**Crosswalk of Competency and Performance Indicators Between the 2027 CP and FEM Accreditation Standards for GP Programs**

Accreditation Council for Education in Nutrition and Dietetics
the accrediting agency for the Academy of Nutrition and Dietetics

About This Crosswalk:
When using this crosswalk, programs will find where the matching competencies and performance indicators (PIs) were located in the 2022 FEM Standards and how they were modified. A 'New' designation does not always mean the concept is entirely new within a program's curriculum. These PIs may indicate genuinely new content or may reflect that the concept was already being taught but was not required to be formally documented. For each 2027 competency and PI, review the noted change and consider whether the underlying concept was already covered in the 2022 curriculum. Use that as the starting point for identifying where content needs to be added, changed, or expanded to meet the 2027 expectation.

**Unit 1: Community, Public Health, and Population Health**

| **2027 Competency and PI** | | **Location in 2022 Standards and Change** | |
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| **C 1.1** | Apply epidemiological concepts and evidence to evaluate the relationships between diet and disease development (S) | **Concepts from 1.1, 1.15, 1.16, and 4.1** | Consolidated into a single epidemiology-focused competency. |
| **PI 1.1.1** | *Evaluate the strength of the association, sources of bias, and confounding factors (S)* | **PI 1.1.1** | Reworded to clarify and broaden the PI: shifted from analyzing study-design usefulness/ limitations to evaluating strength of association, bias, and confounding factors. |
| **PI 1.1.2** | *Use nutrition surveillance data to identify patterns of disease to determine population health and nutrition needs (S)* | **PI 4.1.5** | Reworded to add identifying disease patterns and determining population health/nutrition needs; removed "global health and safety data." Reduced from 'Does' level to 'Shows' level. |
| **PI 1.1.3** | *Examine how nutrition, nutrition education, and nutrition-related diseases are impacted by globalization (S)* | **PI 1.16.3** | Reworded to remove "in developing countries" and generalize the impact to "globalization" broadly. Increased from 'Knows' level to 'Shows' level |
| **PI 1.1.4** | *Prioritize and implement health risk reduction strategies and policies (S)* | **PI 1.15.2** | Reworded to remove "identify" and "for individuals, groups, and populations"; added "policies". |
| **C 1.2** | Use program planning steps to develop, implement, monitor, and evaluate community programs (D) | **C 4.1** | Corresponds closely to competency. All five PIs carry over with only wording-level changes; one new PI on marketing strategies was added. |
| **PI 1.2.1** | *Conduct and interpret community and population-based needs assessments to develop a program considering all relevant factors (D)* | **PI 4.1.2** | Reworded to add "interpret" and "to develop a program"; changed "population based assessments" to "population-based needs assessments." |
| **PI 1.2.2** | *Identify resources and partnerships to support the program's sustainability (D)* | **PI 4.1.3** | Reworded to change "connects with partners needed for sustainability of the program" to |

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| | | | "partnerships to support the program's sustainability." |
| **PI 1.2.3** | *Implement a program that considers relevant data and addresses the nutrition needs of the community or population (D)* | **PI 4.1.4** | Reworded from "develops and implements" to "implement." |
| **PI 1.2.4** | *Implement marketing strategies to promote nutrition products, programs, or services to target audiences (D)* | **---** | New |
| **PI 1.2.5** | *Evaluate the program using intervention outcomes (D)* | **PI 4.1.6** | Reworded to replace "measurement indicators and outcomes" with "intervention outcomes." |
| **PI 1.2.6** | *Communicate evaluation outcomes and make recommendations to promote change and justify the program (D)* | **PI 4.1.7** | Reworded to remove "and research findings"; added "make" before recommendations. |
| **C 1.3** | Develop and provide education based on the learners' determinants of health (D) | **Part of 2.4** | Extracted from the "Education" sub-section of competency and made its own standalone CP competency. |
| **PI 1.3.1** | *Apply education theories, pedagogy, and education principles when developing, modifying, and implementing education (D)* | **PI 2.4.6** | Reworded to remove "adult learning" and "materials." |
| **PI 1.3.2** | *Translate basic to advanced food and nutrition science knowledge into understandable language tailored to the audience (D)* | **PI 2.4.10** | Verbatim* |
| **PI 1.3.3** | *Communicate complex nutrition information to various audiences (D)* | **PI 2.4.11** | Reworded to change "broad and diverse audiences" to "various audiences." |

**Unit 2: Nutrition Care Process and Medical Nutrition Therapy**

| **2027 Competency and PI** | | **Location in 2022 Standards and Change** | |
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| **C 2.1** | Integrate food and nutrition sciences into the nutrition care process (D) | **Concepts from 1.1 and 1.2** | Corresponds to competency GP 1.1 (molecular/ environmental factors) at the competency-statement level and competency GP 1.2 (anatomy/physiology/biochemistry) at the PI level. |
| **PI 2.1.1** | *Use evidence-based information related to molecular science (for example, genes, proteins, metabolites) and microbes to inform nutrition decisions (D)* | **C 1.1** | Moved from competency-level statement to a PI, and reworded from "environmental, molecular factors ... food" to "molecular science ... microbes." Increased from 'Shows' level to 'Does' level. |
| **PI 2.1.2** | *Apply knowledge of anatomy, physiology, biochemistry, and food science to make nutrition decisions (D)* | **PI 1.2.2** | Reworded to add "food science" and change "decisions related to nutrition care" to "nutrition decisions." Increased from 'Shows' level to 'Does' level. |
| **C 2.2** | Conduct a nutrition assessment for individuals and groups, including patients/clients with high acuity (D) | **C 2.3** | Corresponds to the assessment portion of competency; PI wording and scope are largely preserved, with two new assessment skills added |

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| | | | (indirect calorimetry, point-of-care/blood pressure testing). |
| **PI 2.2.1** | *Implement nutrition assessment tools based on patient/client factors (D)* | **PI 2.3.1** | Reworded to replace "for individuals, groups or populations" with "based on patient/client factors." |
| **PI 2.2.2** | *Collect and identify relevant and accurate subjective information from multiple sources (D)* | **PI 2.3.2** | Reworded to broaden "interviews client/patient" to "collect ... from multiple sources"; determinants-of-health language moved to CP 2.2.4. |
| **PI 2.2.3** | *Conduct a nutrition-focused physical exam using established guidelines (D)* | **PI 2.3.3** | Reworded to add "using established guidelines." |
| **PI 2.2.4** | *Collect food and nutrition-related medical history, mental health, physical activity, and relevant determinants of health (D)* | **PI 2.3.4 and 2.3.5** | Combined PIs into one PI; added mental health. |
| **PI 2.2.5** | *Determine macronutrient, micronutrient, and fluid requirements (D)* | **PI 2.3.12** | Split PI (see CP 2.2.12) and reworded to name macro/micro/fluid requirements directly instead of referencing formulas/calculations. |
| **PI 2.2.6** | *Conduct and interpret indirect calorimetry measurements (S)* | --- | New |
| **PI 2.2.7** | *Perform blood pressure testing and conduct waived point-of-care laboratory testing (for example, blood glucose or cholesterol) (D)* | --- | New. Was a learning activity under Standard 3, Required Element 3.2.d. |
| **PI 2.2.8** | *Order and interpret biochemical and biospecimen tests to inform nutrition decisions (D)* | **PI 2.3.7** | Reworded to add "biospecimen" and "to inform nutrition decisions." |
| **PI 2.2.9** | *Identify signs and symptoms of nutrient deficiencies and excesses (D)* | **PI 2.3.9** | Reworded to change "or excesses" to "and excesses." |
| **PI 2.2.10** | *Consider barriers that influence nutrition status (D)* | **PI 2.3.10** | Reworded to remove "might" and "a client/patient's"; changed "nutritional" to "nutrition." |
| **PI 2.2.11** | *Determine the accuracy and reliability of nutrition assessment data (D)* | **PI 2.3.11** | Reworded to change "currency" to "reliability." |
| **PI 2.2.12** | *Identify appropriate mathematical formulas and perform calculations to determine nutrition requirements (D)* | **PI 2.3.12** | Split PI (see CP 2.2.5) and reworded to change "validated formula" to "mathematical formulas" and "nutritional" to "nutrition." |
| **C 2.3** | Develop a nutrition diagnosis according to Nutrition Care Process terminology (D) | **C 2.3** | Corresponds to the diagnosis portion of competency (nutrition care process); PI wording and scope are largely preserved. |
| **PI 2.3.1** | *Analyze and synthesize nutrition assessment data to inform nutrition diagnosis(es) (D)* | **PI 2.3.13** | Split PI (see CP 2.4.1) to remove "and nutritional plan of care" and narrow scope. |
| **PI 2.3.2** | *Devise a problem, etiology, sign, and symptom (PES) statement and outline rationale for the diagnosis (D)* | **PI 2.3.2** | Reworded to change location of acronym and change "reasons for professional opinion cause and contributing factors" to "rationale for the diagnosis." |
| **PI 2.3.3** | *Prioritize the nutrition diagnosis(es) (D)* | **PI 2.3.3** | Verbatim* |

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| **C 2.4** | Develop an individualized plan of care that incorporates medical nutrition therapy in collaboration with the patient/client, including those with high acuity (D) | **Concepts from 1.9, 2.3, and 2.4** | Combines the plan-of-care concept (under GP 2.3), two PIs from GP 2.4 (oral supplements, complementary /integrative nutrition contraindications), and GP 1.9 (complementary/ integrative nutrition impact. |
| **PI 2.4.1** | *Develop measurable goals that address nutrition care needs and nutrition diagnosis (D)* | **PI 2.3.16** | Reworded to replace "individualized plan of care" with "measurable goals"; removed explicit collaboration-with-client/team wording. |
| **PI 2.4.2** | *Establish the need and evaluate indications for nutrition support and therapeutic diets (D)* | **PI 2.4.3** | Split PI (see CP 3.1.1) to remove ordering oral/enteral /parenteral diets and narrow PI. |
| **PI 2.4.3** | *Consider relevant factors when recommending the use of oral nutrition supplements (D)* | **PI 2.4.4** | Reworded to remove "and applies all"; changed "nutritional" to "nutrition." |
| **PI 2.4.4** | *Identify indications and contraindications of complementary and integrative nutrition (D)* | **PI 1.9.3** | Reworded to remove "use" from "indications, use and contraindications." Increased from 'Knows' level to 'Does' level. |
| **PI 2.4.5** | *Evaluate the availability of services to support access to nutrition care and to meet nutrition goals (D)* | **PI 2.3.25** | Reworded to remove "help" and "client/patient." |
| **C 2.5** | Incorporate genetic data into a personalized nutrition plan (S) | **PI 1.1.2** | New competency built from the broad PI to expand scope to encompass precision-nutrition/ genomics (nutrigenetic testing, personalized interventions, evaluating precision-nutrition tools). |
| **PI 2.5.1** | *Examine the influence of genetic variations (for example, SNPs) on nutrient metabolism and diet response (K)* | **PI 1.1.2** | Expanded from general "understanding of genetics" into a specific genomics/precision-nutrition focus. |
| **PI 2.5.2** | *Analyze and interpret results from genetic and nutrigenetic tests (S)* | **---** | New |
| **PI 2.5.3** | *Create personalized nutritional interventions for individuals with specific genetic variation (S)* | **---** | New |
| **PI 2.5.4** | *Evaluate the benefits and limitations of precision nutrition tools (S)* | **---** | New |
| **C 2.6** | Implement and manage medical nutrition therapy interventions (D) | **Concepts from 2.3 and 2.4** | Corresponds to the intervention/ documentation portion of GP 2.3, plus one ordering MNT PI from GP 2.4; PI wording and scope largely preserved. |
| **PI 2.6.1** | *Order medical nutrition therapy to address nutrition goals (D)* | **PI 2.3.17** | Reworded to change "nutrition prescriptions" to "medical nutrition therapy" and "nutritional" to "nutrition." |
| **PI 2.6.2** | *Integrate understanding of foundational sciences to manage medical nutrition therapy, diet, and disease (D)* | **PI 2.4.2** | Reworded to remove "applies and" and "management" (after disease). |
| **PI 2.6.3** | *Implement the nutrition intervention and nutrition plan of care with patients/clients and other team members (D)* | **PI 2.3.18** | Reworded to add "nutrition intervention and" and change "the client/patient" to "patients/clients." |

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| **PI 2.6.4** | *Document all elements of the nutrition care process following professional standards and organizational policies (D)* | **PI 2.3.26** | Verbatim* |
| **PI 2.6.5** | *Conduct coding and billing procedures to obtain payment for nutrition services under various healthcare payment models (S)* | **PI 2.3.27** | Reworded to change "demonstrates" to "conduct" and "alternate health care" to "various healthcare." Reduced from 'Does' level to 'Shows' level. |
| **C 2.7** | Monitor and evaluate the impact of nutrition intervention on the nutrition diagnosis (D) | **C 2.3** | Corresponds closely to the monitoring/evaluation portion of GP 2.3; PI wording and scope mainly unchanged. |
| **PI 2.7.1** | *Apply nutrition care outcome indicators to evaluate the impact of the nutrition intervention (D)* | **PI 2.3.20** | Reworded to remove "develops and"; changed "measure" to "evaluate the impact of." |
| **PI 2.7.2** | *Assess adherence to nutrition intervention (D)* | **PI 2.3.21** | Reworded to change "client/patient's compliance with" to "adherence to." |
| **PI 2.7.3** | *Make recommendations to modify the nutrition plan of care or nutrition intervention, considering barriers to meeting the nutrition goals (D)* | **PI 2.3.22** | Reworded to remove "and communicates changes to client/patient and others"; added "considering barriers." |
| **PI 2.7.4** | *Summarize the impact of nutrition interventions on patient/client outcomes (D)* | **PI 2.3.23** | Reworded to remove "considering client/patient-centered care"; changed "client/patient's nutrition outcomes" to "patient/client outcomes." |
| **PI 2.7.5** | *Analyze reasons for deviation from expected nutrition outcomes (D)* | **PI 2.3.24** | Reworded to remove "identifies" and "communicates"; kept "analyzes" only. |
| **C 2.8** | Use technology to enhance practice (D) | **C 1.13** | Corresponds to competency and expanded with a new PI (2.8.3 AI-literacy). |
| **PI 2.8.1** | *Operate technology and devices to create, store, and retrieve nutrition information in a secure and ethical manner, ensuring accountability for outcomes (D)* | **PI 1.13.3** | Reworded to expand "operates nutrition informatics systems in practice" into specific technology/device actions (create, store, retrieve) plus security/ethics/accountability language. |
| **PI 2.8.2** | *Analyze data generated by technologies and devices to make evidence-based decisions (D)* | **PI 1.13.1** | Reworded for clarity. Changed "data in electronic format" to "data generated by technologies and devices" and "best decisions related to nutrition and diet" to "evidence-based decisions." Increased from 'Shows' level to 'Does' level. |
| **PI 2.8.3** | *Assess AI-generated results for accuracy and relevance and use iterative prompt engineering to refine AI outputs (D)* | **---** | New |

**Unit 3: Clinical Skills**

| **2027 Competency and PI** | | **Location in 2022 Standards and Change** | |
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| **C 3.1** | Prescribe and administer enteral and parenteral nutrition (D) | **PI 2.4.3** | New competency from the PI |
| **PI 3.1.1** | *Apply medical nutrition therapy to order and manage nutrition support (D)* | **PI 2.4.3** | Split PI (see CP 2.4.2) to remove establishing/ evaluating the need for support. |

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| **PI 3.1.2** | *Recommend vascular and enteral access for nutrition support, considering contraindications and maintenance (S)* | --- | New |
| **PI 3.1.3** | *Place and secure nasogastric or nasoenteric feeding tubes using proper techniques and ensuring patient/client safety (S)* | --- | New. Reworded from learning activity under Standard 3, Required Element 3.2.d. |
| **PI 3.1.4** | *Verify the tube placement before use (S)* | --- | New |
| **PI 3.1.5** | *Order and manage feeding and infusion schedule, rate, concentration, and composition to ensure adequate intake and patient/client safety (D)* | --- | New |
| **PI 3.1.6** | *Monitor and manage fluid, electrolyte, macro- and micro-nutrients, acid-base balance, blood glucose, other laboratory values, and tolerance to nutrition support (D)* | --- | New |
| **C 3.2** | Conduct nutrition counseling and therapy to promote optimal health outcomes in individuals and groups (D) | **C 2.4** | Corresponds to the "Psychological Counseling and Therapies" sub-section of GP 2.4; wording largely preserved, with two new PIs added on collaborative goal-setting and counseling-specific barrier resolution. |
| **PI 3.2.1** | *Assess the nutrition needs and appropriateness for the recommended counseling and therapy (D)* | **PI 2.4.13** | Reworded to remove "client/patient's" and change "or therapy" to "and therapy." |
| **PI 3.2.2** | *Apply counseling principles and evidence-based practice when providing individual or group sessions (D)* | **PI 2.4.14** | Reworded to change "evidence-informed" to "evidence-based." |
| **PI 3.2.3** | *Identify the indications, contraindications, benefits, risks, and limitations of counseling and therapy (D)* | **PI 2.4.15** | Reworded to change "or therapy" to "and therapy." Increased from "Knows" level to "Does" level |
| **PI 3.2.4** | *Evaluate the effectiveness of the counseling and make necessary modifications (D)* | **PI 2.4.18** | Reworded to remove "or therapy" and "as required"; added "necessary." |
| **PI 3.2.5** | *Develop counseling goals in collaboration with patients/clients (D)* | **PI 2.4.13 and 2.4.18** | New standalone PI; goal setting was implied within broader plan-of-care (2.4.13) and modification PIs (2.4.18). |
| **PI 3.2.6** | *Assist with resolving barriers to achieve counseling and therapy goals (D)* | **PI 2.3.22** | Narrowed general barrier-resolution PI to focus specifically on counseling/therapy goals. |
| **C 3.3** | Apply knowledge of pharmacology and pharmacokinetics related to nutrition-related pharmacotherapy (S) | **C 1.8** | Corresponds to competency; broadened from a drug/food-interaction focus to a general pharmacodynamics/ pharmacokinetics analysis. |
| **PI 3.3.1** | *Demonstrate understanding of pharmacokinetics (absorption, clearance, metabolism, latency period, accumulation, half-life) and routes of administration (S)* | **PI 1.8.2** | Reworded to remove redundant "drug" and "drug and supplement metabolism" language; condensed the pharmacokinetics list into a parenthetical. |
| **PI 3.3.2** | *Analyze the impact of nutrition status and diet on pharmacodynamics and pharmacokinetics (S)* | **PI 1.8.3** | Broadened drug/food-interaction focus to general pharmacodynamics/pharmacokinetics analysis. |
| **C 3.4** | Prescribe, recommend, and administer nutrition-related pharmacotherapy (D) | **C 2.5** | Corresponds closely to competency. |

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| **PI 3.4.1** | *Assess patient/client factors to determine indications for nutrition-related pharmacotherapy (D)* | **PI 2.5.3** | Reworded to swap "client/patient" order to "patient/client" and simplify "the client/patient's indication" to "indications." Increased from 'Shows' level to 'Does' level. |
| **PI 3.4.2** | *Consider patient/client factors, nutrition impact, indications, side effects, contraindications, benefits, risks, alternatives, and foundational sciences when prescribing, recommending, and administering nutrition-related medication therapy (D)* | **PI 2.5.4** | Reworded to change "nutritional" to "nutrition" and "drug therapy" to "medication therapy." Increased from 'Shows' level to 'Does' level. |
| **PI 3.4.3** | *Apply the principles of safe medication administration (S)* | **PI 2.5.8** | Reworded to change "drug administration" to "medication administration." |
| **PI 3.4.4** | *Create the nutrition-related pharmacotherapy plan (for example, modifications to bowel regimens, carbohydrate-to-insulin ratio, or B12 or iron supplementation) (D)* | **PI 2.5.6** | Reworded from "prescribes, recommends and administers ... adhering to professional standards" to "create the plan," adding specific examples (bowel regimens, insulin ratios, supplementation). Increased from 'Shows' level to 'Does' level. |
| **PI 3.4.5** | *Monitor the response and the effects of nutrition-related medications and take action to make modifications or adjustments (S)* | **PI 2.5.9** | Reworded to change "the nutrition related drugs on the individual" to "nutrition-related medications." |
| **C 3.5** | Perform intramuscular, subcutaneous, and intravenous injections for nutrition-related pharmacotherapy (for example, vitamins or insulin) (S) | **PI 2.5.8** | New competency built from PI (safe drug administration) to expand skills to include the injection/infusion administration and documentation. |
| **PI 3.5.1** | *Apply knowledge of anatomy to landmark different injection or infusion sites and the rationale and indication for choosing the site (K)* | --- | New |
| **PI 3.5.2** | *Discuss with the patient/client the benefits, risks, anticipated outcomes, and alternative approaches before initiating the injection or infusion (K)* | --- | New |
| **PI 3.5.3** | *Demonstrate an awareness of safe administration practices, including confirming the correct patient/client, substance, dose, route, time, and awareness of contraindications (S)* | **PI 2.5.8** | Expanded from general safe-drug-administration principle into a specific injection "rights" checklist (patient, substance, dose, route, time). |
| **PI 3.5.4** | *Calculate and regulate flow rates based on patient/client factors and the substance to be infused (S)* | --- | New |
| **PI 3.5.5** | *Identify the correct injection site, accurately draw the substance, and administer the injection using the proper technique while adhering to aseptic and infection control practices (K)* | --- | New |
| **PI 3.5.6** | *Perform intradermal, intramuscular, and subcutaneous injections, ensuring patient/client safety and proper administration (S)* | --- | New |

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| **PI 3.5.7** | *Document the administration, including the substance administered, dosage, route, site, and patient/client response (S)* | --- | New |
| **C 3.6** | Demonstrate knowledge of the indication and risk for conducting swallowing assessments (K) | -- | New competency built from expansion of learning activity under Standard 3, Required Element 3.2.d. |
| **PI 3.6.1** | *Demonstrate understanding of the phases of swallowing and the anatomy and physiology of the swallow (K)* | --- | New |
| **PI 3.6.2** | *Identify indications for the swallowing assessment based on patient/client risk factors and swallowing difficulties (K)* | --- | New |
| **PI 3.6.3** | *Identify etiological risk categories, including evaluating cranial nerve function and oral motor assessment (K)* | --- | New |
| **C 3.7** | Perform swallowing assessments to determine a person's ability to consume solids or liquids safely (S) | -- | New competency built from expansion of learning activity under Standard 3, Required Element 3.2.d. |
| **PI 3.7.1** | *Assess signs of aspiration and dysphagia, such as cough, changes in voice post swallow, and decrease in arterial blood oxygenation (S)* | --- | New |
| **PI 3.7.2** | *Perform a water swallowing trial to identify risk for aspiration and dysphagia, complying with the facility's dysphagia risk-management procedures (S)* | --- | New |
| **PI 3.7.3** | *Contribute as a member of the interdisciplinary team in a diagnostic swallowing study to assess swallowing mechanics (S)* | --- | New |
| **C 3.8** | Order and interpret imaging to identify the etiology of nutrition problems and to inform nutrition decisions (K) | -- | New competency |
| **PI 3.8.1** | *Understand the indications, limitations, and protocols for various imaging modalities (for example, DEXA, x- ray, CT, MRI) (K)* | --- | New |
| **PI 3.8.2** | *Select the imaging modality based on the clinical question and patient/client characteristics (for example, age, medical history, allergies) (K)* | --- | New |
| **PI 3.8.3** | *Analyze images (for example, enteral and parenteral placement, vascular access/line placement, contraindications to enteral nutrition, and body composition) to identify relevant findings, differentiate between normal and abnormal findings, and assess image quality (S)* | **PI 2.3.8** | Narrowed the PI from analysis of diagnostic tests that included imaging to focus on imaging analysis. |
| **PI 3.8.4** | *Analyze imaging findings or written results, considering other clinical data and* | --- | New |

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| | *tests to arrive at a comprehensive nutrition diagnosis (S)* | | |

**Unit 4: Foodservice**

| 2027 Competency and PI | | Location in 2022 Standards and Change | |
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| **C 4.1** | Direct the purchasing, production, and distribution of food products to ensure quantity and quality (D) | **C 3.1 and 3.2** | Combines two competencies. |
| **PI 4.1.1** | *Oversee the purchasing, receipt, and storage of products used in food production and services (D)* | **C 3.2** | Converted competency to PI. |
| **PI 4.1.2** | *Analyze the workflow design and recommend modifications or approval for implementation (D)* | **PI 3.1.2** | Reworded to change "makes recommendations for" to "recommend" and "approves" to "approval." |
| **PI 4.1.3** | *Develop an operational plan that considers budget, inventory control, staffing needs, and daily tasks (D)* | **PI 5.2.1** | Reworded to change "labor" to "staffing needs" and remove "regular" |

**Unit 5: Leadership and Management**

| 2027 Competency and PI | | Location in 2022 Standards and Change | |
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| **C 5.1** | Apply critical thinking to make ethical and evidence-based decisions (D) | **C 6.1** | Corresponds closely to competency. Moved out of the Research unit into Leadership and Management unit. |
| **PI 5.1.1** | *Use critical thinking through a systematic process that evaluates multiple variables and leads to an informed decision (D)* | **PI 6.1.1 and 6.1.2** | Combined two PI into one about critical thinking through a systematic process. |
| **PI 5.1.2** | *Incorporate the thought process used in critical thinking models and frameworks (for example, decision trees, theories, system analysis, ethical decision-making frameworks) (D)* | **PI 6.1.2** | Reworded to add examples (decision trees, theories, system analysis, ethical decision-making frameworks) and "frameworks" alongside "models." |
| **C 5.2** | Demonstrate ethical and professional behaviors in accordance with the professional Code of Ethics (D) | **C 7.1** | Corresponds closely to competency. |
| **PI 5.2.1** | *Engage in self-reflective practice activities to develop and maintain ongoing competence and professional behaviors (D)* | **PI 7.1.2** | Verbatim* |
| **PI 5.2.2** | *Consult and refer to other health professionals when situations or patient/client needs are beyond personal competence (D)* | **PI 2.4.5** | Reworded to change "refers/transfers care to relevant professionals" to "consult and refer to other health professionals"; removed "or required interventions" and "or professional scope of practice." |

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| **PI 5.2.3** | *Adhere to nutrition-related legislation, regulations, and standards of practice (D)* | **PI 7.1.3** | Verbatim* |
| **PI 5.2.4** | *Apply patient/client-centered principles to all activities and services (D)* | **PI 7.1.4** | Reworded to swap "client/patient" to "patient/client." |
| **PI 5.2.5** | *Identify and take steps to manage unethical, incompetent, or unsafe behavior (D)* | **PI 7.1.5** | Reworded to change "incompetent and" to "incompetent, or"; Increased from 'Shows' level to 'Does' level. |
| **PI 5.2.6** | *Practice in a manner that respects others (D)* | **PI 7.1.6** | Reworded to change "is respectful" to "respects others." |
| **PI 5.2.7** | *Maintain confidentiality and security when sharing, transmitting, storing, and managing protected health information (D)* | **PI 7.1.8** | Reworded to change "in the sharing, transmission, storage and management of" to "when sharing, transmitting, storing, and managing." |
| **C 5.3** | Demonstrate leadership skills to guide practice (D) | **C 5.1** | Corresponds closely to competency (leadership skills); PIs reframed around a formal emotional-intelligence model (self-awareness, self-management, social awareness, relationship management) and bidirectional feedback, replacing more general communication and mentoring-specific PIs. |
| **PI 5.3.1** | *Apply leadership and management theories and frameworks to inform decisions and behaviors (D)* | **C 5.1** | Reworded to convert competency to PI. |
| **PI 5.3.2** | *Respond to social cues and group dynamics to facilitate desired outcomes (D)* | **PI 5.1.2** | Reworded to change "demonstrates understanding of" to "respond to" and "team dynamics" to "group dynamics to facilitate desired outcomes." Increased from 'Knows' level to 'Does' level. |
| **PI 5.3.3** | *Apply principles of emotional intelligence, including self-awareness, self-management, social awareness, and relationship management (D)* | **PI 5.1.3 and 5.1.4** | Combined PIs to reframe from a general emotional understanding in communication to the formal Emotional Intelligence model. |
| **PI 5.3.4** | *Reflect on situations and critically evaluate outcomes and possible alternate courses of action (D)* | **PI 5.1.5** | Verbatim* |
| **PI 5.3.5** | *Provide and receive constructive feedback to support professional development and seek feedback for personal growth (D)* | **PI 5.1.6** | Reframed mentoring-specific PI as bidirectional constructive feedback. |
| **PI 5.3.6** | *Model behaviors that maximize group participation by consulting, listening, and communicating clearly (D)* | **PI 5.2.20** | Verbatim* |
| **C 5.4** | Use effective communication, collaboration, and advocacy skills (D) | **C 7.2** | Corresponds closely to competency. |
| **PI 5.4.1** | *Use effective and ethical communication skills and techniques to achieve desired goals and outcomes (D)* | **PI 7.2.1** | Reworded to change "applies" to "use." |
| **PI 5.4.2** | *Facilitate intraprofessional and interprofessional collaboration (D)* | **PI 7.2.2** | Reworded to remove "works with and" and "and teamwork"; kept "facilitate ... collaboration." |

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| **PI 5.4.3** | *Participate in advocacy activities to change or promote new legislation and regulations (D)* | **PI 7.2.3** | Verbatim* |
| **PI 5.4.4** | *Use communication skills to influence or produce a desired outcome during negotiations or conflict resolution (D)* | **PI 5.2.9** | Reworded to remove “persuasive” and “discussions”; changed “and conflict resolution” to “or conflict resolution.” |
| **PI 5.4.5** | *Communicate in a responsive, responsible, respectful, and compassionate manner (D)* | **PI 7.2.4** | Reworded communication mode selection PI entirely around manner of communication (responsive, respectful, compassionate) rather than mode. |
| **C 5.5** | Develop and implement continuous quality management or improvement plans (D) | **C 5.2** | Corresponds from the competency. |
| **PI 5.5.1** | *Align quality management activities with the organizational strategic plan, goals, mission, and vision (D)* | **PI 5.2.2** | Reworded to add “quality management activities” and “goals”; changed “aligns plans” to “align ... activities.” |
| **PI 5.5.2** | *Assign responsibilities to various team members according to role and competence (D)* | **PI 5.2.3** | Reworded to change “scope of practice” to “role.” |
| **PI 5.5.3** | *Set and monitor clear targets for team members, departments, and the organization aligned with common goals and objectives (D)* | **PI 5.2.4** | Reworded to reorder “objectives and goals” to “goals and objectives.” |
| **PI 5.5.4** | *Demonstrate an understanding of how individuals and groups interact within the organization (D)* | **PI 5.2.5** | Verbatim* |
| **PI 5.5.5** | *Evaluate the plan to make modifications to ensure positive outcomes and to meet goals and objectives (D)* | **PI 5.2.16** | Reworded to change “reevaluates” to “evaluate” and “that goals and objectives are met” to “to meet goals and objectives.” |
| **PI 5.5.6** | *Collect and analyze outcome data to determine if established goals and objectives are met (D)* | **PI 5.2.15** | Reworded to remove “evaluate outcomes and”; changed “analyzes” to “analyze outcome.” |
| **C 5.6** | Apply principles of financial management and productivity (D) | **C 5.2** | Corresponds to competency; PI wording largely preserved. |
| **PI 5.6.1** | *Prioritize activities to manage time and workload effectively (D)* | **PI 5.2.18** | Reworded to move “effectively” to the end of the sentence; same content. |
| **PI 5.6.2** | *Collect, understand, and analyze financial data to support fiscally responsible decision-making (D)* | **PI 5.2.11** | Verbatim* |
| **PI 5.6.3** | *Analyze components of productivity systems, including units of service and work hours, and make recommendations (D)* | **PI 5.2.13** | Verbatim* |
| **PI 5.6.4** | *Analyze the effectiveness of the budget (D)* | **PI 5.2.14** | Narrowed PI to isolated budget-effectiveness analysis. |
| **PI 5.6.5** | *Engage in, manage, or lead human resource activities, adhering to applicable laws and regulations (D)* | **PI 5.2.7** | Verbatim* |

| Unit 6: Research | | | |
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| **2027 Competency and PI** | | **Location in 2022 Standards and Change** | |
| **C 6.1** | Conduct research using appropriate scientific design and methods (D) | **C 6.2** | Corresponds closely to competency; all six PIs carry over with wording-only changes, plus one new synthesis-focused PI. |
| **PI 6.1.1** | *Articulate a clear research question or problem and formulate a hypothesis (D)* | **PI 6.2.2** | Verbatim* |
| **PI 6.1.2** | *Identify and demonstrate appropriate research methods (D)* | **PI 6.2.3** | Verbatim* |
| **PI 6.1.3** | *Interpret and apply research ethics and responsible conduct in research (D)* | **PI 6.2.4** | Verbatim* |
| **PI 6.1.4** | *Collect and retrieve data using a variety of methods and technologies (D)* | **PI 6.2.5** | Reworded to remove the "(qualitative, quantitative)" parenthetical. |
| **PI 6.1.5** | *Analyze research data using appropriate data analysis techniques (D)* | **PI 6.2.6** | Reworded to remove the "(qualitative, quantitative, mixed)" parenthetical. |
| **PI 6.1.6** | *Determine if data support hypothesis(es) and translate research findings into practice implications (D)* | --- | New |
| **PI 6.1.7** | *Translate and communicate research findings through a variety of media (D)* | **PI 6.2.7** | Reworded to remove "and conclusions" |
| **C 6.2** | Apply current research and evidence-based practice to services (D) | **C 6.3** | Corresponds closely to competency; all three PIs carry over. |
| **PI 6.2.1** | *Use research terminology when communicating with other professionals (D)* | **PI 6.3.1** | Reworded to remove "and publishing research." |
| **PI 6.2.2** | *Analyze and formulate a professional opinion based on current research, evidence-based findings, and experiential learning (D)* | **PI 6.3.4** | Verbatim* |
| **PI 6.2.3** | *Critically examine and interpret research and evidence-based information to determine the validity, reliability, and credibility of information (D)* | **PI 6.3.2** | Reworded to change "evidence-informed practice findings" to "evidence-based information." |

*Verbatim includes exact wording and minor grammatical or tense changes.