

Academy of Nutrition and Dietetics: Revised 2018 Standards of Practice and Standards of Professional Performance for RDNs (Competent, Proficient, and Expert) in Eating Disorders

What are the Standards of Practice (SOP) and Standards of Professional Performance (SOPP)?

- SOP and SOPP are consensus standards for RDNs to use for professional development and to assure competence.
- The standards provide a guide for self-evaluation; determine education and skills needed for advancing practice levels; and may be used by employers or regulatory agencies to determine competence for credentialed nutrition and dietetics practitioners.

SOP – Direct care to patient/client/customer

- Nutrition Assessment
- Nutrition Diagnosis
- Nutrition Intervention/Plan of Care
- Nutrition Monitoring and Evaluation

SOPP – 6 Domains of Professionalism

- Quality in Practice
- Competence and Accountability
- Provision of Services
- Application of Research
- Communication and Application of Knowledge
- Utilization and Management of Resources



WHAT?

What is a Focus Area?

- A focus area of nutrition and dietetics practice is a defined field of practice that requires specialized knowledge, skills and experience.
- It relates to how a practitioner specializes in a specific area of practice (e.g., diabetes care, pediatric nutrition, public health and community nutrition).¹
 - The SOP in Nutrition Care and SOPP for RDNs² serves as the blueprint for the SOP SOPP in Eating Disorders in competent, proficient, and expert levels of practice.



WHEN?

When is a Focus Area SOP SOPP updated?

- Seven-year review process
- Indicated by changes in
 - healthcare and other business segments
 - public health initiatives
 - new research that guides evidence-based practice and best practices
 - consumer interests
 - technological advances
 - emerging practice environments



HOW?

How were the Eating Disorders Standards updated?

The article, indicators, and figures were revised with input and consensus of content experts representing diverse eating disorders practice areas/settings and geographic perspectives.

Reviewed and approved by the Executive Committee of the Behavioral Health Nutrition Dietetic Practice Group and the Academy Quality Management Committee.

Sources:

¹ Definition of Terms List. Academy of Nutrition and Dietetics. Accessed February 4, 2021. <https://www.eatrightpro.org/definitions>.

² Academy of Nutrition and Dietetics. Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitian Nutritionists. *J Acad Nutr Diet*. 2018;118(1): 132-140.

Eating Disorders

Overview and Application



Supervision



Psychiatric Condition



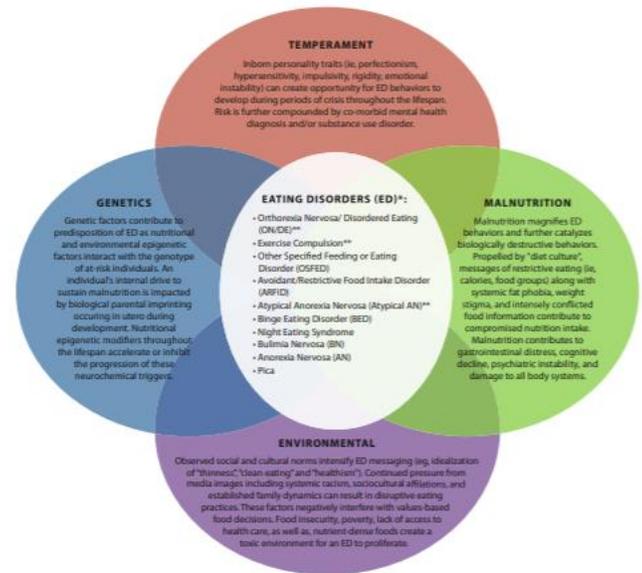
Interprofessional Care



Practice Standards

Overview

- Eating disorder treatment must include the RDN at all phases of recovery. Throughout the treatment process, an RDN serves as a clinical advocate for the nutritional needs of clients.
- As science advances, continued exploration into the role of nutrition on mental health, psychobiotic neuroregulators, and the gut-microbiome will offer the RDN new educational frameworks to provide medical nutrition therapy for treating ED through the lifespan.
- Best practices for ED include a culturally inclusive view of treatment, inclusion of physical activity/movement, and development of a personal spirituality. The call to action for every RDN is to use an assertive, evidence-based, and clinically relevant approach to treatment for ED.¹



Eating disorders are diagnosed using DSM-5 criteria; RDNs do not provide a clinical diagnosis. The ability to assess, evaluate, and implement a nutrition care plan for a diverse array of clinical symptoms is paramount. Contributing factors (eg, environmental, genetic, malnutrition and/or temperament) play a unique individual role and increase the risk for developing an eating disorder. The essential role of the ED RDN is to explore and investigate both objective and subjective impacts of these factors to fully support the individual's holistic health and integrate acceptance of self.

*Eating Disorders are ordered according to prevalence, considering statistics and references found in the article.
** Indicates not a formal DSM-5 diagnosis (ie, subclinical ED). Professional consensus and evidence-based support for eating disorder-related behaviors and motivations, manifested through a damaged relationship to food and movement which has negatively impacted physical, emotional and mental health status.

Figure 4. Overview of eating disorders and multifactorial contributors.

Role Example – Clinical Practitioner (acute care or psychiatric hospital)

“A hospital based RDN responsible for the medical and locked psychiatric units recognizes that some patients have symptoms of an eating disorder (ED). The medical and nutrition history provided insight into a patient’s eating-related behaviors and the duration of the psychopathology. The RDN reviews the SOP SOPP in ED to identify needed competence for recognizing the symptoms that suggest an eating disorder and to best support interprofessional collaboration for development of an appropriate plan of care.”¹

Additional Information and Resources

Academy of Nutrition and Dietetics

- Scope of Practice: <https://www.eatrightpro.org/scope>
- Standards of Practice: <https://www.eatrightpro.org/sop>

Journal of the Academy of Nutrition and Dietetics

- Scope and Standards for RDNs and NDTRs Collection: <https://jandonline.org/content/core>
- Focus Area Standards for CDR Specialist Credentials Collection: <https://jandonline.org/content/credentialed>
- Focus Area Standards for RDNs Collection: <https://jandonline.org/content/focus>

Behavioral Health Nutrition Dietetic Practice Group: <https://www.bhndpg.org/>

Sources:

¹ Hackert AN, Kniskern MA, Beasley TM. Academy of Nutrition and Dietetics: Revised 2018 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Eating Disorders. *J Acad Nutr Diet*. 2020;120(11): 1902-1919.e54.