.05	1	2	3	3	4.49	0.54	1	1	2	2	1	3.06	0.11
97	Monitor financial performance		4	6	2	9	1.97	0.05	1	2	4	2	3.43	0.45	2	1	2	1	1	3.09	0.11
98	Develop methods for reducing or maintaining costs		7	8	3	13	1.88	0.05	1	2	4	5	3.30	0.38	2	2	4	2	3	2.91	0.09
99	Implement methods for reducing or maintaining costs		8	9	3	14	1.90	0.04	2	2	4	6	3.49	0.38	2	2	4	2	3	2.83	0.09
100	Establish prices for products, programs, services, or menu items		3	5	1	7	1.82	0.05	0	1	3	3	1.94	0.37	1	1	2	1	2	2.78	0.12

(continued)

**Table 5.** Way(s) involved, frequency of involvement, and risk for 166 activities, n=1,829 practicing entry-level registered dietitians, 2010 Entry-Level Dietetics Practice Audit (continued)

#	Activity	"Core" activity <sup>a</sup>	Way(s) Involved					Frequency of Involvement (Days/Month)							Risk						
			Percent assist others (1)	Percent perform myself (2)	Percent supervise/manage (3)	Percent involved in any way	Mean <sup>b</sup>	Standard error	Percent daily (20)	Percent weekly (4)	Percent monthly (1)	Percent less than monthly (0.5)	Mean <sup>c</sup>	Standard error	Risk						
															Percent high (5)	Percent (4)	Percent (3)	Percent (2)	Percent low (1)	Mean <sup>d</sup>	Standard error
101	Collect fees and/or reconcile accounts, including billing and coding for services		2	7	1	8	2.04	0.04	3	2	2	0	9.65	0.72	2	1	2	1	2	3.04	0.12
102	Prepare financial reports		2	4	1	5	2.01	0.06	0	1	2	1	3.21	0.58	1	1	2	1	1	3.18	0.14
103	Evaluate the financial performance of products, programs, or services		3	5	1	7	1.89	0.05	0	1	3	3	2.48	0.42	1	1	2	1	1	3.05	0.12
<b>Providing Nutrition Care - Community/Clinical General</b>																					
104	Nutrition Care Process: Screen	Yes	8	75	7	78	2.06	0.01	66	7	3	1	17.33	0.16	20	17	16	8	10	3.40	0.04
105	Nutrition Care Process: Assess	Yes	6	83	6	84	2.07	0.01	73	7	3	1	17.69	0.15	24	19	16	8	10	3.51	0.04
106	Nutrition Care Process: Diagnose nutrition problems	Yes	6	79	5	81	2.06	0.01	70	7	3	1	17.72	0.15	24	19	15	7	9	3.57	0.04
107	Nutrition Care Process: Intervene	Yes	6	82	6	83	2.07	0.01	72	8	2	1	17.77	0.15	26	19	14	7	9	3.62	0.04
108	Nutrition Care Process: Monitor	Yes	7	82	7	83	2.07	0.01	70	8	4	2	17.33	0.16	21	20	15	9	10	3.46	0.04
109	Nutrition Care Process: Evaluate	Yes	6	81	6	82	2.06	0.01	69	7	4	1	17.34	0.16	21	20	15	9	10	3.46	0.04
110	Counsel clients and their families	Yes	6	84	5	85	2.06	0.01	62	16	4	2	15.58	0.19	19	19	17	11	10	3.35	0.04
111	Counsel on end-of-life issues related to nutrition and hydration	Yes	8	41	2	44	1.97	0.01	13	8	11	12	6.90	0.29	12	10	10	4	3	3.61	0.05
112	Recommend clients receive physical, social, behavioral, or psychological services	Yes	11	65	3	70	1.98	0.01	23	20	14	13	7.92	0.24	13	15	17	9	8	3.23	0.04
113	Provide nutrition education programs to groups	Yes	12	61	5	65	2.03	0.01	13	15	19	18	5.27	0.21	7	11	16	12	12	2.82	0.04
<b>Providing Nutrition Care To Individuals</b>																					
114	Take diet histories	Yes	5	81	6	82	2.06	0.01	53	19	7	4	13.87	0.21	9	11	19	15	19	2.66	0.04
115	Perform anthropometric measurements	Yes	9	48	6	54	2.06	0.01	31	12	6	5	12.60	0.28	8	9	12	8	11	2.88	0.05
116	Evaluate anthropometric measurements	Yes	5	79	5	80	2.06	0.01	65	9	4	2	16.61	0.18	13	14	16	11	16	2.97	0.04
117	Perform nutrition-focused physical examination (by use of observation, percussion, palpation, and auscultation)	Yes	5	42	2	44	2.00	0.01	31	8	3	2	14.81	0.28	7	9	10	7	6	3.06	0.05

(continued)

**Table 5.** Way(s) involved, frequency of involvement, and risk for 166 activities, n=1,829 practicing entry-level registered dietitians, 2010 Entry-Level Dietetics Practice Audit (continued)

#	Activity	"Core" activity <sup>a</sup>	Way(s) Involved						Frequency of Involvement (Days/Month)						Risk						
			Percent assist others (1)	Percent perform myself (2)	Percent supervise/manage (3)	Percent involved in any way	Mean <sup>b</sup>	Standard error	Percent daily (20)	Percent weekly (4)	Percent monthly (1)	Percent less than monthly (0.5)	Mean <sup>c</sup>	Standard error	Percent high (5)	Percent (4)	Percent (3)	Percent (2)	Percent low (1)	Mean <sup>d</sup>	Standard error
118	Educate clients on medical equipment use related to nutrition (eg, insulin pumps, feeding pumps, glucose monitoring equipment, etc)		7	28	1	32	1.91	0.02	11	8	8	6	8.19	0.35	8	7	6	4	4	3.34	0.06
119	Compare physical development to standard growth charts	Yes	3	45	3	46	2.04	0.01	22	6	9	9	10.44	0.32	7	9	9	6	9	2.99	0.05
120	Review medical records for information including nutrition-related data	Yes	5	78	5	79	2.06	0.01	66	7	3	2	17.27	0.17	17	15	15	10	13	3.19	0.04
121	Evaluate influence of psychological status on eating behaviors	Yes	8	71	3	74	2.02	0.01	43	17	9	5	12.77	0.23	12	15	17	11	11	3.09	0.04
122	Evaluate eating habits, patterns and choices of clients	Yes	5	83	5	85	2.05	0.01	63	15	5	2	15.71	0.19	12	16	19	14	15	2.95	0.04
123	Compare lab results to normal values	Yes	5	82	5	83	2.05	0.01	69	9	4	2	17.05	0.17	19	17	15	10	13	3.27	0.04
124	Calculate nutrient requirements	Yes	4	80	4	81	2.05	0.01	65	10	4	2	16.49	0.18	21	15	16	10	12	3.32	0.04
125	Calculate fluid requirements	Yes	4	72	4	73	2.05	0.01	57	10	4	3	16.14	0.20	18	14	14	9	10	3.34	0.04
126	Calculate electrolyte requirements	Yes	6	41	2	44	1.98	0.01	25	8	6	6	12.35	0.31	13	10	8	3	6	3.51	0.05
127	Calculate nutrition intakes; eg, calorie count	Yes	6	72	5	74	2.05	0.01	31	21	14	7	9.79	0.24	13	13	17	10	12	3.09	0.04
128	Evaluate intake of specific nutrients	Yes	5	73	4	75	2.05	0.01	40	19	9	7	11.85	0.24	12	15	17	10	11	3.10	0.04
129	Recommend nutrition status lab tests	Yes	4	68	3	69	2.03	0.01	32	20	11	6	10.65	0.24	13	14	15	9	10	3.17	0.04
130	Write orders for nutrition status lab tests		6	24	2	28	1.94	0.02	13	8	4	2	10.98	0.38	6	6	6	3	3	3.38	0.06
131	Evaluate and monitor medications	Yes	10	57	3	62	1.98	0.01	45	11	4	2	15.29	0.23	12	14	13	7	8	3.29	0.04
132	Help patients/residents with daily menu selection	Yes	9	49	6	53	2.06	0.01	26	18	6	4	11.30	0.27	6	7	11	11	12	2.69	0.05
133	Adapt regular oral diets to meet individual preferences or needs	Yes	8	66	6	69	2.05	0.01	44	17	6	2	13.82	0.23	10	13	15	12	12	2.93	0.04
134	Plan oral diets with multiple nutritional requirements	Yes	6	61	3	62	2.04	0.01	37	15	8	3	12.89	0.25	11	14	14	8	8	3.21	0.04

(continued)

**Table 5.** Way(s) involved, frequency of involvement, and risk for 166 activities, n=1,829 practicing entry-level registered dietitians, 2010 Entry-Level Dietetics Practice Audit (continued)

#	Activity	"Core" activity <sup>a</sup>	Way(s) Involved						Frequency of Involvement (Days/Month)						Risk						
			Percent assist others (1)	Percent perform myself (2)	Percent supervise/manage (3)	Percent involved in any way	Mean <sup>b</sup>	Standard error	Percent daily (20)	Percent weekly (4)	Percent monthly (1)	Percent less than monthly (0.5)	Mean <sup>c</sup>	Standard error	Percent high (5)	Percent (4)	Percent (3)	Percent (2)	Percent low (1)	Mean <sup>d</sup>	Standard error
			135	Recommend diets	Yes	5	78	4	79	2.04	0.01	57	15	5	2	15.25	0.20	13	15	19	11
136	Recommend nutritional supplements for clients on oral diets	Yes	5	75	4	76	2.04	0.01	51	16	6	3	14.42	0.21	13	16	18	12	10	3.15	0.04
137	Write orders for clients on oral diets		8	31	2	36	1.90	0.02	23	8	4	1	13.86	0.32	8	7	8	5	4	3.36	0.05
138	Provide advice on safe, effective use of herbals, botanicals, and other dietary supplements	Yes	5	56	3	58	2.02	0.01	13	17	14	14	6.11	0.24	9	14	14	9	7	3.16	0.04
139	Recommend tube feeding therapies	Yes	5	57	2	58	2.03	0.01	31	16	7	5	11.71	0.27	22	13	8	4	5	3.81	0.04
140	Write orders for tube feeding therapies		9	28	2	35	1.87	0.02	17	9	5	4	10.98	0.35	14	7	5	2	3	3.85	0.06
141	Place nasogastric feeding tubes		0	2	0	2	2.04	0.07	1	0	0	1	10.73	1.68	1	0	0	0	0	4.15	0.29
142	Recommend intravenous or parenteral nutrition therapies	Yes	6	44	1	46	1.99	0.01	16	13	9	7	8.46	0.29	20	10	6	3	4	3.95	0.05
143	Write orders for intravenous or parenteral nutrition therapies		8	14	1	21	1.74	0.03	8	6	3	3	9.56	0.45	11	3	2	1	2	4.05	0.07
144	Refer clients to community resources for ongoing services, such as WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) or home-delivered meals	Yes	10	45	3	50	1.96	0.01	11	10	15	14	5.68	0.25	5	7	13	9	11	2.68	0.05
145	Assess needs and identify resources for ongoing nutrition care such as nutrition counseling or home enteral and parenteral nutrition	Yes	9	49	2	53	1.96	0.01	16	15	12	10	7.54	0.27	9	10	11	8	8	3.10	0.05
146	Recommend medications	Yes	8	40	1	44	1.94	0.01	12	15	10	7	7.00	0.28	9	10	11	4	4	3.42	0.05
147	Write orders for medications		3	6	0	8	1.85	0.04	3	2	2	1	8.87	0.71	4	1	1	0	1	4.14	0.11
148	Document client care	Yes	4	73	4	74	2.05	0.01	64	6	3	1	17.75	0.16	17	14	14	10	11	3.25	0.04
149	Present patients at rounds		6	32	1	35	1.97	0.01	13	16	4	2	9.33	0.32	6	7	8	5	5	3.15	0.06
150	Participate in decision-making with a health-care team	Yes	11	63	3	67	1.99	0.01	38	19	8	2	12.67	0.24	15	14	15	8	8	3.32	0.04

(continued)

**Table 5.** Way(s) involved, frequency of involvement, and risk for 166 activities, n=1,829 practicing entry-level registered dietitians, 2010 Entry-Level Dietetics Practice Audit (continued)

#	Activity	"Core" activity <sup>a</sup>	Way(s) Involved						Frequency of Involvement (Days/Month)						Risk						
			Percent assist others (1)	Percent perform myself (2)	Percent supervise/manage (3)	Percent involved in any way	Mean <sup>b</sup>	Standard error	Percent daily (20)	Percent weekly (4)	Percent monthly (1)	Percent less than monthly (0.5)	Mean <sup>c</sup>	Standard error	Percent high (5)	Percent (4)	Percent (3)	Percent (2)	Percent low (1)	Mean <sup>d</sup>	Standard error
151	Evaluate intake and output (I/Os)	Yes	5	50	2	52	2.02	0.01	36	8	5	3	14.70	0.26	10	10	12	7	8	3.17	0.05
152	Evaluate clients' overall health status; eg, physical and clinical conditions, and physiological and disease status	Yes	10	66	4	69	2.01	0.01	56	9	4	1	16.59	0.19	14	15	15	9	9	3.27	0.04
153	Evaluate vital signs	Yes	6	38	1	40	1.98	0.01	29	8	2	1	15.46	0.28	8	7	9	5	6	3.13	0.05
154	Evaluate tolerance of diet, tube feeding, and supplements	Yes	8	66	3	67	2.03	0.01	52	10	4	2	16.06	0.20	19	15	11	6	8	3.52	0.04
155	Evaluate tolerance of parenteral nutrition	Yes	7	43	2	45	2.00	0.01	24	9	6	6	11.74	0.31	17	9	7	3	4	3.80	0.05
156	Develop institutional standards of nutrition care		15	17	1	28	1.69	0.02	7	2	8	11	5.48	0.36	8	6	6	2	3	3.59	0.06
<b>Providing Nutrition Programs For Population Groups</b>																					
157	Review and utilize national nutrition surveillance data on groups; eg, NHANES (National Health and Nutrition Examination Survey), CDC (Centers for Disease Control and Prevention)		6	26	1	29	1.94	0.01	3	4	8	14	3.08	0.25	2	3	6	6	9	2.36	0.06
158	Collect nutrition data to identify at-risk population groups		5	12	1	14	1.93	0.03	4	2	3	5	6.76	0.52	1	3	3	2	3	2.71	0.09
159	Identify nutrition-related problems within population groups		8	17	2	21	1.90	0.03	4	3	6	8	5.13	0.39	2	4	5	3	4	2.75	0.07
160	Collect data on community resources		5	9	1	12	1.86	0.03	1	1	3	6	3.06	0.41	1	2	2	2	3	2.41	0.10
161	Design services to meet nutrition-related needs of populations		9	16	2	19	1.90	0.03	2	2	7	8	3.39	0.33	1	3	6	4	3	2.74	0.07
162	Provide health-promotion or risk-reduction programs to population groups		11	22	3	25	1.98	0.02	5	4	8	9	5.09	0.35	2	4	6	6	5	2.66	0.06
163	Distribute nutrition information through the media		6	14	1	17	1.88	0.03	1	2	5	9	2.13	0.24	1	2	4	5	3	2.49	0.07

(continued)

**Table 5. Way(s) involved, frequency of involvement, and risk for 166 activities, n = 1,829 practicing entry-level registered dietitians, 2010 Entry-Level Dietetics Practice Audit (continued)**

#	Activity	Way(s) Involved										Frequency of Involvement (Days/Month)					Risk					
		Percent assist others (1)		Percent perform myself (2)		Percent supervise/manage (3)		Percent involved in any way		Percent less than monthly (0.5)		Percent weekly (4)		Percent monthly (1)		Percent high (5)		Percent low (1)		Standard error		
		Mean <sup>a</sup>	Standard error	Mean <sup>b</sup>	Standard error	Mean <sup>c</sup>	Standard error	Mean <sup>d</sup>	Standard error	Mean <sup>e</sup>	Standard error	Mean <sup>f</sup>	Standard error	Mean <sup>g</sup>	Standard error	Mean <sup>h</sup>	Standard error	Mean <sup>i</sup>	Standard error	Mean <sup>j</sup>	Standard error	
164	Lead support groups for client populations	5	12	1	1	1	14	1.94	0.03	1	3	7	4	2.33	0.25	1	2	3	3	2	2.69	0.08
165	Provide fitness education	4	21	1	23	1.98	0.02	7	7	5	4	4	7.63	0.40	1	3	6	6	5	2.50	0.06	
166	Serve as a resource for community organizations	8	26	2	29	1.96	0.02	5	5	8	13	13	4.67	0.32	2	3	6	6	8	2.44	0.06	

<sup>a</sup>Core=40% or more involved in some way, 5+ days/month mean frequency.

<sup>b</sup>Mean of highest value assigned, 1=assist others, 2=perform myself, 3=supervise/manage.

<sup>c</sup>Mean of 20=daily, 4=weekly, 1=monthly, 0.5=less than monthly.

<sup>d</sup>Mean of 5-point risk scale, 1=low, 5=high.

- Counsel clients and their families
- Counsel on end-of-life issues related to nutrition and hydration
- Recommend clients receive physical, social, behavioral, or psychological services
- Provide nutrition education programs to groups

**PROVIDING NUTRITION CARE TO INDIVIDUALS**

- Take diet histories
- Perform anthropometric measurements
- Evaluate anthropometric measurements
- Perform nutrition-focused physical examination (by use of observation, percussion, palpation, and auscultation)
- Compare physical development to standard growth charts
- Review medical records for information including nutrition-related data
- Evaluate influence of psychological status on eating behaviors
- Evaluate eating habits, patterns, and choices of clients
- Compare laboratory results to normal values
- Calculate nutrient requirements
- Calculate fluid requirements
- Calculate electrolyte requirements
- Calculate nutrition intakes; eg, calorie count
- Evaluate intake of specific nutrients
- Recommend nutrition status laboratory tests
- Evaluate and monitor medications
- Help patients/residents with daily menu selection
- Adapt regular oral diets to meet individual preferences or needs
- Plan oral diets with multiple nutritional requirements
- Recommend diets
- Recommend nutritional supplements for clients on oral diets
- Provide advice on safe, effective use of herbals, botanicals, and other dietary supplements
- Recommend tube feeding therapies
- Recommend intravenous or parenteral nutrition therapies
- Refer clients to community resources for ongoing services, such as Special Supplemental Nutrition

- Program for Women, Infants, and Children or home-delivered meals
- Assess needs and identify resources for ongoing nutrition care such as nutrition counseling or home enteral and parenteral nutrition
- Recommend medications
- Document client care
- Participate in decision-making with a health-care team
- Evaluate intake and output (I/Os)
- Evaluate clients' overall health status; eg, physical and clinical conditions, and physiological and disease status
- Evaluate vital signs
- Evaluate tolerance of diet, tube feeding, and supplements
- Evaluate tolerance of parenteral nutrition

The activity categories in which no statements qualified as being core activities (as defined above) for entry-level RDs were: Conducting Research; Managing Human Resources; Marketing of Products, Programs, or Services; Managing Facilities; Managing Financial Resources; and Providing Nutrition Programs for Population Groups. Combined, these groups accounted for 63 of the total 166 activity statements.

**High-Risk Activities**

The activities with the highest level of risk according to these practicing entry-level RDs (average rating of 3.5 or higher on the 5-point risk assessment scale) are noted below. An asterisk indicates those activities that are also among the core activity list.

**GENERAL**

- Ensure compliance with regulatory agencies and/or accrediting bodies\*

**MANAGING HUMAN RESOURCES**

- Monitor staff compliance with state, federal, and/or accrediting agency regulations

**MANAGING FOOD AND OTHER MATERIAL RESOURCES**

- Maintain safety and sanitation of food, facilities, or equipment
- Monitor storage conditions for food and other material resources
- Prepare specialized enteral products or tube feedings

### MANAGING FACILITIES

- Assure safety of employees, patients, clients, and/or customers
- Create disaster plans

### PROVIDING NUTRITION CARE—COMMUNITY/CLINICAL GENERAL

- Nutrition Care Process for individuals or populations:
  - Assess\*
  - Diagnose nutrition problems\*
  - Intervene\*
- Counsel on end-of-life issues related to nutrition and hydration\*

### PROVIDING NUTRITION CARE TO INDIVIDUALS

- Calculate electrolyte requirements\*
- Recommend tube-feeding therapies\*
- Write orders for tube-feeding therapies
- Place nasogastric feeding tubes
- Recommend intravenous or parenteral nutrition therapies\*
- Write orders for intravenous or parenteral nutrition therapies
- Write orders for medications
- Evaluate tolerance of diet, tube feeding, and supplements\*
- Evaluate tolerance of parenteral nutrition\*
- Develop institutional standards of nutrition care

The categories in which no statements qualified as being high risk were: Principles of Education; Conducting Research; Marketing of Products, Programs, or Services; Managing Financial Resources; and Providing Nutrition Programs for Population Groups. Combined, these groups accounted for 49 of the total 166 activity statements.

### PROFILE—ENTRY-LEVEL DTRs Demographics

A profile of entry-level DTRs on key demographic variables is provided in Table 6. Entry-level DTRs are distributed disproportionately by Census Region across the United States when compared to the population as a whole (11). A majority of entry-level DTRs are found in the Northeast (30%) and Midwest (28%), though these two Census Regions comprise less than half of the US population (18% and 22%, respectively). Only 16% of entry-level DTRs are in the

**Table 6.** Selected characteristics of entry-level dietetic technicians, registered, n=385, 2010 Entry-Level Dietetics Practice Audit

Location (US Census Region)	
Northeast	31%
Midwest	29%
South	16%
West	24%
Age (y)	
Under 25	12%
25-29	21%
30-34	14%
35-39	9%
40 or older	42%
Mean	37.6
Standard error	0.6
Median	35
Degree(s) earned	
Associate's	77%
Bachelor's	43%
Master's	5%
Doctoral	0%
Years experience prior to registration—dietetics-related	
5 y or more	15%
3-4 y	10%
2 y	11%
1 y	32%
None	29%
Mean	3.1
Standard error	0.3
Median	1
Years experience prior to registration—other (not dietetics-related)	
5 y or more	52%
3-4 y	10%
2 y	5%
1 y	4%
None	27%
Mean	8.3
Standard error	0.5
Median	5

South, compared with 37% of US population as a whole.

Comparison of survey respondents with the population of entry-level DTRs as a whole shows their distribution across the nine Census Divisions to vary no more than two percentage points between population and sample. Combined with the strong 69% response rate, this finding raises confidence that survey results are representative of all entry-level DTRs.

Twenty percent of entry-level DTR respondents indicated that they do

**Table 7.** Primary positions held by practicing entry-level dietetic technicians, registered, n=309, 2010 Entry-Level Dietetics Practice Audit

Position	%
Dietetic Technician, Clinical	32
Dietetic Technician, Long-Term Care	18
WIC <sup>a</sup> Nutritionist	8
Dietetic Technician, Foodservice Management	7
Director of Food and Nutrition Services	5
All others (55 positions)	27

<sup>a</sup>WIC=Special Supplemental Nutrition Program for Women, Infants, and Children.

not now hold, and have not held, a dietetics-related position since registration. The balance of DTR results discussed are based on the 80% (n=309) who are “practitioners”—that is, they currently do or have held one or more such positions. Those holding more than one position were asked to answer for the one position they consider primary.

### Primary Position

Entry-level DTR practitioners were asked to select the one position, again from the standardized list of 60 positions with brief descriptions, that most closely matched their primary position. Five of these positions account for 70% of entry-level DTR practitioner employment, as shown in Table 7.

Sixty-one percent of practicing entry-level DTRs reported their primary positions as full-time (35+ hours per week); 37% are part-time. Forty-five percent of practicing entry-level DTRs indicated that registration is a requirement for the reported positions, while 36% said registration is preferred but not required, and 19% said registration makes no difference.

Asked to indicate in which setting(s) they spend at least 20% of their time, 37% said an inpatient acute-care facility, 31% a long-term or extended care facility, 13% a community or public health program, and 11% a rehabilitation facility. Other options were named by fewer than 10% each. Two in three (67%) practicing entry-level DTRs chose a single setting in response to this question and 26% chose two or more.



Asked to indicate in which practice area(s) they spend at least 20% of their time, 70% said nutrition care/counseling for individuals, 44% food-service, and 34% nutrition information/education for groups. Eleven percent indicated organizational (not functional) administration/management, 8% research/teaching, and 4% sales/marketing/product development/communications/public relations. One in three (32%) practicing entry-level DTRs chose a single practice area in response to this question.

### ACTIVITIES—ENTRY-LEVEL DTRs

For the 142 activities judged likely to apply to entry-level DTR practice (of the total 166 activities presented to RDs), practicing entry-level DTRs were also asked to answer the same three questions previously discussed:

- In the last year, in what way(s) have you been involved with this activity (if any)?
- [IF INVOLVED] With what frequency have you been personally involved (in any way) with this activity over the last year?
- [IF INVOLVED] How do you rate the risk (of physical harm, financial loss, etc) to recipients of services and/or the effectiveness of your organization if this activity is performed poorly?

Table 8 shows complete results for practicing entry-level DTRs on each of these measurements.

### Core Activities

Listed below are the activities determined to constitute the core of entry-level DTR practice. These are the activities with which at least 40% of all practicing entry-level DTRs are involved in some way, and for which average frequency of involvement is at least 5 days per month. These 45 statements represent about a third of the entire battery of 142 activity statements presented on the survey to DTR sample members.

#### GENERAL

- Evaluate how effective programs are in reaching their goals

- Collect data for clinical and/or management decisions
- Analyze data
- Implement electronic management of food delivery and health-care services; eg, electronic health records, food and nutrition services software
- Use health-care informatics systems/technologies
- Perform quality assurance, quality improvement, performance improvement, or performance management (QA/QI/PI/PM)
- Ensure compliance with regulatory agencies and/or accrediting bodies

#### PRINCIPLES OF EDUCATION

- Assess learning needs of others; eg, patients/clients, employees, students
- Evaluate learner knowledge and performance

#### MANAGING FOOD AND OTHER MATERIAL RESOURCES

- Maintain safety and sanitation of food, facilities, or equipment
- Develop menus for clients with normal nutritional needs
- Develop menus for clients with special or therapeutic needs
- Check trays for accuracy
- Monitor food quality
- Evaluate food products using sensory techniques such as taste, smell, and appearance
- Assess client satisfaction with food and/or nutrition service
- Monitor portion control

#### PROVIDING NUTRITION CARE—COMMUNITY/CLINICAL GENERAL

- Nutrition Care Process for individuals or populations:
  - Nutrition Care Process: Screen
  - Nutrition Care Process: Assess
  - Nutrition Care Process: Diagnose nutrition problems
  - Nutrition Care Process: Intervene
  - Nutrition Care Process: Monitor
  - Nutrition Care Process: Evaluate
- Counsel clients and their families
- Recommend clients receive physical, social, behavioral, or psychological services
- Provide nutrition education programs to groups

#### PROVIDING NUTRITION CARE TO INDIVIDUALS

- Take diet histories
- Perform anthropometric measurements
- Evaluate anthropometric measurements
- Review medical records for information including nutrition-related data
- Evaluate influence of psychological status on eating behaviors
- Evaluate eating habits, patterns, and choices of clients
- Compare laboratory results to normal values
- Calculate nutrient requirements
- Calculate fluid requirements
- Calculate nutrition intakes; eg, calorie count
- Evaluate intake of specific nutrients
- Help patients/residents with daily menu selection
- Adapt regular oral diets to meet individual preferences or needs
- Plan oral diets with multiple nutritional requirements
- Recommend diets
- Recommend nutritional supplements for clients on oral diets
- Document client care
- Participate in decision-making with a health-care team
- Evaluate tolerance of diet, tube feeding, and supplements

The categories in which no statements qualified as being core activities for entry-level DTR practice were: Conducting Research; Managing Human Resources; Marketing of Products, Programs, or Services; Managing Facilities; Managing Financial Resources; and Providing Nutrition Programs for Population Groups. Combined, these groups accounted for 57 of the total 142 activity statements presented to DTRs.

### High-Risk Activities

The activities with the highest level of risk according to these entry-level DTRs (average rating of 3.5 or higher on the 5-point risk assessment scale) are noted below. An asterisk indicates those activities which are also among the core activity list for entry-level DTRs, based on their high levels of involvement and frequency of involvement.

**Table 8.** Way(s) involved, frequency of involvement, and risk for 142 activities, n=309 practicing entry-level dietetic technicians, registered, 2010 Entry-Level Dietetics Practice Audit

#	Activity	"Core" activity <sup>a</sup>	Way(s) Involved						Frequency of Involvement (Days/Month)						Risk						
			Percent assist others (1)	Percent perform myself (2)	Percent supervise/manage (3)	Percent involved in any way	Mean <sup>b</sup>	Standard error	Percent daily (20)	Percent weekly (4)	Percent monthly (1)	Percent less than monthly (0.5)	Mean <sup>c</sup>	Standard error	Percent high (5)	Percent (4)	Percent (3)	Percent (2)	Percent low (1)	Mean <sup>d</sup>	Standard error
<b>General</b>																					
1	Evaluate how effective programs are in reaching their goals	Yes	31	20	8	48	1.70	0.06	12	11	14	10	6.26	0.66	3	7	16	7	11	2.65	0.10
2	Adapt products, programs, or services to fit the market		19	17	4	32	1.69	0.07	6	6	11	8	4.97	0.74	3	5	7	6	9	2.53	0.14
3	Collect data used in research studies		8	13	2	21	1.80	0.08	4	4	6	8	4.53	0.87	1	2	4	3	10	2.07	0.17
4	Collect data for clinical and/or management decisions	Yes	27	37	6	58	1.79	0.04	21	11	17	9	8.48	0.67	6	10	15	8	15	2.71	0.10
5	Evaluate and synthesize research literature using a formal method		4	6	1	10	1.73	0.11	0	2	3	4	2.12	0.67	1	0	1	2	5	1.89	0.23
6	Analyze data	Yes	13	34	5	44	1.92	0.05	22	10	7	5	10.99	0.77	5	9	10	6	9	2.86	0.12
7	Write reports		7	30	3	35	1.99	0.04	10	7	13	4	6.91	0.80	5	4	10	5	7	2.80	0.14
8	Write grant proposals		2	3	0	4	1.73	0.14	0	0	1	3	0.64	0.07	1	1	0	0	1	3.22	0.60
9	Use evidence analysis as the basis for practice decisions; eg, evidence-based guidelines for practice, evidence analysis library, and/or position papers		9	26	2	32	1.92	0.05	14	6	6	7	9.66	0.92	6	5	7	6	5	3.04	0.14
10	Implement electronic management of food delivery and health-care services; eg, electronic health records, food and nutrition services software	Yes	13	34	7	40	2.05	0.05	29	6	2	4	15.07	0.71	9	9	9	6	5	3.32	0.13
11	Use health-care informatics systems/technologies	Yes	7	38	4	42	2.02	0.03	36	3	1	2	17.31	0.56	7	9	8	6	10	2.91	0.13
12	Negotiate contracts		4	5	1	8	1.76	0.13	1	0	1	6	2.12	1.08	2	2	1	1	3	2.91	0.34
13	Perform quality assurance, quality improvement, performance improvement, or performance management (QA/QI/PI/PM)	Yes	24	35	8	52	1.89	0.05	13	9	20	10	6.27	0.64	6	8	12	9	11	2.78	0.11
14	Develop a business plan for a product, program, or service		7	7	2	13	1.74	0.11	0	1	3	8	1.46	0.52	2	3	3	1	2	3.25	0.22
15	Develop strategic plan for your organization		17	8	2	22	1.49	0.08	2	2	7	11	2.71	0.66	5	3	6	4	3	3.17	0.17

(continued)

**Table 8.** Way(s) involved, frequency of involvement, and risk for 142 activities, n=309 practicing entry-level dietetic technicians, registered, 2010 Entry-Level Dietetics Practice Audit (continued)

#	Activity	"Core" activity <sup>a</sup>	Way(s) Involved						Frequency of Involvement (Days/Month)						Risk						
			Percent assist others (1)	Percent perform myself (2)	Percent supervise/manage (3)	Percent involved in any way	Mean <sup>b</sup>	Standard error	Percent daily (20)	Percent weekly (4)	Percent monthly (1)	Percent less than monthly (0.5)	Mean <sup>c</sup>	Standard error	Percent high (5)	Percent (4)	Percent (3)	Percent (2)	Percent low (1)	Mean <sup>d</sup>	Standard error
16	Ensure compliance with regulatory agencies and/or accrediting bodies	Yes	28	30	12	50	1.93	0.06	29	8	5	8	12.49	0.72	17	11	9	5	5	3.66	0.11
	<b>Principles of Education</b>																				
17	Assess learning needs of others; eg, patients/clients, employees, students	Yes	23	62	7	73	1.98	0.03	40	16	9	8	11.95	0.59	8	13	17	16	13	2.83	0.09
18	Develop instructional materials for individuals and groups		21	49	3	58	1.90	0.03	7	10	20	22	3.55	0.46	5	9	15	12	13	2.65	0.10
21	Teach classes or laboratories or do demonstrations		11	33	2	38	1.96	0.04	4	10	9	15	3.71	0.56	4	6	9	6	8	2.74	0.13
22	Evaluate learner knowledge and performance	Yes	12	40	5	48	1.98	0.04	14	12	11	10	7.35	0.69	6	9	12	8	8	2.88	0.11
24	Supervise students or precept interns		14	21	4	32	1.81	0.06	3	5	3	21	3.04	0.59	5	3	6	7	8	2.65	0.15
	<b>Conducting Research</b>																				
25	Review research literature		4	20	1	21	1.97	0.04	2	4	7	7	3.42	0.74	2	1	3	4	10	2.00	0.17
29	Conduct research studies		2	3	0	5	1.73	0.15	0	1	0	4	2.30	1.30	0	1	1	0	3	2.07	0.33
	<b>Managing Human Resources</b>																				
32	Develop job descriptions or job specifications		12	13	1	23	1.63	0.07	0	1	3	19	0.94	0.29	3	3	5	4	5	2.79	0.18
33	Determine staffing needs		14	14	3	26	1.71	0.07	6	6	4	10	6.19	0.91	6	4	4	5	5	3.06	0.18
34	Recruit staff and/or students		11	17	3	24	1.84	0.07	1	3	3	18	1.46	0.38	3	2	6	4	6	2.63	0.17
35	Interview applicants		16	18	2	29	1.70	0.06	0	2	5	22	0.82	0.09	4	4	7	4	7	2.67	0.15
36	Hire staff		7	15	1	19	1.85	0.06	0	1	3	15	0.81	0.12	3	2	4	3	4	2.84	0.21
37	Conduct staff orientation, training, in-service, or staff development programs		22	25	5	41	1.75	0.06	1	4	12	25	1.29	0.23	7	6	9	6	8	2.95	0.13
38	Assign or schedule staff		7	18	4	25	1.97	0.07	5	7	8	5	5.32	0.82	4	5	4	3	5	2.95	0.18
39	Coordinate job activities across different departments or work units		11	12	5	20	1.87	0.09	8	3	4	5	8.90	1.15	4	3	3	4	5	2.80	0.21
40	Counsel staff		13	24	4	30	1.94	0.06	7	7	7	9	6.23	0.83	5	4	10	4	6	2.93	0.14

(continued)

**Table 8.** Way(s) involved, frequency of involvement, and risk for 142 activities, n=309 practicing entry-level dietetic technicians, registered, 2010 Entry-Level Dietetics Practice Audit (continued)

#	Activity	"Core" activity <sup>a</sup>	Way(s) Involved					Frequency of Involvement (Days/Month)						Risk							
			Percent assist others (1)	Percent perform myself (2)	Percent supervise/manage (3)	Percent involved in any way	Mean <sup>b</sup>	Standard error	Percent daily (20)	Percent weekly (4)	Percent monthly (1)	Percent less than monthly (0.5)	Mean <sup>c</sup>	Standard error	Percent high (5)	Percent (4)	Percent (3)	Percent (2)	Percent low (1)	Mean <sup>d</sup>	Standard error
41	Make decisions on personnel actions such as promotions, transfers, separations, demotions, or discipline		11	16	2	23	1.82	0.07	4	4	5	10	4.23	0.82	4	5	6	3	3	3.14	0.16
42	Comply with labor relations regulations and/or agreements		11	18	4	23	2.00	0.07	13	2	4	4	11.99	1.10	6	3	6	3	3	3.37	0.17
43	Monitor staff compliance with state, federal, and/or accrediting agency regulations		17	22	10	35	2.05	0.07	22	4	4	5	13.44	0.85	13	6	5	5	4	3.57	0.15
44	Evaluate performance of staff such as providing ongoing feedback or formal evaluations		13	22	3	31	1.85	0.06	6	3	10	13	4.57	0.76	6	4	7	7	5	2.95	0.15
45	Conduct and/or facilitate meetings		15	22	4	32	1.84	0.06	2	8	15	7	2.79	0.46	4	4	9	6	6	2.77	0.14
46	Make salary decisions		5	3	0	8	1.46	0.12	0	0	1	6	1.38	0.81	0	1	1	2	2	2.44	0.29
47	Conduct productivity studies		6	9	2	13	1.93	0.10	1	1	4	7	2.43	0.80	2	3	2	3	2	2.94	0.23
	<b>Marketing of Products, Programs, or Services</b>																				
48	Conduct a competitor analysis		2	3	0	4	1.77	0.17	0	0	2	2	1.00	0.26	0	1	1	0	1	2.89	0.42
49	Develop marketing objectives or strategies for products, programs, or services		8	4	1	10	1.52	0.11	0	1	2	6	1.68	0.65	1	0	3	2	3	2.45	0.23
50	Define target markets for products, programs, or services		6	4	1	9	1.52	0.12	0	1	2	5	1.87	0.74	1	2	1	2	2	2.58	0.27
51	Develop new products, programs, or services		7	6	1	12	1.62	0.11	0	1	3	8	1.34	0.53	2	2	3	2	2	2.94	0.25
52	Develop promotional materials describing products, programs, or services		9	8	1	14	1.68	0.10	0	2	3	9	1.53	0.47	1	2	2	3	4	2.50	0.23
53	Perform nutrient analysis of new food products for industry		4	9	1	12	1.84	0.10	1	1	3	7	2.95	0.97	1	2	3	3	2	2.91	0.21
54	Develop nutrition labels for products in compliance with regulations		3	2	1	5	1.80	0.22	1	1	1	3	4.93	2.04	2	0	1	1	1	3.31	0.44

(continued)

**Table 8.** Way(s) involved, frequency of involvement, and risk for 142 activities, n=309 practicing entry-level dietetic technicians, registered, 2010 Entry-Level Dietetics Practice Audit (continued)

#	Activity	"Core" activity <sup>a</sup>	Way(s) Involved					Frequency of Involvement (Days/Month)						Risk							
			Percent assist others (1)	Percent perform myself (2)	Percent supervise/manage (3)	Percent involved in any way	Mean <sup>b</sup>	Standard error	Percent daily (20)	Percent weekly (4)	Percent monthly (1)	Percent less than monthly (0.5)	Mean <sup>c</sup>	Standard error	Percent high (5)	Percent (4)	Percent (3)	Percent (2)	Percent low (1)	Mean <sup>d</sup>	Standard error
55	Pilot-test new products, programs, or services		8	6	2	13	1.68	0.12	1	1	4	7	2.26	0.80	1	3	3	3	2	2.86	0.21
56	Implement marketing plan		3	3	1	5	1.94	0.19	1	1	1	3	3.66	1.63	1	1	1	0	2	2.57	0.43
57	Prepare proposals		1	5	1	6	2.00	0.11	0	0	1	5	1.63	1.02	1	0	1	1	1	2.82	0.37
58	Prepare cost comparison and analysis for customers		1	3	1	4	2.00	0.19	0	1	1	1	3.09	1.74	1	0	1	1	0	3.30	0.45
59	Sell products, programs, or services		1	4	1	6	2.06	0.13	3	1	0	2	9.97	2.20	1	1	2	1	1	2.94	0.35
60	Evaluate marketing plan		1	3	0	4	2.00	0.13	0	0	1	2	2.77	1.75	1	1	1	1	1	3.18	0.46
<b>Managing Food and Other Material Resources</b>																					
61	Verify shipments against purchase orders and/or invoices		12	21	9	34	2.04	0.07	5	19	3	7	5.29	0.61	6	7	5	6	7	2.92	0.15
62	Maintain safety and sanitation of food, facilities, or equipment	Yes	22	32	17	53	2.09	0.06	36	8	6	3	14.23	0.66	21	9	9	4	6	3.74	0.11
63	Monitor storage conditions for food and other material resources		17	22	15	39	2.12	0.07	25	8	5	2	13.61	0.76	17	5	8	2	4	3.82	0.13
64	Develop menus for clients with normal nutritional needs	Yes	23	30	4	45	1.78	0.05	14	11	11	9	7.62	0.73	7	9	11	6	8	3.03	0.12
65	Develop menus for clients with special or therapeutic needs	Yes	22	30	4	44	1.80	0.05	15	12	8	9	7.95	0.73	14	9	10	5	3	3.62	0.11
66	Prepare food		14	16	16	34	2.23	0.08	19	6	3	6	12.25	0.88	9	7	7	3	4	3.48	0.14
67	Assemble meals		14	13	18	33	2.34	0.08	22	5	2	4	14.07	0.84	9	6	7	4	4	3.38	0.14
68	Check trays for accuracy	Yes	13	37	16	50	2.23	0.05	29	12	6	3	12.79	0.69	11	12	12	5	6	3.37	0.11
69	Serve meals or food		13	18	17	36	2.29	0.07	24	8	2	3	14.01	0.78	8	7	8	6	4	3.31	0.13
70	Develop and verify standardized recipes		12	15	6	24	1.97	0.08	4	5	6	10	4.23	0.79	5	2	8	3	3	3.08	0.16
71	Select products to be purchased		11	14	6	24	1.95	0.08	4	11	4	6	5.02	0.74	4	4	6	4	5	2.96	0.17
72	Select vendors		4	7	3	11	2.00	0.12	0	2	2	7	1.68	0.59	3	0	1	2	2	2.93	0.31
73	Monitor food quality	Yes	17	33	17	48	2.21	0.06	31	10	5	3	13.68	0.69	15	9	10	6	6	3.49	0.12
74	Evaluate food products using sensory techniques such as taste, smell, and appearance	Yes	18	33	15	50	2.09	0.06	23	13	6	8	10.40	0.72	9	9	11	8	7	3.10	0.12
75	Prepare specialized enteral products or tube feedings		2	4	1	6	1.95	0.16	4	1	0	2	12.16	2.18	4	1	0	0	1	4.06	0.36

(continued)

**Table 8.** Way(s) involved, frequency of involvement, and risk for 142 activities, n=309 practicing entry-level dietetic technicians, registered, 2010 Entry-Level Dietetics Practice Audit (continued)

#	Activity	"Core" activity <sup>a</sup>	Way(s) Involved					Frequency of Involvement (Days/Month)							Risk						
			Percent assist others (1)	Percent perform myself (2)	Percent supervise/manage (3)	Percent involved in any way	Mean <sup>b</sup>	Standard error	Percent daily (20)	Percent weekly (4)	Percent monthly (1)	Percent less than monthly (0.5)	Mean <sup>c</sup>	Standard error	Percent high (5)	Percent (4)	Percent (3)	Percent (2)	Percent low (1)	Mean <sup>d</sup>	Standard error
76	Forecast demand		6	8	4	14	2.02	0.12	5	4	2	3	8.87	1.34	4	1	4	2	2	3.23	0.22
77	Calculate quantities to be purchased for food and other material resources		9	14	5	21	1.98	0.08	5	11	3	3	6.85	0.90	4	5	5	3	2	3.31	0.16
78	Purchase materials such as food, nutritional supplements, equipment, or supplies		8	17	4	24	1.95	0.07	4	15	2	4	6.06	0.76	5	6	5	2	4	3.24	0.17
79	Receive and/or store materials such as food, nutritional supplements, equipment, or supplies		10	17	14	29	2.30	0.08	7	17	2	3	7.54	0.78	4	6	5	5	5	2.96	0.16
80	Distribute materials such as food, nutritional supplements, equipment, or supplies		8	19	12	28	2.33	0.07	16	9	2	1	12.55	0.90	6	4	7	4	5	3.09	0.16
81	Establish purchasing policies and procedures		6	6	1	10	1.67	0.11	1	0	3	6	3.35	1.22	2	2	2	2	1	3.19	0.27
82	Write product and equipment specifications		5	5	0	8	1.63	0.12	0	1	1	6	1.65	0.82	1	1	3	0	2	2.82	0.29
83	Assess client satisfaction with food and/or nutrition service	Yes	21	46	9	59	1.98	0.04	29	14	10	6	10.93	0.67	9	11	13	7	12	2.96	0.11
84	Adjust daily menu, food production, or distribution based on the availability of resources such as food, labor, or equipment		11	19	11	30	2.18	0.07	18	6	3	3	13.15	0.91	6	6	5	5	5	3.06	0.16
85	Monitor portion control	Yes	14	30	19	46	2.25	0.06	34	6	4	2	15.33	0.66	8	9	9	10	6	3.07	0.12
86	Institute or maintain sustainability practices		8	9	6	18	2.00	0.11	10	4	2	3	11.89	1.22	3	3	4	3	3	3.10	0.19
<b>Managing Facilities</b>																					
87	Assess the adequacy of current facilities		10	8	2	16	1.69	0.10	4	1	3	7	5.66	1.19	2	2	4	5	2	2.70	0.18
88	Project future needs for facilities and equipment		12	9	3	18	1.71	0.10	2	1	4	11	2.63	0.76	3	2	4	4	2	2.96	0.20
89	Propose revisions to the design of a functional unit (such as the main kitchen, cafeteria, or nutrition clinic)		11	7	1	15	1.59	0.10	1	0	3	11	1.86	0.71	1	2	4	3	3	2.66	0.20

(continued)

**Table 8.** Way(s) involved, frequency of involvement, and risk for 142 activities, n=309 practicing entry-level dietetic technicians, registered, 2010 Entry-Level Dietetics Practice Audit (continued)

#	Activity	"Core" activity <sup>a</sup>	Way(s) Involved					Frequency of Involvement (Days/Month)						Risk							
			Percent assist others (1)	Percent perform myself (2)	Percent supervise/manage (3)	Percent involved in any way	Mean <sup>b</sup>	Standard error	Percent daily (20)	Percent weekly (4)	Percent monthly (1)	Percent less than monthly (0.5)	Mean <sup>c</sup>	Standard error	Percent high (5)	Percent (4)	Percent (3)	Percent (2)	Percent low (1)	Mean <sup>d</sup>	Standard error
90	Maintain facilities and/or equipment		14	10	12	24	2.20	0.10	14	4	3	4	12.09	1.05	5	4	4	4	4	3.11	0.18
91	Assure safety of employees, patients, clients, and/or customers		21	23	16	38	2.14	0.08	29	5	2	2	15.82	0.70	16	6	6	3	4	3.80	0.13
92	Create disaster plans		11	6	2	14	1.59	0.11	0	0	2	13	0.56	0.02	4	3	2	2	1	3.58	0.22
<b>Managing Financial Resources</b>																					
93	Develop operating budgets		4	3	0	6	1.50	0.14	0	0	1	5	0.75	0.18	2	2	1	0	1	3.50	0.34
94	Develop capital budget		2	2	0	4	1.55	0.21	0	0	0	4	0.50	0.00	0	1	1	0	1	2.82	0.42
95	Obtain funding or financing for projects		3	2	1	5	1.63	0.18	0	0	1	4	0.63	0.06	1	0	1	1	1	2.92	0.42
96	Administer resources based on a budget		6	7	4	12	2.00	0.13	4	3	3	2	7.46	1.42	2	3	3	2	1	3.33	0.22
97	Monitor financial performance		5	9	1	12	1.89	0.09	3	3	4	2	6.54	1.34	3	3	3	1	2	3.39	0.22
98	Develop methods for reducing or maintaining costs		8	10	3	17	1.88	0.10	3	3	7	4	5.15	1.05	3	3	6	3	2	3.09	0.18
99	Implement methods for reducing or maintaining costs		9	11	4	18	1.89	0.10	5	4	4	4	7.12	1.14	3	3	5	4	2	3.10	0.18
100	Establish prices for products, programs, services, or menu items		3	5	0	8	1.63	0.12	0	2	1	5	2.13	0.83	1	2	2	1	2	2.96	0.28
101	Collect fees and/or reconcile accounts, including billing and coding for services		4	5	2	7	2.05	0.15	2	2	1	2	7.02	1.76	2	2	2	0	1	3.45	0.30
102	Prepare financial reports		3	7	1	9	1.86	0.10	0	3	5	1	2.61	0.70	2	2	2	1	1	3.27	0.28
103	Evaluate the financial performance of products, programs, or services		4	4	1	7	1.67	0.14	1	1	4	1	3.31	1.24	2	1	2	1	1	3.25	0.32
<b>Providing Nutrition Care - Community/Clinical General</b>																					
104	Nutrition Care Process: Screen	Yes	11	66	4	71	2.00	0.02	53	12	3	2	15.80	0.50	21	10	15	8	9	3.41	0.10
105	Nutrition Care Process: Assess	Yes	14	59	3	66	1.95	0.03	49	11	3	3	15.65	0.52	18	11	14	8	8	3.41	0.10
106	Nutrition Care Process: Diagnose nutrition problems	Yes	19	43	2	55	1.82	0.04	41	10	2	2	15.62	0.57	16	9	12	6	6	3.44	0.11
107	Nutrition Care Process: Intervene	Yes	19	52	3	62	1.89	0.03	46	10	3	4	15.49	0.55	18	13	12	6	7	3.51	0.11
108	Nutrition Care Process: Monitor	Yes	18	62	3	70	1.94	0.03	51	12	4	3	15.32	0.52	18	14	13	8	9	3.39	0.10

(continued)

**Table 8.** Way(s) involved, frequency of involvement, and risk for 142 activities, n=309 practicing entry-level dietetic technicians, registered, 2010 Entry-Level Dietetics Practice Audit (continued)

#	Activity	"Core" activity <sup>a</sup>	Way(s) Involved						Frequency of Involvement (Days/Month)						Risk						
			Percent assist others (1)	Percent perform myself (2)	Percent supervise/manage (3)	Percent involved in any way	Mean <sup>b</sup>	Standard error	Percent daily (20)	Percent weekly (4)	Percent monthly (1)	Percent less than monthly (0.5)	Mean <sup>c</sup>	Standard error	Percent high (5)	Percent (4)	Percent (3)	Percent (2)	Percent low (1)	Mean <sup>d</sup>	Standard error
			109	Nutrition Care Process: Evaluate	Yes	17	56	2	64	1.92	0.03	45	12	4	3	14.91	0.56	17	13	12	9
110	Counsel clients and their families	Yes	17	61	3	70	1.92	0.03	35	21	8	5	11.41	0.59	15	12	17	8	8	3.27	0.10
111	Counsel on end-of-life issues related to nutrition and hydration		13	17	1	27	1.72	0.06	6	6	6	8	6.10	0.89	8	6	3	3	3	3.59	0.17
112	Recommend clients receive physical, social, behavioral, or psychological services	Yes	17	28	1	40	1.75	0.04	12	8	11	10	6.98	0.75	9	7	10	4	5	3.34	0.13
113	Provide nutrition education programs to groups	Yes	12	35	1	42	1.89	0.04	9	10	9	14	5.55	0.67	6	6	10	8	6	2.95	0.12
	<b>Providing Nutrition Care To Individuals</b>																				
114	Take diet histories	Yes	9	63	3	66	2.00	0.02	39	17	5	5	13.05	0.59	10	9	16	9	16	2.80	0.10
115	Perform anthropometric measurements	Yes	10	36	5	43	2.01	0.04	23	11	4	5	11.65	0.76	8	6	10	6	8	2.98	0.13
116	Evaluate anthropometric measurements	Yes	10	58	3	62	2.00	0.02	45	11	4	2	15.19	0.56	12	9	14	8	13	2.99	0.11
117	Perform nutrition-focused physical examination (by use of observation, percussion, palpation, and auscultation)		8	22	1	26	1.90	0.05	17	7	1	1	14.36	0.89	5	4	7	4	2	3.29	0.16
118	Educate clients on medical equipment use related to nutrition (eg, insulin pumps, feeding pumps, glucose monitoring equipment, etc)		4	5	0	8	1.64	0.11	3	3	2	1	7.96	1.71	2	1	1	1	2	3.16	0.39
119	Compare physical development to standard growth charts		5	25	0	26	1.96	0.03	17	3	4	2	13.52	0.97	3	4	6	3	6	2.78	0.17
120	Review medical records for information including nutrition-related data	Yes	11	60	2	64	1.97	0.02	49	11	3	1	16.15	0.51	15	10	17	4	12	3.19	0.11
121	Evaluate influence of psychological status on eating behaviors	Yes	13	43	1	49	1.92	0.03	30	12	3	3	13.55	0.68	10	8	16	6	5	3.26	0.11
122	Evaluate eating habits, patterns and choices of clients	Yes	15	65	3	71	1.96	0.02	49	17	3	2	14.88	0.52	13	10	17	11	14	2.96	0.10

(continued)



**Table 8.** Way(s) involved, frequency of involvement, and risk for 142 activities, n=309 practicing entry-level dietetic technicians, registered, 2010 Entry-Level Dietetics Practice Audit (continued)

#	Activity	"Core" activity <sup>a</sup>	Way(s) Involved						Frequency of Involvement (Days/Month)						Risk						
			Percent assist others (1)	Percent perform myself (2)	Percent supervise/manage (3)	Percent involved in any way	Mean <sup>b</sup>	Standard error	Percent daily (20)	Percent weekly (4)	Percent monthly (1)	Percent less than monthly (0.5)	Mean <sup>c</sup>	Standard error	Percent high (5)	Percent (4)	Percent (3)	Percent (2)	Percent low (1)	Mean <sup>d</sup>	Standard error
			123	Compare lab results to normal values	Yes	13	61	2	67	1.94	0.02	50	12	3	2	15.73	0.52	14	13	16	6
124	Calculate nutrient requirements	Yes	15	52	2	60	1.90	0.03	40	11	5	4	14.16	0.61	14	10	16	5	9	3.29	0.11
125	Calculate fluid requirements	Yes	11	46	2	51	1.94	0.03	32	11	4	5	13.51	0.68	13	10	13	4	6	3.44	0.11
127	Calculate nutrition intakes, eg, calorie count	Yes	12	58	3	62	1.98	0.02	27	13	12	10	9.72	0.65	14	11	16	6	9	3.27	0.11
128	Evaluate intake of specific nutrients	Yes	11	44	2	49	1.94	0.03	24	12	7	6	10.92	0.73	10	8	15	5	6	3.25	0.11
129	Recommend nutrition status lab tests		10	31	1	35	1.91	0.03	14	10	6	5	9.48	0.84	7	6	9	4	6	3.21	0.14
131	Evaluate and monitor medications		13	25	0	31	1.79	0.04	20	8	2	1	13.90	0.83	7	6	9	4	4	3.31	0.14
132	Help patients/residents with daily menu selection	Yes	14	49	7	56	2.03	0.04	34	16	5	2	13.31	0.63	6	6	15	11	13	2.65	0.10
133	Adapt regular oral diets to meet individual preferences or needs	Yes	17	49	6	59	1.98	0.04	42	13	3	1	15.16	0.56	10	12	13	8	11	3.01	0.11
134	Plan oral diets with multiple nutritional requirements	Yes	14	36	3	45	1.88	0.04	29	9	4	3	13.85	0.71	9	8	10	6	7	3.18	0.12
135	Recommend diets	Yes	15	47	3	55	1.90	0.03	35	13	5	3	13.79	0.64	11	9	17	6	8	3.14	0.11
136	Recommend nutritional supplements for clients on oral diets	Yes	17	48	2	56	1.89	0.03	35	15	3	3	13.69	0.63	13	11	12	7	7	3.31	0.11
138	Provide advice on safe, effective use of herbals, botanicals, and other dietary supplements		7	17	1	22	1.82	0.06	7	6	4	5	7.74	1.03	4	4	7	3	2	3.23	0.15
144	Refer clients to community resources for ongoing services, such as WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) or home-delivered meals		12	22	1	31	1.76	0.05	10	6	8	7	7.62	0.90	2	5	7	6	7	2.59	0.14
145	Assess needs and identify resources for ongoing nutrition care such as nutrition counseling or home enteral and parenteral nutrition		11	15	0	22	1.71	0.06	7	5	6	5	7.43	1.04	5	3	5	4	4	3.10	0.18
148	Document client care	Yes	12	55	2	61	1.94	0.03	46	10	3	2	15.95	0.53	14	13	13	6	10	3.28	0.11
150	Participate in decision-making with a health-care team	Yes	19	37	2	48	1.82	0.04	25	19	3	2	11.92	0.69	14	7	10	5	7	3.37	0.13

(continued)

**Table 8.** Way(s) involved, frequency of involvement, and risk for 142 activities, n=309 practicing entry-level dietetic technicians, registered, 2010 Entry-Level Dietetics Practice Audit (continued)

#	Activity	"Core" activity <sup>a</sup>	Way(s) Involved				Frequency of Involvement (Days/Month)						Risk								
			Percent assist others (1)	Percent perform myself (2)	Percent supervise/manage (3)	Percent involved in any way	Mean <sup>b</sup>	Standard error	Percent daily (20)	Percent weekly (4)	Percent monthly (1)	Percent less than monthly (0.5)	Mean <sup>c</sup>	Standard error	Percent high (5)	Percent (4)	Percent (3)	Percent (2)	Percent low (1)	Mean <sup>d</sup>	Standard error
151	Evaluate intake and output (I/Os)		13	32	1	38	1.88	0.04	22	13	2	2	12.76	0.77	8	6	10	4	6	3.23	0.13
154	Evaluate tolerance of diet, tube feeding, and supplements	Yes	18	39	2	49	1.84	0.04	33	12	2	1	14.68	0.64	14	7	12	5	7	3.37	0.12
<b>Providing Nutrition Programs For Population Groups</b>																					
157	Review and utilize national nutrition surveillance data on groups; eg, NHANES (National Health and Nutrition Examination Survey), CDC (Centers for Disease Control and Prevention)		4	11	1	14	1.93	0.07	1	0	6	7	2.14	0.76	2	1	2	2	5	2.31	0.25
158	Collect nutrition data to identify at-risk population groups		5	8	0	10	1.84	0.08	3	1	4	2	7.42	1.60	3	2	2	0	2	3.34	0.29
159	Identify nutrition-related problems within population groups		6	7	0	12	1.67	0.09	2	2	5	3	4.99	1.26	2	3	2	1	3	3.06	0.27
160	Collect data on community resources		4	5	0	7	1.76	0.12	0	0	3	3	1.67	0.92	1	1	1	1	2	2.76	0.35
162	Provide health-promotion or risk-reduction programs to population groups		5	11	1	13	1.90	0.07	2	3	5	4	3.99	1.02	1	0	4	2	2	2.63	0.22
163	Distribute nutrition information through the media		3	4	1	6	1.94	0.15	1	1	2	2	4.47	1.71	1	1	0	2	2	2.53	0.41
164	Lead support groups for client populations		2	4	0	5	1.75	0.11	1	2	2	1	4.63	1.55	1	0	1	0	2	2.57	0.44
165	Provide fitness education		3	10	0	12	1.86	0.07	4	4	2	3	7.50	1.37	2	2	2	2	2	2.90	0.26
166	Serve as a resource for community organizations		6	10	1	13	1.83	0.08	5	1	3	5	7.60	1.42	3	2	2	3	3	2.94	0.25

<sup>a</sup>Core=40% or more involved in some way, 5+ days/month mean frequency.  
<sup>b</sup>Mean of highest value assigned, 1=assist others, 2=perform myself, 3=supervise/manage.  
<sup>c</sup>Mean of 20=daily, 4=weekly, 1=monthly, 0.5=less than monthly.  
<sup>d</sup>Mean of 5-point risk scale, 1=low, 5=high.

## GENERAL

- Ensure compliance with regulatory agencies and/or accrediting bodies\*

## MANAGING HUMAN RESOURCES

- Monitor staff compliance with state, federal, and/or accrediting agency regulations

## MANAGING FOOD AND OTHER MATERIAL RESOURCES

- Maintain safety and sanitation of food, facilities, or equipment\*
- Monitor storage conditions for food and other material resources
- Develop menus for clients with special or therapeutic needs\*
- Prepare specialized enteral products or tube feedings

## MANAGING FACILITIES

- Assure safety of employees, patients, clients, and/or customers
- Create disaster plans

## MANAGING FINANCIAL RESOURCES

- Develop operating budgets

## PROVIDING NUTRITION CARE—COMMUNITY/CLINICAL GENERAL

- Nutrition Care Process: Intervene\*
- Counsel on end-of-life issues related to nutrition and hydration

The categories of entry-level DTR practice in which no statements qualified as being high risk were: Principles of Education; Conducting Research; Marketing of Products, Programs, or Services; Managing Financial Resources; Providing Nutrition Programs for Individuals; and Providing Nutrition Programs for Population Groups. Combined, these groups accounted for 68 of the total 142 DTR-related activity statements.

## **DISCUSSION**

Response to the 2010 survey (see [Table 1](#)) increased substantially for RD and DTRs compared to 2005 (7). The increases perhaps reflect the use of new collection methods including a personalized advance postcard that included the pictures newly registered RDs who served on the practice

audit committee, and combined electronic and US mail distribution and submission opportunities. The definition for entry level was retained from 2005 because year 4 post RD status was a demarcation point at which time management of human, financial, and facility resources became significantly more prevalent. This demarcation was not as significant among DTRs. The Audit Committee retained the definition for DTRs principally to retain continuity with the 2005 audit and, as previously stated, to facilitate comparisons with RDs.

The 2010 survey results indicate that entry-level RDs overwhelmingly perform activities related to nutrition care delivered to individuals and groups, mostly patients, significantly more than management or research activities. The profile of entry-level activities previously listed as bullet points can collectively be identified as the core of RD entry-level practice. Consistent with this finding, the majority were employed in clinical practice settings and roles. These results are generally consistent with the 2005 survey. Of the core activities identified, none on the entry level were within the research, human resource management, or other management domains with the exception of developing menus and assessing client satisfaction, nonmanagement activities within the management domain. In contrast, entry-level DTRs perform a broader scope of food and other material resource management activities and a smaller number of nutrition care-related activities to individuals and groups. In part this is due to 24 fewer activities that were not surveyed of DTRs because they were unlikely to be part of DTR practice (eg, write orders for tube feeding or parenteral nutrition therapies). In general, core entry-level RD activities focus on clinical nutrition practice and less on resource management, while core entry-level DTR activities encompass fewer clinical activities and a broader range of resource management activities. While 82% of RDs spent at least 20% of their time providing nutrition care to individuals and 43% nutrition information/education to groups, 15% spent at least 20% of their time in foodservice or organizational administration/management. These results are difficult to interpret because the large majority

of positions were those attributed to clinical responsibilities. Perhaps within these responsibilities RDs also have foodservice and management responsibilities. This distinction may require more investigation. Indeed, the segregation of management responsibilities at the fourth year post registration merits further investigation, in particular to guide education for specialty and advanced dietetic practice.

The 2010 Entry-Level Dietetics Practice Audit was developed in 2010 by the Dietetics Practice Audit Committee of the Commission on Dietetic Registration. Charles Mueller, PhD, RD, CNSD—chair; Phyllis A. Allen, MS, RD, LD; Ivonne Anglero, MMSc, RD, LDN; David H. Holben, PhD, RD, LD; Krista N. Jablonski, MS, RD, LDN; Penny E. McConnell, MS, RD, SNS; Elaine F. Molaison, PhD, RD; Meghan E. Nichols, RD, CNSD; Aspen S. Perovich, MS, RD, LD; Leonard Pringle, DTR; Crystal Jun Rivero, RD; Kevin L. Sauer, PhD, RD, LD; Darrin W. Schmidt, DTR; Janet J. Skates, MS, RD, LDN, CNSD, FADA; and Collette Sykes, DTR. Staff leadership was provided by Christine Reidy, RD; Kay Manger-Hague, RD; Ulric Chung, PhD; Esther Myers, PhD, RD, FADA, and Lisa Spence, PhD, RD.

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An important distinction between the 2010 and 2005 audits was the method of risk assessment. In 2005, risk was assessed by separate survey of experienced practitioners and did not distinguish between RD and DTR activity risk (7). The 2010 survey assessed risk from the primary RD and DTR populations. RD high-risk activities were spread more evenly across management and nutrition care than those activities identified as core activities, although clinical activities predominated. The 2010 DTR responses to risk are essentially an abbreviated version of RD high-risk activities. Comparisons to the 2005 risk assessment are not feasible because

the 2010 method of assessing risk was different.

Risk assessment is an important consideration in judging the importance of a specific activity relative to the content of the registration examinations. Those core items that also have a high-risk assessment for both RD and DTR activities facilitate identification of registration examination test items that are most important to practice competency and safety. In addition, noncore activities that were deemed high risk and, thus, vital to entry-level practice even if performed with less frequency (eg, RD management of human, food, and other material resources) will likewise be essential activities to be translated into registration test items.

## CONCLUSION

The 2010 Entry-Level Dietetics Practice Audit provides a wealth of detailed data gauging dietetics practice on multiple important dimensions for those in years 1-5 of practice. Results will be useful to many interested parties in many ways: in refinement and validation of the registration exams, in guiding professional education and preparation, and in better understanding this dynamic profession.

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## References

1. *Role Delineation and Verification for Entry-Level Positions in Community Dietetics*. Chicago, IL: American Dietetic Association; 1983.
2. *Role Delineation and Verification for Entry-Level Positions in Foodservice Systems Management*. Chicago, IL: American Dietetic Association; 1983.
3. *Role Delineation and Verification for Entry-Level Positions in Clinical Dietetics*. Chicago, IL: American Dietetic Association; 1984.
4. Kane M, Estes C, Colton, D Eltoft C. Role delineation for dietetic practitioners: Empirical results. *J Am Diet Assoc*. 1990;90:1124-1133.
5. Kane M, Cohen A, Smith E, Lewis C, Reidy C. 1995 Commission on Dietetic Registration Dietetics Practice Audit. *J Am Diet Assoc*. 1996;96:1292-1301.
6. Rogers D, Leonberg B, Broadhurst C. 2000 Commission on Dietetic Registration Dietetics Practice Audit. *J Am Diet Assoc*. 2002; 102:270-288.
7. Rogers D, Fish J. 2005 Commission on Dietetic Registration Entry-Level Dietetics Practice Audit. *J Am Diet Assoc*. 2006;106: 957-964.
8. *Standards for Accreditation of Certification Programs*. National Commission for Certifying Agencies, Institute for Credentialing Excellence, copyright 2004. Standard 11 (page 11).
9. *Standards for Educational and Psychological Testing*. American Educational Research Association, American Psychological Association, and National Council on Measurement in Education; American Educational Research Association (published by), copyright 1999, fifth reprint 2008.
10. Ward B. Compensation & Benefits Survey of the Dietetics Profession 2009. *J Am Diet Assoc*. 2010;110:25-36.
11. US Census Bureau: *Population, population change and estimated components of population change: April 1, 2000 to July 1, 2009*. <http://www.census.gov/popest/states/states.html/NST-EST2009-alldata.csv>. Accessed January 17, 2011.