Academy of Nutrition and Dietetics

Definition of Terms List

March 2026

Approved by:
Definition of Terms Task Force
Practice Competence Committee
Academy of Nutrition and Dietetics

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Purpose

The Definition of Terms List is a collection of definitions that are related to the Scope and Standards of Practice for credentialed nutrition and dietetics practitioners. The terms have citations and are cross-referenced with other sound resources. Terms are reviewed, revised, and added per the needs of the Scope and Standards of Practice over time.

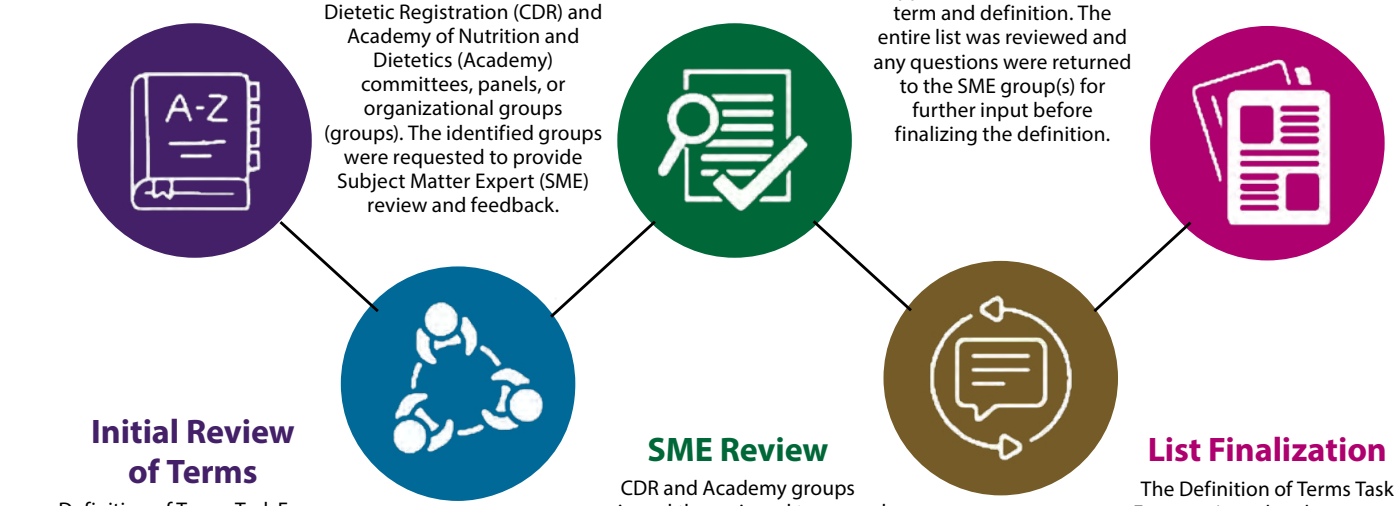
The terms function as a resource for registered dietitian nutritionists (RDNs), nutrition and dietetics technicians, registered (NDTRs), and other individuals and groups. As a reference document, the definitions serve as standardized language for consistent application of terms related to the Scope and Standards of Practice in practice settings and Commission on Dietetic on Registration (CDR) and Academy of Nutrition and Dietetics (Academy) documents. The terms and definitions may also be used in a variety of ways including organization requirements, public policy development, regulations related to professional licensure, and as needed by academia, research, professional publications, employers, and industry.

Methodology

Definitions are developed and reviewed through a vigorous process. Each term is evaluated first to ensure it meets the qualifications to be added to the list—does the term directly relate to the Scope and Standards of Practice? If yes, the term is given an initial review by the Definition of Terms Task Force who identifies any areas that need compliance with the definition format. Objectives for each term include:

- Term is clearly defined and concise.
- Key considerations are outlined.
- Updated evidence-based references are included.

The term is then sent to a Subject Matter Expert (SME) group(s) to evaluate the content of the term and provide feedback. The SME feedback is sent to the Definition of Terms Task Force, who incorporate all appropriate edits. The term is reviewed and approved by the Task Force, and then sent to the CDR Practice Competence Committee for final review and approval before inclusion in the Definition of Terms List. **This process is used for the routine 5-year review** of the entire list.



Initial Review of Terms

Definition of Terms Task Force reviewed existing list of terms and identified which terms to revise, add, or delete to align with the purpose of the list—terms that are related to the Scope and Standards of Practice for credentialed nutrition and dietetics practitioners.

Assign Terms to SME Groups

The Definition of Terms Task Force aligned terms to the various Commission on Dietetic Registration (CDR) and Academy of Nutrition and Dietetics (Academy) committees, panels, or organizational groups (groups). The identified groups were requested to provide Subject Matter Expert (SME) review and feedback.

SME Review

CDR and Academy groups reviewed the assigned terms and definitions. They offered suggested edits and updates to current evidence-based references. Groups were given the instruction that all terms must have an appropriate and relevant reference.

Update per Feedback

The Definition of Terms Task Force incorporated applicable edits into each term and definition. The entire list was reviewed and any questions were returned to the SME group(s) for further input before finalizing the definition.

List Finalization

The Definition of Terms Task Force reviewed and approved the Definition of Terms List. Then, the CDR Practice Competence Committee reviewed and approved the list for publication. CDR finalized the Definition of Terms List format and published to the website.

Policy and Procedure to Add, Revise, or Retire Terms

Requests to add, revise or retire terms in the Definition of Terms List are submitted by completing the applicable form. Requests may be made by: CDR/Academy committees or panels, organizational units (Accreditation Council for Education in Nutrition and Dietetics [ACEND], Nutrition and Dietetic Educators and Preceptors [NDEP], Academy of Nutrition and Dietetics Foundation), Dietetic Practice Groups, Member Interest Groups, Academy staff, external groups, and the DoT TF. Terms submitted must directly relate to the Scope and Standards of Practice. Methodology of adding, revising or retiring a term follows the methodology described above.

Categories of Terms

While the Definition of Terms List is in alphabetical order, practitioners may benefit from finding terms based on a category instead.

Category	Term(s)
Competence	• Competence • Competency(ies) • Competent Level of Practice • Proficient Level of Practice • Expert Level of Practice
Credentials and Recognition	• Advanced Practitioner Certification in Clinical Nutrition (RD-AP, RDN-AP) • Board Certified Specialist • Certificate Program • Credentialed Nutrition and Dietetics Practitioner • Credentialing (Organizational Setting) • Credentialing (Professional) • Fellow of the Academy of Nutrition and Dietetics (FAND) • Fellow of the American Dietetic Association (FADA) • Nutrition and Dietetics Technician, Registered (NDTR) • Professional Certification/Accreditation • Registered Dietitian Nutritionist (RDN) • Registration Eligible, NDTR • Registration Eligible, RDN
Foundational	• Dietetics • Individual Scope of Practice • Nutrition • Nutrition and Dietetics • Nutrition and Dietetics Practice • Nutrition-Related Services
Nutrition Care Process and Workflow Elements	• Nutrition Care Process • Nutrition Care Process Terminology • Nutrition Screening • Nutrition Assessment • Nutrition Diagnosis • Nutrition Intervention • Nutrition Monitoring and Evaluation • Nutrition Discharge Planning and Transitions of Care

Category	Term(s)
Nutrition, Diet, and Supplements	• Dietary Supplement • Enteral Nutrition • Medical Food • Oral Nutrition Supplement • Parenteral Nutrition • Therapeutic Diet
Practice	• Clinical Nutrition • Clinical Privileges • Conflict(s) of Interest(s) • Dietitian • Entry-Level Practitioner • Focus Area of Nutrition and Dietetics Practice • Medical Nutrition Therapy • Nutrition Informatics • Nutritionist • Nutritional Genomics • Quality Nutrition and Dietetics Practice • Telehealth
Regulatory	• Dietitian Licensure Compact • Licensure (Regulatory) • Statutory Certification • Statutory Scope of Practice • Title Protection
Research	• Evidence-Based Nutrition Practice Guidelines • Evidence-Based Practice • Best Available Research Evidence • Position Paper and Consensus Statement

Acknowledgments

The Definition of Terms List was made possible through the Commission on Dietetic Registration's Definition of Terms Task Force, Practice Competence Committee, and Commissioners.

The Definition of Terms Task Force, Practice Competence Committee and Commissioners consisted of dedicated RDNs and NDTRs and representing a wide variety of geographical and practice perspectives, who provided the leadership and content expertise for this project.

Definition of Terms Task Force, Practice Competence Committee and Commissioners (2024 – 2025; in alphabetical order by first name)

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Special thanks for consultation in developing the Definition of Terms are extended to CDR staff: Dana Buelsing Sowards, MS, CAPM; Karen Hui, RDN, LDN, FAND; Michelle Strang, PhD, RDN; Carol Gilmore, MS, RDN, LD, FADA, FAND; and Sharon M. McCauley, MS, MBA, RDN, LDN, FADA, FAND.

Additional thanks to all of the CDR and Academy groups that contributed to the review of terms:

- Accreditation Council for Education in Nutrition and Dietetics
- Advanced Practice Panel
- Competency Assurance Panel
- Consumer Protection and Licensure Sub-Committee
- Council on Research
- Clinical Nutrition Management Dietetic Practice Group
- Dietitians in Integrative and Functional Medicine Dietetic Practice Group
- Dietitians in Medical Nutrition Therapy Dietetic Practice Group
- Dietitians in Nutrition Support Dietetic Practice Group
- Ethics Committee
- Legislative and Public Policy Committee
- Management in Food and Nutrition Systems Dietetic Practice Group
- Nutrition Care Process and Terminology Committee
- Nutrition Informatics Dietetics Practice Group
- Nutrition Services Payment Committee
- Quality Management Committee
- Specialist Certification Panel

All registered dietitians are nutritionists, but not all nutritionists are registered dietitians. The Commission on Dietetic Registration and Academy's Board of Directors 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. They have determined that those who hold the credential Dietetic Technician, Registered (DTR) may optionally use "Nutrition and Dietetics Technician, Registered" (NDTR) instead. The two credentials have identical meanings. In this Definition of Terms list, the Practice Competence 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.

Definition of Terms

Advanced Practitioner Certification in Clinical Nutrition (RD-AP and RDN-AP)

The Advanced Practitioner 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).

Advanced clinical nutrition practice is the provision of direct nutrition care to individuals and/or groups.[1]

Key Considerations:

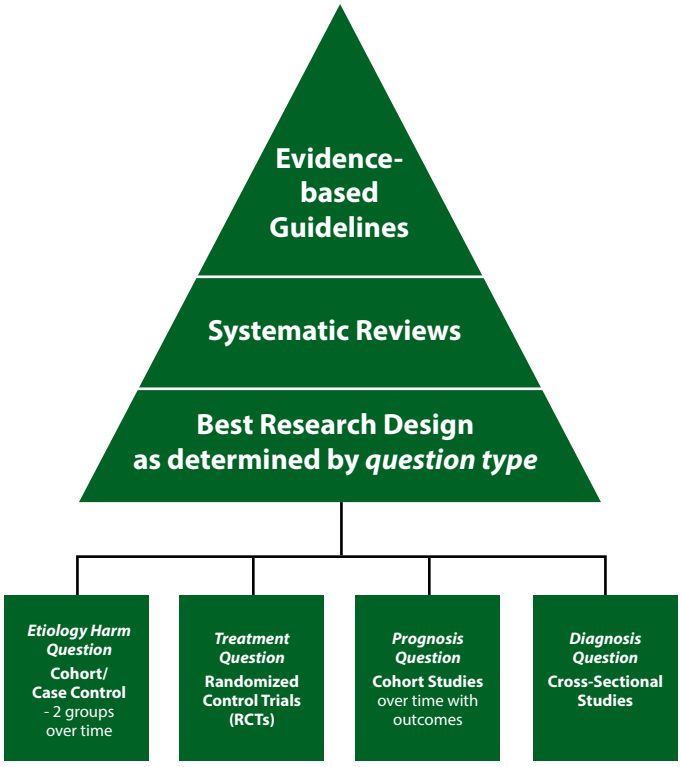
Profile of Certificants: Professionals holding CDR's advanced practitioner credential for dietitians in clinical practice are experienced RDNs who have the knowledge and skill required to autonomously apply the nutrition care process using an evidence-based approach at an optimal level of accuracy and efficiency.

Best Available Research Evidence

The Best Available Research Evidence refers to the most appropriate evidence available to determine whether a treatment, intervention, practice, program, or policy achieves the outcomes intended. When available, well-designed systematic reviews, meta-analysis, and evidence-based guidelines are considered the best sources of research evidence. If these do not exist, then primary research is the best available and the type of question would determine which study design provides the best research evidence.[2]

Key Considerations:

The hierarchy of evidence-based practice is a ranking of study types based on the strength and precision of the research methods employed; the more rigorous methodology then the less bias likely to affect results. This hierarchy is often shown graphically as a pyramid with expert opinions and anecdotal evidence at the bottom of the pyramid and randomized controlled trials (RCTs) closer to the top.



The type of question you are trying to answer determines the best research design to seek. The four most common types of research evidence questions are: diagnosis, treatment/intervention, prognosis, and etiology. For instance, a randomized controlled trial (RCT) would be the most appropriate type of study to answer a question about the efficacy of a treatment or intervention. However, RCT would not be the most robust 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 specific type of question.[3]

Hierarchy of Evidence by Research Design (Image)

The type of question you are trying to answer determines the best research design to use.

For more information, visit the Academy Evidence Analysis Library at: http://www.andeal.org.

Board Certified Specialist

Board Certified Specialists credentialed by the Commission on Dietetic Registration (CDR) have met empirically established criteria and have successfully completed a specialty certification examination that tests practice-related knowledge, skills or abilities.[4]

- Gerontological Nutrition (CSG)
- Obesity and Weight Management (CSOWM)
- Oncology Nutrition (CSO)
- Pediatric Nutrition (CSP)
- Pediatric Nutrition Critical Care (CSPCC)
- Renal Nutrition (CSR)
- Sports Dietetics (CSSD)

Key Considerations:

Board certification is granted in recognition of an applicant's documented practice experience and successful completion of an examination in the specialty area.

Certification in a specialty area signifies the individual possesses expert knowledge in the field.[5]

Certificate Program

A Certificate Program is an activity type recognized by the Commission on Dietetic Registration under the CDR CPEU Prior Approval Program that may be completed by CDR-credentialed practitioners for continuing professional education units (CPEUs).[6] Certificate Program CPE is an intensive program that may include enduring components, live web-based components, in-person training components, or a combination of the three. Certificate Programs include formative and summative assessments and should not be confused with certificates of completion.[7]

Key Considerations:

Certificate Programs are offered by academic programs, professional, or private organizations on a variety of subject areas, with varying degrees of extensiveness, and can be hosted as self-study, webinar, and/or in person training. Individuals who have completed Certificate Program do not gain additional credentials after completing the training. Individuals completing certificate program receive CPEUs for training and assessment time regardless of whether they pass the post-course assessment and receive the certificate.

The Commission on Dietetic Registration offers a Certificate Program, also referred to as a Certificate of Training, in Obesity for Pediatrics and Adults.[8]

Clinical Nutrition

Clinical nutrition deals with the prevention, diagnosis, and management of nutritional and metabolic changes related to acute and chronic diseases and conditions caused by a lack or excess of energy and nutrients (macro and micro). Any nutritional measure, preventive or curative, targeting individual patients is clinical nutrition. Clinical nutrition is largely defined by the interaction between food and nutrients, disease, and the life-cycle. Clinical nutrition includes application of the Nutrition Care Process and workflow elements including Medical Nutrition Therapy to address the nutritional care of patients/clients with malnutrition, obesity, diabetes, food allergies or intolerances, metabolic diseases, and all other diseases or conditions in which nutrition plays a role in prevention or treatment, such as critical illness, pre-diabetes, cancer, or cystic fibrosis.[9,10]

ESPEN defines clinical nutrition as a discipline that deals with the prevention, diagnosis and management of nutritional and metabolic changes related to acute and chronic disease and conditions caused by a lack or excess of energy and nutrients.[11]

Related Resources: Academy of Nutrition and Dietetics: Revised Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Clinical Nutrition Management

Clinical Privileges

Clinical privileges are the specific services or treatments, within well-defined limits, that a practitioner may provide, as authorized by the appropriate entity (eg the governing body of a health care facility). Clinical Privileges are granted based on license (state-specific, if applicable), education, training, experience, judgment, and demonstrated and documented competence, and provide a way to differentiate between individuals' different levels of clinical decision-making and application skills.[12,13]

Key Considerations:

Clinical privileging is the formal process by which, upon request from the individual health care provider, a health care organization determines the current knowledge, skill, competence, and statutory scope of practice 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.[14]

RDN health care providers and their managers/directors considering incorporation of specific nutrition-related activities, (eg, diet, oral nutritional supplement, enteral or parenteral nutrition orders) diagnostic and therapeutic procedures into their practice are accountable and responsible for determining both their individual scope of practice and statutory scope of practice.

A common type of clinical privileges is ordering privileges. RDNs have become eligible for ordering privileges in acute and critical access hospitals when the CMS Conditions of Participations were revised, consistent with state law. Regulatory changes in long-term care allow a physician to delegate diet order writing to an RDN.[9,15,16]

Competence

Competence is a principle of professional practice, identifying the ability of the provider to administer safe and reliable services on a consistent basis.[17]

Key Considerations:

Professionals who are competent use up-to-date knowledge and skills; make sound decisions based on appropriate data; communicate effectively with patients, clients, customers, and other professionals; critically evaluate their own practice; and improve performance based on self-awareness, applied practice, and feedback from others.[9,18–20]

A determination of an individual's capability to perform up to defined expectations.

Competency(ies)

A competency is a combination of observable and measurable knowledge, attitudes, technical skills, and abilities required to deliver safe, quality work. Competencies reflect effective performance and may be evaluated against well-accepted standards and quality indicators.[18,21]

Key Considerations:

"Competencies are used for assessing and selecting candidates for a job; assessing and managing employee performance; workforce planning; and employee training and development."[21]

Competencies:

- may serve a wide variety of purposes including self-assessment and professional development planning, employee evaluations, job up-skilling, and credentialing;
- are defined behaviors that are observable and measurable; and
- reflect effective performance and may be evaluated against well-accepted standards and quality indicators.

Essential Practice Competencies for the RDN and the NDTR provide a structured guide to help identify, evaluate, and develop the behaviors required for continuing competence throughout a nutrition and dietetics practitioner's career.[22]

Competent Level of Practice

Competent level of practice is demonstrated by practitioners who achieve credentialing as an RDN or 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,[23,24]

The definition is based on the Dreyfus Model of Skill Acquisition.

Related resources:

- Revised 2024 Scope and Standards of Practice for the Registered Dietitian Nutritionist. Commission on Dietetic Registration Scope and Standards of Practice Task Force
- Revised 2024 Scope and Standards of Practice for the Nutrition and Dietetics Technician, Registered. Commission on Dietetic Registration Scope and Standards of Practice Task Force.

Conflict(s) of Interest(s)

Conflict(s) of interest(s) is traditionally defined as a personal or financial interest or a duty to another party which may prevent an individual 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.[25,26]

Key Considerations:

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. Conflicts of interest can also be categorized into individual or institutional and tangible or intangible.[27]

Primary interests of a health care professional society, such as the Academy, are to promote and protect the:

- welfare of patients/residents/clients/public;
- integrity and transparency of research; and
- quality of nutrition and dietetics education.

Secondary interests may include:

- financial gain;
- desire for professional advancement;
- recognition for personal achievement; and
- favors to friends and family or to students and colleagues.[25]

After declaring a conflict of interest, act in accordance with the organization's conflict of interest policy.

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. These boards specifically indicate what is considered a conflict in their position descriptions. 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 a majority of potential conflicts involve dual memberships on State Affiliate boards and State licensure or certification boards.

The Academy of Nutrition and Dietetics and Commission on Dietetic Registration Code of Ethics provides guidance on Conflict of Interest to credentialed nutrition and dietetics practitioners in their professional practice and conduct.[28] The Code of Ethics is comprised of four principles and standards to guide practice roles and conduct. Because of its importance to practice, Principle 2 is outlined below in entirety.

Principle 2: Integrity in personal and organizational behaviors and practices (Autonomy)

a. Nutrition and dietetics practitioners shall: disclose any conflicts of interest, including any financial interests in products or services that are recommended. Refrain from accepting gifts or services which potentially influence, or which may give the appearance of influencing professional judgment.[28]

Credentialed Nutrition and Dietetics Practitioner

Credentialed Nutrition and Dietetics Practitioner means an individual who is a Registered Dietitian Nutritionist (RDN) or Registered Dietitian (RD), or who is a Nutrition and Dietetics Technician, Registered (NDTR) or Dietetic Technician, Registered (DTR) with the Commission on Dietetic Registration (CDR).[29] All credentialed nutrition and dietetics practitioners have met the education and credentialing requirements in accordance with the Accreditation Council for Education in Nutrition and Dietetics (ACEND) and CDR.

Key Considerations:

For publications and documents, the specific terms RDN, RD, NDTR, and DTR are always the preferred terminology to use when referring to the credentialed nutrition and dietetics practitioner.

The broader term, credentialed nutrition and dietetics practitioner, is the recommended terminology to use versus credentialed food and nutrition professional and credentialed food and nutrition practitioner.

A credentialed nutrition and dietetics practitioner acquires a certification as an RDN, RD, NDTR, or DTR through successful completion of a national registration examination and maintains registration through completion of approved continuing professional education every 5 years (50 hours for NDTRs and 75 hours for RDNs).

Individuals who have obtained a certificate of training in nutrition or other related areas do not meet the qualifications required for the RDN, RD, NDTR, or DTR certifications.

Credentialing (Organizational Setting)

Credentialing, in the organizational setting, is the process of reviewing, verifying, and evaluating a practitioner's credentials (ie, 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 health care organization or system.[30]

Key Considerations:

Often, the result of credentialing in an organizational setting is that a practitioner is granted membership and clinical privileges as a member of the medical staff or as an allied health credentialed professional in the case of RDNs, Occupational Therapists, Speech Therapists, Physical Therapists, etc. The practitioner is evaluated on an organizational or accreditation-specific basis, usually every 2 years.[30–33]

Credentialing (Professional)

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.[34]

Key Considerations:

The CDR is the credentialing agency for the Academy. CDR protects the public through credentialing and assessment processes that assure the competence of RDNs and NDTRs.

CDR currently administers separate and distinct credentialing programs (eg, Registered Dietitians, Registered Dietitian Nutritionists; Dietetic Technicians, Registered; Nutrition and Dietetics Technician, Registered; and specialty practice credentials). Additional professional credentials, administered by other professional entities, include but are not limited to the Certified Diabetes Care and Education Specialist and the Certified Nutrition Support Clinician.

Dietary Supplement

"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:

- vitamins;
- minerals;
- herbs or other botanicals;
- amino acids;
- dietary substance for use to supplement the diet by increasing the total dietary intake; or
- a concentrate, metabolite, constituent, or extract or combination of any dietary ingredient from the other categories listed above.

Dietary supplements can also be extracts or concentrates and may be found in many forms such as tablets, capsules, softgels, gelcaps, 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."[35]

Related resource: Title 21 Food and Drugs, Chapter 9 Federal Food, Drug, and Cosmetic Act. United States Code

Key Considerations:

"The Federal Food, Drug, and Cosmetic Act requires that manufacturers and distributors who wish to market dietary supplements that contain 'new dietary ingredients' notify the Food and Drug Administration about these ingredients."[36]

Dietetics

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.[9]

Key Considerations:

Dietetics is derived from the 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.

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.[37]

Dietitian

Some states have enacted licensure laws or other forms of legislation that regulate use of the title "Dietitian" and/or sets specific qualifications for using the title, often but not uniformly including either registration with CDR as an RDN or holding a license as a dietitian within the state.[38]

Refer to state laws and licensure board for each state's specific licensing acts for becoming a dietitian.

Dietitian Licensure Compact

"The Dietitian Licensure Compact seeks to provide licensees with opportunities for multistate practice, increase mobility for individuals who are relocating, improve public safety and promote workforce development by reducing unnecessary licensure burdens."[39]

Related resource: Dietitian Licensure Compact. National Center for Interstate Compacts. The Council of State Governments

Enteral Nutrition

Enteral nutrition is the delivery of nutrients to a functional segment of the gastrointestinal tract distal to the oral cavity employing the use of a tube or catheter device to supply a liquid formula.[10,40,41]

Entry-Level Practitioner

An entry-level practitioner has less than three years of registered practice experience and demonstrates a competent level of dietetics practice and professional performance.[42]

Evidence-Based Practice

Evidence-based practice is a systematic approach to health care wherein health practitioners use the best evidence possible (ie, the most appropriate information available to make decisions for individuals, groups, or populations to improve outcomes).

Evidence-based practice values and enhances clinical expertise, and knowledge biochemistry, metabolism, physiology, and disease pathophysiology. It involves complex and conscientious decision-making based on patient/client characteristics, situations, and preferences as well as evidence. It recognizes that health care is individualized and ever-changing and involves uncertainties and probabilities.

Evidence-based practice incorporates successful strategies derived from various sources including research, national guidelines, policies, consensus statements, systematic analysis of clinical experience, quality improvement data, and specialized knowledge and skills of experts.[43,44]

Key Considerations:

For Professional Expertise, consider:

Professional expertise within a dietetic discipline involves gradients (competent, proficient, expert), and an RDN can achieve one level in a particular context and a different level in another context/practice scenario.[9,23]

In evidence-based practice or evidence-based dietetics practice, individual professional expertise combined with patient/client values helps to contextualize best available evidence.

Credentialed nutrition and dietetics practitioners have the responsibility to conduct thorough and systematic evidence searches to accurately determine the extent and strength of available evidence.

Collaborative efforts between evidence-based practitioners and researchers, in turn, help discover practically relevant problems for future experimentation.[45]

Evidence-Based Nutrition Practice Guidelines

Evidence-based nutrition practice guidelines are a series of recommendations which are developed based on systematic reviews of evidence and assessment of the benefits and harms of treatment options to improve patient/client care and outcomes. The guidelines are designed to assist the RDN/NDTR team and other intended users and patient/client in making decisions about appropriate nutrition care.[2,46]

Key Considerations:

Evidence-based 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.

The guidelines meet the standards of the National Academy of Sciences.

An evidence-based nutrition practice guideline should be:

- 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 RDNs and other professionals who will apply the guideline in patient/client care.
- Supported through changes in the organization's systems, such as information management processes and equipment management processes.

The Academy's Evidence-Based Nutrition Practice Guidelines are intended as general frameworks for the care of patients/clients/populations and not for application to all patients/clients/populations in all circumstances. The independent skill and judgment of the 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 standards of care for legal, medical, or other purposes.[47]

Expert Level of Practice

Expert level of practice is demonstrated by an RDN or 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.[23]

The definition is based on the Dreyfus Model of Skill Acquisition.

Key Considerations:

Nutrition and dietetics practitioners may expand into focus area(s) of practice and acquire relevant certifications in, for example, performance measurement, quality improvement, safety, process improvement, health care quality, care management, case management, and coaching (ie; health, personal trainer, life, and business).

Related resource: Revised 2024 Scope and Standards of Practice for the Registered Dietitian Nutritionist. Commission on Dietetic Registration Scope and Standards of Practice Task Force

Fellow of the Academy of Nutrition and Dietetics (FAND) (Recognition)

"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.

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:

- Customer Focus – Meets the needs and exceeds the expectations of all customers;
- Integrity – Acts ethically, with accountability, for life-long learning and commitment to excellence;
- Innovation – Embraces change with creativity and strategic thinking; and
- Social Responsibility – Makes decisions with consideration for inclusivity, as well as environmental, economic and social implications".[48]

Key Considerations:

FAND is an Academy recognition certificate initiated in October 2013.

The Fellow of the American Dietetic Association (FADA) credential was suspended in 2002. RDNs who have been awarded the FADA credential may bypass the FAND application process and obtain the recognition by submitting a one-time fee. Once the FAND is obtained, they have the option to either use both the credential (FADA) and recognition (FAND) or just one (ie, RDN, FAND or RDN, FADA).

Fellow of the American Dietetic Association (FADA) (Certification)

The Fellow of the American Dietetic Association (FADA) certification represents the RDNs 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; creative problem solving; and commitment to self-growth through a portfolio assessment.[49]

Key Considerations:

The Fellow of the American Dietetic Association (FADA) credential was suspended in 2002. RDNs who have been awarded the FADA credential may bypass the FAND application process and obtain the recognition by submitting a one-time fee. Once the FAND is obtained, they can either use the credential (FADA) and recognition (FAND) or just one (eg, RDN, FAND or RDN, FADA).

Focus Area of Nutrition and Dietetics Practice

A focus area of nutrition and dietetics practice is a defined practice area that requires focused knowledge, skills, and experience.[9]

Health Equity

"Equity is the absence of avoidable, unfair, or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other means of stratification. "Health equity" or "equity in health" implies that ideally everyone should have a fair opportunity to attain their full health potential and that no one should be disadvantaged from achieving this potential."[50,51]

Related resource: Evaluating health-care equity. In: Challenges, solutions, and future directions in the evaluation of service innovations in health care and public health

Key Considerations:

Health equity is one of the overarching goals in the Surgeon General's report on Healthy People 2030.[52]

The Robert Wood Johnson Foundation (RWJF) put forth four key steps to achieve health equity:

- Identify important health disparities.
- Change and implement policies, laws, systems, environments, and practices to reduce inequities in the opportunities and resources needed to be as healthy as possible.
- Evaluate and monitor efforts using short- and long-term measures as it may take decades or generations to reduce some health disparities.
- Reassess strategies in light of process and outcomes and plan next steps.[53]

Community food retail strategies can increase access to healthy food or decrease access to unhealthy food in local stores, supermarkets, farmers' markets, and other food outlets: a strategy to advance health equality.[54]

Individual Scope of Practice

An individual's Scope of Practice is comprised of the following:

- Scope of Practice;
- State Laws;
- Education and Credentials;
- Federal and State Regulations and Interpretive Guidelines;
- Accreditation Organizations;
- Organization Policies and Procedures; and
- Additional Individual Training/Credentials/Certifications (in specialty area eg, CSR, CSP).[9,20]

Key Considerations:

An individual's scope of practice in nutrition and dietetics has flexible boundaries to capture the breadth of the individual's professional practice. Each RDN or NDTR has an individual scope of practice that is determined by education, training, credentialing, experience, and demonstrated and documented competence.[9,20]

Individuals and organizations must ethically take responsibility for determining competence of each individual to provide a specific care, treatment, and/or service. Not all RDNs and NDTRs will practice to the full extent of the range of nutrition and dietetics practice.

A tool to help determine individual scope of practice is the Scope of Practice Decision Algorithm. It provides a process for self-evaluation to determine if a desired activity is within an RDN's or NDTR's individual scope of practice by answering a series of questions.[55]

Licensure (Regulatory)

Licensure is the process by which a state governmental agency grants a time-limited right (that may vary by state) to an individual to be recognized as a qualified professional and/or practice a given profession after verifying that the individual has met predetermined, standardized qualifications.[38,56]

Key Considerations:

Licensing usually requires specific education and training requirements 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 qualified practitioners, and (2) practice exclusivity, meaning unless otherwise exempt, only those the state has properly licensed may engage in activities falling within the regulated profession's scope of practice.

The goal of licensure is to ensure that licensees have achieved the minimum degree of competency necessary to ensure that the public's health, safety, and welfare are reasonably well protected.

Licensure is typically granted at the state level. States vary in terms of their eligibility and maintenance requirements for registration, certification, and licensure.

If a state has licensure with practice exclusivity for a given profession, a person in that profession must be licensed or fall under exempt to provide services in that state.

If a person works in multiple states through in-person care or via telehealth, they must be licensed or obtain a compact privilege in each state of practice unless an appropriate exemption to the licensure law applies or there is an applicable telehealth law that allows for practice without obtainment of licensure.

Professional associations do not grant licensure, but they may have a role in licensure activities such as advocating that licensure be instituted in states to ensure a benchmark standard of qualification and collaborating with state agencies.

Scopes of practice in licensure laws may contain only a general statement about the responsibilities, education requirements, and a nonspecific list of allowed duties. To ascertain whether a particular service falls within a practitioner's lawful scope of practice, dietetic professionals should consult the relevant practice act, corresponding regulations, position statements from the licensing authority, and other pertinent statutes and regulations. This may include examining statutes related to the practice of medicine and any applicable exemptions, as well as facility regulations and protocols. Ultimately, practitioners should ensure their practice aligns with the stance of the state licensing authority. State scopes of practice are vague and broad.[57]

Medical Food

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 evaluation."[58]

Key Considerations:

Criteria clarifying the statutory definition of a medical food can be found in FDA's regulations at 21 CFR 101.9(j)(8). Medical foods are regulated as food and not drugs.[59] Medical foods can be classified into categories.[60]

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/reassessment, nutrition diagnosis, nutrition intervention, and nutrition monitoring and evaluation that typically results in the prevention, delay or management of diseases and/or conditions.[61,62]

Key Considerations:

CDR's definition of medical nutrition therapy is broader than the MNT definition established by Medicare Part B and other health plans. In addition, the definition may differ from the MNT definition included in state licensure laws.[63]

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".[63]

MNT provided under Medicare Part B requires a referral from a Medical Doctor (MD) or Doctor of Osteopathy (DO).[63] Other payers', such as third-party[64] and Medicaid, referral requirements vary. These entities may recognize referrals from other authorized licensed practitioners.

If a payer does not mandate a referral, one may still need to be obtained if the Registered Dietitian Nutritionist (RDN) intends to utilize any medical billing codes as medical diagnosis falls outside the RDN's scope of practice.[65] Referrals may include, but not limited to, inpatient and outpatient nutrition consults, discharge planning, and transitions of care.[66]

MNT utilizes all domains of nutrition intervention.[2] 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.[67]

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."[65]

Nutrition

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".[68]

Key Considerations:

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.[69,70]

Nutritional Genomics

Nutritional genomics, which includes nutrigenetics and nutrigenomics, is the study of the interaction between nutrients and genes.[71,72]

"Nutritional genomics concentrates on the effect our genes have on our risk of disease and disfunction that can be mitigated by nutritional intervention, as well as the impact our food, nutrition, stress, and toxins have on the expression of our genes."[73]

Key Considerations:

The nutritional genomics community is standardizing terminology across disciplines and countries, with "nutritional genomics" being the field of study. "The broad term encompassing nutrigenetics, nutrigenomics, and nutritional epigenomics, all of which involve interactions between nutrients and genes, the expression to reveal phenotypic outcomes, including disease risk."[74]

Nutrigenetics considers the influence of individual genetic variation on differences in response to dietary components, nutrient requirements, and predisposition to disease.[75]

"Nutrigenomics involves the study of interactions between the genome and diet, including how nutrients affect the transcription and translation process plus subsequent proteomic and metabolomic changes, and also differences in response to dietary factors based on the individual genetic makeup."[75]

Epigenetics is the study of changes to the DNA and associated histone proteins that influence gene expression without altering the DNA sequence itself. Disruption of any of these processes can lead to inappropriate expression/silencing of genes, leading to health consequences."[76]

"The field of nutritional genomics is one aspect of precision nutrition and describes how the interaction between genotype and diet affects health outcomes (nutrigenetics) and how diet can influence gene expression (nutrigenomics and nutritional epigenomics).[71]

Nutritionist

Some states have enacted licensure laws or other forms of legislation that regulate use of the title "Nutritionist" and/or sets specific qualifications for using the title, often but not uniformly including an advanced degree in nutrition.[38]

Refer to state laws and licensure board for each state's specific licensing acts for becoming a nutritionist.

Nutrition Assessment

As part of the NCP, Nutrition Assessment (and reassessment) is a "systematic approach for collecting, classifying, and synthesizing important and relevant data to describe nutritional status related nutritional problems, and their causes."[77] It is an ongoing, dynamic process that involves not only initial data collection, but also reassessment and analysis of client or community needs and provides the foundation for Nutrition Diagnosis and nutritional recommendations including enteral and parenteral nutrition.[62,67]

Key Considerations:

While the type of data from nutrition assessment may vary among nutrition settings to meet client or community needs, the process and intention are the same. The assessment data is compared to reference standards, recommendations, or goals for evaluation. Further, Nutrition Assessment initiates the data collection process providing the evidence for Nutrition Diagnosis and Nutrition Intervention that is continued throughout the NCP and form the foundation for reassessment and reanalysis of the data in Nutrition Monitoring & Evaluation.[78]

Nutrition and Dietetics

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.[9,20]

Nutrition and Dietetics Practice

Nutrition and dietetics practice is the synthesis and application of nutrition and dietetics education using the nutrition care process model to assist patients/clients/customers or groups/populations to establish and achieve person-centered health and nutrition-related goals.[65,67]

Key Considerations:

To understand the application of nutrition and dietetics practice in various practice areas and settings, please review the Focus Area Scope and Standards of Practice for RDNs. There are a variety of Focus Area Scope and Standards of Practice articles in practice areas such as oncology nutrition, diabetes and public, public health community nutrition to sustainable, resilient, and healthy food and water systems, and management of food and nutrition systems.[65]

Nutrition and Dietetics Technician, Registered (NDTR)

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 one of three routes:

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.
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 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.[79]

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 DTR or NDTR credential, the DTR or NDTR must comply with the Professional Development Portfolio (PDP) recertification requirements (accrue 50 hours of approved continuing professional education every five years).[80]

Key Considerations:

The Academy's 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, MA, BS, BA, or AS-NDTR, or AA-NDTR). This credentialing model follows the nursing model (the RN examination is open to AS, AA, BS, BA, MS, and MA 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/BA-DTR or BS-NDTR/BA-NDTR.[81,82]

NDTRs work under the clinical supervision of the RDN when engaged in direct patient/client nutrition care activities in any setting.[20,83]

The RDN performs all steps of the Nutrition Care Process. The NDTR performs the Nutrition Care Process steps as assigned and supervised by the RDN based on demonstrated and documented competence.

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.

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.

NDTRs must comply with the Academy of Nutrition and Dietetics/CDR Code of Ethics and Scope and Standards of Practice for NDTRs.[20]

Nutrition Care Process (NCP)

The Nutrition Care Process is a systematic problem-solving method that credentialed nutrition and dietetics practitioners use to critically think and make decisions when providing medical nutrition therapy or to address nutrition-related problems and provide safe and effective quality nutrition care.[62] The NCP consists of four distinct, interrelated steps: Nutrition Assessment and Reassessment, Nutrition Diagnosis, Nutrition Intervention, and Nutrition Monitoring and Evaluation.[67]

Key Considerations:

The NCP consists of four distinct but interrelated and connected steps: 1) Nutrition Assessment and Reassessment, 2) Nutrition Diagnosis, 3) Nutrition Intervention, and 4) Nutrition Monitoring and Evaluation. The four steps are divided into two components: problem identification and problem solving. This distinction is important for application purposes. Problem identification includes Nutrition Assessment and Reassessment (Step 1), and Nutrition Diagnosis (Step 2). Problem solving includes Nutrition Intervention (Step 3), and Nutrition Monitoring and Evaluation (Step 4).[67] The NCP is dynamic and multidirectional to support critical thinking and timely care. As new information is collected, a credentialed nutrition and dietetics practitioner may revisit previous steps of the process to remove, add, or change nutrition diagnoses, adjust interventions, or modify goals and monitoring data. The RDN is the credentialed nutrition and dietetics practitioner that makes decisions when providing medical nutrition therapy and addressing nutrition-related problems to ensure provision of safe, effective, timely and equitable quality care.[61]

The RDN performs all steps of the NCP. The NDTR performs the NCP steps as assigned and supervised by the RDN based on demonstrated and documented competence.

The Nutrition Care Process Terminology (NCPT) is one of many standardized terminologies that are used by the health professions. The eNCPT is included in the US mandated electronic health record terminologies of SNOMED CT (snomed.org) and LOINC (LOINC.org) to consistently describe, document and communicate nutrition and dietetics practice.

The eNCPT provides the framework and data terms for research or quality improvement that facilitates measurement of nutrition practice and outcomes.

The NCP Model is a visual representation that reflects key concepts of the NCP by presenting the workflow of credentialed nutrition and dietetics practitioners in diverse individual and population care delivery settings.

Nutrition Care Process Terminology

The Nutrition Care Process Terminology (NCPT) is a standardized terminology or controlled vocabulary that complements the NCP. It is a system of terms organized in a hierarchical structure, with definitions and cross-references used to index and retrieve a body of literature in a bibliographic, factual, or other database.[84,85]

Nutrition Diagnosis

As part of the NCP, Nutrition Diagnosis identifies and describes a specific nutrition problem(s) that can be resolved or improved through nutrition intervention.[62,67,86]

Key Considerations:

Nutrition Diagnosis is a critical step between Nutrition Assessment and Nutrition Intervention. This step of the NCP results in documentation of one or more NCPT diagnosis(es) which typically includes a PES statement composed of three distinct components: Problem, Etiology, and Signs or Symptoms. Identifying the etiologies of nutrition problems leads to the selection of a Nutrition Intervention(s) aimed at resolving or improving the underlying cause of the nutrition problem(s) whenever possible.[87]

Nutrition Discharge Planning and Transitions of Care

Discharge planning and transfer of nutrition care from one level or location of care to another, which could include:

- Discharge and transfer of nutrition care to other providers: Refer to others such as the physician, dentist, physical therapist, social worker, occupational therapist, speech therapist, nurse, or pharmacist
- Discharge and transfer of nutrition care to community agencies and programs: Refer to a community agency/program (eg, home delivered meals, assistance programs for women, infants and children [eg, WIC], food assistance programs [eg, food pantry, soup kitchen, food stamps], housing assistance, shelters, rehabilitation, physical and mental disability programs, education, training and employment programs)
- Discharge and transfer of nutrition care from nutrition professional to another nutrition professional: Transfer of nutrition care to another nutrition and dietetics practitioner.[85,88]

Key Considerations:

The needs and values of the person for whom the discharge planning or transitions of care are being planned include key considerations, such as:

- Availability of discharge planning services
- Options for care
- Preferences for the level and location of care
- Resources available for care
- Availability of or access to government medical programs (eg, Medicare/Medicaid, health exchanges), insurance guidelines and restrictions
- Health literacy
- Ability to implement treatment at home
- Availability of or access to food assistance program (eg, food stamp program) guidelines and regulations[88]

Nutrition Intervention

As part of the NCP, Nutrition Intervention is the purposefully planned actions designed with the intent of changing a nutrition-related behavior, risk factor, environmental condition, or aspect of health status. The aim of the Nutrition Intervention is typically directed toward resolving or improving the Nutrition Diagnosis by altering or eliminating the nutrition etiology. Less often, it is directed at relieving the signs and symptoms of the nutrition problem.[62,67,89]

Key Considerations:

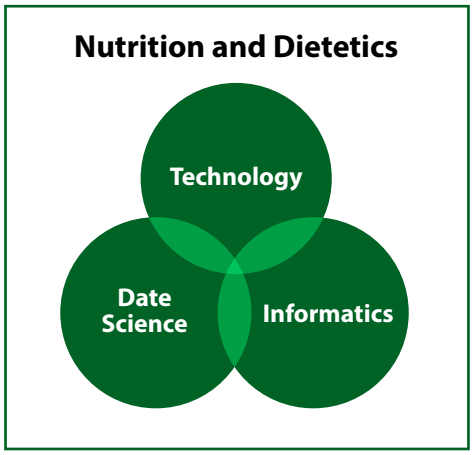
A Nutrition Intervention consists of two components: 1) Planning, and 2) Implementation.

Nutrition Intervention includes the following domains:
1. Nutrition Care Plan Development
2. Food and Nutrient Delivery
3. Nutrition Education
4. Nutrition Counseling
5. Coordination of Nutrition Care
6. Population Based Nutrition Action
7. Nutrition Intervention Encounter Context

Nutrition Interventions may be targeted at the individual level and/or population level, and include interventions for supportive individuals (eg, family and caregivers) and supportive structures (eg, social service agencies, faith-based organizations).[90]

Nutrition Informatics

The effective collection, organization, and storage of information, data, and knowledge relevant to the field of food and nutrition. Nutrition informatics uses informatic structures, standards, processes and technology to support the professional practice.[91]



Key Considerations:

Nutrition Informatics is the specialty of combining food and nutrition science with multiple information and data to identify, collect, manage and translate this knowledge. Nutrition informatics is also part of the larger health informatics landscape, which would include areas such as health care, research, public health, health policy, etc.[92]

Simplified: Intersection of information, data, technology and nutrition.

Nutrition Monitoring and Evaluation

As part of the NCP, Nutrition Monitoring and Evaluation identifies outcomes and indicators relevant to the Nutrition Diagnosis(es) and Nutrition Intervention. Although the NCP steps may not be linear, the RDN, who may be supported by the NDTR, completes a Nutrition Assessment, identifies and selects the term(s) for the Nutrition Diagnosis(es), and plans and implements the Nutrition Intervention(s), usually based on the etiology of the nutrition diagnosis.[62,67,93]

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. Through monitoring and evaluation credentialed nutrition and dietetics practitioners determine the progress made in achieving desired outcomes of nutrition care and whether planned interventions should be continued or revised.

Key Considerations:

Nutrition care outcomes represent the credentialed nutrition and dietetics practitioner's specific contribution to care, a distinguishing factor from health care outcomes."

Nutrition care outcomes:
- Represent nutrition care results
- Can be linked to Nutrition Intervention goals
- Are measurable with tools and resources available to the practitioner
- Occur in a reasonable time period
- Can be attributed to the nutrition care
- Are logical and biologically or psychologically plausible stepping stones to other health care outcomes (eg, health and disease, cost, and client outcomes)[93]

Nutrition-Related Services

Nutrition-related services encompass action and activities provided by RDNs and NDTRs that relate to the delivery of nutrition care and services beyond MNT aimed at promoting and maintaining health through proper nutrition.[63,94–99]

Key Considerations:

Nutrition-related Services is a term used by CMS to describe services, beyond MNT, that may or may not be eligible for reimbursement when provided by RDNs in a clinical setting.

The following services, when provided by RDNs, may be eligible for Medicare reimbursement:

- Intensive Behavioral Therapy (IBT) for obesity and cardiovascular disease,[94,95]
- Screenings for nutrition and social determinants of health,[96]
- Community Health Integration (CHI) and Principal Illness Navigation (PIN) services,[97,98] and
- Diabetes Self-Management Training (DSMT).[63]

RDNs may have the capacity to provide a wider array of reimbursable services under Medicaid and private payers' policies, including;

- dietary counseling,
- nutrition and culinary education,
- medically tailored meals,100
- nutritional assessment, and
- weight management programs.[99,101]

Nutrition Screening

Nutrition screening is the process of identifying and referring those individuals and populations who are at risk for nutrition-related problems, are appropriate for nutrition care services, and would benefit from the NCP.[62,67,102,103]

Key Considerations:

Nutrition screening may be conducted in any practice setting as appropriate.

Nutrition Screening tools are appropriate, valid, and reliable screening tools and resources to identify and recognize nutritional risk factors. Nutrition risk screening is often synonymous with malnutrition screening since malnutrition screening tools are the most common.[104]

Nutrition screening tools and parameters are established by RDNs, however, the screening process may be carried out by NDTRs and others who have been trained in the use of the screening tool.[105–107]

Nutrition screening and rescreening should occur within an appropriate timeframe for the setting.

Oral Nutrition Supplement

An oral nutrition 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, puddings, soups, or bars, or fortification of food with protein, calories or other nutrients.[40,108,109]

Parenteral Nutrition

Parenteral nutrition is the intravenous administration of nutrients such as amino acids, dextrose, 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.[12,40,110]

Position Paper and Consensus Statement

Position papers summarize the official opinion of the Academy of Nutrition and Dietetics on a particular topic of vital interest to the profession. Position papers include an official Academy-endorsed position statement, a concise summary of currently available evidence of high-quality, the rationale supporting the position, and implications for RDN or NDTR practitioners.[111]

Consensus statements summarize the author's findings on a particular topic of vital interest to the profession, and identify implications for practitioners. Consensus statements results are considered preliminary until further research is available to confirm or refute the available science.

Key Considerations:

Academy position and consensus papers are written by a panel of scientific and health care experts with at least one author being a member of the Academy. Panels consider current evidence based on the formal critical appraisal and discussion of all available evidence (derived from a systematic review or umbrella review of multiple published systematic reviews on the topic). Academy position papers require high-quality evidence (high or moderate based on the quality, consistency, quantity, clinical impact, generalizability of evidence) and are peer-reviewed prior to official Academy endorsement. As position papers are based on currently available evidence, only those position papers deemed 'active' are official representations of the current position of the Academy of Nutrition and Dietetics on a specific topic.[111]

Related resources: Academy Positions. The Academy of Nutrition and Dietetics

Professional Certification/Accreditation

Professional certification/accreditation 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 by a private entity or certification body that assures individuals meet specified qualifications.[112]

Key Considerations:

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.

Professional certification differs from certificate programs and certificate of training by providing an assessment of knowledge, skills and/or competencies that are usually broad in scope. Examples of professional certification are RDN, NDTR, Board Certified Specialist in Sports Dietetics (CSSD), and Board Certified Specialist in Renal Nutrition (CSR). Certificate programs and certificates of training provide instruction and training on a specific skill or competency. Examples of certificate programs are Certificate of Training in Obesity Interventions for Adults and Public Health Nutrition Certificate of Training.[113]

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 or nutrition or dietetics 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".[112]

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 based in Washington, D.C. This accreditation reflects achievement of the highest standards of professional credentialing. Reaccreditation was established for the RD, DTR and CSR credentials in July 2017, October 2018 for CSP and CSSP, and January 2019 for CSO and CSG.

Proficient Level of Practice

Proficient Level of Practice is demonstrated by an RDN or NDTR who 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.[23]

The definition is based on the Dreyfus Model of Skill Acquisition.

Key Considerations:

Credentialed nutrition and dietetics practitioners may choose a focus area(s) of practice and acquire a specialist certification(s) to further enhance skills, judgement, proficiency and knowledge.

Related resource: Focus Area Scope and Standards for RDN. Commission on Dietetic Registration

Quality Nutrition and Dietetics Practice

Quality nutrition and dietetics practice ensures safe, timely, efficient, ethical, effective, equitable, person-/population- centered nutrition and dietetics practice guided by applicable state and federal regulations, state practice acts, accreditation standards, organization/program policies, guidelines and practice-informed guidelines and standards, as well as other foundational documents.[9,20,37,65]

Individuals providing quality nutrition and dietetics practice deliver higher quality services that enhance patient/client/population care by:

- participating in and designing workplace studies and improvements,
- accessing and using quality and safety data from national quality organizations, and
- collaborating with others based on measured outcomes and established goals.

Key Considerations:

Quality in practice is one of the seven domains in the 2024 Scope and Standards of Practice for the Registered Dietitian Nutritionist.[9]

Registered Dietitian Nutritionist (RDN)

The Registered Dietitian Nutritionist (RDN) is defined by the Commission on Dietetic Registration as an individual who has met current minimum academic requirements (Masters degree granted by a U.S. regionally accredited college or university, or foreign equivalent) with successful completion of both specified didactic education and supervised-practice experiences through programs accredited by The Accreditation Council for Education in Nutrition and Dietetics (ACEND) of the Academy, who has successfully completed the Registration Examination for Dietitians and remitted the annual registration fee. To maintain the Registered Dietitian (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).[114,115]

Key Considerations:

The Academy's 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*.[116]

Consideration: Successful completion of the Registration Examination for RDs or RDNs demonstrates minimum competence for practice. 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 Joint Commission standards and elements of performance relative to *qualified individuals.

*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.

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.[117]

RDNs must comply with the Academy of Nutrition and Dietetics/CDR Code of Ethics.[28]

Registration Eligible, NDTR

Registration Eligible, NDTR identifies an individual who has met the didactic and supervised practice requirements to sit for the registration examination, but individuals cannot use as a professional designation. Dietetic Technician, Registration Eligible (DTRE) or Nutrition and Dietetics Technician, Registration Eligible (NDTRE) is NOT a credential and should not be used.[82]

Key Considerations:

Dietetic technician students completing their supervised practice program must sign a(n) NDTRE 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.[82,118]

Registration Eligible, RDN

Registration Eligible, RDN identifies an individual who has met the didactic and supervised practice requirements to write the registration examination, but individuals cannot use as a professional designation. Registered Dietitian Nutritionist Eligible (RDNE) or Registered Dietitian Eligible (RDE) is not a credential and should not be used.[117]

Key Considerations:

Dietetic students completing their supervised practice program must sign an RDNE 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.[117,118]

Statutory Certification

Statutory certification is the procedure and action by which a state evaluates and determines (ie, certifies) that an individual has met pre-determined requirements in order to use a specific title recognizing one is qualified when practicing the profession within its jurisdiction.[38,119,120]

Key Considerations:

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 such that there is no mechanism address unsafe practice by individuals who are not certified. Others may be able to practice elements of the profession as long as they do not use the protected title.[38]

It is generally illegal to use the state "certified" title without attainment of proper credentials.

State certification should not be confused with private certifications that are not required by state laws or regulations. Certifications from independent professional certification organizations such as Certified Diabetes Care and Education Specialist (CDCES),

Certified Specialists in Renal, Pediatric, or Oncology Nutrition (CSR, CSP, CSO), Registered Dietitian Nutritionist-Advanced Practitioner (RDN-AP), etc. recognize areas of specialization within the profession to establish recognition for practitioners and are strictly voluntary.

Statutory Scope of Practice

Statutory scope of practice definition has been adopted 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. State legislatures consider and pass the practice acts, which become state statute or code. State regulatory agencies, such as medical and other health professions' boards, implement the laws by writing and enforcing rules and regulations detailing the acts."[121]

Key Considerations:

The scope of practice outlined by a private credential often reflects the standards and guidelines established by a professional organization or certifying body within a specific industry or profession. These credentials typically signify that an individual has met certain educational, training, and examination requirements set forth by the credentialing organization. While valuable in demonstrating expertise and proficiency within a particular field, the scope of practice defined by a private credential may vary among different organizations and may not carry legal authority. On the other hand, the scope of practice defined by a state licensing or certification law is established by legislative or regulatory authorities and carries legal weight. It sets forth the specific activities, procedures, and responsibilities that individuals within a profession are legally permitted to perform within that state.

State licensing or certification laws are designed to ensure public safety and welfare by establishing minimum standards of competency and regulating professional conduct within a particular jurisdiction. Compliance with state licensing or certification laws is mandatory for individuals practicing in regulated professions, and violations may result in disciplinary action or legal consequences. Therefore, while private credentials can enhance professional credibility and demonstrate proficiency, adherence to state licensing or certification laws is essential for practicing within the legal boundaries of a profession.

Telehealth

Telehealth is the use of electronic information and telecommunications technologies to support clinical health care, patient and professional health-related education, public health, and health administration.[122,123]

Key Considerations:

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-interactive (or passive) communications, over the Internet, video-conferencing, phone calls, secure messaging, mobile health applications and other methods of communications, for the delivery of broad-based nutrition information.[124] RDNs may utilize telehealth in the following ways including but not limited to:

1. Remote Medical Nutrition Therapy Consultations: Patients can communicate with RDNs in real-time through video calls, allowing for face-to-face interactions without physical presence.
2. Remote Monitoring: RDNs can remotely monitor patients' vital signs, symptoms, and health metrics using wearable devices, sensors, and other monitoring tools.
3. Electronic Health Records (EHR) and Health Information Exchange (HIE): Telehealth platforms often integrate with electronic health record systems, enabling secure access to patients' medical history, test results, and other relevant information.
4. Patient Education and Support: Telehealth services may include educational resources, self-care instructions, and ongoing support to help patients manage their health conditions effectively.

Provision of services via telehealth should also include respect for a patient's/client's autonomy and safeguard patient/client confidentiality according to the most recent laws and regulations. The technology utilized should be HIPAA compliant and adhere to secure services agreements.[124,125]

Provision of and reimbursement for telehealth varies based on state law and payer policy.[126,127]

Therapeutic Diet

A therapeutic diet is a nutrition intervention prescribed by a physician or other authorized non-physician practitioner that provides food, fluid, or nutrients via oral, enteral and/or 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.[15,128,129]

Key Considerations:

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.[130]

Mechanically altered diets are considered different from a therapeutic diet and "refers to food that has been altered to make it easier for the patient or resident to chew and swallow, and this type of diet is used for patients and residents who have difficulty performing these functions."[131]

Title Protection

Title Protection is a provision in the state licensing or certifying act or a stand-alone title-use law, which provides only provision who have met defined qualifications are authorized to use particular titles (eg, LD, licensed dietitian; RD, registered dietitian; dietitian; DTR, dietetic technician, registered; nutritionist; RDN, registered dietitian nutritionist, nutritionist) or hold themselves out as licensed or certified to practice a particular profession.[132]

Key Considerations:

This form of state regulation does not regulate who can practice a profession. Rather, only individuals with specified qualifications or credentials (such as the RDN credential) may hold themselves out as dietitians, nutritionists, or use other titles as specified in the title protection statute. If title use is regulated through licensure or certification, the practice of individuals who obtain licensure or certification may be regulated through a state defined code of ethics. However, for states that do not provide for licensure or certification and only regulate title through a stand-alone title-use statute, there are no established standards of practice or ethics established and the practice of the profession is not regulated by the state.[132]

References:

1. Advanced Practice Certification in Clinical Nutrition. Commission on Dietetic Registration. Accessed October 2, 2024. https://www.cdrnet.org/board-certification-in-advanced-practice
2. Evidence Analysis Library. Academy of Nutrition and Dietetics. Accessed October 6, 2024. https://www.andeal.org/
3. Evidence Analysis Manual: Steps in the Academy Evidence Analysis Process. Academy of Nutrition and Dietetics Evidence Analysis Library (EAL). Accessed October 6, 2024. https://www.andeal.org/evidence-analysis-manual
4. Board Certified Specialist. Commission on Dietetic Registration. Accessed October 2, 2024. https://www.cdrnet.org/board-certified-specialist
5. Board Certified. The Free Dictionary by Farlex. Accessed October 2, 2024. https://medical-dictionary.thefreedictionary.com/board+certified
6. CDR CPEU Prior Approval Program Activity Type Definitions. Commission on Dietetic Registration.
7. CDR CPEU Prior Approval Program. Commission on Dietetic Registration. Accessed October 2, 2024. https://www.cdrnet.org/new-cdr-cpeu-prior-approval-program
8. Certificate of Training in Obesity for Pediatrics and Adults. Commission on Dietetic Registration. Accessed October 2, 2024. https://www.cdrnet.org/obesity-pediatrics-adults
9. Revised 2024 Scope and Standards of Practice for the Registered Dietitian Nutritionist. Commission on Dietetic Registration Scope and Standards of Practice Task Force. Accessed September 21, 2023. www.cdrnet.org/scope
10. Cederholm T, Barazzoni R, Austin P, et al. ESPEN Guidelines on Definitions and Terminology of Clinical Nutrition. *Clin Nutr*. 2017;36(1):49-64. doi:10.1016/J.CLNU.2016.09.004
11. Cardenas D. What is clinical nutrition? Understanding the epistemological foundations of a new discipline. *Clin Nutr* ESPEN. 2016;11:e63-e66. doi:10.1016/J.CLNESP.2015.10.001
12. The Joint Commission. Glossary. In: Comprehensive Accreditation Manual for Hospitals (CMH). Joint Commission Resources. Published online 2020.
13. Credentialing and Privileging - Verifying Practitioner Identification. The Joint Commission. Accessed October 10, 2024. https://www.jointcommission.org/standards/standard-faqs/ambulatory/human-resources-hr/000002242/
14. Hospitals and Long Term Care Facilities. Academy of Nutrition and Dietetics. Accessed October 3, 2024. https://www.eatrightpro.org/advocacy/licensure/therapeutic-diet-orders/hospitals-and-long-term-care-facilities
15. Practice Tips: Implementing Hospital Ordering Privileges for the RDN. Commission on Dietetic Registration. Accessed October 17, 2024. https://www.cdrnet.org/vault/2459/web/PDFs%20for%20Website/19%20Practice%20Tips-Implementing%20Hospital%20Ordering%20Privileges.pdf
16. Practice Tip: Implementing Hospital Ordering Privileges for the RDN - APPENDIX. Commission on Dietetic Registration. Accessed October 17, 2024. https://www.cdrnet.org/vault/2459/web/PDFs%20for%20Website/20%20Appendix%20to%20Implementing%20Hospital%20Ordering%20Privileges%20for%20the%20RDN.pdf
17. Competencies. In Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health. 7th ed. Saunders; 2003.

18. Competency Assessment vs Orientation. The Joint Commission. Accessed October 2, 2024. https://www.jointcommission.org/en/standards/standard-faqs/office-based-surgery/human-resources-hr/000002152/

19. Competency Assessment vs Education and Training. The Joint Commission. Accessed October 2, 2024. https://www.jointcommission.org/en/standards/standard-faqs/ambulatory/human-resources-hr/000002254/

20. Revised 2024 Scope and Standards of Practice for the Nutrition and Dietetics Technician, Registered. Commission on Dietetic Registration Scope and Standards of Practice Task Force. Accessed September 21, 2023. www.cdrnet.org/scope

21. Assessment & Selection. US Office of Personnel Management. Accessed October 2, 2024. https://www.opm.gov/policy-data-oversight/assessment-and-selection/competencies/

22. Essential Practice Competencies. Commission on Dietetic Registration. Accessed October 2, 2024. https://www.cdrnet.org/competencies

23. Dreyfus HL. *Mind over Machine: The Power of Human Intuitive Expertise in the Era of the Computer*. Free Press; 1986.

24. Practice Tips: Competence in Practice. Commission on Dietetic Registration. Accessed October 17, 2024. https://www.cdrnet.org/vault/2459/web/PDFs%20for%20Website/2%20Practice%20Tips-Competence%20in%20Practice.pdf

25. *Institute of Medicine (IOM). Conflict of Interest in Medical Research, Education, and Practice*. The National Academies Press; 2009. Accessed October 3, 2024. www.iom.edu/conflictofinterest.

26. Peregrin T. Identifying and Managing Conflicts of Interest. *J Acad Nutr Diet*. 2020;120(3):445-447. doi:10.1016/j.jand.2019.12.014

27. Responsible Conduct Research: Conflicts of Interest. Columbia University. Accessed October 6, 2024. https://ccnmtl.columbia.edu/projects/rcr/rcr_conflicts/foundation/#1_1

28. 2018 Code of Ethics for the Nutrition and Dietetics Profession. Academy of Nutrition and Dietetics/ Commission on Dietetic Registration. Accessed August 21, 2024. https://www.cdrnet.org/codeofethics

29. Commission on Dietetic Registration. Accessed October 2, 2024. https://www.cdrnet.org/

30. State Operations Manual. Appendix A-Survey Protocol, Regulations, and Interpretative Guidelines for Hospitals. (Rev. 216, 07-21-23); §482.28 Food and Dietetic Services. US Department of Health and Human Services, Centers for Medicare and Medicaid Services. Accessed September 19, 2023. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/som107ap_a_hospitals.pdf

31. Healthcare Facilities Accreditation Program Standards (HFAP). Accreditation Commission for Health Care. Accessed October 2, 2024. https://www.achc.org/

32. The Joint Commission. Glossary. 2019 Hospital Accreditation Standards. Oakbrook Terrance, IL: 2019.

33. DNV-GL Healthcare Standards. Accessed October 2, 2024. https://www.dnvhealthcareportal.com/accreditations/hospital-accreditation

34. Jacobs J A, Glassie J C. *Certification and Accreditation Law Handbook*. Vol 3. 2nd ed. American Society of Association Executives; 2004.

35. Questions and Answers on Dietary Supplements. U.S. Food and Drug Administration (FDA). Accessed October 3, 2024. https://www.fda.gov/food/information-consumers-using-dietary-supplements/questions-and-answers-dietary-supplements

36. New Dietary Ingredients (NDI) Notification Process. U.S. Food and Drug Administration (FDA). Accessed October 3, 2024. https://www.fda.gov/food/dietary-supplements/new-dietary-ingredient-ndi-notification-process

37. Institute of Medicine (US) Committee on Quality of Health Care in America. *Crossing the Quality Chasm: A New Health System for the 21st Century*. National Academies Press (US); 2001. Accessed May 2, 2023. https://pubmed.ncbi.nlm.nih.gov/25057539/

38. State Licensure. Commission on Dietetic Registration. Accessed October 6, 2024. https://www.cdrnet.org/LicensureMap

39. Dietitian Licensure Compact. Academy of Nutrition and Dietetics. Accessed October 7, 2024. https://www.eatrightpro.org/advocacy/initiatives/dietitian-licensure-compact

40. Robinson D, Walker R, Adams SC, et al. American Society for Parenteral and Enteral Nutrition (ASPEN) Definition of Terms, Style, and Conventions Used in ASPEN Board of Directors-Approved Documents. Published online 2018. Accessed October 3, 2024. http://www.nutritioncare.org/Clinical_Practice_Library/]

41. Szajewska Hania, Shamir Raanan. Evidence-Based Research in Pediatric Nutrition. *Indian J Med Res*. 2015;142(3):351. Accessed October 3, 2024. /pmc/articles/PMC4669876/

42. Rogers D, Griswold K, Sauer KL, et al. Entry-Level Registered Dietitian and Dietetic Technician, Registered Practice Today: Results From the 2020 Commission on Dietetic Registration Entry-Level Dietetics Practice Audit. *J Acad Nutr Diet*. 2021;121(2):330-378. doi:10.1016/J.JAND.2020.09.027

43. Evidence-Based Practice. Academy of Nutrition and Dietetics Evidence Analysis Library (EAL). Accessed October 6, 2024. https://www.andeal.org/evidence-based-practice

44. Hand RK, Davis AM, Thompson KL, Knol LL, Thomas A, Proaño G V. Updates to the Definition of Evidence-Based (Dietetics) Practice: Providing Clarity for Practice. *J Acad Nutr Diet*. 2021;121(8):1565-1573.e4. doi:10.1016/J.JAND.2020.05.014

45. Ritson AJ, Hearris MA, Bannock LG. Bridging the Gap: Evidence-Based Practice Guidelines for Sports Nutritionists. *Front Nutr*. 2023;10. doi:10.3389/FNUT.2023.1118547

46. Evidence-Based Nutrition Practice Guidelines for Nutrition and Dietetics Practice. Academy of Nutrition and Dietetics Evidence Analysis Library (EAL). Accessed October 6, 2024. https://www.andeal.org/

47. Medicine I of. Clinical Practice Guidelines We Can Trust. National Academies of Sciences, Engineering, and Medicine. *Clinical Practice Guidelines We Can Trust*. Published online March 23, 2011. doi:10.17226/13058

48. Fellow of the Academy of Nutrition and Dietetics (FAND). Academy of Nutrition and Dietetics. Accessed October 2, 2024. https://www.eatrightpro.org/leadership/honors-and-awards/other-academy-awards/fellow-of-the-academy-of-nutrition-and-dietetics

49. Fellow of the Academy of Nutrition and Dietetics (FAND) FAQ. Academy of Nutrition and Dietetics. Accessed October 2, 2024. www.cdrnet.org

50. Health Equity. World Health Organization. Accessed October 2, 2024. https://www.who.int/health-topics/health-equity#tab=tab_1

51. Diversity and Inclusion Definitions. Academy of Nutrition and Dietetics. Accessed October 2, 2024. https://www.eatrightpro.org/about-us/our-work/inclusion-diversity-equity-and-access/diversity-and-inclusion-definitions

52. Healthy People 2030. Healthy.gov. US Department of Health and Human Services. Accessed October 2, 2024. https://health.gov/healthypeople

53. What is Health Equity? Robert Wood Johnson Foundation. Accessed October 2, 2024. https://www.rwjf.org/en/insights/our-research/2017/05/what-is-health-equity-.html

54. The Practitioner's Guide for Advancing Health Equity: Community Strategies for Preventing Chronic Disease. Centers for Disease Control and Prevention. Accessed October 2, 2024. https://www.cdc.gov/dnpao-state-local-programs/php/practitioners-guide/index.html

55. Scope of Practice Decision Algorithm. Commission on Dietetic Registration. Accessed May 2, 2023. https://www.cdrnet.org/scope

56. The I.C.E. Handbook for Understanding Credentialing Concepts (2019). Institute for Credentialing Excellence (ICE). Accessed October 6, 2024. https://www.credentialingexcellence.org/My-Career/ICE-Handbook

57. Medicare Coverage of Non-Physician Practitioner Services. Office of Inspector General. U.S. Department of Health and Human Services. Accessed October 10, 2024. https://oig.hhs.gov/reports/all/2001/medicare-coverage-of-non-physician-practitioner-services/

58. Orphan Drug Act - Relevant Excerpts Section 5(b)(3) - 21 U.S.C. 360 ee (b) (3). Food and Drug Administration (FDA). Accessed October 3, 2024. https://www.fda.gov/industry/designating-orphan-product-drugs-and-biological-products/orphan-drug-act-relevant-excerpts

59. Medical Foods Guidance Documents & Regulatory Information. Food and Drug Administration (FDA). Accessed October 3, 2024. https://www.fda.gov/food/guidance-documents-regulatory-information-topic-food-and-dietary-supplements/medical-foods-guidance-documents-regulatory-information

60. Food Composition, Standards, Labeling and Economics. Food and Drug Administration Compliance Program Guidance Manual.

61. Electronic Nutrition Care Process Terminology (eNCPT). Academy of Nutrition and Dietetics. Accessed October 3, 2024. https://www.cdrnet.org/nutrition-care-process-and-terminology

62. Lacey K, Pritchett E. Nutrition Care Process and Model: ADA Adopts Road Map to Quality Care and Outcomes Management. *J Am Diet Assoc*. 2003;103(8):1061-1072. doi:10.1016/S0002-8223(03)00971-4, https://www.eatrightpro.org/practice/nutrition-care-process

63. US Code of Federal Regulations, Title 42 - 410.144. Quality Standards for Deemed Entities. Accessed October 6, 2024. https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-410/subpart-H/section-410.144

64. Nutritional Counseling. AETNA Medical Clinical Policy Bulletins. Accessed October 6, 2024. https://www.aetna.com/cpb/medical/data/1_99/0049.html

65. Scope and Standards of Practice. Commission on Dietetic Registration. Accessed October 6, 2024. https://www.cdrnet.org/scope

66. Medical Nutrition Therapy. Academy of Nutrition and Dietetics. Accessed October 6, 2024. https://www.eatrightpro.org/career/payment/medical-nutrition-therapy

67. Swan WI, Vivanti A, Hakel-Smith NA, et al. Nutrition Care Process and Model Update: Toward Realizing People-Centered Care and Outcomes Management. *J Acad Nutr Diet*. 2017;117(12):2003-2014. doi:10.1016/j.jand.2017.07.015

68. Lagua RT, Claudio VS. *Nutrition and Diet Therapy Reference Dictionary*. Blackwell Publishing; 2004. Accessed October 2, 2024. https://www.wiley.com/en-us/Nutrition+and+Diet+Therapy+Reference+Dictionary%2C+5th+Edition-p-9780813810027

69. Dorland WAN. *Dorland's Illustrated Medical Dictionary*. 33rd ed. Saunders; 2019.

70. Stedman TL. *Stedman's Medical Dictionary*. 28th ed. Lippincott Williams & Wilkins; 2013. Accessed October 9, 2024. https://www.wolterskluwer.com/en/solutions/ovid/stedmans-medical-dictionary-13117

71. Rozga M, Handu D. Nutritional Genomics in Precision Nutrition: An Evidence Analysis Center Scoping

Review. J *Acad Nutr Diet*. 2019;119(3):507-515.e7. doi:10.1016/J.JAND.2018.05.022

72. Sales NMR, Pelegrini PB, Goersch MC. Nutrigenomics: Definitions and Advances of this New Science. *J Nutr Metab*. 2014;2014. doi:10.1155/2014/202759

73. Nutritional Genomics: What You Need to Know. Dietitians in Integrative and Functional Medicine (DIFM) Dietetics Practice Group. Accessed October 6, 2024. https://integrativerd.org/difm/resources/article-archives/nutritional-genomics

74. Noland D, Raj S. Academy of Nutrition and Dietetics: Revised 2019 Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Nutrition in Integrative and Functional Medicine. *J Acad Nutr Diet*. 2019;119(6):1019-1036.e47. doi:10.1016/J.JAND.2019.02.010

75. Kohlmeier M, De Caterina R, Ferguson LR, et al. Guide and Position of the International Society of Nutrigenetics/Nutrigenomics on Personalized Nutrition: Part 2 - Ethics, Challenges and Endeavors of Precision Nutrition. *J Nutrigenet Nutrigenomics*. 2016;9(1):28-46. doi:10.1159/000446347

76. Epigenetics. Genetics Science Learning Center. Accessed October 7, 2024. https://learn.genetics.utah.edu/content/epigenetics/

77. Nutrition Assessment - Introduction. Dietetics Language for Nutrition Care 2023. Academy of Nutrition and Dietetics Nutrition Terminology Reference Manual (eNCPT). Accessed October 10, 2024. https://www.ncpro.org/pubs/2023-encpt-en/page-001

78. Nutrition Care Process. Academy of Nutrition of Dietetics. Accessed October 3, 2024. https://www.eatrightpro.org/practice/nutrition-care-process

79. About Accredited Programs. Accreditation Council for Education in Nutrition and Dietetics (ACEND). Accessed October 2, 2024. https://www.eatrightpro.org/acend/accredited-programs/about-accredited-programs

80. Dietetic Technician, Registered (DTR) or Nutrition and Dietetics Technician, Registered (NDTR). Commission on Dietetic Registration. Accessed October 2, 2024. https://www.cdrnet.org/NDTR

81. NDTR Credential Option FAQ. Commission on Dietetic Registration. Accessed October 2, 2024. https://www.cdrnet.org/dtrcredentialfaq

82. DTR-E and NDTR-E Misuse Policy. Commission on Dietetic Registration. Accessed October 2, 2024. https://www.cdrnet.org/program-director/dtre-misuse

83. Practice Tip: What is Meant by "Under the Supervision of the RDN"? Commission on Dietetic Registration. Accessed October 17, 2024. https://www.cdrnet.org/vault/2459/web/PDFs%20for%20Website/13%20Practice%20Tips-What%20is%20Meant%20by%20Under%20the%20Supervision%20of%20the%20RDN.pdf

84. Swan WI, Pertel DG, Hotson B, et al. Nutrition Care Process (NCP) Update Part 2: Developing and Using the NCP Terminology to Demonstrate Efficacy of Nutrition Care and Related Outcomes. *J Acad Nutr Diet*. 2019;119(5):840-855. doi:10.1016/J.JAND.2018.10.025

85. Nutrition Care Process and Terminology. Commission on Dietetic Registration. Accessed October 2, 2024. https://www.cdrnet.org/nutrition-care-process-and-terminology

86. Nutrition Diagnoses - Introduction. Dietetics Language for Nutrition Care 2023. Academy of Nutrition and Dietetics Nutrition Terminology Reference Manual (eNCPT). Accessed October 10, 2024. https://www.ncpro.org/pubs/2023-encpt-en/page-028

87. Nutrition Diagnosis. Dietetics Language for Nutrition Care 2023. Academy of Nutrition and Dietetics Nutrition Terminology Reference Manual (eNCPT). Accessed October 10, 2024.

https://www.ncpro.org/pubs/2023-encpt-en/page-036

88. Discharge and Transfer of Nutrition Care to a New Setting or Provider. Dietetics Language for Nutrition Care 2023. Academy of Nutrition and Dietetics Nutrition Terminology Reference Manual (eNCPT). Accessed October 7, 2024. https://www.ncpro.org/auth.cfm?sign_in=true

89. Nutrition Intervention - Introduction. Language for Nutrition Care 2023. Academy of Nutrition and Dietetics Nutrition Terminology Reference Manual (eNCPT). Accessed October 10, 2024. https://www.ncpro.org/pubs/2023-encpt-en/page-048

90. Nutrition Intervention. Dietetics Language for Nutrition Care 2023. Academy of Nutrition and Dietetics Nutrition Terminology Reference Manual (eNCPT). Accessed October 10, 2024. https://www.ncpro.org/pubs/2023-encpt-en/page-055

91. Wang J, Gephart SM, Mallow J, Bakken S. Models of Collaboration and Dissemination for Nursing Informatics Innovations in the 21st Century. *Nurs Outlook*. 2019;67(4):419-432. doi:10.1016/J.OUTLOOK.2019.02.003

92. Nursing Informatics: Scope and Standards of Practice. American Nurses Association. Accessed October 6, 2024. https://www.nursingworld.org/nurses-books/nursing-informatics-scope-and-standards-of-practi/

93. Nutrition Monitoring and Evaluation. Dietetics Language for Nutrition Care 2023. Academy of Nutrition and Dietetics Nutrition Terminology Reference Manual (eNCPT). Accessed October 10, 2024. https://www.ncpro.org/pubs/2023-encpt-en/page-015a?notfull=true

94. National Coverage Analysis (NCA) Decision Memo. Intensive Behavioral Therapy for Obesity (CAG-00423N). Centers for Medicare & Medicaid Services. Accessed October 6, 2024. https://www.cms.gov/medicare-coverage-database/view/ncacal-decision-memo.aspx?proposed=N&&NcaName=Intensive%20Behavioral%20Therapy%20for%20Obesity&NCAId=253

95. National Coverage Analysis (NCA) Decision Memo. Intensive Behavioral Therapy for Cardiovascular Disease (210.11). Centers for Medicare & Medicaid Services. Accessed October 6, 2024. https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?ncdid=348&ncdver=1&keywordtype=starts&keyword=Intensive%20b&bc=0

96. US Code of Federal Regulation, Title 42, CFR 410.15 - Annual Wellness Visits Providing Personalized Prevention Plan Services: Conditions for and Limitations on Coverage. Accessed October 6, 2024. https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-410/subpart-B/section-410.15

97. Community Health Integration Services. Centers for Medicare & Medicaid Services. Accessed October 6, 2024. https://www.medicare.gov/coverage/community-health-integration-services

98. Principal Illness Navigation Services. Centers for Medicare & Medicaid Services. Accessed October 6, 2024. https://www.medicare.gov/coverage/principal-illness-navigation-services

99. Report to Congress on Preventive Services and Obesity-Related Services Available to Medicaid Enrolees. Centers for Medicare & Medicaid Services. Accessed October 6, 2024. https://www.medicaid.gov/sites/default/files/medicaid/quality-of-care/downloads/rtc-preventive-obesity-related-services2014.pdf

100. House Bill 24-1322 "Medicaid Coverage Housing & Nutrition Services". Colorado General Assembly. Accessed October 6, 2024. https://leg.colorado.gov/bills/hb24-1322

101. U.S. Preventive Services Taskforce - A and B Recommendations. The Department of Health and Human Services. Accessed October 6, 2024. https://www.uspreventiveservicestaskforce.org/uspstf/recommendation-topics/uspstf-a-and-b-recommendations

102. Nutrition Assessment. Dietetics Language for Nutrition Care 2023. Academy of Nutrition and Dietetics Nutrition Terminology Reference Manual (eNCPT). Accessed October 10, 2024. https://www.ncpro.org/pubs/2023-encpt-en/page-015?notfull=true

103. Skipper A, Coltman A, Tomesko J, et al. Adult Malnutrition (Undernutrition) Screening: An Evidence Analysis

Center Systematic Review. *J Acad Nutr Diet*. 2020;120(4):669-708. doi:10.1016/j.jand.2019.09.010

104. Skipper A, Coltman A, Tomesko J, et al. Position of the Academy of Nutrition and Dietetics: Malnutrition (Undernutrition) Screening Tools for All Adults. *J Acad Nutr Diet*. 2020;120(4):709-713. doi:10.1016/j.jand.2019.09.011

105. Nutrition Screening Adults. Evidence Analysis Library (EAL). Accessed October 3, 2024. https://www.andeal.org/topic.cfm?menu=5382

106. Nutrition Screening Pediatrics Systematic Review. Evidence Analysis Library (EAL). Accessed October 3, 2024. https://www.andeal.org/topic.cfm?menu=5767&cat=5971

107. Becker PJ, Gunnell Bellini S, Wong Vega M, et al. Validity and Reliability of Pediatric Nutrition Screening Tools for Hospital, Outpatient, and Community Settings: A 2018 Evidence Analysis Center Systematic Review. *J Acad Nutr Diet*. 2020;120(2):288-318.e2. doi:10.1016/J.JAND.2019.06.257

108. Oral Nutritional Supplements (2016). British Association for Parenteral and Enteral Nutrition (BAPEN). Accessed October 3, 2024. https://www.bapen.org.uk/education/nutrition-support/nutrition-by-mouth/oral-nutritional-supplements-ons/

109. Taylor N. Overview of Oral Nutrition Supplements and Their Use. *Br J Community Nurs*. 2020;25(Sup8):S12-S15. doi:10.12968/BJCN.2020.25.SUP8.S12

110. Ayers P, Adams S, Boullata J, et al. ASPEN Parenteral Nutrition Safety Consensus Recommendations. *JPEN J Parenter Enteral Nutr*. 2014;38(3):296-333. doi:10.1177/0148607113511992

111. Handu D, Moloney L, Rozga MR, Cheng F, Wickstrom D, Acosta A. Evolving the Academy Position Paper Process: Commitment to Evidence-Based Practice. *J Acad Nutr Diet*. 2018;118(9):1743-1746. doi:10.1016/J.JAND.2018.07.004

112. NCCA Standards for the Accreditation of Certification. Institute for Credentialing Excellence Accreditation. Accessed October 2, 2024. https://www.credentialingexcellence.org/Accreditation

113. Accreditation. Institute for Credentialing Excellence. Accessed October 2, 2024. https://www.credentialingexcellence.org/Accreditation

114. Registered Dietitian (RD) or Registered Dietitian Nutritionist (RDN) Certification. Commission on Dietetic Registration. Accessed October 2, 2024. https://www.cdrnet.org/RDN

115. 2024 Graduate Degree Requirements - Registration Eligibility. Commission on Dietetic Registration. Accessed October 2, 2024. https://www.cdrnet.org/GraduateDegree

116. RDN Credentials FAQs. Commission on Dietetic Registration. Accessed October 2, 2024. https://www.cdrnet.org/rdncredentialfaq

117. RD-E or RDN-E Misuse Policy. Commission on Dietetic Registration. Accessed October 2, 2024. https://www.cdrnet.org/program-director/rde-misuse

118. Practice Tips: When to Cosign. Commission on Dietetic Registration. Accessed October 17, 2024. https://www.cdrnet.org/vault/2459/web//15%20Practice%20Tips-When%20to%20Cosign.pdf

119. Licensure and Other Mechanisms for Regulating Allied Health Personnel. 1989. Accessed October 16, 2024. https://www.ncbi.nlm.nih.gov/books/NBK218867/

120. Licensure. Academy of Nutrition and Dietetics. Accessed October 16, 2024. https://www.eatrightpro.org/advocacy/licensure

121. Dower C, Christian S, O'neil E. *Promising Scope of Practice Models for the Health Professions. The Center for the Health Professions*.; 2007. Accessed October 6, 2024. http://futurehealth.ucsf.edu.

122. Telehealth Basics. The American Telemedicine Association. Accessed October 6, 2024.

https://www.americantelemed.org/resource/why-telemedicine/

123. What is Telehealth? Health Resources and Services Administration (HRSA) - Office for the Advancement of Telehealth. Accessed October 6, 2024. https://www.hrsa.gov/telehealth/what-is-telehealth

124. Telehealth. Commission on Dietetic Registration. Accessed October 6, 2024. https://www.cdrnet.org/

125. Telehealth-Related Practice Tips and Case Studies. Commission on Dietetic Registration. Accessed October 6, 2024. https://www.cdrnet.org/tips

126. List of Services Payable Under the Medicare Physician Fee Schedule when Furnished via Telehealth. Centers for Medicare and Medicaid Services. Accessed October 6, 2024. https://www.cms.gov/medicare/coverage/telehealth/list-services

127. Center for Connected Health Policy (CCHP). Accessed October 6, 2024. https://www.cchpca.org/

128. Therapeutic Diet Orders Academy of Nutrition and Dietetics. Accessed October 3, 2024. https://www.eatrightpro.org/advocacy/licensure/therapeutic-diet-orders

129. Practice Tips: Implementation Steps-Ordering Privileges for the RDN. Commission on Dietetic Registration.

130. Minimum Data Set (MDS) 3.0 Resident Assessment Instrument (RAI) Manual (Chapter 3, Section K: Swallowing/Nutritional Status). U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. 2024. Accessed August 22, 2024. https://www.cms.gov/files/document/finalmds-30-rai-manual-v1191october2024.pdf

131. Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2020 Rates; Proposed Quality Reporting Requirements for Specific Providers; Medicare and Medicaid Promoting Interoperability Programs Proposed Requirements for Eligible Hospitals and Critical Access Hospitals. Medicare Program Federal Register. Accessed October 3, 2024. https://www.federalregister.gov/documents/2019/05/03/2019-08330/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the

132. Overview: Regulation of Food Nutrition and Health. Academy of Nutrition and Dietetics. Accessed October 6, 2024. https://www.eatrightpro.org/advocacy/licensure/why-licensure/overview-regulation-of-food-nutrition-and-health

Appendix 1: Other Resources for Terminology

Inclusion in the list below does not constitute endorsement by CDR of a group's glossary of terms.

Terminology Topic	Resource
CPEU Prior Approval Program Glossary of Terms	https://www.cdrnet.org/vault/2459/web/Edited_Glossary%20of%20Terms%20R1%209-23.pdf
Dietetic Practice Groups	https://www.eatrightpro.org/career/academy-groups/dietetic-practice-groups
Focus Area Scope and Standards of Practice	https://www.cdrnet.org/focus
Food as Medicine	https://www.eatrightfoundation.org/resources/food-as-medicine
Health and Wellness Coaching	https://nbhwc.org/what-is-a-health-coach/
Inclusion, Diversity, Equity and Access	https://www.eatrightpro.org/about-us/our-work/inclusion-diversity-equity-and-access/diversity-and-inclusion-definitions
Quality Management (eg, Quality Improvement Project, Process Improvement)	https://www.eatrightpro.org/practice/quality-care/quality-management
Quality Measures	https://www.cms.gov/medicare/quality/measures https://mmshub.cms.gov/about-quality/quality-at-CMS/goals https://mmshub.cms.gov/about-quality/new-to-measures/what-is-a-measure https://mmshub.cms.gov/sites/default/files/Guide-Quality-Measures-How-They-Are-Developed-Used-Maintained.pdf