

Academy of Nutrition and Dietetics

Definition of Terms List

June, 2017

**Approved by
Definition of Terms Workgroup
Quality Management Committee
May 16, 2017**

The Definition of Terms is a cumulative anthology of definitions developed by the Academy of Nutrition and Dietetics (Academy). The definitions are broad based, have implications for use across the nutrition and dietetics profession, and are consistent with the regulatory and legal needs of the profession.

The terms are a resource for registered dietitians or registered dietitian nutritionists, dietetic technicians, registered, and other nutrition and dietetics practitioners as applicable. As a reference document, the definitions serve as standardized language and standardized application in various practice settings.

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

Updated 6/2017
Quality Management Committee

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A-terms		
Advanced Practice	<p>Advanced practice means that a practitioner demonstrates a high level of skills, knowledge and behaviors. The individual exhibits a set of characteristics that include leadership and vision and demonstrates effectiveness in planning, evaluating and communicating targeted outcomes.</p> <p>Reference: Dreyfus HL, Dreyfus SE. <i>Mind Over Machine: The Power of Human Intuitive Expertise in the Era of the Computer</i>. New York, NY: Free Press; 1986.</p>	<p>The term <i>advanced practice</i> is used after a careful review of the Academy's Standards of Practice (SOP) and Standards of Professional Performance (SOPP) in the various focus areas of dietetics practice and the literature for other professions.</p> <p>For more information on the criteria for advanced practice, please visit www.eatright.org/futurepractice Accessed August 12, 2015.</p> <p>For additional information, please review the Nutrition and Dietetics Career Development Guide: http://www.eatrightpro.org/resource/career/career-development/career-toolbox/dietetics-career-development-guide Accessed July 26, 2016.</p>
Advanced Practice Certification in Clinical Nutrition (RD-AP and RDN-AP)	<p>The advanced practice certification in clinical nutrition is granted in recognition of an applicant's documented practice experience and successful completion of an examination administered by the Commission on Dietetic Registration (CDR).</p> <p>Reference: Commission on Dietetic Registration. Advanced Practice Certification in Clinical Nutrition. https://www.cdrnet.org/board-certification-in-advanced-practice. Accessed July 26, 2016.</p>	<p>Advanced clinical nutrition practice is the provision of direct nutrition care to individuals and/or groups.</p> <p>Profile of Certificants: Professionals holding CDR's advanced practice credential for dietitians in clinical practice are experienced registered dietitians who have the knowledge and skill required to autonomously apply the nutrition care process at an optimal level of accuracy and efficiency.</p> <p>The RD-AP and RDN-AP are able to manage patients or groups of patients using contemporary research-based practice and are strategically selective in their determination of the most appropriate interventions for a patient or group of patients. The RD-AP and RDN-AP also possess the skills required to lead interdisciplinary medical teams and to direct initiatives to design, develop or evaluate nutrition care systems or protocols.</p> <p>Reference: Commission on Dietetic Registration. Advanced Practice Certification in Clinical Nutrition. https://www.cdrnet.org/board-certification-in-advanced-practice. Accessed July 26, 2016.</p>

Term	Definition/Description	Key Considerations
B-terms		
<p>Board Certified Specialist in:</p> <ul style="list-style-type: none"> • Pediatric Nutrition (CSP) • Renal Nutrition (CSR) • Gerontological Nutrition (CSG) • Sports Dietetics (CSSD) • Oncology Nutrition (CSO) • Obesity and Weight Management (CSOWM) 	<p>Board Certified Specialists are registered dietitian nutritionists (RDNs) credentialed by the Commission on Dietetic Registration (CDR) who have met empirically established criteria and who have successfully completed a specialty certification examination that simulates and/or tests practice-related knowledge, skills or abilities.</p>	<p>Board Certification is granted in recognition of an applicant's documented practice experience and successful completion of an examination in the specialty area.</p> <p>Someone certified in a specialty area signifies the possession of expert knowledge in the field.</p> <p>Reference: http://medical-dictionary.thefreedictionary.com/board+certified Accessed July 26, 2016.</p> <p>For further information on Board Certified Specialists, please visit CDR's website at: http://www.cdrnet.org/certifications/board-certified-specialist. Accessed July 26, 2016.</p>
C-terms		
<p>Certificate Program</p>	<p>A certificate program is an intensive training program with a component that assesses the participant. Upon completion of the program, participants receive a certificate attesting to the attainment of a new knowledge/skill set (e.g., Academy/CDR Certificate in Adult Weight Management). Unlike a certification program, participants do not receive a professional designation or credential (e.g., DTR, RD, CSP, CSR, CSG, CSSD, CSO, CSOWM).</p> <p>Certificate programs must:</p> <ol style="list-style-type: none"> 1. be dietetics-related; 2. have stated learning objectives upon which the course and assessment content is based; 3. include content expert instruction and interactive discussion (which may occur face-to-face or by electronic delivery); 4. include a post-course assessment that assesses the participant's attainment of the program's learning objectives; 5. have all course materials reviewed by a minimum of 3 professionals with demonstrated expertise in the content area who attest to the number of hours needed to complete the program; and 6. be sponsored by Academy/CDR or one of their approved institutions. <p>In addition, if the program includes a self-study component, the self-study must include an assessment based on stated learning objectives. Course participants must pass the assessment to continue in the</p>	<p>In certification, the focus is on assessing current knowledge and skills. In a certificate program, the focus is on training people to achieve a certain knowledge and skill base. The training and assessment usually cover a focused area of knowledge and skills. Unlike certification, curriculum-based certificates usually do not have ongoing requirements, do not result in an initial designation, and cannot be revoked. Some associations do date the certificate, however, requiring people to retake the course periodically.</p> <p>Reference: Commission on Dietetic Registration Professional Development Portfolio Guide, Chicago IL, Page 8. 2015-2020 guide; and Commission on Dietetic Registration Professional Development Portfolio Guide, Chicago IL, Page. 8. 2014 – 2019 guide.</p>

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	<p>program and to receive CPEUs for the self-study component.</p> <p>Individuals completing a Certificate program receive CPEUs for training and assessment time regardless of whether they pass the post-course assessment and receive the certificate. One CPEU is equivalent to 1 contact hour.</p>	
<p>Certification (Professional)</p>	<p>Professional certification is a process, often voluntary, by which individuals who have demonstrated the level of knowledge and skill required in the profession, occupation, role, or skill are identified to the public and other stakeholders.</p> <p>Reference: Institute for Credentialing Excellence (ICE) <i>Standards for Accreditation of Certification Programs</i>, 2015. www.credentialingexcellence.org/. Accessed July 26, 2016.</p>	<p>Certification is voluntary. An individual does not need to be certified to engage in a given occupation. However, certification may be identified as an organizational requirement in job descriptions, career-laddering systems, reimbursement plans, or project specifications.</p> <p>Certifications may either be accredited or non-accredited. Accredited certification is a fundamentally important issue in terms of the validity and credibility of a certification. Both the registered dietitian or registered dietitian nutritionists and dietetic technician, registered certification programs administered by the Commission on Dietetic Registration are accredited by the National Commission for Certifying Agencies and comply with the "Standards for Accreditation of National Certification Organizations".</p> <p>The Commission's RD/DTR certification programs are fully accredited by the National Commission for Certifying Agencies (NCCA), the accrediting arm of the Institute for Credentialing Excellence (Accessed July 26, 2016) based in Washington, D.C. This accreditation reflects achievement of the highest standards of professional credentialing.</p>
<p>Certification (Statutory)</p>	<p>Certification (Statutory) is the procedure and action by which a state evaluates and recognizes (certifies) that an individual has met pre-determined requirements in order to use a specific title when practicing the profession within its jurisdiction."</p> <p>Reference: Glossary of General Terminology Used in Professional and Occupational Regulation © 2010 Council on Licensure, Enforcement and Regulation (CLEAR) (Accessed July 26, 2016)</p> <p>See: Title Protection</p>	<p>State certification within practice acts generally provides a lower level of protection for consumers than licensure because certification laws do not generally include practice exclusivity and there is no mechanism to remove harmful practitioners. Others can continue to practice the profession as long as they do not use the protected title.</p> <p>Most often, state certification requires that an individual desiring to be certified by the state obtain a private credential from a specified non-governmental professional entity (like CDR) in order to use the specified title – example "Certified Dietitian" or "Certified Registered Dietitian Nutritionist". The quality of the private credential adopted by the state is key to protecting consumers served by the profession.</p> <p>It is generally illegal to use the state "certified" title without attainment of proper credentials.</p>

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		<p>Frequently, state standards for certification are found in “right-to title” statutes and are called state certification acts.</p> <p>State certification should not be confused with private certifications that are not required by state laws or regulations. Voluntary certifications from independent professional certification organizations (like Certified Diabetes Educator (CDE), Fellow of the Academy of Nutrition and Dietetics (FAND), etc. recognize areas of specialization within the profession to establish recognition for practitioners and are strictly voluntary.</p> <p>References: Licensure, certification and title protection outlining legal scope of practice. www.eatrightpro.org/scope. Accessed July 26, 2016.</p> <p>Academy of Nutrition and Dietetics. Directory: State Dietetics Licensing Boards. http://www.eatrightpro.org/resource/advocacy/quality-health-care/consumer-protection-and-licensure/state-licensure-agency-contact-list. Accessed July 26, 2016.</p> <p>Commission on Dietetic Registration. Laws that Regulate Dietitians and Nutritionists: Overview of the status of licensure and certification statutes. https://www.cdrnet.org/vault/2459/web/files/Licensurelawsregulations.pdf. Accessed July 26, 2016.</p>
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<p>Clinical Nutrition and Dietetics Practice</p>	<p>Clinical Nutrition and Dietetics Practice utilizes the skills, knowledge, and applied judgment of the RDN or RD whose practice involves nutrition care, medical nutrition therapy and related services provided to individuals and/or groups of all ages to address health promotion; and prevention, delay or management of diseases and/or conditions.¹</p> <p>Reference: ¹ The Academy of Nutrition and Dietetics Quality Management Committee and Scope of Practice Subcommittee of the Quality Management Committee. Academy of Nutrition and Dietetics: Scope of Practice for the Registered Dietitian. <i>J Acad Nutr Diet</i>. 2013. 113 (6 suppl 2):S17-S28.</p> <p>See: Competence, Competency(ies), Dietetics, Medical Nutrition Therapy,</p>	<p>“Clinical practice is defined as a model of practice that involves those activities with and on behalf of clients/patients, especially those activities completed in the client’s/patient’s presence and with the client’s/patient’s collaboration.”¹</p> <p>RDNs or RDs participate in, manage, and direct nutrition programs and services to identify and evaluate individuals for nutritional risk, provide MNT and nutrition education and counseling, care coordination and management to address prevention and treatment of one or more acute or chronic conditions. Integral to this process is consultation with the physician and the interdisciplinary health care team on the nutritional aspects of the client’s/patient’s treatment plan to promote person-centered care that is integrated and compatible with the client’s/patient’s goals.^{2,3}</p>
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	<p>Nutrition and Dietetics Practitioner, Nutrition Care Process.</p>	<p>NDTRs or DTRs and other support personnel provide valuable assistance in the provision of direct client/ patient/customer nutrition care working under the supervision of the RDN or RD. The RDN or RD is ultimately responsible and accountable to the client/ patient/customer, employer/organization, and regulator for nutrition activities delegated or assigned to NDTRs or DTRs and other technical and support staff.^{2,4}</p> <p>Qualified RDNs or RDs in hospital clinical practice who have been granted ordering privileges for facility-specific scope of care services* need to be consistent with State practice acts, State regulations, organization policies and medical staff bylaws based on the amended regulations of the Centers for Medicare and Medicaid Services (CMS) Hospital Conditions of Participation, §482.28(b)(2) Food and Dietetic Services effective July 11, 2014.^{5,6}</p> <p>*Examples of nutrition-related scope of care services include, but are not limited to:</p> <ul style="list-style-type: none"> • initiating or modifying diet orders, • modifying diet texture, • determining cultural preferences, • initiating or changing a calorie level, • initiating or changing enteral feeding, • initiating or changing parenteral nutrition, • inserting nasogastric or nasojejunal feeding tubes, • initiating physician-driven protocols and order sets, • Initiating therapeutic diets; i.e. sodium, fluid, potassium, gluten free, etc..., • initiating or changing oral nutrition supplements, • initiating or changing dietary supplements, • initiating or changing amino acids, vitamins, minerals, • initiating nutrition-related medications, medication management, • medication adjustment, • initiating laboratory tests - nutrition-related or other, • conducting indirect calorimetry measurements, • conducting bedside swallow screenings, • conducting nutrition education, • conducting nutrition counseling, • initiating referral to outpatient services, and • initiating referral to other practitioners.⁵
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		<p>RDNs, RDs and NDTRs, DTRs in clinical practice direct, coordinate, and provide food and nutrition services and programs in health care settings such as hospitals, critical access hospitals, nursing care and rehabilitation centers, ambulatory clinics, primary care medical homes, community health centers, bariatric centers, behavioral health centers, Veterans Affairs' facilities, home care, assisted living, skilled nursing, extended care, continuing care communities, correctional facilities, and private practice settings.²</p> <p>Review the Scope of Practice for RDNs or RDs and Scope of Practice for NDTRs or DTRs for descriptions of the roles, responsibilities and practice settings of RDNs and NDTRs.^{2,4}</p> <p>References:</p> <p>¹ East Tennessee State University. Master of Social Work. Department of Social Work. Definition of Clinical Practice. www.etsu.edu/cas/socialwork/msw_program/overview/definition_clinical_practice.php. Accessed July 26, 2016.</p> <p>² Academy of Nutrition and Dietetics Quality Management Committee and Scope of Practice Subcommittee of the Quality Management Committee. Academy of Nutrition and Dietetics: Scope of Practice for the Registered Dietitian. <i>J Acad Nutr Diet</i>. 2013. 113 (6 suppl 2):S17-S28.</p> <p>³ American Dietetic Association. Job Descriptions: Models for Careers in Dietetics Second Edition. Chicago, Illinois. Chicago, IL: American Dietetic Association; 2008.</p> <p>⁴ Academy of Nutrition and Dietetics Quality Management Committee and Scope of Practice Subcommittee of the Quality Management Committee. Academy of Nutrition and Dietetics: Scope of Practice for the Dietetic Technician, Registered. <i>J Acad Nutr Diet</i>. 2013. 113 (6 suppl 2):S46-S55.</p> <p>⁵ Academy of Nutrition and Dietetics. Quality Management. Practice Tips: Hospital Regulation - Ordering Privileges for the RDN. Revised October 2015. http://www.eatright.org/dietorders/. Accessed July 26, 2016.</p> <p>⁶ Academy of Nutrition and Dietetics. Quality Management. Practice Tips: Implementation Steps - Ordering Privileges for the RDN. Revised October 2015. http://www.eatright.org/dietorders/. Accessed July 26, 2016.</p>
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<p>Clinical Privileges</p>	<p>Clinical privileges provide a way to differentiate between different levels of clinical decision-making and application skills. Authorization is granted by the appropriate authority (e.g., the governing body) to a practitioner to provide specific care, treatment, or services in the organization within well-defined limits, based on the following factors: license (state-specific, if applicable), education, training, experience, judgment, and demonstrated and documented competence.</p>	<p>Privileging is the process by which, upon request from the individual healthcare provider, a healthcare organization determines the current knowledge, skill, competence, and statutory scope of practice, if applicable of the requesting individual to perform diagnostic and/or therapeutic procedures and/or interventions and grants authorization to perform identified client/patient-care services within that organization for a defined period of time concurrent with any specified performance review procedures.</p> <p>RDN healthcare providers and their managers/directors considering incorporation of specific food service, nutrition care, diagnostic and therapeutic procedures into their practice are accountable and responsible for determining both their individual scope of practice and statutory scope of practice, if applicable.</p> <p>Statutory scope of practice is referenced in state practice acts, licensure, certification, title protection and other applicable state laws – i.e., health occupational.</p> <p>Individual scope of practice is guided by current Academy standards of practice for registered dietitians or registered dietitian nutritionists in nutrition care and in various focus areas (over 15 practice-specific areas have been developed) and standards of professional performance for registered dietitians and the Academy of Nutrition and Dietetics/Commission on Dietetic Registration code of ethics for the profession of dietetics and process for consideration of ethics issues.</p> <p>For information of privileging process refer to :</p> <ul style="list-style-type: none"> • Academy of Nutrition and Dietetics. Quality Management. Practice Tips: Hospital Regulation - Ordering Privileges for the RDN. Revised October 2015. http://www.eatright.org/dietorders/. Accessed July 26, 2016. • Academy of Nutrition and Dietetics. Quality Management. Practice Tips: Implementation Steps - Ordering Privileges for the RDN. Revised October 2015. http://www.eatright.org/dietorders/. Accessed July 26, 2016. • Hager M, PhD RD FADA, and McCauley S, MS MBA RD LDN FADA. Practice Applications - Clinical Privileging: What It Is... And Isn't. <i>J Am Diet Assoc.</i> 2009; 109: 401-402. http://www.andjrn.org/article/S0002-8223(09)00003-0/pdf. Accessed July 26, 2016.
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<p>Coach, Certified Health Coach</p>	<p>A Certified Health Coach is a professional with a diverse educational and professional background who motivates individuals and/or groups with low to high health risks to promote improved health choices. Certified Health Coaches educate and guide clients to achieve their health goals through lifestyle and behavior adjustments.^{1,2,3}</p> <p>A Certified Health Coach may provide expert advice only in the areas where he/she has nationally-recognized credentials and/or professional designation (eg, registered dietitian nutritionist, physician, psychologist or other qualified health professional) and must adhere to their individual scope of practice and code of ethics.^{2,4}</p> <p>Reference: ¹NSHC Code Practice Standards & Ethics. NSHC Web site. https://www.nshcoa.com/program_ethics. Published January 2015. Accessed April 28, 2017.</p> <p>²NSHC Position Statement: Health Coaches & Health Coaching: Definition, Qualifications, Risk and Responsibility, and Differentiation from Wellness Coaching. National Society of Health Coaches (NSHC) Web site. https://www.nshcoa.com/pdf/NSHCPositionStatementFinal2015.pdf. Published April 28, 2015. Accessed April 28, 2017.</p> <p>³Health Coach Certification: A Balanced Approach to Wellness. Dr. Spears Wellness Institute Web site. https://www.drsearswellnessinstitute.org/health-coach-certification/, Accessed April 28, 2017</p> <p>⁴Coach Certification Candidate Handbook. Wellcoaches School of Coaching. http://www.wellcoach.com/images/wcc_handbook.pdf. Published September 2016. Accessed April 28.</p> <p>See: Coach, National Board Certified Health & Wellness Coach See: Coach, Wellness Coach</p>	<p>A Certified Health Coach has knowledge and understanding of behavior change methodologies, disease prevention and management, and evidence-based health education research.¹</p> <p>Certified Health Coaches may provide expert guidance in areas in which they hold active, nationally-recognized credentials, and may offer resources from nationally-recognized authorities.¹</p> <p>Certified Health Coaches support clients ranging from low to high health risk in mobilizing internal strengths and external resources, and in developing self-management strategies for making sustainable, healthy lifestyle, behavior changes.²</p> <p>If a Certified Health Coach does not have additional nationally-recognized credentials, he/she knows when, why, and how to refer to a higher level of care when the client’s needs exceed the expertise of the Certified Health Coach. When appropriate and/or required (i.e., clinically, legally), the Certified Health Coach will also refer the client to a health care facility or health professional who holds the appropriate nationally-recognized credential and/or professional designation, such as a registered dietitian nutritionist, physician, psychologist, or other qualified health professional.</p> <p>Settings where Registered Dietitian Nutritionists may practice as a Certified Health Coach may include: corporate wellness, public and community health, and primary care.</p> <p>All Certified Health Coaches are considered Health Coaches, but not all Health Coaches are Certified Health Coaches.</p> <p>Reference: ¹Coach Certification Candidate Handbook. Wellcoaches School of Coaching. http://www.wellcoach.com/images/wcc_handbook.pdf. Published September 2016. Accessed April 28, 2017.</p> <p>²International Certification Exam Study Guide. International Association for Health Coaches. http://iahcnow.org/certification/. Accessed April 28, 2017.</p>
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<p>Coach, National Board Certified Health and Wellness Coach (NBC-HWC)</p>	<p>A National Board Certified Health and Wellness Coach is a professional with a diverse educational and professional background who works with individuals and/or groups in a client-centered process to facilitate and empower the client to achieve self-determined goals related to health and wellness.¹ National Board Certified Health and Wellness Coaches support clients ranging from low to high health risk in mobilizing internal strengths and external resources, and in developing self-management strategies for making sustainable, healthy lifestyle, behavior changes.²</p> <p>National Board Certified Health and Wellness Coaches must adhere to all code of ethics and standards of practice for his/her nationally-recognized credential and/or professional designation (eg, registered dietitian nutritionist, physician, psychologist or other qualified health professional)³ or his/her respective healthcare profession, including maintaining an active unencumbered license, registration or special certification to practice.</p> <p>Reference: ¹Wolever R, Simmons LA, Sforzo G, et al. A Systematic Review of the Literature on Health and Wellness Coaching: Defining a Key Behavioral intervention in Healthcare. <i>Global Adv Health Med.</i> 2013; 2(4): 38-57.</p> <p>²ICHWC Health & Wellness Coach Scope of Practice. International Consortium for Health & Wellness Coaching. http://ichwc.org/wp-content/uploads/2015/03/ICHWCHealthWellnessCoachScopeofPractice-FinalFeb12017.pdf . Accessed April 28, 2017.</p> <p>³International Consortium for Health & Wellness Coaching. ICHWC Web site. http://ichwc.org/. Accessed April 28, 2017.</p> <p>See: Coach, Certified Health Coach See: Coach, Wellness Coach</p>	<p>A National Board Certified Health and Wellness Coach has knowledge and understanding of behavior change methodologies, disease prevention and management, and evidence-based health education research.</p> <p>National Board Certified Health and Wellness Coaches partner with clients seeking self-directed, lasting changes, aligning with their values, which promote health and wellness and, thereby, enhance well-being. In the course of their work, National Board Certified Health and Wellness Coaches display “unconditional positive regard for their clients and a belief in their capacity for change, while honoring that each client is an expert on his or her life by ensuring that all interactions are respectful and non-judgmental”.²</p> <p>National Board Certified Health and Wellness Coaches may provide expert guidance in areas in which they hold active, nationally-recognized credentials and may offer resources from nationally-recognized authorities.²</p> <p>If a National Board Certified Health and Wellness Coach does not have additional nationally-recognized credentials, he/she knows when, why, and how to refer to a higher level of care when the client’s needs exceed the expertise of the National Board Certified Health and Wellness Coach. When appropriate and/or required (i.e., clinically, legally), the Certified Health and Wellness Coach will also refer the client to a health care facility or health professional who holds the appropriate nationally-recognized credential and/or professional designation, such as a registered dietitian nutritionist, physician, psychologist, or other qualified health professional.</p> <p>Registered Dietitian Nutritionists may practice as a National Board Certified Health and Wellness Coach in the following setting examples: corporate wellness, public and community health, and primary care</p> <p>A pathway to become a National Board Certified Health and Wellness Coach is through the International Consortium for Health & Wellness Coaching (ICHWC).¹ There are several education programs for eligibility to qualify for the NBC-HWC exam. For re-certification, individuals must renew their certifications every three years.¹</p> <p>ICHWC has created national standards and launched a National Board Certification for</p>
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		<p>Health and Wellness Coaches.¹ A National Board Certified Health and Wellness Coach is a separate unique certification itself, and not merely a combination of possessing both a Certified Health Coach and a Wellness Coach distinction. (See Coach, Certified Health Coach; See Coach, Wellness Coach)</p> <p>All National Board Certified Health and Wellness Coaches are considered Health and Wellness Coaches, but not all Health and Wellness Coaches are National Board Certified Health and Wellness Coaches.</p> <p>Reference: ¹International Consortium for Health & Wellness Coaching. ICHWC Web site. http://ichwc.org/. Accessed April 28, 2017.</p> <p>²ICHWC Health & Wellness Coach Scope of Practice. International Consortium for Health & Wellness Coaching. http://ichwc.org/wp-content/uploads/2015/03/ICHWCHealthWellnessCoachScopeofPractice-FinalFeb12017.pdf . Accessed April 28, 2017.</p>
<p>Coach, Wellness Coach</p>	<p>A Wellness Coach is a wellness advisor and supportive mentor who guides and inspires well individuals and/or groups with low health risk to maintain or improve their general overall health status through general lifestyle coaching.¹ A Wellness Coach utilizes a client-centered approach.</p> <p>A Wellness Coach operates within his or her own professional scope of practice and code of ethics, if applicable.</p> <p>Reference: ¹NSHC Position Statement: Health Coaches & Health Coaching: Definition, Qualifications, Risk and Responsibility, and Differentiation from Wellness Coaching. National Society of Health Coaches (NSHC) Web site. https://www.nshcoa.com/pdf/NSHCPositionStatementFinal2015.pdf. Published April 28, 2015. Accessed April 28, 2017.</p> <p>See: Coach, Certified Health Coach See: Coach, National Board Certified Health & Wellness Coach</p>	<p>If a client has an acute or chronic condition(s), comorbidities, or moderate to high health risks, he/she should be guided by a certified health coach or national board certified health and wellness coach (See: Coach, Certified Health Coach; See Coach, National Board Certified Health and Wellness Coach) as well as another qualified individual who has the professional credentials, legal authority and specialized skills and training to guide this type of individual.¹</p> <p>A Wellness Coach often provides specific health education and health management interventions based on medical conditions and specific physician orders (e.g.; high blood pressure, tobacco cessation). He/she may also provide general health status guidance in areas that include: tobacco cessation, physical activity, eating well, asthma and general weight management. ¹</p> <p>When appropriate and/or required (i.e. clinically, legally), the Wellness Coach will refer the client to a health care facility or health professional who holds the appropriate nationally-recognized credential and/or professional designation, such as a registered dietitian nutritionist, physician, psychologist, or other qualified health professional.</p> <p>Reference:</p>

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		<p>¹NSHC Position Statement: Health Coaches & Health Coaching: Definition, Qualifications, Risk and Responsibility, and Differentiation from Wellness Coaching. NSHC Web site. https://www.nshcoa.com/pdf/NSHCPositionStatementFinal2015.pdf. Published April 28, 2015. Accessed April 28, 2017.</p>
Community Nutrition	<p>Community nutrition encompasses individual and interpersonal-level interventions that create changes in knowledge, attitudes, behavior and health outcomes among individuals, families or small, targeted groups within a community setting.</p> <p>Definition and key considerations adapted from the Committee for Public Health/Community Nutrition, 2014.</p>	
Community Nutritionist	<p>A community nutritionist is a professional trained in the delivery of primary, secondary, and tertiary nutrition services within community settings. The professional has training in nutrition throughout the life-span; nutrition education and counseling; and program development. The Academy of Nutrition and Dietetics strongly recommends that they are Registered Dietitians (RDs) or Registered Dietitian Nutritionists (RDNs), and maintain state licensure.</p> <p>Definition and key considerations adapted from the Committee for Public Health/Community Nutrition, 2014.</p>	<p>The main functions of community nutritionists include:</p> <ul style="list-style-type: none"> • developing, providing, and evaluating nutrition education and counseling efforts for small groups and individuals; • planning, implementing, and evaluating primary and secondary prevention interventions based on community assessment data and scientific evidence; • developing nutrition programs and interventions, including related educational materials and in-service education programs, that meet the cultural and linguistic needs of individuals and target populations; • providing referrals to and collaborating with local health organizations to assure comprehensive nutrition services; • Administering programs and supervising staff; participating in care coordination or providing case management.
Competence	<p>Competence is a principle of professional practice, identifying the ability of the provider to administer safe and reliable services on a consistent basis.</p> <p>Reference: Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health, Seventh Edition. 2003.</p>	<p>Professionals who are competent use up-to-date knowledge and skills; make sound decisions based on appropriate data; communicate effectively with patients, customers, and other professionals; critically evaluate their own practice; and improve performance based on self-awareness, applied practice, and feedback from others. (Academy ethics opinion, May 2003) A determination of an individual's capability to perform up to defined expectations.</p> <p>Reference: The Joint Commission on Accreditation of Healthcare Organizations: Assessing Hospital Staff Competence Chapter 1: Building the Foundation. Joint Commission Resources; 2002: p.1.</p> <p>Federal regulations and accreditation standards may have additional information pertaining to competence.</p>

Term	Definition/Description	Key Considerations
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Competency(ies)	<p>A competency is a synthesis of knowledge, skills, abilities, behaviors and other characteristics an individual must demonstrate in order to perform work roles or occupational functions successfully.</p> <p>Reference: Office of Personnel Management. https://www.opm.gov/policy-data-oversight/assessment-and-selection/competencies/. Accessed July 26, 2016.</p>	<p>See Definitions: Competence, Level of Practice, Competent; Level of Practice, Proficient; Level of Practice, Expert</p> <p>“Competencies are used for assessing and selecting candidates for a job; assessing and managing employee performance; workforce planning; and employee training and development.”¹</p> <p>Competencies are defined behaviors that are observable and measurable.</p> <p>Competencies reflect effective performance and may be evaluated against well-accepted standards and quality indicators.</p> <p>Competencies provide a structured guide to help identify, evaluate, and develop the behaviors required for continuing competence. http://www.cdrnet.org/competencies. Accessed July 26, 2016.</p> <p>Competencies may serve a wide variety of purposes including: self-assessment and professional development planning, employee evaluations, job up-skilling, and credentialing.</p> <p>Reference: ¹ Office of Personnel Management. https://www.opm.gov/policy-data-oversight/assessment-and-selection/competencies/. Accessed July 26, 2016.</p>
Competent	See: Level of Practice, Competent	

Conflict(s) of Interest(s)	<p>A conflict(s) of interest(s) is traditionally defined as a personal or financial interest or a duty to another party which may prevent a person from acting in the best interests of the intended beneficiary, including simultaneous membership on boards with potentially conflicting interests related to the profession, members or the public.^{1,2}</p> <p>Reference: ¹ Institute of Medicine (IOM). 2009. Conflict of Interest in Medical Research, Education, and Practice. Washington, DC: The National Academies Press. ² Woteki, C. "Ethics Opinion: Conflicts of Interest in Presentations and Publications and Dietetics Research." <i>Journal of the American Dietetic Association</i> 106.1 (2006): 27-31.</p>	<p>Conflict of interest may arise when circumstances or relationships create or increase the risk that professional judgment or actions regarding a primary interest may be unduly influenced by a secondary interest. Primary interests of a healthcare professional society, such as the Academy of Nutrition and Dietetics, are to promote and protect the:</p> <ul style="list-style-type: none"> • integrity of research, • welfare of patients/residents/clients, and • quality of nutrition and dietetics education. <p>Secondary interests may include:</p> <ul style="list-style-type: none"> • financial gain, • desire for professional advancement, • recognition for personal achievement, • favors to friends and family or to students and colleagues.¹ <p>http://www.ncbi.nlm.nih.gov/books/NBK22937. Accessed July 26, 2016.</p>
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Term	Definition/Description	Key Considerations
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		<p>“It is not, however, the mere existence of an actual or potential conflict of interest that renders conduct unethical; rather, it is the way in which the conflict is handled or addressed.”²</p> <p>After declaring a conflict of interest, act in accordance with the organization’s conflict of interest policy.</p> <p>When representing a State on a professional regulatory board, a perception of conflict of interest may occur when one also serves on an Affiliate board or on the Affiliate Public Policy Panel. Such positions may require the person to advocate and express support publicly for positions of the professional organization. This applies to both State and Federal levels of the professional organization, recognizing that the majority of potential conflicts involve dual memberships on State Affiliate boards and State licensure or certification boards.</p> <p>The Academy of Nutrition and Dietetics and Commission on Dietetic Registration Code of Ethics³ provides guidance on Conflict of Interest to nutrition and dietetics practitioners in their professional practice and conduct through at least 3 principles:</p> <ol style="list-style-type: none"> 1. The nutrition and dietetics practitioner conducts himself/herself with honesty, integrity, and fairness. 13. The nutrition and dietetics practitioner presents reliable and substantiated information and interprets controversial information without personal bias, recognizing that legitimate differences of opinion exist. 15. The nutrition and dietetics practitioner is alert to the occurrence of a real or potential conflict of interest and takes appropriate action whenever a conflict arises. <ol style="list-style-type: none"> a. The nutrition and dietetics practitioner makes full disclosure of any real or perceived conflict of interest. <p>References:</p> <p>¹ Institute of Medicine (IOM). 2009. Conflict of Interest in Medical Research, Education, and Practice. Washington, DC: The National Academies Press.</p> <p>² Busey, Craig J. Recognizing and Addressing Conflicts of Interest. <i>Journal of the American Dietetic Association</i>. 2006; 106:351-355.</p>
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Term	Definition/Description	Key Considerations
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Coordination of Nutrition Care	See: Nutrition Intervention, Coordination of Nutrition Care	
Credentialing (Organizational Setting)	<p>Organizational setting credentialing is the process of reviewing, verifying, and evaluating a practitioner’s credentials (i.e., professional education, clinical training, licensure, board and other certification, clinical experience, letters of reference, other professional qualifications, and disciplinary actions) to establish the presence of the specialized professional background required for membership, affiliation, or a position within a healthcare organization or system. The result of credentialing in an organizational setting is that a practitioner is granted membership in a medical staff. The practitioner is evaluated on an organizational or accreditation specific basis, usually every 2 years.</p>	<p>Employers create practice boundaries within:</p> <ul style="list-style-type: none"> • Mission statements • Organization by-laws • Organizational charts (decision making/ who answers to whom) • Standards and guidelines adopted • Job descriptions (your own and all others) • Policies and procedures (describe who is qualified to assist/perform) <p>Employers may often create practice boundaries using information obtained from credentials verification organizations (CVO).</p> <p>For more information regarding credentialing in an organizational setting, visit the CMS State Operations Manuals for Hospitals at: Conditions of Participation 482.12(a) and 482.22. http://www.cms.gov/Regulations-and-Guidance/Legislation/CFCsAndCoPs/index.html?redirect=/CFCsAndCoPs/01_Overview.asp Accessed August 7, 2015.</p> <p>Credentialing: “the process of obtaining, verifying, and assessing the qualifications of a practitioner to provide care or services in or for a health care organization.”</p> <p>Reference: The Joint Commission. <i>Glossary. 2014 Hospital Accreditation Standards.</i> Oakbrook Terrace, IL; 2014: GL-9.</p> <p>To view The Joint Commission Accreditation standards, visit www.jointcommission.org (see Medical Staff and Human Resources standards). Accessed July 26, 2016.</p> <p>To view the Healthcare Facilities Accreditation Program standards, visit www.hfap.org (see Allied Health Practitioners and Medical Staff standards). Accessed July 26, 2016.</p>
Credentialing (Professional)	<p>Professional credentialing is the process by which an agent qualified to do so grants formal recognition to and records such status of entities (individuals, organizations, processes, services, or products) meeting pre-determined and standardized criteria.</p>	<p>The Commission on Dietetic Registration (CDR) is the credentialing agency for the Academy of Nutrition and Dietetics. CDR protects the public through credentialing and assessment processes that assure the competence of registered dietitian nutritionists and nutrition and dietetics technicians, registered.</p>

Term	Definition/Description	Key Considerations
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	<p>Reference: Jacobs J A and Glassie J C. <i>Certification and Accreditation Law Handbook, 2nd edition</i>. Washington D.C.: American Society of Association Executives; 2004: 3.</p>	<p>CDR currently administers separate and distinct credentialing programs (e.g., Registered Dietitian Nutritionists; Nutrition and Dietetics Technician, Registered; and specialty practice credentials). Other professional credentials, administered by other professional entities, include but not limited to, Certified Diabetes Educator, Certified Nutrition Support Clinician.</p>
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D-terms		
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Dietary supplement	<p>“A dietary supplement is a product taken by mouth that contains a ‘dietary ingredient’ intended to supplement the diet. The ‘dietary ingredients’ in these products may include:</p> <ul style="list-style-type: none"> • vitamins, • minerals, • herbs or other botanicals, • amino acids, and • substances such as enzymes, organ tissues, glandulars, and metabolites. <p>Dietary supplements can also be extracts or concentrates, and may be found in many forms such as tablets, capsules, softgels, gencaps, liquids, or powders. They can also be in other forms, such as a bar, but if they are, information on their label must not represent the product as a conventional food or a sole item of a meal or diet. Whatever their form may be, DSHEA places dietary supplements in a special category under the general umbrella of "foods," not drugs, and requires that every supplement be labeled a dietary supplement.”</p> <p>Congress defined the term ‘dietary supplement’ in the Dietary Supplement Health and Education Act (DSHEA) of 1994”</p> <p>http://www.fda.gov/AboutFDA/Transparency/Basics/ucm195635.htm. Accessed July 26, 2016.</p>	
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Dietetics	<p>Dietetics is the integration, application and communication of practice principles derived from food, nutrition, social, business and basic sciences, to achieve and maintain optimal nutrition status of individuals and groups.</p> <p>Approved by the Academy Board of Directors August 31, 2016.</p>	<p>Dietetics is derived from sciences of food, nutrition, management, communication, and biological sciences including cell and molecular biology, genetics, pharmacology, chemistry, and biochemistry and physiological, behavioral and social sciences.</p> <p>The practice of dietetics is applied in a variety of settings to develop, provide and manage quality food and nutrition care and services. Dietetics encompasses ethical, safe, effective, person-centered, timely, efficient and equitable practices.¹</p>
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Term	Definition/Description	Key Considerations
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		<p>¹ Institute of Health. <i>Crossing the Quality Chasm: A New Health System for the 21st Century</i>. Washington (DC): National Academies Press (US); 2001.</p>
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Dietetic Technician, Registered (DTR)	See: Nutrition and Dietetics Technician, Registered (NDTR)	
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Dietitian	<p>A dietitian is a person who is trained in the science of nutrition and dietetics.</p> <p>Dietitians have completed formal approved educational programs in dietetics (or their equivalents) that were established to meet certification requirements by The Commission on Dietetic Registration. These programs are accredited by The Accreditation Council for Education in Nutrition and Dietetics (ACEND) of the Academy of Nutrition and Dietetics.</p> <p>Dietitians provide food and nutrition services to individuals and groups in a variety of settings. Dietitians may work in specialty areas, for example specializing in weight management counseling, oncology or pediatrics, and their training and experience governs the setting in which they practice.</p> <p>Reference: Dictionary.com. Unabridged. Random House, Inc. http://dictionary.reference.com/browse/dietitian. Accessed July 26, 2016.</p> <p>See: Registered Dietitian Nutritionist (RDN)</p>	<p>Regulatory/ Statutory: Many states have enacted licensure laws or other forms of legislation that regulates use of the title “Dietitian” and/or sets specific qualifications for using the title, and establishes a legal scope of dietetic practice. Refer to State laws and licensure boards for each State’s specific licensing requirements to practice nutrition and dietetics.</p> <p>The Academy of Nutrition and Dietetics’ Board of Directors and the Commission on Dietetic Registration have approved the optional use of the credential “registered dietitian nutritionist” (RDN) by registered dietitians (RD). The option was established to further enhance the RD brand and more accurately reflect to consumers who registered dietitians are and what they do. This will differentiate the rigorous credential requirements and highlight that all registered dietitians are nutritionists but not all nutritionists are registered dietitians.</p> <p>References: Academy of Nutrition and Dietetics. State Licensure Agency Contact List. http://www.eatrightpro.org/resource/advocacy/quality-health-care/consumer-protection-and-licensure/state-licensure-agency-contact-list. Accessed July 26, 2016.</p> <p>Commission on Dietetic Registration. http://www.cdrnet.org/news/rdncredentialfaq. Accessed July 26, 2016.</p>
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E-terms		
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Enteral Nutrition	<p>Enteral Nutrition is nutrition provided via the gastrointestinal tract. Encompasses both oral (delivered through the mouth) and tube (delivered through a tube or catheter that delivers (distal to the mouth) nutrition.</p> <p>Reference: The Joint Commission, Comprehensive Accreditation Manual for</p>	<p>Feeding provided through the gastrointestinal tract via a tube, catheter, or stoma that delivers nutrients distal to the oral cavity. Enteral nutrition to be used in preference to "enteral feeding".</p> <p>Reference: A.S.P.E.N. Definition of Terms 2012.</p>
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Term	Definition/Description	Key Considerations
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	Nursing Care Centers, Update 2, effective January 2015.	
Entry Level	<p>An entry-level practitioner has less than three years of registered practice experience and demonstrates a competent level of dietetics practice and professional performance.</p> <p>Reference: Ward B, Mueller C, Touger-Decker R, Sauer K. Entry-Dietetics Practice Today: Results from the 2010 Commission on Dietetic Registration Entry-Level Dietetics Practice Audit. <i>J Am Diet Assoc.</i> 2011; 111: 914-941.</p>	
Evidence-Based Dietetics Practice	<p>Evidence-Based Dietetics Practice involves the process of asking questions, systematically finding research evidence, and assessing its validity, applicability and importance to food and nutrition practice decisions; and includes applying relevant evidence in the context of the practice situation and the values of clients, customers and communities to achieve positive outcomes.</p>	<p>Evidence-based dietetics practice is consistent with the general definition and key considerations of “Evidence-Based Practice”.</p> <p>See: Evidence-Based Practice</p> <p>Evidence-based dietetics practice is based on the best available evidence including research, national and/or international guidelines, policies, consensus statements, expert opinion and quality improvement data.</p> <p>The determination of “best available evidence” is based on the hierarchy of evidence. Evidence Analysis Library. http://www.anddeal.org. Accessed July 26, 2016.</p> <p>The systematic review of scientific evidence is an ongoing process.</p> <p>Evidence-based dietetics practice involves continuing evaluation of outcomes which becomes part of the evidence base.</p> <p>Evidence-based dietetics practice applies to individual clients, customers and communities.</p> <p>Evidence-Based Guidelines for dietetics practice are available at http://www.anddeal.org. Accessed July 26, 2016.</p> <p>The International Confederation of Dietetic Association’s defines Evidence-Based Dietetics Practice at http://www.internationaldietetics.org/International-Standards/Evidence-based-Dietetics-Practice.aspx. Accessed July 26, 2016.</p>
Evidence-Based Guidelines/Practice Guidelines	Evidence-based guidelines are determined by scientific evidence.	To be effective, practice guidelines should be based on evidence, or in the absence of evidence, expert consensus. Professional

Term	Definition/Description	Key Considerations
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	<p>Practice guidelines are systematically developed statements to assist practitioner and patient decisions about appropriate health care.</p> <p>References: QI 9: Clinical Practice Guidelines, Element A. <i>2009 Standards and Guidelines for the Accreditation of Health Plans</i>. NCQA.</p> <p>Institute of Medicine. Field, M.J. and Lohr, K.N., eds. <i>Clinical Practice Guidelines: Directions for a New Program</i>. Washington, DC: National Academy Press; 1990:38.</p> <p>National Guidelines Clearinghouse of the Agency for Healthcare Research and Quality (AHRQ) described at http://www.guideline.gov. Accessed July 26, 2016.</p>	<p>standards may be incorporated into practice guidelines.</p> <p>National Guidelines Clearinghouse of the Agency for Healthcare Research and Quality (AHRQ) is a public resource for evidence-based clinical practice guidelines.</p> <p>See: Best Available Research/ Evidence and Evidence-Based Nutrition Practice Guidelines and Toolkits</p>
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<p>Evidence-Based Nutrition Practice Guidelines and Evidence-Based Toolkits (Guidelines/Toolkits)</p>	<p>Evidence-Based Nutrition Practice Guidelines are statements and treatment algorithms which are developed using the process of asking questions, systemically finding research evidence, and assessing its validity, applicability and importance to food and nutrition practice decisions. The guidelines are designed to assist the registered dietitian (RD) or registered dietitian nutritionist (RDN), RD or RDN/dietetic technician, registered (DTR) team and other intended users and patient/client in making decisions about appropriate nutrition care for specific disease states or conditions in typical settings.</p> <p>Evidence-Based Toolkits are a set of companion documents which are disease or condition specific and detail how the RD or RDN or RD or RDN/DTR team and other intended users apply the Evidence-Based Nutrition Practice Guideline in practice. The toolkits include forms such as documentation forms, outcomes monitoring sheets, patient/client education resources, case studies and medical nutrition therapy (MNT) protocols for implementing the Evidence-Based Nutrition Practice Guideline. Evidence-Based Nutrition Practice Guidelines and Toolkits incorporate the Academy's Nutrition Care Process and Model as the standard process for patient/client care.</p> <p>Evidence-Based Nutrition Practice Guidelines and Toolkits for dietetics practice are available at http://www.andeal.org.</p>	<p>Clinical nutrition practice guidelines aim to promote the delivery of evidence-based health care and to reduce inappropriate variations in practice. The guidelines have the potential to improve the safety, quality, and value of health care and the health status of patients/clients/populations. Outcomes of care can be identified and evaluated.</p> <p>The guidelines meet the standards of the National Guidelines Clearinghouse of the Agency for Healthcare Research and Quality (AHRQ) described at http://www.guideline.gov. Accessed July 26, 2016.</p> <p>National Guidelines Clearinghouse of the Agency for Healthcare Research and Quality is a public resource for evidence-based clinical practice guidelines.</p> <p>To be effective, a clinical nutrition practice guideline should be:</p> <ul style="list-style-type: none"> • Based on evidence, or in the absence of evidence, expert consensus. • Periodically reviewed and, as indicated, revised based on new empirical studies and/or changes in expert consensus. • Adapted, as appropriate, to the specific patient/client populations served in various settings*. • Approved by appropriate clinical and administrative leaders in the organization where they are implemented. • Disseminated and implemented by registered dietitian nutritionist (RDN) and other professionals who will apply the
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Term	Definition/Description	Key Considerations
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	<p>Accessed July 26, 2016.</p>	<p>guideline in patient/client care.</p> <ul style="list-style-type: none"> Supported through changes in the organization’s systems, such as information management processes and equipment management processes. <p>*These may include but are not limited to: acute care facilities, sub-acute facilities, post-acute facilities/rehabilitation centers/skilled nursing facilities, continuing care retirement communities/nursing facilities, home health care, clinics or physician offices, office of the registered dietitian, Medical Homes, Accountable Care Organizations and other community settings.</p> <p>See: Medical Nutrition Therapy Protocols, Evidence-Based Dietetics Practice and Evidence-Based Practice.</p> <p>The Academy’s Evidence-Based Nutrition Practice Guidelines and Toolkits are intended as general frameworks for the care of patients/clients with particular health problems and not for application to the treatment of all patients/clients in all circumstances. Complicating conditions such as severe illness or co-morbidity, for example, may require different treatments or considerations. The independent skill and judgment of the registered dietitian or registered dietitian nutritionist (RDN), and/or referring health care provider must always determine treatment decisions. Protocols/guidelines for practice are provided with the express understanding that they do not establish or specify particular standards of care for legal, medical, or other purposes.</p>
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<p>Evidence-Based Practice</p>	<p>Evidence-based practice is an approach to health care wherein health practitioners use the best evidence possible, i.e., the most appropriate information available, to make decisions for individuals, groups and populations.</p> <p>Evidence-based practice values, enhances and builds on clinical expertise, knowledge of disease mechanisms, and pathophysiology. It involves complex and conscientious decision-making based not only on the available evidence but also on client characteristics, situations, and preferences. It recognizes that health care is individualized and ever changing and involves uncertainties and probabilities.</p> <p>Evidence-based practice incorporates successful strategies that improve client</p>	<p>Evidence-based practice is about decision making in daily practice.</p> <p>Placing the client’s/patient’s benefits first, providing evidence based practice requires adopting a process of lifelong learning that involves continually posing specific questions of direct practical importance to clients, searching objectively and efficiently for the current best evidence relative to each question, and taking appropriate action guided by evidence.</p> <p>Reference: Gibbs, L. Evidence-Based Practice for the Helping Professions: A Practical Guide with Integrated Multimedia, Pacific Grove, CA: Brooks/ Cole an Imprint of Wadsworth Publishers, 2003.</p>
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Term	Definition/Description	Key Considerations
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	<p>outcomes and are derived from various sources of evidence including research, national guidelines, policies, consensus statements, systematic analysis of clinical experience, quality improvement data, specialized knowledge and skills of experts.</p>	
<p>Evidence: Best Available Research/Evidence</p>	<p>The best available research/evidence refers to the most appropriate research/evidence available to answer a question. Evidence-based guidelines and systematic reviews are considered the best available sources of research/ evidence. If these do not exist, then primary research is the best available and the type of question would determine the best research/evidence.</p> <p>“The four most common types of evidence analysis questions are: diagnosis, treatment, prognosis and etiology. The type of question you are trying to answer determines the best research design to seek.</p> <p>For instance, a randomized controlled trial (RCT) would be the most appropriate type of study to answer a question about therapy or treatment. This hierarchy is often shown graphically as a pyramid with expert opinions at the bottom of the pyramid and randomized controlled trials (RCTs) at the top.</p> <p>However, a RCT would not be the strongest research design to answer a question about prognosis. The highest level of evidence for prognosis is a cohort study. Always look for the strongest evidence you can find to answer your type of question.</p> <div data-bbox="483 1297 852 1675" data-label="Diagram"> </div> <p>Hierarchy of Evidence by Research Design The type of question you are trying to answer determines the best <i>research design to use.</i>”</p> <p>Reference: Academy of Nutrition and Dietetics. <i>Evidence Analysis Manual.</i></p>	<p>For more information, visit the Academy of Nutrition and Dietetics Evidence Analysis Library at: http://www.andeal.org. Accessed July 26, 2016.</p>

Term	Definition/Description	Key Considerations
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	Academy of Nutrition and Dietetics Evidence Analysis Library. http://www.andeal.org . Accessed July 26, 2016.	
Expert	See: Level of Practice, Expert	
F-terms		
Federal Recognition of RDs as Medicare Providers	<p>Federal Recognition of RDs as Medicare Providers require registered dietitian nutritionists or nutrition professionals to meet the following qualifications:</p> <ul style="list-style-type: none"> • BS degree or higher in program of nutrition or dietetics; • At least 900 hours practice supervised experience, e.g., Internship, Coordinated Program or AP4; and • State licensed or certified, if applicable, otherwise credentialed with CDR. <p>Includes dietitians or nutrition professionals who are licensed or certified as of December 21, 2000. After this date, must also be an RDN <u>and</u> state licensed or certified, if applicable.</p> <p>Requires a referral from a physician. Communication with physician is expected regarding client progress or lack of progress.</p> <p>Reference: US Code, Title 42. § 1395x. Social Security. (vv) Medical nutrition therapy services; registered dietitian or nutrition professional; Subpart G—Medical Nutrition Therapy. 42 C.F.R. 410.134. SOURCE: 66 FR 55331, Nov. 1, 2001, unless otherwise noted. §410.130, 132, 134. http://www.ecfr.gov/cgi-bin/text-idx?rgn=div5;node=42%3A2.0.1.2.10#se42.2.410_1134. Accessed July 26, 2016.</p>	<p>Direct recognition statutes extend independent-practitioner status to non-physician professionals.</p> <p>According to federal law, CMS can allow persons credentialed as "registered dietitians" with CDR to use that credential as proof of the education and experience requirements.</p> <p>If RDs practice in more than one state and enroll to become Medicare providers, they will need proof of licensure in all states where they practice.</p> <p>CMS' final regulation clarifies that Medicare will pay dietitians who enroll to obtain provider status in the Medicare program regardless of whether they provide the MNT services in an independent practice setting, hospital outpatient department or any other setting, except for services provided to patients in an inpatient stay in a hospital or skilled nursing facility.</p>
Fellow of the Academy of Nutrition and Dietetics (FAND) (Recognition)	<p>"The Fellow of the Academy of Nutrition and Dietetics (FAND) recognizes Academy members who have made significant and sustained contributions to the field of nutrition and dietetics, establishing them as role models.</p> <p>The Fellow of the Academy of Nutrition and Dietetics (FAND) recognizes Academy members who have distinguished themselves among their colleagues, as well as in their communities, by their service to the dietetics profession and by optimizing health through food and nutrition. From a personal perspective, being a Fellow signifies not only 'tenure' in the dietetics profession, but also living the Academy's values of:</p>	<p>FAND is an Academy recognition certificate initiated in October 2013.</p> <p>The Fellow of the American Dietetic Association (FADA) credential was suspended in 2002. RDs or RDNs who have been awarded the FADA credential may choose to be grandfathered into the FAND. Once the FAND is obtained, they have the option to either use both the credential and recognition (i.e., RDN, FADA, FAND) or just one (i.e., RDN, FAND or RDN, FADA).</p>

Term	Definition/Description	Key Considerations
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	<ul style="list-style-type: none"> • <i>Customer Focus</i> - Meets the needs and exceeds the expectations of all customers, • <i>Integrity</i> - Acts ethically, with accountability, for life-long learning and commitment to excellence, • <i>Innovation</i> - Embraces change with creativity and strategic thinking, and • <i>Social Responsibility</i> - Makes decisions with consideration for inclusivity, as well as environmental, economic and social implications”. <p>Reference: Academy of Nutrition and Dietetics. Fellow of the Academy of Nutrition and Dietetics. http://www.eatrightpro.org/resource/membership/member-benefits/fellow-of-the-academy-of-nutrition-and-dietetics/fellow-of-the-academy-of-nutrition-and-dietetics. Accessed July 26, 2016.</p>	
<p>Fellow of the American Dietetic Association (FADA) (Certification)</p>	<p>The Fellow of the American Dietetic Association (FADA) certification represents the Registered Dietitian Nutritionists who have earned a master's or doctoral degree and have accumulated at least eight years of work experience. The FADA RDN has taken on multiple professional roles with diverse and complex responsibilities and functions, and possess a diverse network of broad, geographically dispersed professional contacts. Fellows also have successfully demonstrated an approach to practice that reflects a global, intuitive and evolving perspective; creating problem solving; and commitment to self-growth through a portfolio assessment.</p> <p>Commission on Dietetic Registration. Fellows of the American Dietetic Association. http://www.cdrnet.org/certifications/fellows-of-the-american-dietetic-association-state-list#top Accessed July 26, 2016.</p>	<p>The FADA credential is a recognition certification and was suspended in 2002 for reevaluation. RDs or RDNs who have been awarded the FADA credential may choose to be grandfathered into the FAND. Once the FAND is obtained, they have the option to either use both the credential and recognition (i.e., RDN, FADA, FAND) or just one (i.e., RDN, FAND or RDN, FADA).</p>
<p>Focus Area of Nutrition and Dietetics Practice</p>	<p>A focus area of nutrition and dietetics practice is a defined practice area that requires focused knowledge, skills, and experience.</p>	<p>The term focus area is adopted based on feedback from members to the Council on Future Practice and relates to how a practitioner specializes in a specific area of practice (i.e., diabetes, community health).</p> <p>For additional information, please review the Nutrition and Dietetics Career Development Guide: http://www.eatrightpro.org/resource/career/career-development/career-toolbox/dietetics-career-development-guide Accessed July 26, 2016.</p>

Term	Definition/Description	Key Considerations
Food and/or Nutrient Delivery	See: Nutrition Intervention, Food and/or Nutrient Delivery	
Food and Nutrition Practitioner	See: Nutrition and Dietetics Practitioner	The term Food and Nutrition Practitioner is acceptable to use interchangeably with the term Nutrition and Dietetics Practitioner.
G-terms		
General Practitioner	A general practitioner is an individual whose practice may include responsibilities across several areas of practice including, but not limited to community, clinical, consultation and business, research, education, and food and nutrition management.	
Genomics	See: Nutritional Genomics	
H, I, J, K-terms		
L-terms		
Leadership	<p>Leadership is "organizing a group of people to achieve a common goal by setting a direction, aligning people, motivating and inspiring".¹ Leadership is a process of social influence, which maximizes the efforts of others, towards the achievement of a goal.²</p> <p>Reference: ¹Medical Dictionary by Farlex http://encyclopedia.thefreedictionary.com/Leadership. Accessed April 1, 2016.</p> <p>²Forbes. What Is Leadership? http://www.forbes.com/sites/kevinkruse/2013/04/09/what-is-leadership/2/#96c1347e8255. Accessed April 9, 2016</p>	<p>The leader may or may not have any formal authority. Studies of leadership have produced theories involving traits, situational interaction, function, behavior, power, vision and values, charisma, and intelligence, among others. Somebody whom people follow: somebody who guides or directs others.</p> <p>Leadership is one of the qualities of quality management. See Quality Management.</p> <p>Reference: Medical Dictionary by Farlex http://encyclopedia.thefreedictionary.com/Leadership Accessed April 1, 2016.</p> <p>Leadership Development. Academy of Nutrition and Dietetics. http://www.eatrightstore.org/collections/leadership-development. Accessed November 17, 2016.</p>
Level of Education, Advanced Beginner	The advanced beginner is an individual currently enrolled in supervised practice phase of dietetics education either following (as in a dietetic internship) or concurrent with (CP and DPD) the acquisition of didactic knowledge. The advanced beginner has a working knowledge of aspects of dietetics science and practice. The advanced beginner increases skills and abilities throughout the supervised practice period, works under the supervision of a preceptor and develops increasing levels of autonomy to complete the credentialing process for subsequent employment as a professional.	

Term	Definition/Description	Key Considerations
	<p>The definition is based on the Dreyfus Model of Skill Acquisition.</p> <p>Reference: Dreyfus HL, Dreyfus SE. <i>Mind Over Machine: The Power of Human Intuitive Expertise in the Era of the Computer</i>. New York, NY: Free Press; 1986:50-51.</p>	
Level of Education, Novice	<p>A novice is an individual acquiring the didactic educational foundation of dietetics science and practice. The novice gains increasingly complex knowledge throughout the education program to complete the credentialing process for subsequent employment as a professional.</p> <p>The definition is based on the Dreyfus Model of Skill Acquisition.</p> <p>Reference: Dreyfus HL, Dreyfus SE. <i>Mind Over Machine: The Power of Human Intuitive Expertise in the Era of the Computer</i>. New York, NY: Free Press; 1986:50-51.</p>	
Level of Practice, Competent	<p>Competent level of practice is demonstrated by practitioners who achieve credentialing as a registered dietitian nutritionist (RDN) or nutrition and dietetics technician, registered (NDTR) and consistently provide safe and reliable services by employing appropriate knowledge, skills, behaviors and values in accordance with accepted standards for the profession. Competent practitioners critically evaluate their own practice; improve performance based on self-awareness, applied science, and feedback from others; and engage in continuing education to enhance skills, proficiency and knowledge. Self-evaluation is particularly important when shifting roles throughout the practitioner's career.</p> <p>The definition is based on the Dreyfus Model of Skill Acquisition.</p> <p>Reference: Dreyfus HL, Dreyfus SE. <i>Mind Over Machine: The Power of Human Intuitive Expertise in the Era of the Computer</i>. New York, NY: Free Press; 1986:50-51.</p> <p>Academy of Nutrition and Dietetics. <i>Practice Tips: Competence in Practice</i>. June 2016. http://www.eatrightpro.org/resource/practice/quality-management/scope-of-practice/scope-of-practice-terms-studies-and-tips. Accessed July 26, 2016.</p>	<p>For additional information, please review the Nutrition and Dietetics Career Development Guide: http://www.eatrightpro.org/resource/career/career-development/career-toolbox/dietetics-career-development-guide Accessed July 26, 2016.</p>
Level of Practice, Expert	<p>Expert level of practice is demonstrated by a registered dietitian nutritionist (RDN) or nutrition and dietetics technician, registered</p>	<p>Nutrition and dietetics practitioners may expand into focus area(s) of practice and acquire relevant certifications in, for example,</p>

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	<p>(NDTR) who is recognized within the profession and has mastered the highest degree of skill in and knowledge of nutrition and dietetics. Expert level achievement is acquired through ongoing critical evaluation of practice and feedback from others with additional knowledge, experience, and training. An expert has the ability to quickly identify “what” is happening and “how” to approach the situation. An expert can easily utilize nutrition and dietetics skills to become successful through demonstrating quality practice and leadership, and to consider new opportunities that build upon nutrition and dietetics.</p> <p>The definition is based on the Dreyfus Model of Skill Acquisition.</p> <p>Reference: Dreyfus HL, Dreyfus SE. <i>Mind Over Machine: The Power of Human Intuitive Expertise in the Era of the Computer</i>. New York, NY: Free Press; 1986:50-51.</p>	<p>performance measurement, quality improvement, safety, process improvement, healthcare quality, care management, case management, and coaching, i.e.; health, personal trainer, life, and business.</p> <p>For additional information, please review the Nutrition and Dietetics Career Development Guide: http://www.eatrightpro.org/resource/career/career-development/career-toolbox/dietetics-career-development-guide Accessed July 26, 2016.</p>
<p>Level of Practice, Proficient</p>	<p>Proficient level of practice is demonstrated by a registered dietitian nutritionist (RDN) or nutrition and dietetics technician, registered (NDTR) who is three or more years beyond credentialing and entry into the profession. A proficient practitioner has obtained operational job performance knowledge and skills, and consistently provides safe and reliable service. Proficient practitioners critically evaluate their own practice; improve performance based on self-awareness, applied science, and feedback from others; and engage in continuing education.</p> <p>The definition is based on the Dreyfus Model of Skill Acquisition.</p> <p>Reference: Dreyfus HL, Dreyfus SE. <i>Mind Over Machine: The Power of Human Intuitive Expertise in the Era of the Computer</i>. New York, NY: Free Press; 1986:50-51.</p>	<p>Nutrition and dietetics practitioners may choose a focus areas(s) of practice and acquire a specialist certification(s) to further enhance skills, judgement, proficiency and knowledge.</p> <p>For additional information, please review the Nutrition and Dietetics Career Development Guide: http://www.eatrightpro.org/resource/career/career-development/career-toolbox/dietetics-career-development-guide Accessed July 26, 2016.</p>
<p>Licensure (Regulatory)</p>	<p>Licensure is the process by which a state governmental agency grants time-limited permission to an individual to be recognized as and/or engaged in a given occupation after verifying that the individual has met predetermined, standardized competency qualifications.</p> <p>Reference: <i>The ICE Guide to Understanding Credentialing Concepts, 2005</i>, the Institute for Credentialing Excellence (ICE).</p>	<p>Licensing is the most restrictive legislative regulation, other than outright prohibition of professional practice, and usually requires specific educational attainment and passage of a competency examination. Licensing programs often include (1) title protection for licensees, meaning that only those the state has properly licensed may use a particular title or hold themselves out as members of a particular profession, and (2) practice exclusivity, meaning only those the state has properly licensed may</p>

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		<p>engage in activities falling within the regulated profession’s scope of practice.</p> <p>The goal of licensure is to ensure that licensees have the minimal degree of competency necessary to ensure that the public’s health, safety, and welfare are reasonably well protected.</p> <p>Licensure is typically granted at the state level. States vary in terms of their eligibility and maintenance requirements for registration, certification, and licensure.</p> <p>If a state has licensure with practice exclusivity for a given occupation, a person in that occupation must be licensed to work in that state.</p> <p>If a person works in multiple states, he or she must be licensed in each of those states unless an exemption allows practice (often time-limited) by practitioners licensed in another state.</p> <p>Professional associations do not grant licensure, but they may have a role in licensure activities such as advocating that licensure be instituted in states operating as the benchmark standard of qualification and collaborating with the state agencies.</p> <p>Most scopes of practice in licensure law contain only a general statement about the responsibilities, education requirements, and a non-specific list of allowed duties and do not explicitly enumerate services that are complex or beyond their scope. If a duty or practice is not explicitly identified as “not within the scope” it does not mean a person cannot do that service.</p> <p>State scopes of practice are vague and broad. Reference: Office of the Inspector General [OIG]. http://oig.hhs.gov/oei/reports/oei-02-00-00290.pdf Accessed July 26, 2016.</p>
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M-terms		
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Medical Food	<p>A medical food is “a food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical</p>	<p>Criteria clarifying the statutory definition of a medical food can be found in FDA’s regulations at 21 CFR 101.9(j)(8).</p> <p>Medical foods are regulated as food and not drugs. http://www.fda.gov/Food/GuidanceRegulation/GuidanceDocumentsRegulatoryInformation/ucm054048.htm. Accessed July 26, 2016.</p>
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	evaluation.” (Section 5(b)(3) of the Orphan Drug Act (21 U.S.C. 360ee (b) (3)).	Medical Foods can be classified into categories. http://www.fda.gov/downloads/Food/ComplianceEnforcement/UCM073339.pdf Accessed July 26, 2016.
Medical Nutrition Therapy	Medical nutrition therapy (MNT) is an evidence-based application of the Nutrition Care Process. The provision of MNT (to a patient/client) may include one or more of the following: nutrition assessment/re-assessment, nutrition diagnosis, nutrition intervention and nutrition monitoring and evaluation that typically results in the prevention, delay or management of diseases and/or conditions.	<p>The Academy’s definition of medical nutrition therapy is broader than the MNT definition established by Medicare Part B and other health plans. In addition, the Academy definition may differ from the MNT definition included in state licensure laws.</p> <p>MNT utilizes all domains of nutrition intervention including food and/or nutrient delivery, nutrition education, nutrition counseling, and coordination of nutrition care as defined in the Nutrition Terminology Reference Manual (eNCPT): Dietetics Language for Nutrition Care 2014.</p> <p>Reference: Academy of Nutrition and Dietetics. Nutrition Terminology Reference Manual (eNCPT): Dietetics Language for Nutrition Care 2014. http://ncpt.webauthor.com. Accessed July 26, 2016.</p> <p>MNT involves in-depth individualized nutrition assessment, determination of the nutrition diagnosis, determination and application of the nutrition intervention personalized for the individual or group, and periodic monitoring, evaluation, re-assessment and intervention tailored to manage the disease, injury or condition.</p> <p>MNT services are provided by the Registered Dietitian (RD) or Registered Dietitian Nutritionist (RDN) for individuals and groups utilizing meal plans, medically prescribed diets and tube feedings, specialized intravenous solutions and specialized oral feedings, and the analysis of potential food and drug interactions.</p> <p>RDNs and RDs may receive referrals from Licensed Independent Practitioners (LIPs) which include Advanced Practice Registered Nurses (APRNs), Physician Assistants (PAs) as well as Doctors of Osteopathy (DOs) and Medical Doctors (MDs). Referrals may include, but not limited to, inpatient and outpatient nutrition consults, discharge planning and transitions of care.</p>
		For MNT billing and payment purposes, RDs or RDNs should review state licensure laws and payer policies to determine practice criteria for providing MNT services.

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		<p>As noted in the Evidence Analysis Library, MNT is “... focused on the management of diseases. MNT involves in-depth individualized nutrition assessment and a duration and frequency of care using the Nutrition Care Process to manage disease.” Reference: https://www.andeal.org/ Accessed July 26, 2016.</p> <p>Under Medicare Part B, MNT services are defined as “nutritional diagnostic, therapy, and counseling services for the purpose of disease management which are furnished by a Registered Dietitian or nutrition professional ... pursuant to a referral by a physician”. Reference: Medicare MNT Benefit US Code- 42USC§1395x(vv).</p>
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<p>Medical Nutrition Therapy Protocols</p>	<p>Medical Nutrition Therapy (MNT) Protocols are a plan or set of steps, which are based on systematically analyzed evidence and clearly define the level, content, and frequency of nutrition care appropriate for a disease or condition in settings where implemented*. MNT protocols assist the registered dietitian (RD), RD or registered dietitian nutritionist (RDN)/dietetic technician, registered (DTR) team and other intended users in the application of Evidence-Based Nutrition Practice Guidelines.</p> <p>*These may include but are not limited to: acute care facilities, sub-acute facilities, post-acute facilities/rehab centers/skilled nursing facilities, continuing care retirement communities/nursing facilities, home health care, clinics or physician offices, office of the registered dietitian (RD) or registered dietitian nutritionist (RDN), Medical Homes, Accountable Care Organizations and other community settings.</p>	<p>Medical Nutrition Therapy (MNT) Protocols aim to standardize nutrition care provided by the RD or RDN and identify reasonably expected outcomes.</p> <p>MNT Protocols are a component of the Academy’s Evidence-Based Toolkits and apply the disease or condition specific Evidence-Based Nutrition Practice Guidelines. They incorporate the Academy’s Nutrition Care Process and Model as the standard process, use the standardized language to document the patient/client care and include the following components:</p> <ul style="list-style-type: none"> • Executive Summary of Recommendations • MNT Flowchart of Encounters • MNT Encounter Process <p>MNT Protocols can be used for the articulation of MNT to health care decision makers and payers, training students, orientation and performance improvement. Evidence-Based Nutrition Practice Guidelines and Toolkits for dietetics practice are available at https://www.andeal.org/ Accessed July 26, 2016.</p> <p>See: Evidence-Based Nutrition Practice Guidelines and Evidence-Based Toolkits definition and key considerations.</p> <p>Complicating conditions such as severe illness or co-morbidity, for example, may require different treatments or considerations. The independent skill and judgment of the registered dietitian (RD), registered dietitian nutritionist (RDN) or referring health care provider must always determine treatment decisions. Protocols/guidelines for practice are provided with the express understanding that they do not establish or specify particular standards of care for legal, medical, or other purposes.</p>
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<p>Medicare Provider</p>	<p>See: Federal Recognition of RDs as Medicare Providers</p>	
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N-terms		
Nutrition	<p>Nutrition is defined as the “science of food, the nutrients and other substances therein, their action, interaction and balance in relation to health and disease, and the process by which the organism ingests, absorbs, transports, utilizes and excretes food substances”.¹</p> <p>¹Nutrition and Diet Therapy Reference Dictionary. Rosalinda T. Laguna and Virginia S. Claudio. New York: Chapman & Hall, 1995. http://www.nlm.nih.gov/pubs/cd_hum.nut.html. Accessed July 29, 2016.</p> <p>Approved by the Academy Board of Directors August 31, 2016.</p>	<p>Nutrition is the science or study that deals with food and nourishment, especially in humans. Nutrition is the process by which a living organism assimilates food and uses it for growth, liberation of energy, and replacement of tissues; its successive states include digestion, absorption, assimilation, and excretion.</p> <p>References: Dorland, W. A. N. Dorland's Illustrated medical dictionary. 28th ed. Philadelphia: Saunders; 1994.</p> <p>Stedman, T. L. Stedman's medical dictionary. 26th ed. Baltimore: Williams & Wilkins; 1995.</p>
Nutrition Assessment	<p>Nutrition assessment is a systematic method for obtaining, verifying, and interpreting data needed to identify nutrition-related problems, their causes and significance.</p> <p>Reference: Academy of Nutrition and Dietetics. Nutrition Terminology Reference Manual (eNCPT): Dietetics Language for Nutrition Care 2014, Nutrition Assessment Introduction, page 001, http://ncpt.webauthor.com , Accessed July 26, 2016.</p>	<p>Nutrition Assessment is the first of four steps in the Nutrition Care Process. While the type of data may vary among nutrition settings meeting client or community needs, the process and intention are the same. When possible, the assessment data is compared to reliable norms and standards for evaluation. Further, nutrition assessment initiates the data collection process providing the base for Nutrition Diagnosis (Step 2) and Nutrition Intervention (Step 3) that is continued throughout the nutrition care process and form the foundation for reassessment and reanalysis of the data in Nutrition Monitoring & Evaluation (Step 4).</p>
Nutrition and Dietetics	<p>Nutrition and Dietetics reflects the integration of Nutrition—which encompasses the science of food, nutrients and other substances contributing to nutrition status and health, with Dietetics—which is the application of food, nutrition and associated sciences, to optimize health and the delivery of care and services for individuals and groups.</p> <p>Approved by the Academy Board of Directors August 31, 2016.</p>	<p>See: Dietetics See: Nutrition</p>
Nutrition and Dietetics Career Development Guide, Helix	<p>The nutrition and dietetics career development guide helix is the model used in guiding nutrition and dietetics careers. The helix provides a general framework that individuals or nutrition and dietetics practice groups can use to identify practice guidance from entry into practice to the expert level.</p> <p>Reference: Academy of Nutrition and Dietetics. Nutrition and Dietetics Career Development Guide. June 2016. https://www.eatrightpro.org/resource/career/career-development/career-</p>	<p>The helix shape used in this model characterizes a fluid movement within the RDN and NDTR career, the ability to be used for different practice areas, and represents varied positions within or outside the field.</p> <p>Helix terminology: Level of education, Novice Level of education, Advanced Beginner Level of practice, Competent Level of practice, Proficient Level of practice, Expert</p>

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	<p>toolbox/dietetics-career-development-guide. Accessed July 26, 2016.</p> <p>See: Levels of Education; Levels of Practice</p>	
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<p>Nutrition and Dietetics Practitioner</p>	<p>Nutrition and Dietetics Practitioner is used in communications when referring to a credentialed practitioner (i.e.; registered dietitian-RD or registered dietitian nutritionist-RDN, dietetic technician, registered-DTR or nutrition and dietetics technician, registered-NDTR) and a non-credentialed practitioner (i.e.; practitioner with BS/BA, MS, MPH, and PhD who is not a RDN or a NDTR). (Note: This may also include a Certified Dietary Manager (CDM), Dietary Manager (no credential) and Certified Food Protection Professional (CFPP) and Chef or food and nutrition practitioner (no credential) with a BS/BA.)</p>	<p>Credentialed nutrition and dietetics practitioner is used in communications when referring to a RDN and NDTR. The term RDN and NDTR is always the preferred terminology to use when referring to the credentialed practitioner.</p> <p>Use of the global term “nutrition and dietetics practitioner” is acceptable when referring to non-credentialed individuals listed in the definition. It is also used when referring to the food and nutrition practitioner.</p> <p>Dietetics professional is never used in communications to describe and promote the registered dietitian nutritionist (RDN) or registered dietitian (RD) and the nutrition and dietetics technician (NDTR) or dietetic technician, registered (DTR) and has been discontinued.</p> <p>Use the word professional when referring to the RDN or RD. NDTRs or DTRs are the technical, not professional, group within nutrition and dietetics.</p> <p>Use Nutrition and Dietetics Practitioner and not Nutrition and Dietetics Professional.</p>
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<p>Nutrition and Dietetics Technician, Registered (NDTR)</p>	<p>The Nutrition and Dietetics Technician, Registered (NDTR) is defined by the Commission on Dietetic Registration as an individual who has met current minimum requirements through <u>one</u> of three routes:</p> <ol style="list-style-type: none"> 1. Successful completion of a minimum of an Associate degree granted by a U.S. regionally accredited college or university, or foreign equivalent and completed a minimum of 450 supervised practice hours through a Dietetic Technician Program accredited by Accreditation Council for Education in Nutrition and Dietetics (ACEND) of The Academy of Nutrition and Dietetics (Academy). Accessed July 26, 2016. 2. Successful completion of a Baccalaureate degree granted by a U.S. regionally accredited college or university, or foreign equivalent; met current academic requirements (Didactic Program in Dietetics) as accredited by ACEND of the Academy; successfully completed a minimum of 450 supervised practice hours under the auspices of a Dietetic Technician Program as accredited by ACEND. 3. Completed a minimum of a Baccalaureate 	<p>The Academy of Nutrition and Dietetics’ Board of Directors has approved the optional use of the credential “nutrition and dietetics technician, registered” (NDTR) by dietetic technicians, registered (DTRs). The Board supports this new credentialing option, to build upon the existing DTR Pathway III and differentiate between degree levels to obtain the credential Nutrition and Dietetics Technician, Registered (PhD, MS, BS or AS-NDTR). This credentialing model follows the nursing model (the RN examination is open to AS, BS, and MS prepared individuals). Individuals who have earned the DTR credential could choose to retain this credential or adopt the NDTR; those with the four year degree likewise could choose BS-DTR or BS-NDTR.</p> <p>Reference: Commission on Dietetic Registration. https://www.cdrnet.org/vault/2459/web/files/F_AQNDTRCredential.pdf. Accessed July 26, 2016.</p> <p>NDTRs work under the supervision of the RDN when engaged in direct patient/client nutrition care activities in any setting.¹ Refer to Scope of Practice for NDTR Roles: Services, Activities and Practice Areas.</p> <p>The Registered Dietitian (RD) or Registered Dietitian Nutritionist (RND) performs all steps of</p>
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	<p>degree granted by a U.S. regionally accredited college or university, or foreign equivalent; successfully completed a Didactic Program in Dietetics as accredited by ACEND of the Academy. Those with the four year degree could also choose BS-DTR or BS-NDTR.</p> <p>In all three routes, the individual must successfully complete the Registration Examination for Dietetic Technicians and remit the annual registration maintenance fee. To maintain the NDTR credential, the NDTR must comply with the Professional Development Portfolio (PDP) recertification requirements (accrue 50 hours of approved continuing professional education every five years).</p> <p>Reference: Commission on Dietetic Registration. http://www.cdrnet.org/about/who-is-a-dietetic-technician-registered-dtr. Accessed July 26, 2016.</p>	<p>the Nutrition Care Process. The Dietetic Technician, Registered (DTR) or Nutrition and Dietetics Technician, Registered (NDTR) performs the Nutrition Care Process steps as assigned and supervised by the RD or RDN based on demonstrated and documented competence.</p> <p>An RDN may assign a NDTR interventions within the NDTR's individual scope of practice, which may include educating individuals, planning between-meal nourishments according to the individual's diet and food preferences, planning and correcting menus for individuals on special diets based on established guidelines, individualizing menus based on food preferences, observing individuals during meal rounds and reporting observations to the RDN; and with the RDN, modifying the plan of nutrition care.</p> <p>Whether the supervision is direct (RDN is on premises and immediately available or self-employed in private practice) or indirect (RDN is immediately available by telephone or other electronic means) is determined by regulation and facility policies and procedures. Direct and indirect supervision of nutrition care services/nutrition care process is when the supervising RDN is available to the NDTR for consultation whenever consultation is required.</p> <p>NDTRs must comply with the Academy of Nutrition and Dietetics/CDR Code of Ethics and Academy Standards of Practice (SOP) in Nutrition Care and Standards of Professional Performance (SOPP) for NDTRs.³ To view SOP SOPP documents, visit: http://www.andjrnl.org/content/sop. Accessed July 26, 2016.</p> <p>References: ¹Academy of Nutrition and Dietetics Quality Management Committee and Scope of Practice Subcommittee of the Quality Management Committee. Academy of Nutrition and Dietetics: Scope of Practice for the Dietetic Technician, Registered. <i>J Acad Nutr Diet</i>. 2013;113(6 suppl 2):S46-S55. http://www.andjrnl.org/content/sop. Accessed July 26, 2016.</p> <p>²Practice Tip: What is Meant by "Under the Supervision of a Registered Dietitian Nutritionist"? http://www.eatrightpro.org/resource/practice/quality-management/scope-of-practice/scope-of-practice-terms-studies-and-tips . Accessed July 26, 2016.</p>
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		<p>³The Academy Quality Management Committee and Scope of Practice Subcommittee of the Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2012 standards of practice in nutrition care and standards of professional performance for dietetic technicians, registered. <i>J Acad Nutr Diet</i>. 2013; 113 (suppl 2): S56-S71. http://www.andjrn.org/issue/S2212-2672(13)X0014-0. Accessed July 26, 2016.</p>
<p>Nutrition Care Process</p>	<p>The Nutrition Care Process is a systematic approach to providing high quality nutrition care. The NCP consists of four distinct, interrelated steps: Nutrition Assessment, Nutrition Diagnosis, Nutrition Intervention, and Nutrition Monitoring and Evaluation.</p> <p>Reference: Academy of Nutrition and Dietetics. Nutrition Terminology Reference Manual (eNCPT): Dietetics Language for Nutrition Care 2014, Home/About US/Nutrition Care Process, page: nutrition-care-process, http://ncpt.webauthor.com, Accessed July 26, 2016.</p>	<p>The Nutrition Care Process consists of four distinct, but interrelated and connected steps: 1) Nutrition Assessment, 2) Nutrition Diagnosis, 3) Nutrition Intervention, and 4) Nutrition Monitoring and Evaluation. Even though each step builds on the previous one, the process is not linear. Critical thinking and problem solving will frequently require that dietetics practitioners revisit previous steps to reassess, add, or revise nutrition diagnoses; modify intervention strategies; and/or evaluate additional outcomes. The Registered Dietitian Nutritionist (RDN) makes decisions when providing medical nutrition therapy and addressing nutrition-related problems to ensure provision of safe, effective, timely and equitable quality care.</p> <p>The RDN performs all steps of the Nutrition Care Process. The Dietetic Technician, Registered (DTR) performs the Nutrition Care Process steps as assigned and supervised by the RDN based on demonstrated and documented competence.</p> <p>The Nutrition Care Process Terminology (NCPT) is one of many standardized terminologies that are used by the health professions. The NCPT is used to describe, document and record nutrition and dietetics practice.</p> <p>The Nutrition Care Process and Terminology provide the framework and data terms for research that facilitates measurement of nutrition practice and outcomes.</p> <p>The Nutrition Care Model is a visual representation that reflects key concepts of each step of the Nutrition Care Process and illustrates the greater context within which the Nutrition Care Process is conducted.</p>
<p>Nutrition Counseling</p>	<p>See: Nutrition Intervention, Nutrition Counseling</p>	
<p>Nutrition Diagnosis</p>	<p>A nutrition diagnosis identifies a nutrition problem that a food and nutrition professional is responsible for treating independently</p>	<p>Nutrition Diagnosis is a critical step between nutrition assessment and nutrition intervention. This Step 2 in the nutrition care process results in the nutrition diagnosis statement or PES statement composed of three distinct</p>

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	Reference: Academy of Nutrition and Dietetics. Nutrition Terminology Reference Manual (eNCPT): Dietetics Language for Nutrition Care 2014, ND Introduction, page-028, http://ncpt.webauthor.com , Accessed July 26, 2016.	components: Problem, Etiology, and Signs or Symptoms.
Nutrition Education	See: Nutrition Intervention, Nutrition Education	
Nutrition Intervention	Nutrition intervention is purposefully planned actions intended to positively change a nutrition-related behavior, environmental condition, or aspect of health status for the patient/client (and his/her family or caregivers), target group, or the community at large. Reference: Academy of Nutrition and Dietetics. Nutrition Terminology Reference Manual (eNCPT): Dietetics Language for Nutrition Care 2014, NI Introduction, page-048, http://ncpt.webauthor.com , Accessed July 26, 2016.	A Nutrition Intervention (Step 3) consists of two components: 1) Planning, and 2) Implementation.
Nutrition Intervention, Coordination of Nutrition Care	Nutrition intervention for coordination of nutrition care is in consultation with, referral to, or coordination of nutrition care with other providers, institutions, or agencies that assist in treating or managing nutrition-related problems. Reference: Academy of Nutrition and Dietetics. Nutrition Terminology Reference Manual (eNCPT): Dietetics Language for Nutrition Care 2014, Nutrition Intervention/Terms and Definitions/Coordination of Nutrition Care by a Nutrition Professional (RC), page-065, http://ncpt.webauthor.com , Accessed July 26, 2016.	Coordination of nutrition care is one of four nutrition interventions and is comprised of two classes: 1) Collaboration and Referral of Nutrition Care and 2) Discharge and Transfer of Nutrition Care to New Setting or Provider.
Nutrition Intervention, Food and Nutrient Delivery	Nutrition intervention for food and nutrition delivery is an individualized approach for food/nutrient provision. Reference: Academy of Nutrition and Dietetics. Nutrition Terminology Reference Manual (eNCPT): Dietetics Language for Nutrition Care 2014, Nutrition Intervention/Terms and Definitions/Food and/or Nutrient Delivery (ND), page-062, http://ncpt.webauthor.com , Accessed July 26, 2016.	Food and/or nutrient delivery is comprised of six classes: 1) Meal and Snacks, 2) Enteral and Parenteral Nutrition, 3) Nutrition Supplement Therapy, 4) Feeding Assistance, 5) Manage Feeding Environment, and 6) Nutrition-Related Medication Management
Nutrition Intervention, Nutrition Counseling	Nutrition intervention for nutrition counseling is a supportive process, characterized by a collaborative counselor–patient/client relationship to establish food, nutrition and physical activity priorities, goals, and individualized action plans that acknowledge and foster responsibility for	When provided by a registered dietitian nutritionist (RDN), Nutrition Counseling is advising and assisting patients/clients on appropriate nutrition intake by integrating information from the nutrition assessment with information on food and other sources of nutrients and meal preparation while being

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	<p>self-care to treat an existing condition and promote health.</p> <p>Reference: Academy of Nutrition and Dietetics. Nutrition Terminology Reference Manual (eNCPT): Dietetics Language for Nutrition Care 2014, Nutrition Intervention/Terms and Definitions/Nutrition Counseling (C), page-064, http://ncpt.webauthor.com , Accessed July 26, 2016.</p>	<p>cognizant of cultural background and socioeconomic status.</p> <p>Nutrition counseling is comprised of two classes: 1) Theoretical Basis/Approach, and 2) Strategies.</p>
<p>Nutrition Intervention, Nutrition Education</p>	<p>Nutrition intervention for nutrition education is a formal process to instruct or train patients/clients in a skill or to impart knowledge to help patients/clients voluntarily manage or modify food, nutrition and physical activity choices and behavior to maintain or improve health.</p> <p>Reference: Academy of Nutrition and Dietetics. Nutrition Terminology Reference Manual (eNCPT): Dietetics Language for Nutrition Care 2014, Nutrition Intervention / Terms and Definitions/Nutrition Education (E), page-063, http://ncpt.webauthor.com. July 26, 2016.</p>	<p>Registered dietitian nutritionists (RDNs) and dietetic technicians, registered (DTRs) providing nutrition education follow a standardized nutrition care process that includes some form of a nutrition assessment, and nutrition diagnosis, nutrition intervention, and nutrition monitoring and evaluation. These unique steps distinguish RDNs and DTRs from other health care practitioners who provide nutrition education.</p> <p>Nutrition education is comprised of two classes: 1) Content and 2) Application. Nutrition Education may be provided in individual or group settings. RDNs and DTRs provide nutrition education to optimize nutritional status, prevent disease or maintain and/or improve a patients/client’s health and well-being.</p> <p>DTRs routinely provide nutrition education services based on their job description, facility procedures and standards of practice. DTRs providing nutrition education may or may not be directly reimbursed depending on payer policies, state licensure laws and/or facility policies.</p> <p>Other groups and health plans may define nutrition education differently than the Academy. For billing and payment purposes, RDs or RDNs and DTRs should check state licensure laws and payer policies to determine practice criteria for providing nutrition education.</p> <p>Current Procedural Terminology codes for education and training (98960-62) may be used by RDs or RDNs to bill for nutrition education services. Check payer policies to verify coverage of education and training services.</p> <p>Normal nutrition information is also provided through Nutrition Education and includes the following:</p> <ul style="list-style-type: none"> • Principles of good nutrition and food preparation; • Food to be included in the normal daily diet; • Essential nutrients needed by the body;

Term	Definition/Description	Key Considerations
		<ul style="list-style-type: none"> Recommended amounts of the essential nutrients based on established standards; Actions of nutrients on the body; Effects of deficiencies or excesses of nutrients; and Foods, nutrient supplements and dietary supplements that are good sources of essential nutrients.
Nutrition Informatics	<p>Nutrition Informatics is “The effective retrieval, organization, storage and optimum use of information, data and knowledge for food and nutrition related problem solving and decision making. Informatics is supported by the use of information standards, processes and technology.”</p> <p>Reference: Adapted from the definition of biomedical informatics; Shortliffe EH, Cimino JJ, eds. <i>Biomedical Informatics: Computer Applications in Health Care and Biomedicine</i>. 3rd ed. New York, NY: Springer Science + Business Media, LLC; 2006: 24.</p>	<p>The tendency to think of nutrition technology as nutrition informatics often occurs and unfortunately leads to a mind/set focused on technology versus the broad application of nutrition informatics.</p> <p>Simple definition: The intersection of information, nutrition and technology.</p>
Nutritionist	<p>A nutritionist is a person who studies nutrition and/or provides education or counseling in nutrition principles.</p> <p>This individual may or may not have an academic degree in the study of nutrition, and may or may not actually work in the field of nutrition.</p> <p>References: Random House Kernerman Webster’s College Dictionary, ©2010 K Dictionaries Ltd. Copyright 2005, 1997, 1991 by Random House Inc. http://www.kdictionaries-online.com/DictionaryPage.aspx?ApplicationCode=18#&&DictionaryEntry=Nutritionist&SearchMode=Entry. Accessed July 26, 2016</p> <p>Dictionary.com. The American Heritage® Stedman’s Medical Dictionary. Houghton Mifflin Company. http://dictionary.reference.com/browse/nutritionist. Accessed July 26, 2016.</p> <p>Academy of Nutrition and Dietetics. Quality Management Committee. Definition of Terms Workgroup. August 15, 2015.</p>	<p>There is no uniform definition for the title “nutritionist”. States that define “nutritionist” in statute or regulation define it variably/variably.</p> <p>The Academy asserts that all Registered Dietitians or Registered Dietitian Nutritionists are nutritionists but not all nutritionists are qualified to use the titles Registered Dietitians or Registered Dietitian Nutritionists.</p> <p>Regulatory/ Statutory: Some states have enacted licensure laws or other forms of legislation that regulates use of the title “Nutritionist” and/or sets specific qualifications for using the title, often but not uniformly including an advanced degree in nutrition.</p> <p>Refer to State laws and licensure board for each State’s specific licensing acts for becoming a nutritionist.</p> <p>Reference: Academy of Nutrition and Dietetics. State Licensure Agency Contact List. http://www.eatrightpro.org/resource/advocacy/quality-health-care/consumer-protection-and-licensure/state-licensure-agency-contact-list. Accessed July 26, 2016.</p>
Nutrition Monitoring and Evaluation	<p>Nutrition monitoring is the preplanned review and measurement of selected nutrition care indicators of patient/client’s status relevant to the defined needs, nutrition diagnosis, nutrition intervention, and outcomes.</p>	<p>This Nutrition Care Process Step 4 determines the progress made in achieving desired outcomes of nutrition care and whether planned interventions should be continued or revised.</p>

Term	Definition/Description	Key Considerations
	<p>Nutrition evaluation is the systematic comparison of current findings with the previous status, nutrition intervention goals, effectiveness of overall nutrition care, or a reference standard.</p> <p>Reference: Academy of Nutrition and Dietetics. Nutrition Terminology Reference Manual (eNCPT): Dietetics Language for Nutrition Care 2014, NCP and NME, page-067, http://ncpt.webauthor.com. Accessed July 26, 2016.</p>	
Nutrition-Related Services	<p>Nutrition-related services encompass action and activities provided by registered dietitian nutritionists (RDNs) and nutrition and dietetics technician, registered (NDTRs) that relate to the delivery of food and nutrition care and services.</p>	<p>Medicare Part B Insurance (Medical Insurance) covers medical nutrition therapy services and certain related services. A registered dietitian or nutrition professional who meets certain requirements can provide these services, which may include nutritional assessment, one-on-one counseling, and therapy services through an interactive telecommunications system.</p> <p>Reference: Medicare website. http://www.medicare.gov/coverage/nutrition-therapy-services.html. Accessed July 26, 2016.</p>
Nutrition Screening	<p>Nutrition screening is the process of identifying patients, clients, or groups who may have a nutrition diagnosis and benefit from nutrition assessment and intervention by a registered dietitian (RD) or registered dietitian nutritionist (RDN).</p> <p>Patients/clients enter nutrition assessment, the first step of the NCP, through screening, surveillance systems data, and/or referral, all of which are outside of the NCP.</p> <p>Reference: Academy of Nutrition and Dietetics. Nutrition Terminology Reference Manual (eNCPT): Dietetics Language for Nutrition Care 2014, Nutrition Assessment Introduction, page-001, http://ncpt.webauthor.com. Accessed July 26, 2016.</p>	<p>Nutrition screening may be conducted in any practice setting as appropriate.</p> <p>Nutrition screening tools should be quick, easy to use, valid and reliable for the patient/population/setting.</p> <p>Nutrition screening tools and parameters are established by registered dietitian nutritionists (RDNs), however, the screening process may be carried out by dietetic technicians, registered (DTRs) and others who have been trained in the use of the screening tool.</p> <p>Nutrition screening and rescreening should occur within an appropriate timeframe for the setting.</p> <p>For more information regarding nutrition screening, please visit the Evidence Analysis Library at www.andevidencelibrary.com Accessed July 26, 2016.</p>
Nutritional Genomics (Nutrigenetics, Nutrigenomics)	<p>Nutritional Genomics is "An umbrella term that describes the application of genetic technology to food and nutrition and includes nutrigenetics and nutrigenomics."¹ "It is the study of how dietary and other lifestyle choices influence the function of living beings at the molecular, cellular, organismal, and population levels."²</p> <p>"Nutrigenetics concerns the individual's genetic make-up (DNA) and the proteins</p>	<p>The nutritional genomics community is standardizing terminology across disciplines and countries, with "nutritional genomics" being the field.</p> <p>"Nutrigenetics" concerns the "goodness of fit" of an individual's genetic makeup with his environment.</p>

Term	Definition/Description	Key Considerations
	<p>those genes produce and how well those proteins work.”²</p> <p>“Nutrigenomics is the study of how foods affect our genes and how individual genetic differences can affect the way we respond to nutrients (and other naturally occurring compounds) in the foods we eat.”³</p> <p>References: ¹ DeBusk RM, Fogarty CP, Ordovas JM, Kornman KS. Nutritional Genomics in Practice: Where Do We Begin? <i>J Am Diet Assoc.</i> 2005; 105(4): 589-598. ² DeBusk RM. Nutritional Genomics: Implications for Dietetics. <i>Women’s Health Report</i>, Spring 2008. ³ NCMHD Center of Excellence for Nutritional Genomics. http://nutrigenomics.ucdavis.edu. Copyright 2006-2007. Accessed July 26, 2016.</p>	<p>“Nutrigenomics” concerns the influence of environmental factors (of which food is a major component) on gene expression.</p> <p>Epigenetics concerns “the development and maintenance of an organism... orchestrated by a set of chemical reactions that switch parts of the genome off and on at strategic times and locations. Epigenetics is the study of these reactions and the factors that influence them.”</p> <p>University of Utah. Genetic Science Learning Center. http://learn.genetics.utah.edu/content/epigenetics. Accessed July 26, 2016.</p>
Nutritional Supplement, Oral	<p>An oral nutritional supplement is a food item consumed to manage calories, protein or other nutrient(s) to enhance nutritional quality; the supplement could be a meal replacement, a part of a meal or consumed as a snack. Examples: Commercial ready-to-use beverages or powdered products to be reconstituted with milk/milk substitute or water, portion-controlled meals, puddings, soups or bars.</p> <p>Reference: Jortberg, B; Myers, E, Gigliotti, L; Ivens B J.; Lebre, M; Burke March S, Nogueira, I; Nwankwo R; Parkinson, M R.; Paulsen, B; Turner, T. Academy of Nutrition and Dietetics: Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Adult Weight Management. <i>J Acad Nutr Diet.</i> 2015;115(4):618.e39-Glossary.</p>	<p>See: Definitions for Dietary supplements and Medical Foods.</p>
O, P-terms		
Outcomes Management	<p>Outcomes Management is a system for assessing and identifying preferred interventions or noninterventions that leads to a desired outcome.</p> <p>Reference: Segen, J.C. Outcomes Management. <i>Concise Dictionary of Modern Medicine.</i> New York, NY: McGraw-Hill; 2002</p>	<p>Outcomes management provides benefits such as decreasing healthcare costs, decreasing length of stay, improving outcomes, improving system processes, and fostering outcomes research.</p> <p>Reference: Grady, GF. Castle, B. Sibley, K. Outcomes Management: An Interdisciplinary Approach to Improving Patient Outcomes. <i>Nephrol News Issues.</i> 1996; 10(11): 29-29.</p>
Parenteral Nutrition	<p>Parenteral nutrition is the intravenous administration of nutrients such as amino</p>	<p>Parenteral nutrition to be used in preference to "parenteral feeding".</p>

Term	Definition/Description	Key Considerations
	<p>acids, carbohydrate, lipid, and added vitamins and minerals delivered via Central or Peripheral route. Central means parenteral nutrition delivered into a large-diameter vein, usually the superior vena cava adjacent to the right atrium. Peripheral means Parenteral nutrition delivered into a peripheral vein, usually of the hand or forearm.</p> <p>References: A.S.P.E.N. Definitions of Terms. 2012.</p> <p>The Joint Commission, Hospital Accreditation Standards, Glossary, January 2015.</p>	
<p>Performance Improvement</p>	<p>Performance Improvement is the systematic process of detecting and analyzing performance problems, designing and developing interventions to address the problems, implementing the interventions, evaluating the results, and sustaining improvement.</p> <p>Reference: The Joint Commission: Glossary. In: <i>Comprehensive Accreditation Manual for Nursing Care Centers: the Guide to Powering Performance Excellence in Your Organization</i>. Oakbrook Terrace, IL: The Joint Commission; 2016: GL-24.</p>	<p>Performance improvement focuses on individual and organizational performance to correct errors when safety thresholds are crossed. Performance Improvement evaluates processes with the intent to prevent or decrease the likelihood of problems by identifying areas of opportunity and testing new approaches to fix underlying causes of persistent problems.¹</p> <p>Performance improvement focuses on the end “results” as defined by an organization’s efficiency and outcome of care, and level of customer satisfaction. Whereas quality improvement focuses on “how” things are done based on an organization’s service delivery approach or underlying systems of care.²</p> <p>A common used methodology for Performance and Process Improvement is Six Sigma, which uses models such as DMAIC (Define, Measure, Analyze, Improve, Control), and/or DMADV (Define, Measure, Analyze, Design, Verify).³ See Process Improvement</p> <p>QAPI is the coordinated application of two mutually-reinforcing aspects of a quality management system: Quality Assurance (QA) and Performance Improvement (PI). QAPI takes a systematic, comprehensive, and data-driven approach to maintaining and improving safety and quality.⁴ See Quality Assurance</p> <p>Reference: ¹Academy of Nutrition and Dietetics http://www.eatrightpro.org/resources/practice/quality-management/quality-improvement. Accessed December 20, 2016.</p> <p>² Health Resources and Services Administration http://www.hrsa.gov/quality/toolbox/methodolo</p>

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		<p>gy/qualityimprovement/index.html. Accessed December 20, 2016.</p> <p>³Pyzdek, T. Keller, P. <i>Six Sigma Handbook: A Complete Guide for Green Belts, Black Belts, and Mangers at All Levels 4th ed.</i> New York, NY: McGraw Hill Education; 2014.</p> <p>⁴Centers for Medicare & Medicaid Services. https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapidefinition.html. Accessed December 20, 2016.</p>
Performance Measurement	<p>Performance measurement is the regular collection of data to assess whether the correct processes are being performed and desired results are being achieved.</p> <p>Reference: Health Resources and Services Administration http://www.hrsa.gov/quality/toolbox/methodology/performancemanagement/index.html. Accessed October 19, 2016.</p>	<p>Performance measurement is the process of collecting, analyzing and/or reporting information regarding the performance of an individual, group, organization, system or component.</p> <p>It can involve studying processes/strategies within organizations, or studying engineering processes/parameters/phenomena, to see whether outputs are in line with what was intended or should have been achieved.</p> <p>Reference: Medical Dictionary by Farlex http://encyclopedia.thefreedictionary.com/Performance+Measurement. Accessed April 1, 2016.</p>
Position Paper	<p>A position paper is a critical analysis of current facts, data, and research literature. It assists in promoting optimal nutrition, health and well-being. Academy members, consumers, industry, and the government use position papers to shape food choices and impact the public's nutritional status. The featured position statement presents the Academy's stance on an issue.</p>	<p>A position paper consists of an abstract, a position statement, and a support paper.</p> <p>Position papers are written by health professionals who possess thorough and current knowledge of the topic. At least one author must be a member of the Academy of Nutrition and Dietetics.</p> <p>Please review the Academy's website for additional information: http://www.eatright.org/positions. Accessed July 26, 2016.</p>
Practice Act	See: Certification (statutory) and Licensure	
Practice Exclusivity	<p>Practice exclusivity is a provision in state licensure laws providing that only those in the state that are properly authorized may engage in activities falling within the regulated profession's scope of practice.</p>	<p>States with practice exclusivity generally have multiple legislative exemptions, allowing specific groups (notably members of another profession operating within the scope of their profession) to engage in the otherwise protected practice.</p>
Practice Guidelines	See: Evidence-Based Guidelines/Practice Guidelines	
Practice Paper	<p>A practice paper is a critical analysis of the current research literature that addresses a practice topic to translate science into practice. It provides registered dietitian nutritionists (RDNs) and nutrition and</p>	<p>The practice paper may include the following components:</p> <ul style="list-style-type: none"> • Implications for the Nutrition Care Process; • Description of best practices; • Decision trees;

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	<p>dietetics technicians, registered (NDTRs) with information to enhance critical reasoning and quality improvement in nutrition and dietetics practice.</p>	<ul style="list-style-type: none"> • Benchmark levels; • Practice guidelines, including links to evidence-based analysis, when available; • Practice definitions; • Academy’s Standards of Practice and Standards of Professional Performance and; • Opposing and emerging science. It is up to the discretion of the Academy Positions Committee (APC) workgroup to recommend that the author(s) include a section on opposing views or emerging science. <p>Please review the Academy’s website for additional information: http://www.eatright.org/positions. Accessed July 26, 2016.</p>
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Privileges, Clinical	See: Clinical Privileges	
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<p>Process Improvement</p>	<p>Process Improvement is the proactive task of identifying, analyzing and improving upon existing system processes within an organization for optimization and to meet new quotas or standards of quality.^{1,2}</p> <p>Reference: ¹Appian. http://www.appian.com/about-bpm/process-improvement-organizational-development/. Accessed December 20, 2016.</p> <p>²Pyzdek, T. Keller, P. <i>Six Sigma Handbook: A Complete Guide for Green Belts, Black Belts, and Mangers at All Levels 4th ed.</i> New York, NY: McGraw Hill Education; 2014.</p>	<p>Process Improvement is the job of examining the processes used in an organization, department, project, etc. to see how they can be made more effective.¹</p> <p>It often involves a systematic approach which follows a specific methodology but there are different approaches to be considered. Some examples are benchmarking or lean manufacturing, each of which each focuses on different areas of improvement and uses different methods to achieve the best results. Processes can either be modified or complemented with sub-processes or even eliminated for the ultimate goal of improvement.²</p> <p>Process Improvement is an ongoing practice and should always be followed up with the analysis of tangible areas of improvement. When implemented successfully, the results can be measured in the enhancement of product quality, customer satisfaction, customer loyalty, increased productivity, development of the skills of employees, efficiency and increased profit resulting in higher and faster return on investment (ROI).²</p> <p>A common used methodology for Process and Performance Improvement is Six Sigma, which uses models such as DMAIC (Define, Measure, Analyze, Improve, Control), and/or DMADV (Define, Measure, Analyze, Design, Verify).³ See Performance Improvement</p> <p>Reference: ¹Cambridge Dictionary. http://dictionary.cambridge.org/us/dictionary/english/process-improvement. Accessed December 20, 2016.</p>
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		<p>²Appian. http://www.appian.com/about-bpm/process-improvement-organizational-development/. Accessed December 20, 2016.</p> <p>³Pyzdek, T. Keller, P. <i>Six Sigma Handbook: A Complete Guide for Green Belts, Black Belts, and Mangers at All Levels 4th ed.</i> New York, NY: McGraw Hill Education; 2014.</p>
Proficient	See: Level of Practice, Proficient	
Public Health Nutrition	<p>Public health nutrition is the application of nutrition and public health principles to design programs, systems, policies, and environments that aims to improve or maintain the optimal health of populations and targeted groups.</p> <p>Definition and key considerations adapted from the Committee for Public Health/Community Nutrition, 2014.</p>	
Public Health Nutritionist	<p>A public health nutritionist is a professional trained in both nutrition and the core competency areas of public health (including biostatistics, epidemiology, health behavior, health policy and, management and environmental science). The professional has advanced didactic and experiential training in public health and nutrition practice, or hold advanced degree(s) in public health nutrition or nutrition science. The Academy of Nutrition and Dietetics strongly recommends that these professionals should be Registered Dietitians (RD) or Registered Dietitian Nutritionists (RDNs) and should maintain state licensure. Definition and key considerations adapted from the Committee for Public Health/Community Nutrition, 2014.</p>	<p>The main functions of public health nutritionists include:</p> <ul style="list-style-type: none"> • taking a leadership role in identifying nutrition-related needs of a community; • advocating for and participating in policy development and evaluation including identifying the impacts and outcomes of these efforts; • assessing, planning, directing, and evaluating health- promotion and disease-prevention efforts; • administering and managing programs, including supervising personnel ; • developing and/or assisting in budget preparation; • identifying and seeking resources (e.g., grants, contracts) to support programs and services; • providing technical assistance/consultation to policy- makers, decision-makers, and others within and outside of health agencies; • participating in research, evaluation, and demonstration projects, including interpreting and applying research findings and successful interventions to public health and nutrition programs; • collaborating with others to promote environmental and systems changes; • assuring access to healthy and affordable food and nutrition-related care; and, systematically collecting, analyzing and interpreting data on population demographics, health and disease trends, and food consumption patterns through nutrition surveillance programs and systems.

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Q-terms		
Quality Assurance (QA)	<p>Quality Assurance (QA) is the specification of standards for quality of service and outcomes, and a process throughout the organization for assuring that care and/or service is maintained at acceptable levels in relation to those standards. QA is on-going, both anticipatory and retrospective in its efforts to identify how the organization is performing, including where and why facility performance is at risk or has failed to meet standards.</p> <p>Reference: Centers for Medicare & Medicaid Services. https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapidefinition.html. Accessed November 10, 2016.</p>	<p>Quality assurance refers to the activities implemented in a quality system so that requirements for the service will be fulfilled. It is the systematic measurement, comparison with a standard, monitoring of processes and an associated feedback loop that confers error prevention.</p> <p>QAPI is the coordinated application of two mutually-reinforcing aspects of a quality management system: Quality Assurance (QA) and Performance Improvement (PI). QAPI takes a systematic, comprehensive, and data-driven approach to maintaining and improving safety and quality.¹ See Performance Improvement</p> <p>Reference: ¹Centers for Medicare & Medicaid Services. https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/qapidefinition.html. Accessed November 10, 2016.</p> <p>²Medical Dictionary by Farlex http://encyclopedia.thefreedictionary.com/Quality+Assurance. Accessed April 1, 2016.</p>
Quality Healthcare	<p>Quality healthcare is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.</p> <p>Reference: <i>Why Quality?</i> National Quality Forum, 2015. http://www.qualityforum.org/Home.aspx Accessed July 26, 2016.</p>	
Quality Improvement (QI)	<p>Quality Improvement (QI) consists of systematic and continuous actions that lead to measurable improvement in services and/or the status of targeted individuals or groups.</p> <p>Reference: Health Resources and Services Administration http://www.hrsa.gov/quality/toolbox/methodology/qualityimprovement/index.html. Accessed December 20, 2016.</p>	<p>Quality improvement uses techniques to assess and improve internal operations. QI is a means by which quality performance is achieved at unprecedented levels by establishing the infrastructure needed to secure improvement and by providing the resources, motivation and training needed.¹ QI focuses on organizational systems to improve quality rather than individual or organizational performance and seeks to improve quality rather than correcting errors when safety thresholds are crossed.² QI involves setting goals, implementing systematic changes, measuring outcomes and making and sustaining subsequent improvements using techniques and tools such as: the Academy Standards of Excellence Metric Tool, PDSA, Lean, Six Sigma, and Team Steps.^{3,4}</p>

Term	Definition/Description	Key Considerations
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		<p>Quality Improvement focuses on “how” things are done based on an organization’s service delivery approach or underlying systems of care. Whereas performance improvement focuses on the end “results” as defined by an organization’s efficiency and outcome of care, and level of customer satisfaction.⁵</p> <p>Reference: ¹Pelletier, L. Beaudin, C. <i>Q Solutions: Essential Resources for the Healthcare Quality Professional, 3rd ed.</i> NAHQ; 2012</p> <p>²Performance Improvement: A Change for the Better. RN.com Website. https://lms.rn.com/getpdf.php/649.pdf. Published April 10, 2003. Updated June 15, 2005. Accessed December 20, 2016</p> <p>³Academy of Nutrition and Dietetics. http://www.eatrightpro.org/resources/practice/quality-management/quality-improvement. Accessed December 20, 2016</p> <p>⁴Academy of Nutrition and Dietetics. http://www.eatrightpro.org/soe. Accessed December 20, 2016</p> <p>⁵Health Resources and Services Administration http://www.hrsa.gov/quality/toolbox/methodology/qualityimprovement/index.html. Accessed December 20, 2016.</p>
<p>Quality Improvement Project (QIP)</p>	<p>A Quality Improvement Project (QIP) is a set of related activities designed to achieve measureable improvement in a process of outcomes of care and/or service.¹ A QIP should be a continuous process of learning, development and assessment, and part of a wider quality improvement program.²</p> <p>Reference: ¹Centers for Medicare & Medicaid Services https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/qio110c16.pdf. Accessed October 19, 2016.</p> <p>²Royal College of General Practitioners http://www.rcgp.org.uk/training-exams/mrcgp-workplace-based-assessment-wpba/~media/Files/GP-training-and-exams/WPBA/wpba-QIP-practical-guidance-for-trainees-050415.ashx. Accessed April 1, 2016.</p>	<p>A Quality Improvement Project (QIP) evolves from the definition of a quality review study as an assessment conducted for a Quality Improvement Organization or a problem for the purpose of improving care and/or service through peer analysis, intervention, resolution of the problem and follow up.</p> <p>Reference: Centers for Medicare & Medicaid Services https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/qio110c16.pdf. Accessed October 19, 2016.</p>
<p>Quality Management</p>	<p>Quality Management is a systematic process with identified leadership, accountability, and dedicated resources for the purpose of meeting or exceeding established professional standards.</p>	

Term	Definition/Description	Key Considerations
	<p>Reference: Adapted from the National Quality Center’s Quality Management 101 PowerPoint presentation, slides 9 and 3. National Quality Center. Quality Management 101. Titles I & II Technical Assistance (TA) WebEx. Donna Yutzy, NQC Consultant. State of New York, Department of Health. January 11, 2007. Funded by HRSA.</p> <p>http://www.google.com/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=1&ved=0ahUKEwidx6nImf_JAhVGYyYKHXLdDXMQFggcMAA&url=http%3A%2F%2Fnationalqualitycenter.org%2Ffiles%2F2-qm101-for-parts-a-and-b%2F&usg=AFQjCNEFrgkx4AQpruFLSD6YZNBy2wiyA. Accessed July 26, 2016.</p>	
Quality Nutrition and Dietetics Practice	<p>Quality nutrition and dietetics practice is built on a solid foundation of education and credential assessment processes to assure the competence of the RDN and NDTR.</p> <p>Reference: Academy of Nutrition and Dietetics. Quality Management Committee. Quality Nutrition and Dietetics Practice Brochure.</p> <p>http://www.eatrightpro.org/resource/practice/quality-management/quality-care-basics/quality-care-resources. Accessed July 26, 2016.</p>	
R-terms		
Reasonable and Prudent	<p>Reasonable and prudent refers to the actions of a person who exercises qualities of attention, knowledge, intelligence and judgment that society requires of its members for the protection of their own interests and the interests of others.</p> <p>Reference: National Association for Court Management.</p> <p>http://www.nacmnet.org/Glossary.html Accessed July 26, 2016.</p>	
Registered Dietitian (RD)	See: Registered Dietitian Nutritionist (RDN)	
Registered Dietitian Nutritionist (RDN)	<p>The Registered Dietitian Nutritionist (RDN) is defined by the Commission on Dietetic Registration as an individual who has met current minimum (Baccalaureate degree granted by a U.S. regionally accredited college or university, or foreign equivalent) academic requirements with successful completion of both specified didactic education and supervised-practice experiences through programs accredited by The Accreditation Council for Education in</p>	<p>The Academy of Nutrition and Dietetics’ Board of Directors and the Commission on Dietetic Registration have approved the optional use of the credential “registered dietitian nutritionist” (RDN) by registered dietitians (RD). The option was established to further enhance the RD brand and more accurately reflect to consumers who registered dietitians are and what they do. This will differentiate the rigorous credential requirements and highlight that <i>all registered dietitians are nutritionists but not all</i></p>

Term	Definition/Description	Key Considerations
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	<p>Nutrition and Dietetics (ACEND) of the Academy of Nutrition and Dietetics, who has successfully completed the Registration Examination for Dietitians and remitted the annual registration fee. To maintain the RD or RDN credential, the RD or RDN must comply with the Professional Development Portfolio (PDP) recertification requirements (accrue 75 units of approved continuing professional education every five years).</p> <p>Reference: Commission on Dietetic Registration http://www.cdrnet.org/about/who-is-a-registered-dietitian-rd. Accessed July 26, 2016.</p>	<p><i>nutritionists are registered dietitians.</i></p> <p>Reference: Commission on Dietetic Registration. http://www.cdrnet.org/news/rdncredentialfaq. Accessed July 26, 2016.</p> <p>Consideration: Successful completion of the Registration Examination for RDs or RDNs demonstrates minimum competence for practice.</p> <p>Employers should use the RD or RDN credential as the baseline competency assessment for qualified individuals to practice independently. It is only after successfully passing the exam that the individual would meet the criteria outlined in the standards and elements of performance TJC relative to *qualified individual.</p> <p>*Qualified individual - an individual or staff member who is qualified to participate in one or all of the mechanisms outlined in Joint Commission standards by virtue of the following: education, training, experience, competence, registration or certification; or applicable licensure, law, or regulation.</p> <p>Individuals eligible to sit for the Registration Examination for Dietitians but who have not taken the examination or have taken the examination without successfully completing it, are NOT permitted to use the unapproved and professionally inappropriate non-credential “RDE” abbreviation for “Registration-eligible Dietitian. Review Registration Eligible term section – Need URL to CDR.</p> <p>RDNs must comply with the Academy of Nutrition and Dietetics/CDR Code of Ethics.</p> <p>Reference: American Dietetic Association/Commission on Dietetic Registration Code of Ethics for the Profession of Dietetics and Process for Consideration of Ethics Issues. <i>Journal of the American Dietetic Association</i>.2009; 109(8):1461-146. http://www.eatrightpro.org/resources/career/code-of-ethics. Accessed July 26, 2016.</p>
<p>Registration Eligible, NDTR</p>	<p>The term “Dietetic Technician, Registration Eligible” is not a professional designation. The “DTRE” or “NDTRE” is not a credential and should not be used.</p> <p><i>NDTRE is the acronym for NDTR Eligible or Nutrition and Dietetics Technician, Registered Eligible, while DTRE is the acronym for DTR Eligible or Dietetic Technician, Registered Eligible is the same only spelled out and should NOT be used.</i></p>	<p>Dietetic Technician students completing their supervised practice program must sign a(n) NDTR or DTRE Misuse form for their program director regarding this fabricated credential. In addition, each student is provided with a copy of the misuse document to retain in their file.</p> <p>References: Commission on Dietetic Registration. http://www.cdrnet.org/certifications/registratio</p>

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	<p>The Commission asks not to use the term <i>NDTRE</i> or <i>DTRE</i>, and NDTR Eligible or <i>DTR</i> Eligible and replace it with registration eligible.</p> <p>Reference: Commission on Dietetic Registration. Registration Eligibility General Information. http://www.cdrnet.org/certifications/registration-eligibility-general-information-dtre. Accessed July 26, 2016.</p>	<p>n-eligibility-general-information-rde. Accessed July 26, 2016.</p> <p>Commission on Dietetic Registration. http://www.cdrnet.org/certifications/registration-eligibility-general-information-dtre. Accessed July 26, 2016.</p>
<p>Registration Eligible, RDN</p>	<p>The term <i>registration eligible</i> is used by the Commission on Dietetic Registration to identify individuals who have met the didactic and supervised practice requirements to write the registration examination. The Commission will verify upon request that an individual has met registration eligibility requirements and the eligibility date.</p> <p>The Commission has noted with concern an increase in the use of the term <i>RDE</i> to designate registration eligibility. The “RDE” is not a credential and should not be used. The term “Registered Dietitian Eligible” is not a professional designation. This includes the acronym RDE which should not be used. Also, note that the words should not be spelled out; that is, RD Eligible, Registered Dietitian Eligible, RDN Eligible or Registered Dietitian Nutritionist Eligible. Again, these are not professional designations and should NOT be used. If needed in describing an individual, only use the words - registration eligible.</p> <p>Reference: Commission on Dietetic Registration. Registration Eligibility General Information. http://www.cdrnet.org/certifications/registration-eligibility-general-information-rde. Accessed July 26, 2016.</p>	<p>Individual facilities should determine an appropriate title for individuals who are eligible to sit for the registration exam based on the Qualified Dietitian Federal Definition which lists duties and qualifications of staff within Hospitals, Critical Access Hospitals (CAH), Long Term Care facilities, and End Stage Renal facilities. Until such time as the Registration Examination for Dietitians is passed, individuals who are eligible to sit for the registration exam should have all medical record documentation co-signed by a registered dietitian nutritionist (RDN) just as is required while the individual is completing the supervised practice requirement.</p> <p>Additionally, some states grant provisional licensure. Licensure laws in the state govern practice in that state.</p> <p>An individual who has not taken the exam practicing at the same capacity as an RDN is not appropriate.</p> <p>Dietitian students completing their supervised practice program must sign a RDE Misuse form for their program director regarding this fabricated credential. In addition, each student is provided with a copy of the misuse document to retain in their file.</p> <p>References: Academy of Nutrition and Dietetics Quality Management Committee and Scope of Practice Subcommittee of the Quality Management Committee. Academy of Nutrition and Dietetics: Scope of Practice in Nutrition and Dietetics. <i>J Acad Nutr Diet</i>. 2013;113(6 suppl 2):S11-S16. http://www.andjrn.org/content/sop. Accessed July 26, 2016.</p> <p>Academy of Nutrition and Dietetics Quality Management Committee and Scope of Practice Subcommittee of the Quality Management Committee. Academy of Nutrition and Dietetics: Scope of Practice for</p>

Term	Definition/Description	Key Considerations
		<p>the Registered Dietitian. <i>J Acad Nutr Diet.</i> 2013;113(6 suppl 2):S17-S28. http://www.andjrn.org/content/sop. Accessed July 26, 2016.</p> <p>Academy Quality Management Committee and Scope of Practice Subcommittee of the Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2012 standards of practice in nutrition care and standards of professional performance for registered dietitians. <i>J Acad Nutr Diet.</i> 2013; 113 (suppl 2): S29-S45. http://www.andjrn.org/content/sop. Accessed July 26, 2016.</p>
S-terms		
Scope of Practice (Individual)	See: Scope of Practice in Nutrition and Dietetics	<p>An individual’s scope of practice in nutrition and dietetics has flexible boundaries to capture the breadth of the individual’s professional practice. Individuals and organizations must ethically take responsibility for determining competence of each individual to provide a specific service. Not all Registered Dietitian Nutritionists (RDNs) and Nutrition and Dietetics Technician, Registered (NDTR) will practice to the full extent of the range of nutrition and dietetics practice.</p> <p>The Academy Quality Management Committee and Scope of Practice Subcommittee of the Quality Management Committee. Academy of Nutrition and Dietetics: Scope of practice for the dietetic technician, registered. <i>J Acad Nutr Diet.</i> 2013; 113 (suppl 2): S46-S55.</p> <p>The Academy Quality Management Committee and Scope of Practice Subcommittee of the Quality Management Committee. Academy of Nutrition and Dietetics: Scope of practice for the registered dietitian. <i>J Acad Nutr Diet.</i> 2013; 113 (suppl 2): S17-S28.</p>
Scope of Practice (Statutory)	<p>The Academy has adopted the statutory scope of practice definition from The Center for the Health Professions, University of California, San Francisco. “Legal scopes of practice for the health care professions establish which professionals may provide which health care services, in which settings, and under which guidelines or parameters. With few exceptions, determining scopes of practice is a state-based activity.</p> <p>State legislatures consider and pass the practice acts, which become state statute or code.</p> <p>State regulatory agencies, such as medical and other health professions’ boards,</p>	<p>The scope of practice typically describes the practitioner’s practice, qualifications, board representation, and fee and renewal schedule. The scopes may also list specific examples of responsibilities such as taking histories, patient care, education and training.</p> <p>For additional information: Scope of Practice Laws in Health Care: Exploring New Approaches for California. March 2008. http://www.chcf.org/publications/2008/03/scop-e-of-practice-laws-in-health-care-exploring-new-approaches-for-california. Accessed July 26, 2016.</p>

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	<p>implement the laws by writing and enforcing rules and regulations detailing the acts.”</p> <p>References: Promising Scopes of Practice Models for the Health Professions. Catherine Dower, JD; Sharon Christian, JD; and Edward O’Neil, PhD, MPA, FAAN. The Center for the Health Professions, University of California, San Francisco, 2007. https://www.health.ny.gov/health_care/medicaid/redesign/docs/2007-12_promising_scope_of_practice_models.pdf. Accessed July 26, 2016.</p> <p>Center for Health Professions. http://futurehealth.ucsf.edu. Accessed July 26, 2016.</p>	
Scope of Practice in Nutrition and Dietetics	<p>Scope of practice in nutrition and dietetics encompasses the range of roles, activities, and regulations within which nutrition and dietetics practitioners perform. For credentialed practitioners, scope of practice is typically established within the practice act and interpreted and controlled by the agency or board that regulates the practice of the profession in a given state.</p>	<p>Registered Dietitian Nutritionists (RDNs) and Nutrition and Dietetics Technician, Registered (NDTR) must comply with the Academy of Nutrition and Dietetics/ Commission on Dietetic Registration Code of Ethics for the Profession of Dietetics.</p> <p>Reference: American Dietetic Association/Commission on Dietetic Registration Code of Ethics for the Profession of Dietetics and Process for Consideration of Ethics Issues. <i>Journal of the American Dietetic Association.2009; 109(8):1461-146.</i></p>
Specialist	<p>A specialist is a practitioner who demonstrates additional knowledge, skills and experience in a focus area of dietetics practice by the attainment of a credential.</p>	<p>The term specialist requires a credential such as CSP, CSR, CSG, CSSD, CSO, CDE, and CNSC.</p> <p>Learn more about specialist criteria: www.eatright.org/futurepractice. Accessed July 26, 2016.</p> <p>For additional information, review the Nutrition and Dietetics Career Development Guide: http://www.eatrightpro.org/resource/career/career-development/career-toolbox/dietetics-career-development-guide Accesses July 26, 2016</p>
T-terms		
Telehealth	<p>Telehealth is the use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration. Telehealth will include both the use of interactive, specialized equipment, for such purposes as health promotion, disease prevention, diagnosis, consultation, therapy, and/or nutrition intervention/plan of care, and non-</p>	<p>Telemedicine: Telemedicine is applicable to physicians and other practitioners, and is the use of medical information exchanged from one site to another via electronic information and telecommunications technologies to improve patients' health status, to engage in the diagnosis and treatment of medical conditions, to support clinical care, or to provide health services or aid health care personnel at distant sites.</p>

Term	Definition/Description	Key Considerations
	<p>interactive (or passive) communications, over the Internet, video-conferencing, e-mail or fax lines, and other methods of distance communications, for communication of broad-based nutrition information.</p>	<p>Telemedicine services include primary care and specialist referral services involving the use of live interactive video; remote patient monitoring, devices to remotely collect and send data to a provider for interpretation; and medical education, including continuing medical education for health professionals and special medical education seminars for targeted groups in remote locations.</p> <p>References: What is Telemedicine? American Telemedicine Association. http://goo.gl/TCymJE. Accessed July 26, 2016.</p> <p>Okrent, Deanna. Telemedicine: The Promise and Challenges. Alliance for Health Reform. June 2015. http://allhealth.org/publications/AHR-Telemedicine-Toolkit_June-2015_164.pdf Accessed July 26, 2016.</p>
<p>Telenutrition</p>	<p>Telenutrition involves the interactive use, by a Registered Dietitian Nutritionist, of electronic information and telecommunications technologies to implement the Nutrition Care Process (nutrition assessment, nutrition diagnosis, nutrition intervention/plan of care, and nutrition monitoring and evaluation) with patients or clients at a remote location, within the provisions of their state licensure as applicable.</p> <p>See: Telehealth definition for types of communication.</p>	<p>Refer to the Academy Evidence Analysis Library (EAL) Telenutrition project published in 2012. Highlights of the project include:</p> <ul style="list-style-type: none"> • Target audience of adults. • Two (2) sub-topic areas of Telenutrition and MNT Effectiveness and Telenutrition and Effectiveness of RD Interventions. <p>Reference: Academy Evidence Analysis Library. Telenutrition (TN) (2012). https://www.andeal.org/topic.cfm?menu=4706. Accessed July 26, 2016.</p>
<p>Therapeutic Diet</p>	<p>A therapeutic diet is a diet intervention prescribed by a physician or other authorized non-physician practitioner that provides food or nutrients via oral, enteral and parenteral routes as part of treatment of disease or clinical conditions to modify, eliminate, decrease, or increase identified micro- and macro-nutrients in the diet.</p> <p>References: Academy of Nutrition and Dietetics. Therapeutic Diet Orders – State Map; November, 2015. http://www.eatrightpro.org/dietorders. Accessed July 26, 2016.</p> <p>Academy of Nutrition and Dietetics. Quality Management. Practice Tips: Hospital Regulation - Ordering Privileges for the RDN. Revised October 2015. http://www.eatright.org/dietorders/. Accessed July 26, 2016.</p>	<p>Therapeutic diets provide nutrition intervention based on nutrition assessment that addresses an identified disease, clinical condition, or nutrition diagnosis by providing the specific nutritional requirements.</p> <p>MDS 3.0 RAI Manual, Chapter 3, Section K: Swallowing/ Nutritional Status http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/MDS30RAIManual.html. Accessed July 26, 2016.</p>

Term	Definition/Description	Key Considerations
	<p>Academy of Nutrition and Dietetics. Quality Management. Practice Tips: Implementation Steps - Ordering Privileges for the RDN. Revised October 2015. http://www.eatright.org/dietorders/. Accessed July 26, 2016.</p>	
Title Protection	<p>Title protection is a provision in the state practice acts which provides only those states to properly authorize use of a particular title (e.g., LD, licensed dietitian, RD, registered dietitian, dietitian, DTR, dietetic technician, registered, nutritionist, RDN, registered dietitian nutritionist) or hold themselves out as able to practice a particular profession.</p> <p>References: Licensure, certification and title protection outlining legal scope of practice. www.eatrightpro.org/scope. Accessed July 26, 2016.</p> <p>Academy of Nutrition and Dietetics. Directory: State Dietetics Licensing Boards. http://www.eatrightpro.org/resource/advocacy/quality-health-care/consumer-protection-and-licensure/state-licensure-agency-contact-list. Accessed July 26, 2016.</p> <p>Commission on Dietetic Registration. Laws that Regulate Dietitians and Nutritionists: Overview of the status of licensure and certification statutes. https://www.cdrnet.org/vault/2459/web/files/Licensurelawsregulations.pdf. Accessed July 26, 2016.</p> <p>See: Certification (statutory) and Licensure</p>	<p>Title protection alone offers one of the lowest levels of regulation, because there is no practice exclusivity, or mechanism for removing harmful practitioners. Those individuals who meet the specified requirements are permitted to use the protected title and hold themselves out as able to practice the profession.</p>
U, V, W, X, Y, Z-terms		