American Dietetic Association: Standards of Practice and Standards of Professional Performance (Generalist, Specialty, and Advanced) for Registered Dietitians in Pediatric Nutrition

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Editor's note: Figures 1, 2, and 3 that accompany this article are available online at www.adajournal.org.

Approved April 2009 by the Quality Management Committee of the American Dietetic Association House of Delegates and the Executive Committee of the Pediatric Nutrition Dietetic Practice Group (PNPG) of the American Dietetic Association. Scheduled review date: August 2014. Questions regarding the Standards of Practice and Standards of Professional Performance for RDs in Pediatric Nutrition may be addressed to ADA Quality Management Staff at quality@eatright.org; Sharon McCauley, MS, MBA, RD, LDN, FADA, Director of Quality Management, or Cecily Byrne, MS, RD, LDN, Manager of Quality Management.

The Pediatric Nutrition Dietetic Practice Group (PNPG) of the American Dietetic Association (ADA), under the guidance of the ADA Quality Management Committee and Scope of Dietetics Practice Framework Sub-Committee, has developed Standards of Practice (SOP) and Standards of Professional Performance (SOPP) for Registered Dietitians (RDs) in Pediatric Nutrition (see the Web site exclusive Figures 1, 2, and 3 at www.adajournal.org). These documents were developed as a component of the Scope of Dietetics Practice Framework (1) and contribute to the knowledge base of dietetics practice and build on the previously published SOP and SOPP in nutrition care, diabetes care, behavioral health care, oncology nutrition care, nutrition support, sports dietetics, management of food and nutrition systems, and education of dietetics practitioners (2-9).

The SOP in Nutrition Care and SOPP for RDs (2) are the core standards that apply to all RDs in any practice area and serve as the "blueprint" for development of Standards in various practice areas. These core Standards are represented as bold-type indicators in each practice-specific SOP and SOPP. In addition, SOP and SOPP for a particular practice area have been developed by experts in their respective fields of practice. Each practice area within the nutrition field varies depending on the population served and the incumbent regulations and accreditation standards, necessitating differences in the practice and provision of nutrition care. The SOP and SOPP are used to ensure competency of food and nutrition professionals providing nutrition services in specific practice areas. Thus, practice-specific standards cannot and should not be compared against other practice-specific standards because they are not comparable.

The PNPG Executive Committee identified a lack of evaluation and bench-marking tools specific to pediatric nutrition practice and initiated the development of the SOP and SOPP for RDs in Pediatric Nutrition (see Web site exclusive Figures 1, 2, and 3 at www.adajournal.org). This document is the first tool available for RDs in pediatric nutrition to evaluate their practice, identify areas for professional development, and demonstrate

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competency in this area of nutrition practice. PNPG plans to use this document to guide development of high-quality continuing education programs and materials, establish levels of practice, guide future research efforts, and support continued certification as a Board Certified Specialist in Pediatric Nutrition (CSP).

This document describes three levels of practice in pediatric nutrition care: *generalist*, *specialty*, and *advanced*. However, it is acknowledged that pediatric nutrition care and its integral interventions are most likely at a level beyond the entry-level RD. Pediatric nutrition care encompasses more than is learned or experienced in the RD route to registration, and includes nutrition issues specific to pediatrics that entry-level RDs may not have encountered in basic education, internship, and/or practice.

The SOP and SOPP for RDs in Pediatric Nutrition are intended to serve as professional evaluation resources, allowing RDs to assess their current level of practice to determine whether additional training or education is needed to gain knowledge, skills, and competency to progress to a higher level of practice. The document answers the question, "What are the knowledge, skills, and competencies that RDs need to provide safe and effective care in pediatric nutrition?" This document also addresses quality and risk-management issues, such as the avoidance of negative outcomes. The SOP supports monitoring and evaluation of outcomes related to each step of the Nutrition Care Process (NCP). Three levels of pediatric nutrition practice are defined: the generalist dietitian, the specialty dietitian, and the advanced practice dietitian (see Web site exclusive Figures 1, 2, and 3 at www.adajournal.org).

STANDARDS DEVELOPMENT PROCESS

Definitions for *generalist*, *specialty*, and *advanced practice* dietitians have been put forth by the Scope of Dietetics Practice Framework Sub-Committee of the Quality Management Committee of the ADA (see Figure 4). The Standards delineation presented with this article for the SOP and SOPP for RDs in Pediatric Nutrition were developed by consensus opinion of a committee appointed by the PNPG Executive Committee. Varied practice and geographical areas were represented in this appointed committee. The committee used resources from allied health professions (10-12), previously published SOP and SOPP in other areas of nutrition practice (2-9), private institutional clinical ladders, available job descriptions (13), and extensive experience in a variety of pediatric practice areas (including community, public health, critical care, ambulatory, specialty practice, and private practice) when developing the standards.

The committee frequently relied on the following questions to define levels of practice and advancement in pediatric nutrition:

(a) What did I know when I started in the field of pediatrics and how did I practice?
(b) When and how did I start to assemble special knowledge and skills to provide nutrition care in the specialty area of pediatric practice?
(c) What experience/skills are needed to perform competent practice in different levels and settings of pediatric nutrition?
(d) What is the difference in specialty or "proficient" pediatric practice and advanced or "expert" pediatric practice?

The committee examined different models for levels of practice, including that used by the Commission on Dietetic Registration (CDR). Figure 4 describes the definitions and models that were used by the committee when examining the core SOP in Nutrition Care and SOPP for RDs (2).

Practice audits of clinical tasks were completed most recently in 2004 for use in establishing relevant testing for the Board Certification as a Specialist in Pediatric Nutrition offered by the CDR (14). At this time, the data have not been assimilated into use when evaluating the difference between generalist and specialty practice, or the difference between specialty and advanced practice in the context of the SOP and SOPP for RDs in Pediatric Nutrition. Consequently, in many instances it was the experience and agreement among the committee members that led to the delineation of levels as applied to pediatric nutrition practice. In the future, the published SOP and SOPP for RDs in Pediatric Nutrition can be measured and revised as new evidence and practice dictates.

The committee used the following as benchmarks for delineation:

Generalist: There were two categories within this practice level, novice or entry-level (within 3 years of credentialing and practice experience in pediatric nutrition) and generalist (having practice experience in several different areas, eg, community, clinical, consultation and business, research, education, and food and nutrition management), but now initiating pediatric nutrition practice. Actions in this category are:

Novice

- follows instructions or rules in orientation to the area of practice;
- relies on school or training for guidance and practice application;
- completes technical or assessment tasks, without broad interpretation or consideration;
- relies on the clinical nutrition staff as reference for completion of tasks;
- behaves in an adjunct manner to the medical or professional team;
- is limited in understanding or approach to the hierarchy of communication and function of the team; and
- requires consultation with specialty or advanced practice pediatric dietitians or other health care professionals for novel or pediatric conditions and/or topics out of the general knowledge range.

Generalist

- Is experienced in aforementioned tasks, but must learn the essentials of a new practice setting, medical nutrition therapy specific to the pediatric patient population, and hierarchy of communication and team function.

Specialty: It was assumed that the pediatric practitioner had opportunities for skill development and has concentrated practice in pediatric nutrition.

- approaches patient care or professional tasks with knowledge of what is required;
- builds effective approaches to patient or professional application based on experience;
- uses a broader application of knowledge and experience to accomplish suc-

Reference	Generalist or Beginning/ Novice	Beyond Entry-level or Generalist with experience in another area	Specialty or Mid-level	Advanced
Scope of Dietetics Practice Framework Reference: The American Dietetic Association Scope of Dietetics Practice Framework http://www.eatright.org/ada/files/Definition_of_Terms_revised_2_2009.pdf; accessed April 26, 2009.	A *generalist practitioner* is an individual whose practice includes responsibilities across several areas of practice including, but not limited to: community, clinical, consultation and business, research, education, and food and nutrition management. An *entry-level practitioner* also falls into the generalist level of practice. An *entry-level practitioner* has less than 3 years of registered practice experience and demonstrates a competent level of dietetics practice and professional performance.	Key consideration: A generalist practitioner may have registered practice experience in other areas but has not focused in pediatric nutrition.	A *specialty practitioner* is an individual who concentrates on one aspect of the profession of dietetics. This specialty may or may not have a credential and additional certification, but it often has expanded roles beyond entry-level practice. Specialty registered dietitians (RDs) are either certified or approved to practice in their expanded, specialized roles. Specialization does not always include an additional certification beyond RD certification. Specialty certification may or may not require evidence at Master's level. Either require or recommend experience beyond entry level. Experience is required for specialty certification.	An *advanced practitioner* has acquired the expert knowledge base, complex decision-making skills, and clinical competencies for expanded practice, the characteristics of which are shaped by the context in which he/she practices. Advanced practitioners may have expanded or specialty roles or both. Advanced practice may or may not include additional certification. Generally, the practice is more complex, and the practitioner has a higher degree of professional autonomy and responsibility. Advanced practice is characterized by the integration of a broad range of unique theoretical, research-based, and practical knowledge that occurs as a part of training and experience beyond entry level. Advanced practice registered dietitians are either certified or approved to practice in their expanded, specialized roles. Advanced practice does not always include an additional certification beyond RD certification. Advanced Practice Certification typically implies a Masters Degree level. Documented hours of experience beyond entry level; Experience is required for Advanced Practice certification. *(continued)*

Figure 4. Definitions and models used in the development of Standards of Practice and Standards of Professional Performance for Registered Dietitians in Pediatric Nutrition.

Reference	Generalist or Beginning/ Novice	Beyond Entry-level or Generalist with experience in another area	Specialty or Mid-level	Advanced
Commission on Dietetic Registration	Entry-level: Within 3 years of entering registered practice.	Beyond entry level: More than 3 years experience after registered practice.	RD for a minimum of 2 years; documentation of a specific amount of practice hours as an RD in the specialty area within the past 5 years (described as job or professional experiences and varies with Specialty area); successfully completing the specialty examination and every 5 years thereafter. Board Certified Specialist in Pediatric Nutrition (CSP) is a credential offered by CDR. http://www.cdrnet.org/certifications/spec/eapplication%20ped.htm	The Fellow of the American Dietetic Association certification program was administered by the Commission on Dietetic Registration from 1994-2002. This program was designed to assess the characteristics of an advanced dietetics practitioner rather than specific tasks or activities performed. Characteristics are defined as: 1. Education and experience: ≥Master's degree and ≥8 years experience 2. Professional achievements: professional award/honor; publications (peer-reviewed) or presentations 3. Approach to Practice (combination of technical level with intuition to achieve a holistic understanding and a creative and adaptive approach when faced with uncertainty) 4. Professional role positions (different role functions that are discharged in executing their professional duties) 5. Professional role contacts (professional interaction with individuals, groups, and organizations in the course of practice)
Clinical Nursing Practice, Benner P. (Dreyfus model of skill acquisition)	Novice or Advanced Beginner Novice: Acquires (or uses) rules for drawing conclusions or determining actions, based on facts and features of the situation that are recognizable without experience in the skill domain being learned. Advanced Beginner: The advanced beginner learns to anticipate based on situational aspects. Consults with others in complicated or novel situations.	Competence: Recognizes more of the elements of a real-world situation, develops a hierarchical perspective, no longer following the rules, selects a goal, can respond to deviations to some extent.	Proficiency: Experience assimilated and connections are created such that situations are accompanied by associated responses; plans intuitively with certain aspects that stand out as important without the learner standing back to choose a plan.	Expertise: Knows what needs to be done based on mature and practiced situational discrimination but also knows how to achieve the goal, trusts intuition, practice is improved not just by experience but also by deeper understanding of medial theory.

(continued)

Figure 4. Continued

Reference	Generalist or Beginning/ Novice	Beyond Entry-level or Generalist with experience in another area	Specialty or Mid-level	Advanced
Model for Advance Practice in Medical Nutrition Therapy, Skipper A.				Initiative to Achieve Autonomy: 1. Aptitude: Advanced Practice Degree; Advance Practice Experience; Advanced Practice Credentials 2. Attitude: Breadth and Balance; Scientific Inquiry, Creativity 3. Context: Collaboration, Networking, Consultation, Leadership, Awareness 4. Expertise: Pharmacology, Advanced MNT, Pathophysiology, Research Basis of Practice, Counseling, Co-morbidities 5. Approach: Comprehensive, Integrated, Discerning, Simplified

Figure 4. Continued

cessful intervention with patients, professionals, and novel situations;
- has developed a network base of other specialty and advanced pediatric dietitians and/or health professionals for references on complicated or novel situations;
- functions as a team member with other professionals in a health (pediatric) community and uses the team as reference or for assistance with professional tasks; and
- utilizes and participates effectively within the hierarchy of communication and team functions.

Advanced Practice: The pediatric practitioner has extensive knowledge and skill in pediatric nutrition care and is considered an expert within the work setting and community (local and national).

- modifies approaches to patient care and treatment based on needs presented and manages in rapidly changing situations;
- evaluates present patient care delivery (individually and globally) and adjusts for outcome-directed goals and consequences;
- applies evidence, practical reasoning, and an intuitive holistic approach to patient care individually and globally;
- is an active and central team member who assumes leadership roles and tasks within the health (pediatric) community and positions himself/herself as an expert resource;
- performs, influences, and leads within the hierarchy of communication and team function; and
- assumes a mentorship/educator role with other pediatric dietitians or health professionals.

Eligibility criteria for the Board Certified Specialist in Pediatric Nutrition exam of the CDR were considered when evaluating the practice actions at the specialty level. All of the PNPG committee members function at a minimum of specialty status, and they used their personal experience to define the specialty level. Specialty level of practice in these documents is not equivalent to the CDR certification of CSP, but encompasses the skill level of an RD who has developed nutrition application beyond the generalist practitioner. An RD who is a CSP at a minimum demonstrates specialty skills

presented, but has also met specified experience requirements and has completed the CDR certification exam successfully.

Much of the advanced practice evaluations decided by the committee are based on work done by Skipper (12,15) (see Figure 4), as well as findings utilized in development of the Fellow of the American Dietetic Association (FADA) credential, and evaluations from nursing practice (12,15-17).

Nursing has defined five characteristics of expert clinical judgment, which can be described as:

(a) has a fundamental disposition of what is "good and right";
(b) relies on extensive practical knowledge from working with many patients and processes information in problem-solving tasks with task specificity;
(c) has context of particular situations and emotional responses and practices in a sensitive meaningful way;
(d) uses prior experience to direct responses when confronted with novel situations; and
(e) uses prior experience with patients from multiple cultures with different life stories to enhance communication skills when dealing with patients (17).

All of the references for the five characteristics of clinical judgment were considered when the committee developed the levels of practice and the difference between specialty and advanced practice.

PRACTICE LEVELS

As stated in Figure 4, Dreyfus and Dreyfus (18) identified levels or stages of proficiency or practice (novice, proficient, and expert) during the acquisition and development of knowledge and skills (18). The stages (novice, proficient, and expert) as described by Dreyfus and Dreyfus (18) are represented within the context of the SOP and SOPP for RDs in Pediatric Nutrition as generalist, specialty, and advanced practice levels. The Dreyfus model was instrumental in the formation of the SOP and SOPP indicators presented in this article. RDs who are practicing at one level of proficiency or practice in pediatric nutrition may very well be capable of performing some tasks at the next higher level. However, to be considered as practicing at a given level, the RD must be doing the majority of tasks at that level safely and appropriately.

An individual who holds the RD credential alone may be capable of practicing at any of the three levels depending on continuing education, experience, competency achieved, and professional practice. Additional credentials may demonstrate knowledge beyond that expected of the RD who does not hold specialist practice credentials. Advanced training and/or further education facilitate the gaining of knowledge and skills to achieve a higher level of competence, and thus safer care. Suggested minimum qualifications for RDs electing to practice in pediatric nutrition include at least three of the following:

- certification by CDR as a Board Certified Specialist in Pediatric Nutrition (CSP);
- formal education, training, and/or continuing professional education in pediatric nutrition;
- a minimum of 30% to 50% professional practice time devoted to the practice of pediatric nutrition;
- membership in professional societies devoted to pediatrics and pediatric nutrition; and
- completion of a graduate level degree in nutrition or a related field.

All RDs, even those with significant work experience, begin at the *novice* or *generalist* stage when practicing in a new setting and should complete on-the-job training as well as focused continuing education.

OVERVIEW

RDs providing care for infants, children, and adolescents in all care settings need appropriate knowledge, skills, and competencies to provide safe and effective care for the pediatric population (birth to 21 years of age). In addition, infants, children, and adolescents with acute or chronic illness have unique nutrient needs, requiring specific knowledge and skills beyond that of the entry-level RD and the required life cycle courses. Further, care of an infant, child, or adolescent requires understanding of the influences on nutritional status, including growth and physical, social, and emotional factors. See Figure 5 for examples of applying the SOP and SOPP for generalist, specialty, and advanced levels of practice in different health settings in which pediatric nutrition care is provided.

The standards presented (see Figures 2 and 3 at www.adajournal.org) are a collection of statements against which performance can be assessed with comparison to other RDs working in pediatric nutrition. They are intended to provide benchmarks—tools to ensure that client care, policy development, and education are provided by competent professionals. The SOP and SOPP for RDs in Pediatric Nutrition should be used in conjunction with the core SOP in Nutrition Care and SOPP for RDs (2) to determine education, experience, and training needed to move from one practice level to the next.

It is assumed that RDs practicing in pediatric nutrition have basic assessment skills, so these are not described in-depth. For more information about the components of a pediatric nutrition assessment, see *Pediatric Manual of Clinical Dietetics, 2e* (19) and *ADA Pocket Guide to Pediatric Nutrition Assessment* (20).

APPLICATION TO PRACTICE

There is ample evidence supporting the need for RD-directed nutrition interventions aimed at improving identification, prevention, early intervention, and treatment of nutrition issues and concerns seen in infants, children, and adolescents, including those with special health care needs (21-23). RDs responsible for providing medical nutrition therapy to infants, children, and adolescents must practice only at the level for which they are fully qualified. Professional development needs can be determined by reviewing the five steps in the Professional Development Portfolio (24). These steps include:

(a) Reflect on current level of practice in pediatric nutrition and determine goals regarding future career development, strengths, weaknesses, and areas for improvement.
(b) Assess learning needs to determine what continuing professional education, formal coursework, or supervised practice experience is needed to achieve the desired level of practice.

(c) Develop a learning plan that addresses each learning need for the desired level of practice.
(d) Implement the learning plan by seeking courses and experiences that meet professional goals.
(e) Evaluate the learning plan process once goals are achieved to ensure that practice is at the desired level and to facilitate continued reassessment of needs.

Within the SOP and SOPP for RDs in Pediatric Nutrition, an X in the *generalist* column indicates an RD who can complete the stated activity and/or take action to seek assistance to learn how to perform the activity at the level of the standard. The generalist in pediatric nutrition practice might be an experienced RD who has only recently assumed responsibility for pediatric patients/clients.

An X in the *specialty* column indicates that an RD who performs at this level has a deeper understanding of pediatric nutrition and the ability to provide care to meet the needs of patients/clients.

An X in the *advanced* column indicates that the RD who performs at this level has a comprehensive understanding of pediatric nutrition and a highly developed range of skills and judgments acquired through a combination of education, training, and experience. An RD practicing at this level is autonomous in his or her thinking and is confident in approaching the "unknown." Although not required, it is expected that RDs practicing at the advanced level in pediatric nutrition have achieved advanced degrees.

As practice progresses from generalist to specialty to advanced, increased responsibility is assumed in order to practice safely. These standards reflect that and provide tools to measure, document, and justify different levels of responsibility. For example, an RD might use the SOP and SOPP for RDs in Pediatric Nutrition to support the need for increased education or training before assuming new responsibilities for patient/client care.

FUTURE DIRECTIONS

The SOP and SOPP for RDs in Pediatric Nutrition are evolutionary documents. Future revisions will reflect changes in practice and dietetics edu-

This figure describes examples of how registered dietitians (RDs) at different practice levels may use the skills defined in the Standards of Practice (SOP) and Standards of Professional Performance (SOPP). At the generalist and specialty levels, the RD would be expected to consult with those at a higher skill level when confronted with a novel or complex situation. These examples are fictional, and used only for the purpose of a simplistic example of using the levels in practice. These examples are not to be thought of as recommended best practice and are not as complete as real life situations due to space constraints. The different activities listed in the scenarios may or may not occur simultaneously across the levels.

Clinical Situation: The hospital's External Emergency Plan refers to the foodservice operation, but does not include provisions for and preparation of infant feedings.

Standard/Indicator	Generalist	Specialty	Advanced Practice
SOP 2.1A: Identifies and labels the problem SOPP 1.8A: Collaborates within the traditional multi-and/or disciplinary team for safe, quality of care	Works to correct the omission: With direction from the Clinical Manager: 1. Drafts plans of care for substituting breastmilk or formula when an external emergency is in effect.	With direction from the Advanced Practice RD: 1. Evaluates average infant census to determine breastmilk/formula needs for emergency par levels. 2. Evaluates products for substitutions if a shortage occurs. 3. Works on procedures for infant feeding preparation, in the event of limited power or refrigeration. 4. Begins to develop clinical modules to educate the hospital staff on infant feedings in the event of an external disaster.	Schedules a meeting with the Emergency Preparedness Task Force to establish plans for: 1. A medical emergency plan on infant feedings for the Command Group 2. Dedicated sterile water supply and formula (par levels) 3. Plan of priority of formula products (related to age and disease state) 4. Emergency preparation of infant feedings in the event of shortage of staff or power Works with the Nutrition Staff for Policy and Procedures to cover all preparation, storage and transport of infant feedings. Works with the clinical staff on policies to handle tube feedings and formulas in the event of temperature variations in the clinical setting.

(continued)

Figure 5. Case examples of Standards of Practice and Standards of Professional Performance for Registered Dietitians (generalist, specialty, advanced) in Pediatric Nutrition.

Clinical Situation: An infant in the Neonatal Intensive Care Unit (NICU) of a community hospital is identified through Newborn Screening as having a metabolic disorder. The RD realizes that the metabolic disorder is out of his/her scope of practice.			
Standard/Indicator	**Generalist**	**Specialty**	**Advanced Practice**
SOP 1.2: Assesses health and disease condition(s) for nutrition-related consequences SOP 1.9A: Recognizes when a specific task is out of his/her area of expertise, and identifies an appropriate, expert source of information	Recognizes that the metabolic disorder has nutrition-related implications and seeks additional resources:		
	Asks colleague for contact information for regional metabolic services, and makes arrangements for the infant to be seen in a regional metabolic clinic.	Contacts state newborn screening follow-up coordinator and regional metabolic team to relay patient history as well as cooperate in routine nutrition care/services.	Contacts regional metabolic services. RD on the regional metabolic team (practices at an advanced level) provides consultation to the NICU RD during the infant's NICU admission. Recognizes that identification and referral are vital to early intervention in metabolic disorders. Develops easily accessed information source that includes contact information for genetics clinic and general information about the disorders; includes this information in the department policies.
SOP 3.9: Identifies resources and/or referrals needed SOPP 1.8: Collaborates and coordinates with colleagues	Once diagnosis is confirmed, the local RD works with guidance from metabolic RD to provide appropriate nutrition intervention, including selecting an appropriate feeding plan, monitoring growth and laboratory indicators, and making plans for care after discharge from the hospital.		
	Continues medical nutrition therapy per metabolic RD recommendations. Provides the team with information about potential resources.	Works with metabolic RD to identify potential needs and helps to coordinate referrals and access to resources in preparation for discharge.	Establishes interagency networks to streamline future referrals; shares this information with others in similar settings.
Public Health/Community Situation: A physician in a community-based health clinic referred an obese adolescent female with type 2 diabetes to the RD to provide behavior counseling to modify her eating and physical activity behaviors.			
Standard/Indicator	**Generalist**	**Specialty**	**Advanced Practice**
SOP 3.14E: Utilizes appropriate behavior change theories that will ensure success with the patient and disease condition (eg, motivational interviewing, behavior modification, modeling) SOPP 1.8A: Collaborates within the traditional multi-and/or disciplinary team for safe, quality of care	RD discovers in initial interview that the client has a complicated history of noncompliance with Medical Nutrition Therapy (MNT) for glucose control/management; contacts a Specialty RD in the field who recommends transfer/referral of care. Makes arrangement for client to be seen by an RD specializing in female weight change and MNT for type 2 diabetes.	Blood glucose levels are not controlled; RD suspects from interview comments that non-compliance maybe related to history of physical abuse and most likely needs an in-depth psychologist; contacts Advanced level RD and discusses possible treatment; concludes that transfer/referral of care is required. Makes arrangement for client to be seen by an RD with advanced level of practice.	RD uses the stages of change, a model for nutrition counseling, to assess the client's readiness for change. Contacts a psychotherapist trained in adolescent health to jointly treat client. Based on information gathered, develops goals in partnership with the psychotherapist and the client to provide strategies to change eating and physical activity behaviors. Works in collaboration with other members of the multi-disciplinary team to develop an overall health care plan, which includes the nutrition intervention; communicates nutrition care plan to primary physician; schedules to meet with clinic RD and Specialty RD for collaboration on the nutrition care of these types of community patients.

(continued)

Figure 5. Continued

<table>
<tr><td colspan="4">School Foodservice Situation: The school's foodservice department does not have a plan for providing meals to students who are on restricted diets for medical reasons (eg, gluten-free diet for celiac disease; dairy-free diet for milk allergy; multiple sensitive children with anaphylactic responses)</td></tr>
<tr><th>Standard/Indicator</th><th>Generalist</th><th>Specialty</th><th>Advanced Practice</th></tr>
<tr><td rowspan="4">SOPP 1.4: Collaborates with client/caregivers to assess needs, background, and resources and to establish mutual goals and create individualized plans

SOPP 1.5B: Designs pediatric MNT plan according to clients' complex care needs, with consideration of and input from caregivers, and other health care providers when appropriate

SOP 3.2: Bases intervention plan on best available evidence and applicable policies and program standards

SOP 3.4: Involves client, family, caregivers and/or other health professionals, and considers policies and program standards as appropriate in planning process</td><td rowspan="2">RD recognizes his/her knowledge, skill, and experience limitations to appropriately address this concern.

Consults with specialty-level RD at Children's Hospital for input in modifying existing menus.</td><td colspan="2">RD applies experience and skills to complete a nutrient analysis of current menus. RD has knowledge of this medical condition from prior experience, specialized training, continuing education, and utilizes this to develop a draft of a modified menu to comply with the child's dietary restriction.</td></tr>
<tr><td>Individualizes existing menus to meet the student's and school system's needs.

Educates the student/family about available à la carte items that comply with the dietary restriction.</td><td>Utilizes diet-specific food choices and incorporates into the school menu system with access by all schools.

Works with the school nurse to make sure students with special health care needs are seen by a qualified RD/health care team.</td></tr>
<tr><td colspan="3">Provides training to foodservice staff, with a focus on avoiding cross-contamination, and learning how to identify potentially offending ingredients (eg, gluten, dairy).</td></tr>
<tr><td>Seeks assistance in reconciling conflicting requirements between the modified diet and the National School Lunch Program (NSLP) guidelines.</td><td>Reconciles conflicting requirements between the modified diet and the NSLP guidelines.</td><td>Serves as a regional mentor for school districts in their planning of modified menus. Educates and influences industry on the nutritional needs of the school district's clientele to facilitate new product development and/or packaging. Serves as a member of a national advisory committee responsible for recommending changes to the NSLP guidelines.

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Figure 5. Continued

Clinical Management Situation: The Clinical Nutrition Manager of a large regional pediatric specialty hospital is charged with the creation of an enriched staff development program to address responses to high staff turnover and stated desire of enhanced reward and recognition. Goal is to provide higher standard of professional involvement/professional opportunities within the job and in the greater pediatric nutrition community. The manager has asked her staff to help in the development program.

Standard/Indicator	Generalist	Specialty	Advanced Practice
SOPP 6.5: Develops and implements a plan for professional growth.	With direction from the Clinical Manager: 1. Completes survey directed at identifying areas of desired professional development 2. Willingly participates in the creation of individualized goals for development that will expand and enrich work experience 3. Participates in project work under direction of specialty RD to enrich and expand work experience	With direction from the Advanced Practice RD: 1. Works to develop the parameters for specialty practice positions 2. Defines goals to be achieved in all areas of specialization and resources needed to achieve these goals 3. Works closely with Generalist RDs to provide enriched work experience while achieving department goals	Leads the process of evaluating professional/staff development with the goal of designing enriched work environments for all staff members. Through benchmarking and review of other programs, including internal programs, develops a clinical ladder to support needs for recognition and advancement of upper level RDs. Involves upper level staff in the design of the clinical ladder. Utilizes clinical ladder to expand opportunities for Generalist and Specialty staff in areas of publication, research, presentation at national and regional conferences, performance improvement, and expanded practice opportunities. Involves Generalist staff members in work that is identified by survey results and goals set in professional development plans.

Figure 5. Continued

cation programs and determine measurable outcomes and benchmarks for practice audits.

SUMMARY

The SOP and SOPP for RDs in Pediatric Nutrition are key resources for RDs at all knowledge and performance levels. These standards can and should be used by RDs in daily practice to progressively increase practice skills and appropriately demonstrate competency and value as providers of safe and effective pediatric nutrition therapy. Standards development and evaluation are dynamic and these standards will be reviewed at least every 5 years for applicability to practice.

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Standards of Practice (SOP) are authoritative statements that describe a competent level of practice demonstrated through nutrition assessment, nutrition diagnosis (problem identification), nutrition intervention (planning, implementation), and outcomes monitoring and evaluation. They are four separate standards that describe the responsibilities for which registered dietitians (RDs) are accountable. The SOP in Pediatric Nutrition presuppose that the RD uses critical thinking skills, analytical abilities, theories, best available research findings, current accepted dietetics and medical knowledge, and the systematic holistic approach of the Nutrition Care Process as they relate to the standards. Standards of Professional Performance (SOPP) in Pediatric Nutrition are authoritative statements that describe a competent level of behavior in the professional role, including activities related to provision of services, application of research, communication and application of knowledge, utilization and management of resources, quality in practice, and continued competence and professional accountability. For pediatric care, the indicators are expanded upon to reflect the unique competence expectations of the RD in pediatric nutrition.

Each standard is equal in relevance and importance and includes a definition, a rationale statement, indicators, and examples of desired outcomes. The rationale statement describes the intent of the standard and defines its purpose and importance in greater detail. Indicators are measurable, quantifiable actions that illustrate how each specific standard can be applied to practice. Indicators serve to identify the level of performance of competent practitioners and to encourage and recognize professional growth. Standard definitions, rationale statements, core indicators, and examples of outcomes found in American Dietetic Association SOP in Nutrition Care and SOPP for RDs are expanded upon to reflect the unique competence expectations of RDs in pediatric nutrition. All indicators may not be applicable to an individual RD's practice. Likewise, each indicator may not be applicable to all situations.

The term "client and/or caregivers" is used in these standards as a universal term. Pediatric nutrition implies services to age groups of birth to 21 years of age. Client also implies patient, resident, participant, family member, community, individual, or any group or population receiving food and nutrition services for pediatric clients. These SOP and SOPP are not limited to the clinical setting. In addition, it is recognized that the families and caregiver(s) of infants, children, and adolescents, including individuals with special health care needs, play critical roles in overall health and are important members of the team throughout the assessment and intervention process. The term "appropriate" is used in the standards to mean selecting from a range of possibilities, one or more of which would give an acceptable result in the circumstances.

SOP and SOPP are complementary documents. One does not replace the other; rather both serve to more completely describe the practice and professional performance of dietetics and should be considered together. RDs must be aware of federal and state laws affecting their practice as well as organizational policies and guidelines. The standards are a resource but do not supersede laws, policies, and guidelines.

Specialty level of practice in these documents is not equivalent to the CDR certification, Board Certified Specialist in Pediatric Nutrition (CSP), but encompasses the skill level of an RD who has developed nutrition application skills beyond a generalist practitioner. An RD who is a CSP at a minimum demonstrates the specialty skills presented, but has also met specified experience requirements and has completed the CDR certification exam successfully.

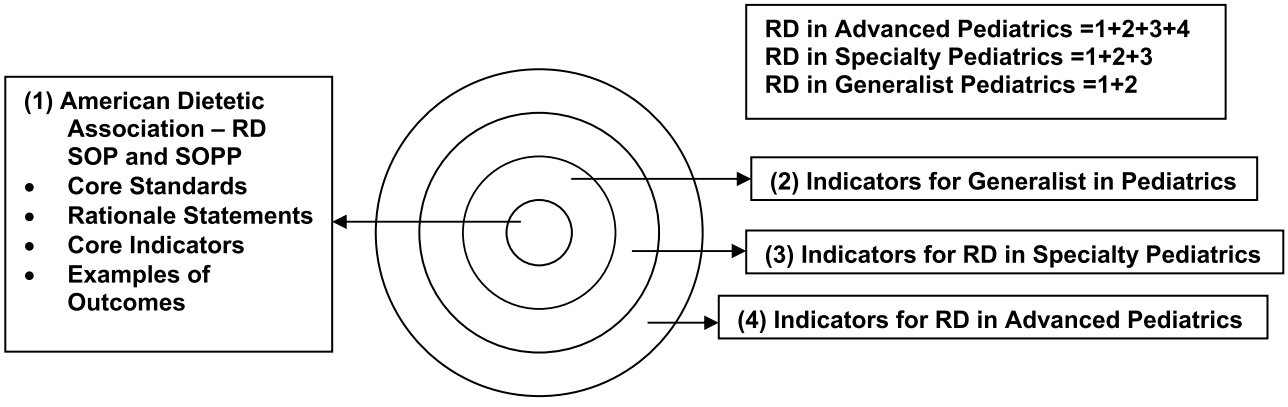

Figure 1. American Dietetic Association Standards of Practice and Standards of Professional Performance for Registered Dietitians (generalist, specialty, and advanced) in Pediatric Nutrition.

STANDARD 1: NUTRITION ASSESSMENT

The registered dietitian (RD) uses accurate and relevant data and information to identify nutrition-related problems.

Rationale: Nutrition Assessment is a systematic process of obtaining, verifying, and interpreting data in order to make decisions about the nature and cause of nutrition-related problems. It is initiated by referral and/or screening of individuals or groups for nutrition risk factors. Nutrition Assessment is an ongoing, dynamic process that involves not only initial data collection, but also reassessment and analysis of client or community needs. It provides the foundation for Nutrition Diagnosis, the second step of the Nutrition Care Process.

INDICATORS FOR STANDARD 1: NUTRITION ASSESSMENT				**The "X" signifies the indicators for the level of practice**		
Bold font indicators are ADA Core RD Standards of Practice indicators				**Generalist**	**Specialty**	**Advanced**
Each RD:						
1.1	**Assesses dietary intake for factors that affect health and conditions including nutrition risk**			**X**	**X**	**X**
	1.1A	**Assesses adequacy, appropriateness, and modality of usual dietary pattern or nutrient intake (ie, usual dietary pattern includes adequate amounts of foods and nutrients)**		**X**	**X**	**X**
		1.1A1	Compares to established guidelines, given developmental stage, physical activity level, consults with health professionals, if needed (eg, out of the scope of practice)	X	X	X
		1.1A2	Incorporates effects of health condition(s) and outside influences on dietary intake and estimated needs; identifies a need to transition from one modality to another; seeks additional information (eg, types and amounts of foods offered, timing of meals/snacks/feedings, feeding-related behaviors)		X	X
		1.1A3	Identifies the need to tailor data collection based on health condition history and present state; identifies a need for transition and identifies factors that might influence the plan (eg, feeding skill level, economic factors, and expected outcomes to encourage the development of feeding/eating skills, as appropriate)			X
	1.1B	**Assesses adequacy and appropriateness of current diet prescription**		**X**	**X**	**X**
	1.1C	Assesses changes in appetite or usual intake (eg, as a result of normal development, the disease process, treatment, or co-morbid conditions) that affect treatment, consults with other health professionals, if information is not typical		X	X	X
		1.1C1	Identifies trends/patterns of changes that could lead to (or have led to) changes in appetite or usual intake, including changes that are part of the disease process		X	X
		1.1C2	Investigates nonapparent influences(eg, environmental, social, etc) on appetite, intake and preferences			X

Figure 2. Standards of Practice for Registered Dietitians in Pediatric Nutrition.

INDICATORS FOR STANDARD 1: NUTRITION ASSESSMENT				The "X" signifies the indicators for the level of practice		
Bold font indicators are ADA Core RD Standards of Practice indicators				**Generalist**	**Specialty**	**Advanced**
Each RD:						
1.2	**Assesses health and disease condition(s) for nutrition-related consequences**			**X**	**X**	**X**
	1.2A	**Assesses health conditions and co-morbidities, including overall health, medical and family history, medications, and prenatal, birth, and developmental history, and identifies effects (or potential effects) on nutrition status, consults with other health professionals, if needed**		**X**	**X**	**X**
		1.2A1	Identifies chronic and acute conditions that affect nutrient needs, nutrient intake, growth, and typical eating and food-related behaviors, seeks additional information, if condition is not typical	X	X	X
		1.2A2	Attributes nutrition-related consequences to specific conditions, including the process/progress of disease (examples of nutrition-related consequences include growth and growth potential, and atypical eating and food-related behaviors)		X	X
		1.2A3	Anticipates potential problems related to chronic or acute conditions			X
		1.2A4	Examines for symptoms or potential for coexisting disease or nutrition conditions related to present nutrition/disease state			X
	1.2B	**Assesses physical findings (eg, anthropometric measurements, growth parameters, physical or clinical exam)**		**X**	**X**	**X**
		1.2B1	Evaluates growth measurements: eg, weight, height (stature or length), head circumference, weight-for-length or Body Mass Index, comparison to appropriate reference data (CDC[a]/WHO[b] Growth Charts, or other evidence-based growth chart), growth progress and trends	X	X	X
		1.2B2	Evaluates other measurements using appropriate reference data: eg, skinfold measurements, mid-arm muscle circumference to estimate body composition		X	X
		1.2B3	Establishes predictive growth expectations different than general population data based on the individual and condition in conjunction with interdisciplinary team		X	X
		1.2B4	Seeks out data to use for patients with rare anomalies/conditions as reference for growth parameters			X
	1.2C	**Assesses medication management (eg, prescription, over-the-counter, and herbal medications; medication allergies; medication/food interaction; and adherence)**		**X**	**X**	**X**
		1.2C1	Considers the safety and efficacy of over-the-counter medications, herbal medications, and supplements	X	X	X
		1.2C2	Assesses nutrition-related side effects (including alterations in absorption, metabolism, or excretion of nutrients) of medications used long-term		X	X
		1.2C3	Assesses, as part of an interdisciplinary team which includes a pharmacist, the need to add or discontinue medications or adjust the dose and timing of medications		X	X
		1.2C4	Evaluates the relationships between prescription, over-the-counter, and other medications and supplements that are being used by the client			X

Figure 2. Continued

INDICATORS FOR STANDARD 1: NUTRITION ASSESSMENT				The "X" signifies the indicators for the level of practice		
Bold font indicators are ADA Core RD Standards of Practice indicators				**Generalist**	**Specialty**	**Advanced**
Each RD:						
	1.2D	**Assesses complications and risks**		**X**	**X**	**X**
	1.2E	**Assesses diagnostic tests, procedures, evaluations**		**X**	**X**	**X**
		1.2E1	Assesses nutrition-related implications of tests, procedures, and biochemical evaluations, seeks additional information if results are not typical	X	X	X
		1.2E2	Assesses results of diagnostic tests, procedures and evaluations; identifies appropriate laboratory testing for differentiating specific nutrition-related diseases and conditions		X	X
		1.2E3	Determines need for further testing, based on findings, including appropriateness of tests and effects on the individual and the system			X
	1.2F	**Assesses physical activity, habits, and restrictions**		**X**	**X**	**X**
		1.2F1	Assesses current level of physical activity and effects of physical activity on macronutrient needs and intake	X	X	X
		1.2F2	Assesses effect of planned treatment on usual activity level		X	X
		1.2F3	Evaluates ability of current physical activity level to facilitate recovery, prevent and/or reduce disease/condition in the context of the current treatment plan		X	X
		1.2F4	Evaluates access to resources in context of client's and caregiver's habits and community			X
	1.2G	**Evaluates nutrition-related issues on a population level using population-based surveys**		**X**	**X**	**X**
1.3	**Assesses health, nutrition, and medical history, including psychosocial, socioeconomic, functional and behavioral factors related to food access, selection, preparation as well as understanding of health condition**			**X**	**X**	**X**
	1.3A	**Assesses developmental, functional, and mental status, and cultural, ethnic and lifestyle factors, using validated assessment instruments/tools as appropriate, consults with other health professionals, if needed**		**X**	**X**	**X**
		1.3A1	Assesses access to and use of community resources	X	X	X
		1.3A2	Assesses barriers to adequate food access (eg, homelessness, transportation, finances, language, and cultural differences)	X	X	X
		1.3A3	Assesses risk/history of depression, cognitive decline, anxiety, disordered eating, and substance abuse		X	X
		1.3A4	Assesses nonapparent barriers or conflicts that would interfere with food access, selection, preparation			X

Figure 2. Continued

INDICATORS FOR STANDARD 1: NUTRITION ASSESSMENT			The "X" signifies the indicators for the level of practice		
Bold font indicators are ADA Core RD Standards of Practice indicators			**Generalist**	**Specialty**	**Advanced**
Each RD:					
1.4	**Assesses client and caregiver knowledge, readiness to learn, and potential for behavior change**		**X**	**X**	**X**
	1.4A	Assesses client's/caregiver's understanding of health condition(s) and nutrition-related effects and implications	X	X	X
	1.4B	Identifies client's/caregiver's short-term and long-term goals for nutrition intervention	X	X	X
	1.4C	Identifies behavioral mediators (or antecedents) related to dietary intake (eg, client/caregiver attitudes, self-efficacy, knowledge, intentions, motivations, readiness to change, perceived social support)		X	X
	1.4D	Assesses self-care skills and behaviors		X	X
	1.4E	Assesses existing individualized care plans, history of previous nutrition care services, addressing nutrition-related concerns and any progress made toward achieving established goals, assessing level of understanding of nutrition-related issues		X	X
	1.4F	Identifies underlying or nonapparent barriers or failures that relate to nutrition therapy			X
	1.4G	Applies different style/interaction methods as situations present to facilitate successful nutrition care			X
1.5	**Identifies standards by which data will be compared**		**X**	**X**	**X**
1.6	**Identifies possible problem areas for determining nutrition diagnoses**		**X**	**X**	**X**
1.7	**Documents and communicates:**		**X**	**X**	**X**
	1.7A	**Date and time of assessment**	**X**	**X**	**X**
	1.7B	**Pertinent data and comparison to standards/reference data**	**X**	**X**	**X**
	1.7C	**Client's perceptions, values and motivation related to presenting problems**		**X**	**X**
	1.7D	Changes in clients' level of understanding, food-related behaviors, and other outcomes for appropriate follow-up	X	X	X
	1.7E	**Reason for discharge/discontinuation or referral, if appropriate**	**X**	**X**	**X**

Examples of Outcomes for Standard 1: Nutrition Assessment

- Appropriate assessment tools and procedures (matching the assessment method to the situation) are implemented.
- Assessment tools are applied in valid and reliable ways.
- Appropriate data are collected.
- Data are validated.
- Data are collected, organized, and categorized in a meaningful framework that relates to nutrition problems.
- Effective interviewing methods are utilized.
- Problems that require consultation with or referral to another provider are recognized.
- Documentation and communication of assessment are complete, relevant, accurate, and timely.

Figure 2. Continued

STANDARD 2: NUTRITION DIAGNOSIS

The registered dietitian (RD) identifies and describes specific nutrition problem(s) that the RD is responsible for treating.

Rationale: Nutrition Diagnosis is the second of four steps of the Nutrition Care Process. At the end of the Nutrition Assessment step, data are clustered, analyzed, and synthesized. This will reveal a nutrition diagnosis category from which to formulate a specific nutrition diagnosis statement. There is a difference between a nutrition diagnosis and a medical diagnosis. A nutrition diagnosis changes as the client response changes, whereas a medical diagnosis does not change as long as the disease or condition exists. The nutrition diagnosis(es) demonstrates a link to determining goals for outcomes, selecting appropriate interventions, and tracking progress in attaining expected outcomes.

INDICATORS FOR STANDARD 2: NUTRITION DIAGNOSIS				**The "X" signifies the indicators for the level of practice**		
Bold font indicators are ADA Core RD Standards of Practice indicators				**Generalist**	**Specialty**	**Advanced**
Each RD:						
2.1	**Makes the nutrition diagnosis(es) from the assessment data**			**X**	**X**	**X**
	2.1A	**Identifies and labels the problem**		**X**	**X**	**X**
		2.1A1	Differentiates nutrition problems as related to impact of medical nutrition therapy		X	X
		2.1A2	Uses critical thinking skills and experience to efficiently diagnose nutrition problems			X
	2.1B	**Determines etiology (cause/contributing risk factors)**		**X**	**X**	**X**
		2.1B1	Considers pre-existing factors in the determination of the etiology		X	X
		2.1B2	Evaluates multiple factors that impact the nutrition diagnosis(es) to identify the major cause(s) likely to respond to intervention			X
	2.1C	**Supports diagnosis with signs and symptoms**		**X**	**X**	**X**
2.2	**Ranks (prioritizes) the nutrition diagnoses**			**X**	**X**	**X**
	2.2A	Uses protocols and guidelines to prioritize nutrition diagnoses in order of importance or urgency, seeks additional information, input if diagnoses are not typical		X	X	X
	2.2B	Uses experience, in addition to protocols and guidelines, to prioritize nutrition diagnoses in order of importance. Seeks collaborative information from specialty or advance practice level professional when caring for complex patients/clients (eg, more than 2 to 3 nutrition diagnoses)			X	X
	2.2C	Determines nutrition diagnosis hierarchy for disease states and complications as base for protocols and guidelines				X
2.3	**Discusses the nutrition diagnosis(es) with client(s), family members, and/or other health care professionals when possible and appropriate**			**X**	**X**	**X**
2.4	**Documents the nutrition diagnosis(es)**			**X**	**X**	**X**
2.5	**Re-evaluates and revises nutrition diagnosis(es) when additional assessment data become available**			**X**	**X**	**X**

Examples of Outcomes for Standard 2: Nutrition Diagnosis

- Nutrition Diagnostic Statements that are:
  - Clear and concise
  - Specific—client-, family-, or community-centered
  - Accurate—related to the etiology
  - Based on reliable and accurate assessment data
  - Dated (all settings), including time (acute care)
- Documentation of nutrition diagnosis(es) is relevant, accurate, and timely.
- Documentation of nutrition diagnosis(es) is revised and updated as additional assessment data become available.

Figure 2. Continued

STANDARD 3: NUTRITION INTERVENTION

The registered dietitian (RD) identifies and implements appropriate, purposefully planned actions designed with the intent of changing a nutrition-related behavior, risk factor, environmental condition, or aspect of health status for an individual, target group, or the community at large.

Rationale: Nutrition Intervention is the third of four steps of the Nutrition Care Process. It consists of two interrelated components—planning and implementation. Planning involves prioritizing the nutrition diagnoses, conferring with the patient/client and/or others, reviewing practice guides and policies, setting goals, and defining the specific nutrition intervention strategy. Implementation of the nutrition intervention is the action phase that includes carrying out and communicating the plan of care, continuing data collection, and revising the nutrition intervention strategy, as warranted, based on the patient/client response. The RD performs the interventions or assigns the nutrition care that others provide in accordance with federal, state, and local laws and regulations.

The RD works collaboratively with the client, parent(s), and/or caregiver(s) as appropriate to create a realistic plan that has a good probability of positively influencing the diagnosis/problem. This family-centered process is a key element in the success of this step, distinguishing it from previous planning steps that may or may not have involved the client to this degree of participation.

INDICATORS FOR STANDARD 3: NUTRITION INTERVENTION			**The "X" signifies the indicators for the level of practice**		
Bold font indicators are ADA Core RD Standards of Practice indicators			**Generalist**	**Specialty**	**Advanced**
Each RD:					
Plans the Nutrition Intervention:					
3.1	**Prioritizes the nutrition diagnosis based on problem severity, safety, patient/client needs, likelihood that nutrition intervention will impact problem and patient/client perception of importance**		**X**	**X**	**X**
	Considers and evaluates:				
	3.1A	Acute and chronic health conditions	X	X	X
	3.1B	Readiness to receive selected nutrition interventions, including resources and support	X	X	X
	3.1C	Risk for acute or chronic complications	X	X	X
	3.1D	Cognitive, physical developmental, and behavioral readiness to benefit from interventions		X	X
	3.1E	Emerging therapies		X	X
	3.1F	Nontraditional intervention(s) to achieve intended outcome			X
3.2	**Bases intervention plan on best available evidence (eg, national guidelines, published research, evidence-based libraries, and databases) and applicable policies and program standards**		**X**	**X**	**X**
	3.2A	Uses guidelines/protocols based on the individual and progress of intervention	X	X	X
	3.2B	Adjusts guidelines/protocols based on the individual and progress of intervention		X	X
	3.2C	Evaluates and selects appropriate guidelines		X	X
	3.2D	Contributes to the development of intervention guidelines		X	X
	3.2E	Recognizes when it is appropriate to deviate from established guidelines			X
	3.2F	Leads the development and/or identification of intervention guidelines and outcome measures on a state, regional or national level			X

Figure 2. Continued

INDICATORS FOR STANDARD 3: NUTRITION INTERVENTION			The "X" signifies the indicators for the level of practice		
Bold font indicators are ADA Core RD Standards of Practice indicators			**Generalist**	**Specialty**	**Advanced**
Each RD:					
Plans the Nutrition Intervention:					
3.3	**Determines expected outcomes for each nutrition diagnosis. Outcomes should be observable and measurable, clear, client- and family-centered, and achievable**		**X**	**X**	**X**
	3.3A	Considers clinical and health status (eg, growth pattern, fluid and electrolyte balance, prevention of infection, development, resolution of symptoms), seeks additional information, if diagnoses are not typical	X	X	X
	3.3B	Considers effects on individual and his/her family (eg, activities of daily living, participation in activities that are appropriate for age and developmental level)		X	X
	3.3C	Considers health care and resource utilization (eg, readmission, length of stay, need for home therapies)		X	X
	3.3D	Anticipates how nutrition intervention may minimize treatment-related side effects, treatment delays and the need for hospital admission			X
3.4	**Involves client, family, caregivers, and/or other health professionals, and considers policies and program standards as appropriate in planning process**		**X**	**X**	**X**
	3.4A	Recognizes specific knowledge and skills of other providers, and collaborates to provide comprehensive care		X	X
	3.4B	Organizes and leads communication with the family, acts as case manager to organize care, in collaboration with the health care team			X
3.5	**Determines patient/client-focused goals and expected outcomes**		**X**	**X**	**X**
3.6	**Develops the intervention plan to address current issues, including writing a nutrition prescription, consults with other health professionals, if needed**		**X**	**X**	**X**
	3.6A	Develops an intervention plan that considers and or addresses future issues (eg, helps the family identify strategies for future situations)		X	X
	3.6B	Develops an education plan or program (eg, anticipates the need for education of care providers and helps the family to develop a plan)		X	X
	3.6C	Creates or facilitates the development of clinical policies that influence standards/programs			X
	3.6D	Works with administrators and staff to develop outcome driven policies			X
3.7	**Defines time and frequency of care, including intensity, duration, and follow-up**		**X**	**X**	**X**
	3.7A	Determines intensity required to make specific change and uses that to determine duration and follow-up		X	X
	3.7B	Develops guidelines for timing of intervention and follow-up in population based on outcome data			X
3.8	**Utilizes standardized language for describing interventions**		**X**	**X**	**X**

Figure 2. Continued

INDICATORS FOR STANDARD 3: NUTRITION INTERVENTION			The "X" signifies the indicators for the level of practice		
Bold font indicators are ADA Core RD Standards of Practice indicators			**Generalist**	**Specialty**	**Advanced**
Each RD:					
Implements the Nutrition Intervention:					
3.9	**Identifies resources and/or referrals needed, including physical assistance, education services, financial, and other resources**		**X**	**X**	**X**
	3.9A	Coordinates referral(s) for other services and utilizes interagency networks		X	X
	3.9B	Establishes and maintains interagency networks based on patient intervention needs; links nutrition and other services			X
3.10	**Collaborates with colleagues**		**X**	**X**	**X**
	3.10A	Facilitates and fosters active communication, learning, partnerships, and collaboration with the health care team and others as appropriate		X	X
	3.10B	Identifies and seeks out opportunities for interdisciplinary and interagency collaboration, specific to the individual's needs			X
3.11	**Communicates the planned nutrition intervention to all stakeholders**		**X**	**X**	**X**
	3.11A	Documents ongoing care and progress for multiple-step interventions and communicates to team	X	X	X
3.12	**Initiates the plan of care**		**X**	**X**	**X**
3.13	**Continues data collection**		**X**	**X**	**X**
3.14	**Individualizes nutrition intervention**		**X**	**X**	**X**
	3.14A	Identifies tools for nutrition education that are appropriate to the individual's (and/or family's) educational needs, learning style, and method of communication; uses interpersonal teaching, training, coaching, counseling, or technological approaches as appropriate	X	X	X
	3.14B	Uses critical thinking and synthesis skills for combining multiple intervention approaches as appropriate and adapts general nutrition education tools to individualized learning style and method of communication		X	X
	3.14C	Tailors nutrition intervention to the developmental stage of the client and makes changes to the intervention as appropriate		X	X
	3.14D	Draws on experiential knowledge and current body of advanced knowledge about the client population to individualize the strategy for complex interventions			X
	3.14E	Utilizes appropriate behavior change theories that will ensure success with the patient and disease condition (eg, motivational interviewing, behavior modification, modeling)			X
	3.14F	Adjusts the intervention plan in complicated, unpredictable, and dynamic situations			X
3.15	**Follows up and verifies that nutrition intervention is occurring**		**X**	**X**	**X**
3.16	**Adjusts intervention strategies, if needed, as response occurs, seeks additional information and assistance if treatment outcome is not typical**		**X**	**X**	**X**
	3.16A	Makes adjustments in complicated situations		X	X
	3.16B	Makes adjustments in unpredictable and dynamic situations			X

Figure 2. Continued

INDICATORS FOR STANDARD 3: NUTRITION INTERVENTION			The "X" signifies the indicators for the level of practice		
Bold font indicators are ADA Core RD Standards of Practice indicators			**Generalist**	**Specialty**	**Advanced**
Each RD:					
Implements the Nutrition Intervention:					
3.17	**Documents and communicates:**		**X**	**X**	**X**
	3.17A	**Date and time**	**X**	**X**	**X**
	3.17B	**Specific treatment goals and expected outcomes**	**X**	**X**	**X**
	3.17C	**Recommended interventions**	**X**	**X**	**X**
	3.17D	**Adjustments to the plan and justification**	**X**	**X**	**X**
	3.17E	**Client, parent/caregiver, community receptivity**	**X**	**X**	**X**
	3.17F	**Referrals made and resources used**	**X**	**X**	**X**
	3.17G	**Other information relevant to providing care and monitoring progress over time**	**X**	**X**	**X**
	3.17H	**Plans for follow up and frequency of care**	**X**	**X**	**X**
	3.17I	**Rationale for discharge if applicable**	**X**	**X**	**X**

Examples of Outcomes for Standard 3: Nutrition Intervention

- Appropriate prioritizing and setting of goals/expected outcomes.
- Appropriate nutrition plan or prescription is developed.
- Interdisciplinary connections are established.
- Nutrition interventions are delivered and actions are carried out.
- Documentation of nutrition intervention is relevant, accurate, and timely.
- Documentation of nutrition intervention is revised and updated.

Figure 2. Continued

STANDARD 4: NUTRITION MONITORING AND EVALUATION

The registered dietitian (RD), in collaboration with other members of the health care team, monitors and evaluates indicators and outcomes data directly related to the nutrition diagnosis, goals and intervention strategies to determine the progress made in achieving desired outcomes of nutrition care and whether planned interventions should be continued or revised.

Rationale: Nutrition monitoring and evaluation is the fourth step in the Nutrition Care Process. Through monitoring and evaluation, the RD identifies important measures of change or patient/client outcomes relevant to the nutrition diagnosis and nutrition intervention and describes how best to measure these outcomes. The aim is to promote uniformity within the profession in evaluating the efficacy of nutrition interventions. In addition, an outcomes management system might be implemented.

INDICATORS FOR STANDARD 4: NUTRITION MONITORING AND EVALUATION					**The "X" signifies the indicators for the level of practice**		
Bold font indicators are ADA Core RD Standards of Practice indicators					**Generalist**	**Specialty**	**Advanced**
Each RD:							
4.1	**Monitors progress:**				**X**	**X**	**X**
	4.1A	**Determines whether the intervention is being implemented as prescribed and that the client/family/caregiver(s) understand the plan and have adequate resources to implement the plan. *If not, seeks assistance, and/or:***			**X**	**X**	**X**
		4.1A1	Creates learning tools and methods to improve understanding of and/or adherence to plan as needed, based on the patient/caregiver's individual needs and situation			X	X
		4.1A2	Arranges for additional resources and sources of equipment or nutrition products or avenues of therapy to fulfill the nutrition prescription			X	X
		4.1A3	Alters or tailors tools and methods with the family based on emerging information/response to ensure desired outcome				X
		4.1A4	Participates in monitoring of medical orders for nutrition therapy and verifying comprehension of orders with other health care providers		X	X	X
			4.1A4a	Recommends change in the orders for improved comprehension and implementation		X	X
			4.1A4b	Modifies the medical orders for improved comprehension and implementation (with institutional privileges)			X
			4.1A4c	Searches for tools/methods to tailor intervention to ensure desired outcome based on family's response to treatment			X
	4.1B	**Gathers evidence that the intervention plan is or is not changing the patient/client behavior or status, based on identified outcomes; *evidence may include:***			**X**	**X**	**X**
		4.1B1	Consults with other health care providers		X	X	X
		4.1B2	Uses results of nutrition-focused physical exam			X	X
		4.1B3	Critically evaluates subjective responses from patient/client/caregiver/other health care providers; develops questions that might identify change				X

Figure 2. Continued

INDICATORS FOR STANDARD 4: NUTRITION MONITORING AND EVALUATION				The "X" signifies the indicators for the level of practice		
Bold font indicators are ADA Core RD Standards of Practice indicators				**Generalist**	**Specialty**	**Advanced**
Each RD:						
	4.1C	**Identifies and evaluates unexpected positive and negative outcomes (of nutrition and overall treatment plan) and communicates to other health care providers; consults with other health professionals, if needed**		**X**	**X**	**X**
		4.1C1	Evaluates intended effects and potential adverse effects related to complex problems and intervention		X	X
		4.1C2	Contributes to the identification of benchmarks to document client's nutritional status and protocols for timely documentation/review, as part of an interdisciplinary team		X	X
		4.1C3	Completes a comprehensive analysis of intended effects and potential adverse effects related to complex problems and intervention			X
		4.1C4	Leads the development of protocols to serve as benchmarks for timely review and documentation of client's clinical, metabolic, and nutritional status (including growth and development), e.g., as part of an interdisciplinary team			X
	4.1D	**Gathers information to indicate progress or reasons for lack of progress, documents any problems with implementation of intervention, consults with other health professionals, if needed; documents need for revision of nutrition intervention**		**X**	**X**	**X**
		4.1D1	Identifies indicators to use for future implementation		X	X
		4.1D2	Identifies complex underlying problems beyond the scope of nutrition that are interfering with the intervention, and recommends appropriate intervention			X
	4.1E	**Supports conclusions with evidence**		**X**	**X**	**X**
4.2	**Measures practice and/or evidence-based outcome indicators that are relevant to the client and are directly related to the nutrition diagnosis and the goals established in the intervention**			**X**	**X**	**X**
	4.2A	**Selects the nutrition care outcome indicator(s) to measure,**		**X**	**X**	**X**
	4.2B	**Uses standardized nutrition care outcome indicator(s)**		**X**	**X**	**X**
	4.2C	Explores client and caregiver perception of success related to the designated outcome indicators			X	X
	4.2D	Evaluates an individual's variance from planned outcomes and the established guideline indicators. Incorporates knowledge into future individualized treatment recommendations				X
4.3	**Evaluates outcomes by comparing monitoring data with nutrition prescription/goals or reference standards, consults with other health professionals, if needed**			**X**	**X**	**X**
	4.3A	Uses clinical judgment based on patient care experience to complete a detailed analysis of the indicators for each problem area			X	X
	4.3B	Benchmarks data sets from program participants to national, state, and local public health data sets (eg, Healthy People National Health Objectives, health plan employer data and information set)			X	X
	4.3C	Defines and manages nutrition-related issues in the context of the client's total care (eg, completes a comprehensive analysis of the indicators and correlates one problem to another)				X

Figure 2. Continued

INDICATORS FOR STANDARD 4: NUTRITION MONITORING AND EVALUATION			The "X" signifies the indicators for the level of practice		
Bold font indicators are ADA Core RD Standards of Practice indicators			**Generalist**	**Specialty**	**Advanced**
Each RD:					
4.4	**Documents:**		**X**	**X**	**X**
	4.4A	**Date and time**	**X**	**X**	**X**
	4.4B	**Indicators measured, results, and the method for obtaining measurement**	**X**	**X**	**X**
	4.4C	**Criteria to which the indicator is compared (eg, nutrition prescription/goal or a reference standard)**	**X**	**X**	**X**
	4.4D	**Factors facilitating or hampering progress**	**X**	**X**	**X**
	4.4E	**Other positive or negative outcomes**	**X**	**X**	**X**
	4.4F	**Future plans for nutrition care, nutrition monitoring, and follow up or discharge**	**X**	**X**	**X**
	4.4G	Changes in client/family level of understanding and food-related behaviors	X	X	X
	4.4H	Changes in clinical, health status or functional outcomes	X	X	X

Examples of Outcomes for Standard 4: Nutrition Monitoring and Evaluation

- The client/community outcome(s) directly relate to the nutrition diagnosis and the goals established in the intervention plan. Examples include but are not limited to:
  - Nutrition outcomes (eg, change in knowledge, behavior, food or nutrient intake, or nutrition status).
  - Clinical and health status outcomes (eg, change in laboratory values, body weight, blood pressure, risk factors, signs and symptoms, clinical status, infections, complications).
  - Client- and family-centered outcomes (eg, quality of life, satisfaction, self-efficacy, self-management, functional ability).
  - Health care or resource utilization and cost effectiveness outcomes (eg, change in medication, special procedures, planned/unplanned clinic visits, preventable hospital admissions, length of hospitalizations).
- Documentation of nutrition monitoring and evaluation is:
  - Comprehensive
  - Specific
  - Accurate
  - Relevant
  - Timely
  - Dated and Timed

[a]CDC=Centers for Disease Control and Prevention.
[b]WHO=World Health Organization.

Figure 2. Continued

STANDARD 1: PROVISION OF SERVICES

The registered dietitian (RD) provides quality service based on customer expectations and needs.

Rationale: Quality service is provided, facilitated and promoted based on the RD's knowledge, experience, and understanding of patient/client needs and expectations.

INDICATORS FOR STANDARD 1: PROVISION OF SERVICES			**The "X" signifies the indicator for the level of practice.**		
Bold font indicators are adapted from ADA Core RD Standards of Professional Performance			**Generalist**	**Specialty**	**Advanced**
Each RD:					
1.1	**Provides input and is active in the development of nutrition screening processes**		**X**	**X**	**X**
	1.1A	Identifies screening parameters and contributes to the development of the nutrition screening process		X	X
	1.1B	Using established guidelines, indicators, and recommendations, evaluates the effectiveness of pediatric nutrition screening tools		X	X
	1.1C	Leads team in revising the nutrition screening process, as needed			X
	1.1D	Establishes screening guidelines, indicators, and recommendations relevant to patient/client population			X
1.2	**Audits nutrition screening processes for efficiency and effectiveness**		**X**	**X**	**X**
	1.2A	Collaborates with regional/national pediatric nutrition screening efforts and data collection		X	X
	1.2B	Develops and implements pilot tests of pediatric nutrition screening risk indicators and collaborates with regional/national data analysis			X
1.3	**Contributes to and designs referral process and systems such that the public has an identifiable method for being linked to dietetic practitioners**		**X**	**X**	**X**
	1.3A	Receives referrals for services from and makes referrals to other health care professionals	X	X	X
	1.3B	Evaluates the effectiveness of referral tools/systems		X	X
	1.3C	Leads team in developing and/or revising referral tools and processes, as needed (including conducting research and expanding utilization of referral services)			X
1.4	**Collaborates with patient/client/caregivers to assess needs, background, and resources and to establish mutual goals and create individualized plans**		**X**	**X**	**X**
	1.4A	Applies theoretical strategies related to behavior change and supports clients' readiness to change	X	X	X
	1.4B	Recognizes influences on the client's use of health care services (eg, culture, health literacy, socioeconomic status)	X	X	X
	1.4C	Adapts practice to address barriers to change and/or use of health care services		X	X
	1.4D	Identifies additional resources available to specific client population that will positively influence care plans/goals		X	X
	1.4E	Researches and defines series of patient-specific goals for specific pediatric disease states			X

Figure 3. Standards of Professional Performance for Registered Dietitians in Pediatric Nutrition.

INDICATORS FOR STANDARD 1: PROVISION OF SERVICES			The "X" signifies the indicator for the level of practice.		
Bold font indicators are adapted from ADA Core RD Standards of Professional Performance			**Generalist**	**Specialty**	**Advanced**
Each RD:					
1.5	**Informs and involves patients/clients and their caregivers in decision making**		**X**	**X**	**X**
	1.5A	Interviews clients/families/caregivers prior to developing nutrition care plan	X	X	X
	1.5B	Designs pediatric medical nutrition therapy plan according to clients' complex care needs, with consideration of and input from caregivers, and other health care providers when appropriate		X	X
	1.5C	Guides and teaches patients/families in health care decision-making and goal setting to positively maximize interventions and outcome measures			X
1.6	**Recognizes patient/client/caregiver concepts of illness and their cultural beliefs**		**X**	**X**	**X**
	1.6A	Adapts practice to meet the needs of an ethnically- and culturally-diverse population	X	X	X
	1.6B	Connects patients/families with established resources and services within the specific ethnic/cultural community		X	X
	1.6C	Searches for additional resources to positively influence health-related decision making within the client's specific ethnic/cultural community, and collaborates as appropriate			X
1.7	**Applies knowledge and principles of disease prevention and behavioral change**		**X**	**X**	**X**
1.8	**Collaborates and coordinates with colleagues**		**X**	**X**	**X**
	1.8A	Collaborates within the traditional multi- and/or interdisciplinary team for safe, quality care	X	X	X
	1.8B	Works in partnership with health care providers, clinical systems, and referral sources	X	X	X
	1.8C	Serves in consultant role for management of pediatric disease states and conditions related to pediatric nutrition		X	X
	1.8D	Plans and develops pediatric nutrition programs and education materials		X	X
	1.8E	Plans, develops, and implements services and systems of care related to pediatric nutrition			X
1.9	**Applies knowledge and skills to determine appropriate interventions**		**X**	**X**	**X**
	1.9.A	Recognizes when a specific task is out of his/her area of expertise; identifies and consults/refers to an appropriate, expert source of information	X	X	X
	1.9B	Utilizes knowledge and skills at the specialty level (functional knowledge, demonstrated by an understanding and use of the general principles, theories and practices related to pediatric nutrition) to determine the most appropriate intervention		X	X
	1.9C	Develops an intervention plan that is flexible, to accommodate unforeseen barriers or unplanned consequences		X	X
	1.9D	Utilizes knowledge and skills at the advanced level (comprehensive knowledge, demonstrated by an understanding and efficient application of related principles, theories and practices related to pediatric nutrition) to determine the most appropriate intervention			X

Figure 3. Continued

INDICATORS FOR STANDARD 1: PROVISION OF SERVICES			The "X" signifies the indicator for the level of practice.		
Bold font indicators are adapted from ADA Core RD Standards of Professional Performance			**Generalist**	**Specialty**	**Advanced**
Each RD:					
1.10	**Develops policies and procedures that reflect best evidence and applicable laws and regulations**		**X**	**X**	**X**
	1.10A	Uses the best available pediatric nutrition performance/quality measures (eg, standardized, consensus-based) to measure and document quality of practice; ensures practice is consistent with applicable laws and regulations	X	X	X
	1.10B	Participates, at the departmental or institutional level, in the development and revision of policies, procedures, and practice tools for therapy and nutrition services	X	X	X
	1.10C	Develops strategies for quality and process improvement tailored to the needs of the organization and its patient populations (eg, identification and/or adaptation of practice guidelines, skills training and/or reinforcement)		X	X
	1.10D	Develops and manages pediatric nutrition services in compliance with national guidelines and standards (eg, ADA Evidence Analysis Library, AHRQ's[a] National Guideline Clearinghouse, The Joint Commission's National Patient Safety Goals, IHI[b] initiatives)		X	X
	1.10E	Develops and participates in education programs that promote safe and effective pediatric nutrition services		X	X
	1.10F	Leads the development of departmental or organizational policies related to pediatric food and nutrition services			X
	1.10G	Leads process of monitoring and evaluating the use of protocols/guidelines/practice tools; plans, participates in, and evaluates outcomes for necessary changes			X
1.11	**Advocates for and supports the provision of food and nutrition services that serve the pediatric population as part of public policy**		**X**	**X**	**X**
	1.11A	Participates in pediatric nutrition patient advocacy activities (eg, activities that promote the provision of and access to nutrition services), including networking with others with similar interests, at the departmental or organizational level	X	X	X
	1.11B	Identifies situations in which advocacy (related to pediatric nutrition) is needed		X	X
	1.11C	Participates in policy-making activities that influence nutrition service provision, at the local or state level (eg, advocates for changes in reimbursement for pediatric nutrition therapy and/or related supplies; provides data to support nutrition services, sits on related committees)		X	X
	1.11D	Takes a leadership role in the development of policy related to pediatric food and nutrition services, at the local or state level (eg, authors articles or delivers presentations that support pediatric nutrition services; leads interdisciplinary and/or interagency committees that are related to service provision)		X	X
	1.11E	Participates in regional or national activities related to pediatric nutrition policy and services; seeks opportunities for collaboration		X	X
	1.11F	Takes a leadership role in the development of public policy related to pediatric food and nutrition services, at a regional or national level. Serves as an expert for pediatric nutrition related issues.			X

Figure 3. Continued

INDICATORS FOR STANDARD 1: PROVISION OF SERVICES			The "X" signifies the indicator for the level of practice.		
Bold font indicators are adapted from ADA Core RD Standards of Professional Performance			**Generalist**	**Specialty**	**Advanced**
Each RD:					
1.12	**Maintains records of services provided**		**X**	**X**	**X**
	1.12A	Organizes records for retrospective data analysis for evaluation of service data		X	X
	1.12B	Seeks out research efforts and contributes pediatric data for scientific record processing			X
1.13	**Develops nutrition protocols and policies for target populations**		**X**	**X**	**X**
	1.13A	With guidance from specialty or advanced level RD, collaborates with health care team to incorporate pediatric nutrition protocols/policies into team procedure	X	X	X
	1.13B	Collaborates with health care team to incorporate pediatric nutrition protocols/policies into team procedure		X	X
	1.13C	Collaborates with other groups at regional and national level to develop pediatric or related nutrition policies/protocols and strengthen nutrition outcome effectiveness			X
1.14	**Implements food/formula delivery systems in terms of the nutrition status, health, and well-being of target populations**		**X**	**X**	**X**
	1.14A	Collects data and offers feedback on current food/formula delivery systems	X	X	X
	1.14B	Is involved in the design, evaluation, and/or revision of food/formulary delivery systems for specific pediatric populations		X	X
	1.14C	Designs, evaluates, and revises food/formulary delivery systems for specific pediatric populations			X

Examples of Outcomes for Standard 1: Provision of Services

- Patients/clients participate in establishing goals.
- Patients/clients needs are met.
- Patients/clients are satisfied with services and products.
- Evaluations reflect expected outcomes.
- Effective screening and referral systems are established.
- Patients/clients have access to food assistance.
- Patients/clients have access to nutrition services.

Figure 3. Continued

STANDARD 2: APPLICATION OF RESEARCH

The registered dietitian (RD) applies, participates in, or generates research to enhance practice.

Rationale: Application, participation, and generation of research promote improved safety and quality of dietetic practice and services.

INDICATORS FOR STANDARD 2: APPLICATION OF RESEARCH			**The "X" signifies the indicator for the level of practice.**		
Bold font indicators are adapted from ADA Core RD Standards of Professional Performance			**Generalist**	**Specialty**	**Advanced**
Each RD:					
2.1	**Accesses and reviews best available research findings for application to dietetics practice**		**X**	**X**	**X**
	2.1A	Understands basic research design and methodology	X	X	X
	2.1B	Understands study outcomes and how to interpret and apply the results to pediatric nutrition practice		X	X
	2.1C	Identifies key clinical and management questions and utilizes systematic methods to obtain published evidence to answer questions and inform clinical decisions.			X
2.2	**Bases practice on significant scientific principles and best evidence**		**X**	**X**	**X**
	2.2A	Encourages the use of evidence-based tools as a basis for stimulating awareness and integration of current evidence	X	X	X
	2.2B	Consistently applies the best available research to the clinical provision of safe, effective medical nutrition therapy		X	X
	2.2C	Critically evaluates the best available research reflecting complex disease processes, and efficiently applies this research to clinical practice			X
2.3	**Integrates best evidence with clinical and managerial expertise and client values**		**X**	**X**	**X**
	2.3A	Is familiar with and accesses commonly used sources of evidence in identifying applicable courses of action in patient care	X	X	X
	2.3B	Identifies and develops evidence-based policies and procedures and clinical pathways as a basis for pediatric nutrition practice		X	X
	2.3C	Participates in research activities related to pediatric nutrition (eg, data collection and/or analysis, research design, publication)		X	X
	2.3D	Designs and conducts research to support best practice in pediatric medical nutrition therapy			X
2.4	**Promotes research through alliances and collaboration with dietetics and other professionals and organizations**		**X**	**X**	**X**
	2.4A	Identifies research issues/questions	X	X	X
	2.4B	Collaborates with interdisciplinary and/or inter-organizational team to perform and disseminate pediatric nutrition therapy research		X	X
	2.4C	Leads interdisciplinary and/or inter-organizational research activities efforts, related to pediatric nutrition therapy			X

Figure 3. Continued

INDICATORS FOR STANDARD 2: APPLICATION OF RESEARCH			The "X" signifies the indicator for the level of practice.		
Bold font indicators are adapted from ADA Core RD Standards of Professional Performance			**Generalist**	**Specialty**	**Advanced**
Each RD:					
2.5	**Contributes to the development of new knowledge and research in dietetics**		**X**	**X**	**X**
	2.5A	Participates in organized discussions of current research and related topics (eg, journal clubs)	X	X	X
	2.5B	Participates in practice-based research networks		X	X
	2.5C	Serves as an advisor, preceptor, and/or committee member for graduate level research.			X
	2.5D	Identifies and initiates research relevant to pediatric nutrition practice as the primary investigator, or as a collaborator with other members of the health care team or community			X
2.6	**Collects measurable data and documents outcomes within practice setting**		**X**	**X**	**X**
	2.6A	Participates in research contributing to the evidence base for the outcomes of pediatric nutrition therapy	X	X	X
	2.6B	Develops systematic processes to collect and analyze the data		X	X
	2.6C	Monitors and evaluates pooled/aggregate data against expected outcomes		X	X
	2.6D	Utilizes collected data as part of quality and process improvement programs to facilitate improved outcomes and quality of care; publishes relevant practice guidelines			X
2.7	**Communicates research data and activities through publications and presentations**		**X**	**X**	**X**
	2.7A	Presents evidence-based pediatric nutrition information at the local level (eg, community groups, colleagues, health care administrators, and executives)	X	X	X
	2.7B	Presents evidence-based pediatric nutrition information at the regional and/or national level		X	X
	2.7C	Authors pediatric nutrition and related publications; presents topics related to pediatric nutrition to consumers and health care providers		X	X
	2.7D	Authors nationally published pediatric practice guidelines.			X
	2.7E	Serves in a leadership role for program planning of local, state, national, and international research oriented meetings, and related publications			X
	2.7F	Translates research findings in the development of pediatric nutrition policies, procedures, and guidelines for providing care			X

Examples of Outcomes for Standard 2: Application of Research

- Patient/client receives appropriate services based on the effective application of best evidence.
- A foundation for performance measurement and improvement is established.
- Best evidence is used for the development and revision of resources used in practice.
- Benchmarking and knowledge of best practices is used to evaluate and improve performance.

Figure 3. Continued

STANDARD 3: COMMUNICATION AND APPLICATION OF KNOWLEDGE

The registered dietitian (RD) effectively applies knowledge and communicates with others.

Rationale: RDs work with and through others to achieve common goals by effective sharing and application of their unique knowledge and skills in food, human nutrition, and management services.

INDICATORS FOR STANDARD 3: COMMUNICATION AND APPLICATION OF KNOWLEDGE			**The "X" signifies the indicator for the level of practice.**		
Bold font indicators are adapted from ADA Core RD Standards of Professional Performance			**Generalist**	**Specialty**	**Advanced**
Each RD:					
3.1	**Has knowledge of food and human nutrition related to pediatric nutrition**		**X**	**X**	**X**
	3.1A	Is familiar with major, peer-reviewed publications related to pediatric nutrition, and with evidence-based practice guidelines and resources as applied to pediatric nutrition	X	X	X
	3.1B	Is familiar with major, peer-reviewed pediatric care and education publications, and with evidence-based practice guidelines and resources (related to, but not necessarily specific to nutrition) that has an impact on pediatric care		X	X
	3.1C	Interprets current pediatric nutrition research and applies to professional practice, as appropriate		X	X
	3.1D	Is familiar with relevant historical and ongoing pediatric nutrition research		X	X
	3.1E	Acts as an expert reference for other health care providers, the community, and outside agencies, related to pediatric nutrition			X
3.2	**Communicates and applies scientific principles, research and theory of food and nutrition as related to pediatric nutrition**		**X**	**X**	**X**
	3.2A	Demonstrates critical thinking and problem-solving skills by selecting appropriate information and best format for presentation when communicating information		X	X
	3.2B	Demonstrates critical thinking and problem-solving skills by conveying more than procedural understanding by communicating thorough and significant information			X
3.3	**Integrates knowledge of food and human nutrition with knowledge of health, social sciences, communication and management**		**X**	**X**	**X**
	3.3A	Integrates new knowledge of pediatric nutrition therapy as it applies to the patient/client population	X	X	X
	3.3B	Integrates new knowledge of pediatric nutrition therapy in new and varied contexts at a level applicable to a variety of specific pediatric conditions		X	X
	3.3C	Applies new knowledge of pediatric nutrition therapy in varied context with patients/clients/families, colleagues, and the public			X

Figure 3. Continued

INDICATORS FOR STANDARD 3: COMMUNICATION AND APPLICATION OF KNOWLEDGE			The "X" signifies the indicator for the level of practice.		
Bold font indicators are adapted from ADA Core RD Standards of Professional Performance			**Generalist**	**Specialty**	**Advanced**
Each RD:					
3.4	**Shares knowledge and information of food and human nutrition with patients/clients, colleagues and the public**		**X**	**X**	**X**
	3.4A	Contributes formally and informally to the patient care team (eg, shares relevant articles, investigates queries)	X	X	X
	3.4B	Contributes to dissemination of knowledge of pediatric nutrition (eg, invited author or reviewer of media presentation, speaker at local meeting)		X	X
	3.4C	Serves in leadership role for publications (eg, editor, editorial advisory board)		X	X
	3.4D	Facilitates and initiates change of practice for important emerging issues for pediatric medical nutrition therapy			X
3.5	**Guides students, interns, other health care professionals and patients/clients in the application of knowledge and skills**		**X**	**X**	**X**
	3.5A	Participates as a mentor or preceptor to dietetic students, interns, and/or generalist dietitians, or in public information sessions		X	X
	3.5B	Contributes to the educational and professional development of dietitians, and students and health care professionals in other fields, through formal and informal teaching activities, preceptorship, and mentorship		X	X
	3.5C	Develops educational programs that promote safe and effective pediatric medical nutrition therapy		X	X
	3.5D	Mentors dietitians interested in pursuing certification or advanced degrees in pediatrics		X	X
	3.5E	Fulfills teaching or faculty role for physicians and other health care professionals in pursuit of nutrition-related fellowships, training, and/or certification			X
3.6	**Seeks current and relevant information related to practice**		**X**	**X**	**X**
3.7	**Contributes to the development of new knowledge**		**X**	**X**	**X**
	3.7A	Serves on planning committees/task forces to develop continuing education programs and outcome oriented plans of care for pediatric patients/clients	X	X	X
	3.7B	Serves as a consultant to business, industry, and national organizations regarding continuing education needs of consumers of pediatric nutrition services and their health care providers		X	X
	3.7C	Implements clinical exemplars to generate new knowledge and develop new guidelines, programs, and policies related to pediatric nutrition			X
3.8	**Uses information technology to communicate, manage knowledge, and support decision making**		**X**	**X**	**X**
	3.8A	Utilizes and participates in the development and/or revision of electronic medical records within the practice environment	X	X	X
	3.8B	Identifies and/or develops web-based education tools for pediatric nutrition therapy		X	X
	3.8C	Provides pediatric and nutrition-related expertise to national informatics projects (eg, national databases)			X

Figure 3. Continued

INDICATORS FOR STANDARD 3: COMMUNICATION AND APPLICATION OF KNOWLEDGE			The "X" signifies the indicator for the level of practice.		
Bold font indicators are adapted from ADA Core RD Standards of Professional Performance			**Generalist**	**Specialty**	**Advanced**
Each RD:					
3.9	**Contributes to the interdisciplinary approach by promoting food and nutrition considerations to impact health and quality of life outcomes of target populations**		**X**	**X**	**X**
	3.9A	Presents information to establish collaborative practice at a systems level		X	X
	3.9B	Negotiates and/or establishes privileges at a systems level for new advances in practice			X
3.10	**Establishes credibility as a resource within the interdisciplinary health care or management team**		**X**	**X**	**X**
	3.10A	Communicates effectively with members of the health care team and patients and their families	X	X	X
	3.10B	Offers effective interpretation of principles of pediatric nutrition to health care professionals, patients, and caregivers, acts as a resource for scientific nutrition related interpretation for the team/hospital		X	X
	3.10C	Is sought out as an expert/source of scientific information in pediatric nutrition and/or related field by colleagues and or medical community			X

Examples of Outcomes for Standard 3: Communication and Application of Knowledge

- Expertise in food, nutrition and management is shared.
- Individuals and groups:
  - Receive current and appropriate information.
  - Understand information received.
  - Know how to obtain additional guidance.

Figure 3. Continued

STANDARD 4: UTILIZATION AND MANAGEMENT OF RESOURCES

The registered dietitian (RD) uses resources effectively and efficiently.

Rationale: Mindful management of time, money, facilities, staff and other resources demonstrates organizational citizenship.

INDICATORS FOR STANDARD 4: UTILIZATION AND MANAGEMENT OF RESOURCES			**The "X" signifies the indicator for the level of practice.**		
Bold font indicators are adapted from ADA Core RD Standards of Professional Performance			**Generalist**	**Specialty**	**Advanced**
Each RD:					
4.1	**Uses a systematic approach to maintain and manage resources**		**X**	**X**	**X**
4.2	**Quantifies management of resources in the provision of dietetic services**		**X**	**X**	**X**
	4.2A	Collects data as part of strategic and operational planning programs related to pediatric nutrition	X	X	X
	4.2B	Participates in strategic and operational planning of pediatric nutrition programs		X	X
	4.2C	Manages effective delivery of pediatric nutrition services, within or outside of the traditional team model		X	X
	4.2D	Leads in strategic and operational planning, implementation, and monitoring			X
4.3	**Evaluates safety, effectiveness, and value while planning and delivering services and products**		**X**	**X**	**X**
	4.3A	Analyzes safety, effectiveness, cost in planning and delivering services and products required for the delivery of pediatric nutrition therapy at the systems level		X	X
	4.3B	Participates in the evaluation and selection of new products and equipment to assure safe, optimal, and cost-effective delivery of pediatric nutrition therapy at the systems level		X	X
	4.3C	Sets staffing need/patient-to-RD ratio for the patient population and census level		X	X
	4.3D	Designs, promotes, and seeks executive commitment to a new service that will meet corporate goals			X
	4.3E	Leads development of appropriate products and services to meet unmet needs			X
4.4	**Participates in continuous quality improvement and documents outcomes relative to resource management**		**X**	**X**	**X**
	4.4A	Proactively recognizes needs, anticipates outcomes and consequences of different approaches, and makes necessary modifications to plans to achieve quality outcomes		X	X
	4.4B	Effects long-term planning; anticipates needs; understands strategic and operational planning and integrates justification into plans to effect quality outcomes			X
4.5	**Assists individuals and groups to identify and secure appropriate and available resources and services**		**X**	**X**	**X**

Examples of Outcomes for Standard 4: Utilization and Management of Resources

- Documentation of resource use is consistent with plan.
- Data are used to promote and validate services.
- Desired outcomes are achieved and documented.
- Resources are effectively and efficiently managed.

Figure 3. Continued

STANDARD 5: QUALITY IN PRACTICE

The registered dietitian (RD) systematically evaluates the quality of services and improves practice based on evaluation results.

Rationale: Quality practice requires regular performance evaluation and continuous improvement.

INDICATORS FOR STANDARD 5: QUALITY IN PRACTICE			**The "X" signifies the indicator for the level of practice.**		
Bold font indicators are adapted from ADA Core RD Standards of Professional Performance			**Generalist**	**Specialty**	**Advanced**
Each RD:					
5.1	**Knows, understands, and complies with federal, state, and local laws and regulations**		**X**	**X**	**X**
	5.1A	Is familiar with relevant regulatory, accreditation, and reimbursement programs and standards for institutions and providers	X	X	X
	5.1B	Interacts with policy makers to contribute and influence pediatric nutrition issues		X	X
	5.1C	Acts as expert reference to law and policy makers for pediatric nutrition and works to introduce policy/law to benefit pediatric population			X
5.2	**Understands pertinent national quality and safety initiatives (eg, The Institute of Medicine, The National Quality Forum, The Institute for Healthcare Improvement)**		**X**	**X**	**X**
	5.2A	Active in hospital/agency/institution quality issues and change for pediatric nutrition concerns		X	X
	5.2B	Anticipates changes to local, state, and national quality initiatives, and leads efforts to support pediatric nutrition and related services			X
5.3	**Implements an Outcomes Management System to evaluate the effectiveness and efficiency of practice**		**X**	**X**	**X**
	5.3A	Understands and complies with requests, change, and documentation	X	X	X
	5.3B	Utilizes collected data as part of a quality improvement process to impact outcomes and quality of care and services rendered in the future		X	X
	5.3C	Leads research activities that influences change (eg, develops databases for outcomes monitoring, analyzes data, uses data to support changes to or development of systems)			X
5.4	**Understands and continuously measures quality of dietetic services in terms of process and outcomes**		**X**	**X**	**X**
	5.4A	Consistently provides care using the ADA Nutrition Care Process and Model/Standardized Language and evidence-based nutrition guidelines for practice	X	X	X
	5.4B	Participates in the development and implementation of policies and procedures for monitoring patients receiving pediatric nutrition services	X	X	X
	5.4C	Selects and implements standardized protocols for pediatric nutrition services		X	X
	5.4D	Designs and evaluates standardized protocols for pediatric nutrition services			X

Figure 3. Continued

INDICATORS FOR STANDARD 5: QUALITY IN PRACTICE			The "X" signifies the indicator for the level of practice.		
Bold font indicators are adapted from ADA Core RD Standards of Professional Performance			**Generalist**	**Specialty**	**Advanced**
Each RD:					
5.5	**Utilizes and identifies performance improvement criteria to monitor effectiveness of pediatric nutrition services**		**X**	**X**	**X**
	5.5A	Participates in activities related to performance improvement (eg, basic design, data collection)	X	X	X
	5.5B	Contributes to the design of performance improvement activities, often collaborating with other health care professionals to address process and outcome goals for the organization		X	X
	5.5C	Initiates/publishes performance criteria related to specific process and outcome goals		X	X
	5.5D	Leads the development of performance improvement activities: designs and implements evaluative protocols, analyzes the data, and implements improvements			X
5.6	**Identifies and addresses errors and hazards in dietetic services**		**X**	**X**	**X**
	5.6A	Identifies errors/potential errors in pediatric nutrition care, and addresses errors or alerts supervisors, as appropriate	X	X	X
	5.6B	Maintains awareness of potential drug–nutrient interactions	X	X	X
	5.6C	Anticipates the potential for errors, and addresses them or alerts administrators, as appropriate		X	X
	5.6D	Develops safety alert systems to monitor key indicators for patients/clients who receive nutrition services			X
5.7	**Identifies expected outcomes**		**X**	**X**	**X**
5.8	**Documents outcomes**		**X**	**X**	**X**
5.9	**Compares actual performance to expected outcomes**		**X**	**X**	**X**
	5.9A	Compares individual performance to self-directed goals and expected outcomes	X	X	X
	5.9B	Compares departmental/organizational performance to goals and expected outcomes		X	X
	5.9C	Benchmarks departmental/organizational performance with national programs and standards			X
5.10	**Documents actions taken when discrepancies exist between actual performance and expected outcomes**		**X**	**X**	**X**
5.11	**Continuously evaluates and refines services based on measured outcomes**		**X**	**X**	**X**
	5.11A	Systematically improves the processes of care and services to improve outcomes		X	X
	5.11B	Leads in creating and evaluating systems, processes, and programs that support institutional and nutrition support therapy-related objectives			X

Examples of Outcomes for Standard 5: Quality in Practice

- Performance indicators are measured and evaluated.
- Results of quality improvement activities direct refinement of practice.
- Aggregate outcomes results meet pre-established criteria (goals/objectives).

Figure 3. Continued

STANDARD 6: COMPETENCY AND ACCOUNTABILITY

The registered dietitian (RD) engages in lifelong learning.

Rationale: Competent and accountable practice includes continuous acquisition of knowledge and skill development.

INDICATORS FOR STANDARD 6: COMPETENCY AND ACCOUNTABILITY			**The "X" signifies the indicator for the level of practice.**		
Bold font indicators are adapted from ADA Core RD Standards of Professional Performance			**Generalist**	**Specialty**	**Advanced**
Each RD:					
6.1	**Conducts self-assessment of strengths and weakness at regular intervals**		**X**	**X**	**X**
	6.1A	Evaluates current practice, as compared to individual goals and objectives, and published practice guidelines	X	X	X
	6.1B	Evaluates current practice at the individual and systems levels in light of current research findings at the pediatric specialty practice level		X	X
	6.1C	Evaluates current practice at the individual and systems levels in light of current research findings for advanced practice from a variety of sources/disciplines			X
6.2	**Identifies needs for development from a variety of sources**		**X**	**X**	**X**
	6.2A	Seeks opportunities to develop pediatric nutrition knowledge and skills (eg, seeks mentor)	X	X	X
	6.2B	Seeks opportunities to participate in mentor/protégé programs with dietetic and health professionals or other disciplines		X	X
	6.2C	Seeks opportunities or appointments (faculty) to develop mentor/protégé programs with dietetic and health professionals or other disciplines and set standards for performance outcomes			X
6.3	**Participates in peer review**		**X**	**X**	**X**
	6.3A	Is involved in setting standards of professional performance for pediatric nutrition		X	X
	6.3B	Establishes levels of professional performance for review and guides pediatric nutritionists and other health care professionals in learning process			X
6.4	**Mentors others**		**X**	**X**	**X**
	6.4A	Accepts responsibility for involvement with students, generalists, and health care professionals in area of pediatric nutrition specialty		X	X
	6.4B	Seeks opportunities to participate in mentor/protégé programs with dietetic and health professionals or other disciplines		X	X
	6.4C	Mentors generalists and specialists for improvement/education and research in pediatric nutrition			X
	6.4D	Seeks opportunities or appointments (faculty) to develop mentor/protégé programs with dietetic and health professionals or other disciplines and set standards for performance outcomes			X

Figure 3. Continued

INDICATORS FOR STANDARD 6: COMPETENCY AND ACCOUNTABILITY			The "X" signifies the indicator for the level of practice.		
Bold font indicators are adapted from ADA Core RD Standards of Professional Performance			**Generalist**	**Specialty**	**Advanced**
Each RD:					
6.5	**Develops and implements a plan for growth**		**X**	**X**	**X**
	6.5A	Participates in continuing education opportunities relevant to pediatric nutrition locally, regionally, and nationally	X	X	X
	6.5B	Develops and implements a plan for specialty practice in pediatric nutrition, benchmark with other programs		X	X
	6.5C	Develops and implements a plan for advanced practice in pediatric nutrition, benchmark with other programs			X
6.6	**Documents development activities**		**X**	**X**	**X**
	6.6A	Documents (eg, in Professional Development Portfolio [PDP]) activities that demonstrate professional responsibility in a specialty practice role		X	X
	6.6B	Documents (eg, in PDP) activities that demonstrate professional responsibility in an advanced practice role			X
6.7	**Adheres to the ADA Code of Ethics**		**X**	**X**	**X**
6.8	**Assumes responsibility for actions and behaviors**		**X**	**X**	**X**
	6.8A	Assumes responsibility for actions and behaviors with a formal response plan for correction and improvement	X	X	X
	6.8B	Strives for an improvement in practice with self and others; is active in defining and positioning the pediatric RD in team/hospital/organization		X	X
	6.8C	Leads by example; acts as owner of professional integrity as lead representative of pediatric nutrition			X
6.9	**Integrates the ADA Standards of Practice (SOP) and Standards of Professional Performance (SOPP) into self-assessment and development plans**		**X**	**X**	**X**
	6.9A	Uses SOP/SOPP as practice guide for professional function	X	X	X
	6.9B	Crafts corporate/institutional policy, guidelines, human resource material (eg, career ladders, acceptable performance level) using ADA SOP/SOPP as guides		X	X
	6.9C	Defines specific action for levels of practice within SOP/SOPP to demark areas of performance (generalist, specialist, or advanced practice)			X
6.10	**Applies research findings and best available evidence into practice**		**X**	**X**	**X**
	6.10A	Familiarizes self with major publications related to pediatric nutrition	X	X	X
	6.10B	Develops skill in accessing and critically analyzing research		X	X
	6.10C	Actively integrates and promotes research outcomes into practice		X	X
	6.10D	Integrates research findings and evidence into peer reviewed publication and recommendations for practice			X

Figure 3. Continued

INDICATORS FOR STANDARD 6: COMPETENCY AND ACCOUNTABILITY			The "X" signifies the indicator for the level of practice.		
Bold font indicators are adapted from ADA Core RD Standards of Professional Performance			**Generalist**	**Specialty**	**Advanced**
Each RD:					
6.11	**Obtains occupational certifications in accordance with federal, state and local laws and regulations**		**X**	**X**	**X**
	6.11A	Plans advancement/achievement of certification in pediatric area as part of PDP		X	X
	6.11B	Acts as expert in local, state, and national accrediting agencies for base and advanced practice standards			X
6.12	**Seeks leadership opportunities**		**X**	**X**	**X**
	6.12A	Participates in employment and professional activities and functions	X	X	X
	6.12B	Serves on regional and national pediatric nutrition practice committees/task forces for health professionals or industry		X	X
	6.12C	Proactively seeks opportunities at the local, regional, and/or national/international level to demonstrate the integration of pediatric nutrition practices and programs with larger systems (eg, the Joint Commission)		X	X
	6.12D	Develops innovative approaches to complex pediatric nutrition practice issues		X	X
	6.12E	Is sought out for leadership development, positions, and identified as expert related to pediatric nutrition issues			X
	6.12F	Identifies new opportunities for leadership, crosses discipline boundaries to promote dietetic practice in a broader context			X

Examples of Outcomes for Standard 6: Competence and Accountability

- Self assessments are completed.
- Development needs are identified.
- Directed learning is demonstrated.
- Practice reflects the ADA Code of Ethics.
- Practice reflects the ADA Standards of Practice and Standards of Professional Performance.
- Practice reflects best available evidence.
- Relevant certifications are obtained.
- Commission on Dietetic Registration recertification requirements are met.

[a]AHRQ=Agency for Healthcare Research and Quality.
[b]IHI=Institute for Healthcare Improvement.

Figure 3. Continued