Northern Illinois University

Dietetic Internship Program Handbook
On behalf of Jeanne Isabel, chair of the School of Health Studies, Josephine Umoren, coordinator of Nutrition and Dietetics, and the area faculty, I would like to welcome you to the Dietetic Internship Program and Northern Illinois University as well as wishing you both professional and personal success in this exciting and challenging program.

The purpose of this handbook is to provide you with a source of information about the Dietetic Internship Program and its relationship to the Master of Science Program in Nutrition and Dietetics. You may use it to answer your questions about the requirements and policies of the Dietetic Internship Program. However, due to the dynamic nature of the health care profession, please be aware that program requirements may change to comply with the standards of the profession and the university. Therefore, use this handbook as a resource, but not as a legal contract. This handbook also does not supersede the Graduate Catalog. The Graduate Catalog is the final authority regarding university and program requirements.

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Table of Contents

PROGRAM PRINCIPLES
Program Mission and Goals .................................................. 5
Program Philosophy .............................................................. 5
Program Ideals ................................................................... 6
Accreditation Status .............................................................. 6

PROGRAM REQUIREMENTS
Admission Requirements ......................................................... 7
Overall Health Documentation ................................................... 7
Required Documentation .......................................................... 7
Medical Terminology ............................................................... 9
Liability of Safety in Travel to Practicum Sites ......................... 9
Identification ....................................................................... 9
Dress Code .......................................................................... 9
Professional Memberships ....................................................... 10
Continuing Professional Education Requirement .................. 10

PROGRAM DETAILS
Concentration Area: Community Nutrition and Health Promotion ........................................ 11
Core Competency Statements for the Supervised Practice Program ........................................ 11
Competency Assessment to Credit Prior Experience .............................................................. 11
Relationship Between DI and Master of Science in Nutrition and Dietetics ............................ 12
Eating Disorders and Obesity Certificate .......................................................... 12
Site Placement and Program Schedule ........................................................................... 13
Registration Examination .......................................................... 15
Licensure ............................................................................. 16

PROGRAM EVALUATION
Evaluation Policy and Criteria .................................................... 17
Remedial Work ..................................................................... 17
Policy and Procedure for Dismissal of Students from the Dietetic Internship ..................... 18

PROGRAM COSTS
Overall Tuition and Fees .......................................................... 19
Additional Costs ................................................................ 19
Graduate Assistantships ......................................................... 19
Financial Aid and Fellowships .................................................. 19
Withdrawal and Refund of Tuition and Fees ........................................ 19
STUDENT RIGHTS
Access to Records and Files/Privacy of Information ................................................. 20
Process for Problems on Site .................................................................................... 20
Grade Appeals and Other Grievance Procedures ..................................................... 20
Opportunity to File Complaints with ACEND .......................................................... 20
Student Support Services ......................................................................................... 21

GLOSSARY .................................................................................................................. 22

APPENDICES .............................................................................................................. 23
PROGRAM PRINCIPLES

Program Mission and Goals
The mission of the Dietetic Internship Program is to prepare entry-level registered dietitian nutritionists who demonstrate knowledge, skills and values that enhance individual and community health through dietetics practice.

This internship program resides in the School of Health Studies within the College of Health and Human Sciences. The college also houses the School of Nursing, the School of Family and Consumer Sciences, the School of Allied Health and Communicative Disorders, and Military Sciences.

The primary goal of this Dietetic Internship Program is to prepare individuals who are competent to practice in the profession of nutrition and dietetics. Dietetic interns enroll in graduate coursework for one year prior to beginning on-site supervised practice experiences. During the remainder of the program, interns continue graduate coursework and simultaneously engage in on-site supervised practice experiences.

The second goal is to prepare capable entry-level RDNs for productive employment in a community nutrition and/or health promotion setting. The sequencing of graduate coursework and supervised practice experiences has been designed to result in simultaneous completion of both programs. This will allow program graduates to be competitive when seeking employment in the field. Dietetic interns must complete all requirements of the M.S. degree prior to receiving the official Verification Statement of DI completion.

Program Philosophy
“Active learning” characterizes this program’s philosophy. In the 5th century, Sophocles stated, “One must learn by doing the thing, for though you think you know it – you have no certainty until you try.” In the classroom setting, the philosophy of “active learning” is implemented through group discussion; simulated exercises such as case studies, writing assignments, individual and group presentations; and learning modules which promote higher order thinking, analysis, application, evaluation and synthesis.

This philosophy of “active learning” requires a different set of expectations for both the teacher and the learner. The teacher no longer dispenses knowledge through lecture, but rather becomes a facilitator of learning. The learners are no longer passive listeners, but rather become engaged participants. Most interns who have recently graduated from an undergraduate curriculum must make some adjustments to this philosophy as well as to the greater expectations that come with graduate level study.

Passive learning techniques such as lecture are minimized, and when content experts do present programs, case study and application are emphasized. Interns are challenged to observe, read and practice by applying theory learned in graduate classes to the array of diverse situations that they encounter in the practice setting. Whether they meet in cyberspace or classroom, each shares and discusses the problems and challenges associated with current dietetics practice. Less emphasis is placed on information transmission, and greater emphasis is placed on examining evidence-based research and practice guidelines, applying it to practice setting under the supervision of competent preceptors.

In the practice setting, interns begin by observing the dietetic practitioner, and then under their guidance and supervision, with feedback and reassurance, interns develop and refine skills necessary to become independent competent practitioners themselves.

Interns who are able to learn independently and who are self-directed are most successful in this program. We expect interns to be able to self-assess their learning deficits, and identify the opportunities available at each site. Interns are expected to approach their experiences with maturity and responsibility, asking not, “What do I do now?” but instead assessing both their needs and those of the sites and moving in the identified direction.
This theme of active learning is also reflected in the emphasis on utilization and production of research. Interns are expected to utilize evidence-based research throughout the program. Because the M.S. degree program includes research methods, statistics and completion of a thesis or research project, the practicum focuses more upon the utilization of research findings in a variety of dietetics settings and upon the identification of needs for research. These identified needs may later be the basis for the intern’s thesis or research project.

**Program Ideals**

The program is committed to:
- Providing opportunities for interns to integrate and synthesize theory, acquired earlier and simultaneously in graduate coursework, and to apply that theory to the supervised practice setting.
- Modeling a problem-solving approach based upon the scientific method with emphasis on the utilization of evidence-based research.
- Providing a balance and diversity of learning experiences that enables interns to develop the skills necessary for competent entry level practice.
- Requiring interns to take responsibility for their own learning as a preface to life-long learning.
- Assessing the effectiveness and level of practice offered by practicum sites with emphasis upon management of resources in all aspects of dietetics.
- Providing support and training to enhance preceptor effectiveness.
- Continuous program evaluation and programmatic changes as suggested by assessment data and measured outcomes.

**Accreditation Status**

In the spring of 1989, the Approved Preprofessional Practice Program was granted approval status by the American Dietetic Association Council on Education Division Accreditation/Approval (a specialized accrediting body recognized by the Council on Postsecondary Accreditation and the United States Department of Education).

In May 1994, the AP4’s Five Year Program Evaluation Document was approved by the American Dietetic Association. Approval was received for another five-year period.

In December 1994, the Commission on Accreditation/Approval for Dietetics Education granted a change in status from AP4 to a Developmentally Accredited Dietetic Internship.

The Dietetic Internship at Northern Illinois University received full accreditation in May 1997 from the CADE of the ADA, and was re-accredited in 2002 for a 10-year period.

A Program Assessment Report was submitted to CADE in May 2007, with continuing accreditation received from CADE in September 2007.

The DI completed the Accreditation self-study for a 10-year review in January 2012. The site visit was conducted in April 2012 and formally approved by the Accreditation Council for Education in Nutrition and Dietetics at the September 2012 meeting for accreditation through 2022.

In March 2013, ACEND granted accreditation for the Individualized Supervised Practice Pathway.

ACEND (formally CADE) is a specialized accrediting body recognized by the Commission on Recognition of Postsecondary Accreditation and the United States Department of Education. The address and phone number of ACEND are: 120 South Riverside Plaza, Suite 2190, Chicago, IL 60606-6995, 800-877-1600.

Northern Illinois University Dietetic Internship Page 6
PROGRAM REQUIREMENTS

Admission Requirements
- Dietetic Internship Program Application (completed via the online Dietetic Internship Centralized Applications System system).
- 2.75 Cumulative GPA (on 4.0 scale) required.
- 3.0 major GPA (on 4.0 scale) required.
- 3.0 science GPA (on 4.0 scale) preferred.
- Completion of (or intent to complete) Didactic Program in Dietetics program (via DICAS).
- Statement of career goals — 1,000 words or less (via DICAS).
- Three letters of recommendation — preferably two from academic instructors; one from a work supervisor (via DICAS).
- Completion of a minimum of 150 hours of dietetics-related work experience (via DICAS).
- Official transcripts of undergraduate coursework (sent to DICAS).
- Application notification form and $25 application fee sent directly to program director at NIU.

Overall Health Documentation
A. Important Information:
- You may not begin on-site supervised practice experiences until you receive clearance from the program director indicating that all health documentation has been received.
- Begin the process as soon as possible.
- As you complete your requirements, upload them into Castle Branch.
  The program director has access to this information and when all documentation is complete, the director will give you clearance to begin site experiences.

B. Due Dates:
- All health documentation must be submitted by July 1.

Required Documentation
Internship sites require that interns have completed the following health and insurance requirements prior to beginning on-site supervised practice experiences.

A. Sanitation Certification
- Interns are required to pass a certification exam in food sanitation prior to beginning the on-site practicum experiences from either the National Restaurant Association (Serv-Safe) or from state of Illinois.
- “Serv-Safe” courses are available from the National Restaurant Association Educational Foundation. Upon successful completion of the course, you will be issued a “Serv-Safe” certificate.
- Either of these exams is acceptable. A copy of either certificate stating you have passed the exam must be submitted to Castle Branch prior to beginning on-site supervised practice experiences. Keep the original in a safe place for your future reference.

B. Cardiopulmonary Resuscitation Certification
- American Heart Association (Health care Providers) or American Red Cross (Professional Rescuers)
  - CPR certification must be obtained from the American Heart Association or American Red Cross (both of which are available at local hospitals, community colleges or other agencies).
  - The AHA certificate is good for two years. If you obtain the AHA certification, it must be the “Health Care Providers level” certification.
• The American Red Cross certification is good for one year. You must obtain the “Professional Rescuers level” certification which covers infant through adult.
• It takes approximately six-to-eight weeks to receive your CPR certification card once the course is completed.
• Submit documentation directly to Castle Branch.
• Certification via an online course is not acceptable. (Partial online course with an in person hands on component is OK).

C. Insurance

Health (Medical) Insurance
• Copy of insurance card (front and back) with intern’s name. Verification of coverage from the provider is required if the name on the card is not your own (i.e., student’s parents or maiden name). Provide documentation (a copy of the insurance card) to Castle Branch on or before July 1.
• If the intern obtains medical assistance while on site, the intern is responsible for any costs incurred. Neither the site nor the ISPP internship is responsible for payment of medical treatment incurred. Hospitals may deliver emergency services if the intern is injured or becomes ill while on site, but the hospital will require the intern to pay for these medical services.

Liability Insurance
• Professional liability insurance is provided through the College of Health and Human Sciences.

D. Immunizations

Documentation is required in the form of a signed immunization card, physician’s form or laboratory value sheet that documents titer results. Titer results must contain the titer value as well as the reference norm.

Interns must show proof of immunity to the following diseases:
• Hepatitis B.
  o Positive antibody titer.
    ▪ If negative, repeat three vaccine series and repeat titer.
• MMR: rubeola (measles), mumps and rubella (German measles).
  o Can be two vaccines for each one OR a three component positive quantitative titer.
    ▪ If titer is negative, repeat two vaccine series.
• Varicella (chicken pox).
  o Two vaccines OR a positive quantitative titer.
    ▪ If titer is negative, repeat two vaccine series.
• Tuberculosis (TB).
  o Negative two-step tuberculin skin test OR negative QuantiFERON Gold blood test.
    ▪ If positive, clear chest X-ray within the last 12 months OR physician clearance.
• Tetanus/diphtheria booster.
  o Tdap booster administered within the past 10 years.
• Flu shot
  o Current season flu shot — DUE DATE IS OCT. 1.

E. Drug Screen

Interns are required to have a five-panel comprehensive drug screen which tests for marijuana, cocaine, amphetamines, phencyclidine and opiates. This test is included in the Castle Branch fees, follow instructions on the website.

F. Criminal Background Check

Interns are required to have a clean criminal background check. This test is included in the Castle Branch fees, follow instructions on the website.
G. HIPAA and infectious disease certification — upload screen shot of passing score.

H. Handbook acknowledgement and code of conduct — upload signed docs (done at orientation).

Medical Terminology
If you have not completed a medical terminology course (verified by transcript), you will need to complete a medical terminology workbook prior to going on site in for MNT rotation. The list of textbooks (available in the appendix) offers several workbook suggestions.

Liability of Safety in Travel to Practicum Sites
One of this program’s strengths is that of being located in northern Illinois. There are many competent dietitians practicing in diverse settings in the DeKalb and Rockford area as well as in the suburbs and metropolitan area of Chicago. Although it would be easier if all sites were available on campus, this is not possible. This internship is able to offer interns many rich learning experiences reflective of the dietetics practice. In order to access these learning opportunities, interns must have reliable transportation to travel to sites.

The university accepts no responsibility for your safety as you travel in your car to practicum sites. The state of Illinois and the Dietetic Internship Program require that you have a valid driver’s license and automobile insurance.

Identification
The program will provide you with a nametag that identifies you as an intern from NIU Internship Program. This program and site clinical affiliation agreements (legal contracts between NIU and the site) require that you wear this identification badge at all times while you are on site.

Dress Code
It is important to dress appropriately at each site. There is a difference between trendy fashionable clothing and professional attire. Before going on site, ask the site’s contact person if there is a dress code that you should follow.

- In the MNT and community sites, conservative attire is worn (usually covered by a white lab coat). Blue jeans, “sweats,” revealing low-rise slacks and revealing tops are unacceptable. Usually tailored dress slacks along with a blouse for women or a shirt and tie for men are acceptable. Dress conservatively, and ask preceptors about the institution’s dress code when in doubt.
- During the food service rotation, “Dockers-type” black or khaki colored slacks are required along with leather athletic shoes. Shoes worn should be clean, closed-toe and heel, leather (not fabric), flat-heeled and comfortable. Hairnets are required. Interns who have long hair may be asked to secure the hair under a hat and hairnet for sanitation and safety reasons. Nail polish or false nails are not allowed. Minimal jewelry is acceptable.

Some institutions may have policies that prohibit body piercing other than earrings on the basis of sanitation and hygiene issues. Interns are expected to comply with the institutions’ policies where they are assigned. Male interns should determine whether beards and moustaches are permitted at the institution to which they have been assigned.

In summary, when in doubt ask the preceptor at each site what is considered appropriate dress. Always present the clean, well-groomed, appropriate appearance expected of a professional. In food service operations, sanitation and safety is the primary issue. In patient care facilities, the focus must be on the patient. If your hair or dress distracts from a patient-care focus, the intern will be asked to modify their appearance into one that is more conservative and appropriate.
Professional Memberships

A. The Academy of Nutrition and Dietetics
The benefits of the Academy of Nutrition and Dietetics membership are many — from your own copies of the Journal, to networking opportunities at district and state meetings, to eligibility to apply for the Academy scholarships and awards. The Academy student membership is required throughout this program.

B. District Dietetic Association
We encourage you to join a local District Dietetic Association. When you join the Academy, you automatically become a member of the Illinois Dietetic Association. The IDA has local districts based upon geographical area: North Suburban, Chicago, West Suburban and Rock River Valley Dietetic Associations (DeKalb is located within this one). Each association holds regular meetings which feature continuing education programming. Intern membership is encouraged and the cost is discounted for interns. Plan on joining the district most convenient for you, and attending the meetings.

Continuing Professional Education Requirement
Interns are required to attend a minimum of 10 clock hours of professional meetings/continuing education during the practicum, including attendance at local district dietetic meetings.
PROGRAM DETAILS

Concentration Area: Community Nutrition and Health Promotion
This concentration area summarizes the mission of the Dietetic Internship Program: To prepare entry-level registered dietitian nutritionists who demonstrate knowledge, skills and values which enhance individuals and community health through dietetics practice.

Concentration Competencies include:
- CNHP1: Disseminate health promotion education to community groups using technology (i.e., Facebook, Twitter, YouTube, etc.).
- CNHP2: Demonstrate proficiency of skills during a professional practice rotation at community-based program or community hospital.

Planned learning activities to promote the Community Nutrition and Health Promotion concentration include:
- All interns will develop a social media tool that educates the NIU campus or community on an aspect of nutrition. Opportunities may include developing a Facebook page, managing a Twitter account or blog, or developing YouTube videos for a community site or NIU nutrition department.
- All interns will successfully complete a five week professional practice rotation at a community-based program or community hospital. Students will write objectives, function at entry-level at that site and complete a self-assessment evaluation.

Core Competency Statements for the Supervised Practice Program of Entry-Level Dietitian Education Programs
Competency statements specify what every dietitian should be able to do at the beginning of their practice career. The competency statements build on the foundation knowledge necessary for the entry-level practitioner to perform reliably at the level indicated. A concentration area is added to the basic competencies so that a supervised practice program can prepare graduates for identified market needs. Thus, all entry-level dietitians will have the basic competencies and additional competencies according to the concentration area completed. The ACEND specific core competencies along with the NIU Community Nutrition and Health Promotion concentration competencies are in the appendices.

Competency Assessment to Credit Prior Experience
ACEND accreditation standards allow for Assessment of Prior Learning and Competence for individuals who have work experience in dietetics, nutrition or health. Interns who have significant experience in the field may request to have their experiences evaluated for credit toward supervised practice hours. The intern would be asked to review the program competencies and provide the following information to the program director:
- Candidate’s application for assessment of prior learning including name and contact information.
- Résumé/Curriculum Vitae.
- Description of work experiences and a written statement regarding how the prior experiences achieved those competencies.
- Work-related references with up-to-date contact information.
- If needed, the committee may ask for additional information submitted for the assessment of prior learning based on one of the methods of competence review including portfolio, hands-on demonstration, Dietetics Structured Competence Assessment or role play, written case-study exam, oral case-study exam, or simulation.

The program director, a site preceptor working in that professional area and a member of the admissions committee will review the documentation submitted by the intern to determine what credit, if any, would be given.
Relationship between Dietetic Internship Program and Master of Science Program in Nutrition and Dietetics

The Dietetic Internship Program and M.S. Degree Program in Nutrition and Dietetics are interrelated. Applicants to the Dietetic Internship Program must apply and be eligible to be accepted in the graduate program in Nutrition and Dietetics in order to be admitted to the internship. Dietetic interns are required to complete all requirements of the M.S. degree program prior to receiving the official Verification Statement of DI completion.

The first two semesters of the internship program consist of graduate coursework only. These semesters are referred to as the “pre-practicum semesters.” The remaining program is comprised of both graduate coursework and on-site supervised practice experiences. When you are engaged in on-site supervised practice experiences, you will be on site for 20-24 hours each week during the fall and spring semesters while also taking graduate coursework. During the summer Medical Nutrition Therapy practicum, you will be on site for 40 hours per week for 13 weeks. During the summer practicum, you will not take other graduate courses (except thesis). Maximum time to complete program is 42 months.

A. Thesis vs. Non-thesis Option
The graduate program in Nutrition and Dietetics offers a choice between the thesis and the non-thesis program option. Interns may choose to complete a thesis or instead may elect the non-thesis option requiring additional graduate coursework, a research project, an oral comprehensive examination and other requirements for M.S. degree program completion. The Graduate Catalog and your faculty advisor can provide information about each option and help you make the decision that is most appropriate for you. Whichever option you select, the program is designed for you to be able to make progress toward completion of graduate degree requirements for simultaneous completion with the dietetic internship.

B. Pre-practicum Semesters
Interns are required to complete two semesters of graduate coursework during the two pre-practicum semesters. Interns who are admitted in the fall will enroll in graduate coursework in the fall and spring terms. Summer courses are often available and strongly encouraged in order to complete both the M.S. and DI simultaneously. Your academic advisor will help you plan your course of study.

C. On-site Practicum Semesters and Courses
During the remaining on-site semesters, you will enroll in 5-8 semester hours of practicum courses each semester. These are graduate courses that do NOT count toward the M.S. degree. These courses are your entry to supervised practice sites and are listed in the catalog.

D. Internship Workshop Courses
There are two internship courses — FCNS 652 and FCNS 653 — that apply to the M.S. degree program. Each course provides one semester hour of credit that does apply to the M.S. degree program requirements.
- FCNS 652 is taken during the spring pre-practicum semester.
- FCNS 653 is taken during the spring of the second year.

Eating Disorders and Obesity Certificate
A graduate-level certificate program is available on a competitive basis to dietetic interns. If you are interested in eating disorders, you may want to explore the possibility of completing the EDOC program. Those interns enrolled in EDOC may request to be assigned to a practicum site that specializes in eating disorders during the community practicum. Two behavioral health hospitals accept our interns on site. Information regarding the EDOC program is available on the EDOC webpage.
Site Placement and Program Schedule
The program director will recruit site placement and preceptors with input from the intern. The internship’s primary responsibility is to guide the intern’s learning experiences to meet core and concentration competencies. Although location may be the primary concern of the intern, the program director must consider which experiences are needed based upon curriculum goals and where those experiences are best made available to the intern.

Supervised practice site approvals are made based on:
1. Type of learning experiences needed to meet curriculum objectives and competencies.
2. Practitioner competency and interest in working with interns.
3. Quality, depth and diversity of learning experiences available.
4. Geographical location.
5. Execution of affiliation agreements between the external agency and NIU

Interns will evaluate sites for adequacy and appropriateness after each rotation. This anonymous feedback is shared with the site at the end of each year. The appropriateness of supervised practice sites will be reviewed by the program based on intern feedback, changes in the internship program and/or changes that have occurred in the supervised practice site that might affect the ability of the facility to provide the needed learning experiences. Reasons for discontinuation of a supervised practice site include failure to provide the interns with the required learning opportunities to meet specific required competencies and intern complaints related to unethical or inappropriate behaviors experienced at the site.

A. Program Schedule

<table>
<thead>
<tr>
<th>FALL 2018</th>
<th>SPRING 2019</th>
<th>SUMMER 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate studies only.</td>
<td>FCNS 652 – Pre-practicum Workshop: Clinical Care Issues and Graduate studies</td>
<td>Graduate studies may be recommended for timely M.S. and DI program completion.</td>
</tr>
<tr>
<td><strong>FALL 2019</strong></td>
<td><strong>SPRING 2020</strong></td>
<td><strong>SUMMER 2020</strong></td>
</tr>
<tr>
<td>FCNS 617 – Food Service Management Practicum (10 weeks) <strong>or</strong> Lifecycle Practicum (9 weeks) <strong>and</strong> Graduate studies</td>
<td>Lifecycle Practicum (9 weeks) <strong>or</strong> FCNS 617 – Food Service Management Practicum (10 weeks) <strong>and</strong> FCNS 653 – Workshop: Management Issues (15 weeks) <strong>and</strong> Graduate studies</td>
<td>FCNS 618 – Introduction to Medical Nutrition Therapy (3 weeks full-time) – during Intersession <strong>and</strong> FCNS 624 – Medical Nutrition Therapy Practicum (10 weeks full-time) – immediately following Intersession</td>
</tr>
<tr>
<td><strong>FALL 2020</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>FCNS 619 – Community Nutrition Practicum (10 weeks) <strong>and</strong> Professional Practice (5 weeks) <strong>and</strong> Thesis or FCNS 701</td>
<td>Take Registration Exam.</td>
<td></td>
</tr>
</tbody>
</table>
B. Hours On Site
At this time, the Dietetic Internship Program provides a minimum of 1,224 hours of practice experiences. The table below provides a break-out of the hours spent in each internship experience:

Dietetic Internship (Supervised Practice) Course Information

<table>
<thead>
<tr>
<th>Type of Internship Experience</th>
<th>Location</th>
<th>Hours On Site (per week)</th>
<th>Length of Practicum</th>
<th>Total Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food Service</td>
<td>NIU Dining Services</td>
<td>20 hours per week</td>
<td>10 weeks</td>
<td>200 hours</td>
</tr>
<tr>
<td>Lifecycle</td>
<td>WIC, School Nutrition, Campus Rec, LTC</td>
<td>20 hours per week</td>
<td>9 weeks</td>
<td>160 hours</td>
</tr>
<tr>
<td>MNT</td>
<td>1 hospital</td>
<td>40 hours per week</td>
<td>13 weeks</td>
<td>504 hours</td>
</tr>
<tr>
<td>Community</td>
<td>4-5 different sites</td>
<td>24 hours per week</td>
<td>10 weeks</td>
<td>240 hours</td>
</tr>
<tr>
<td>Professional Practice</td>
<td>1 site</td>
<td>24 hours per week</td>
<td>5 weeks</td>
<td>120 hours</td>
</tr>
</tbody>
</table>

C. Start Dates and Holidays
The Dietetic Internship Program follows the NIU academic calendar except for the Medical Nutrition Therapy rotation.

Please note that the summer schedule for FCNS 618 and FCNS 624 does not conform to the university summer school schedule. Summer practicum experiences will begin immediately after finals week and will continue for 13 weeks until early August. In summer session when you are enrolled in FCNS 618 and FCNS 624, interns are not expected to work on site on the legal holidays of Memorial Day and Independence Day, and those hours do not need to be made up. Any other absence needs to be approved by the program director and site preceptors.

Interns are also not scheduled to be on site during spring break and Thanksgiving Day. However, full hours must be worked on site even though the university closes at noon on Wednesday and remains closed until the following Monday. The fall and spring practicums are part-time experiences (20-24 hours per week on site) and the summer practicum is full-time (minimum of 40 hours per week).

Throughout the practicum, you will be expected to participate on site on some weekends, evenings or early morning events. With the exception of class attendance, interns are expected to adjust to each practicum site’s schedule and its culture so as to achieve the optimal experience. Any other absence needs to be approved by the program director and site preceptors.

D. Supervised Practice Hours Documentation
Interns will track hours of supervised practice for each rotation. During food service and MNT, weekly time sheets will be signed by the preceptor and turned into the program director. During Life Cycle, Community and Professional Practice, total hours will be documented on the final evaluation, signed by the preceptor and turned into the program director. The program director will document and confirm supervised practice hours completed as part of simulations and case studies.
E. Reporting Illness and Other Absences
If the intern obtains medical assistance while on site, the intern is responsible for any costs incurred. Neither the site nor the NIU DI are responsible for payment of medical treatment incurred. Hospitals may deliver emergency services if the intern is injured or becomes ill while on site, but the hospital will require the intern to pay for these medical services.

If you are unable to attend or perform in a practicum site, you must report this fact as soon as possible to the supervising professional staff at the site. Absences longer than one day should also be reported to the DI program director. Any special dental, eye or other appointments should be scheduled so there is no conflict with site assignments. You are expected to spend the full amount of time assigned to each site. If illness or absence occurs, missed time must be made up. Any other absence needs to be approved by the DI program director and site preceptors.

F. Medical Leave of Absence
A request for medical leave by an intern must be approved by the program director. Proper documentation of the medical condition will be required. If a medical leave of absence is taken, the intern must agree to re-enter the program at a time when program director can schedule the intern for the remaining rotations. Dependent on the length of the requested leave, the intern may need to go back and complete rotations to ensure content development. Medical leave for more than one year will result in forfeit of the internship slot and tuition.

G. Culminating Supervised Practice
Culminating Supervised Practice occurs twice during the duration of the program. First during the MNT rotation, the last six weeks are considered staff relief. Second during the Professional Practice rotation, this culminating experience is wholly staff relief. Staff relief means the dietetic intern is working near or at entry-level. The intern DOES NOT replace an employee but rather works independently with any needed guidance from the preceptor.

H. Program Completion
You will have satisfactorily completed the Dietetic Internship when you have successfully completed all the internship courses and all Graduate School requirements. Interns are strongly advised to work closely with their academic advisor regarding their graduate course schedule to be sure that sufficient coursework is being taken each semester for simultaneous completion of both the M.S. degree program and the Dietetic Internship program. You will receive the official “Verification Statement of Dietetic Internship Completion” only when all requirements of the M.S. degree program in Nutrition and Dietetics have been satisfied. Upon completion of both the M.S. and DI programs, the official verification statement will be given to you, and your name will be submitted to the Commission of Dietetic Registration. At this time, you will be eligible to sit for the RDN exam and apply for State licensure, if applicable.

Registration Examination
To be eligible to take the Registration Examination you need to have successfully completed a Didactic Program in Dietetics, Dietetic Internship and M.S degree requirements. After completion of all of these requirements, the DI program director will issue an official “Verification Statement of DI Program Completion” to you and will submit your name to the Commission on Dietetic Registration to verify eligibility to sit for the registration examination. If you have not already done so, you will need to provide the program director with an official transcript verifying your undergraduate degree and an official Verification Statement of DPD Completion. Once all documentation has been submitted to CDR by the DI program director, CDR will contact you about examination procedures and sites. The examination is offered throughout the year at selected ACT Testing Centers within the U.S.A. The examination format is Computerized Based Testing. The intern is required to pay a fee to take the examination.
Licensure
Once you have passed the registration examination, you will need to apply for licensure if you intend to practice in Illinois. Please be aware that in order to practice dietetics as a dietitian or nutritionist you must be licensed in the state of Illinois. Registration status is not acceptable in lieu of licensure in Illinois. As soon as you pass the registration examination, download the forms from the Illinois Department of Financial and Professional Regulation. You must be very careful not to work in a position of a dietitian or nutritionist without a valid license. Please refer the link above regarding the licensure act for more information. Other states may require licensure as well.
PROGRAM EVALUATION

Evaluation Policy and Criteria
Evaluation is an essential component of a quality, supervised practice program as it provides feedback to all involved: the intern, program director, site preceptors and accrediting agencies. Evaluation focuses on how well the intern has obtained the identified objectives with the final evaluation being the ability to function as an entry-level dietitian in various settings: food service, clinical, lifecycle and community.

- **Intern Self-evaluation.** Throughout the practicum, interns are required to self-assess their knowledge as well as their skill level and to develop an action plan when deficiencies have been identified. When periodic formal evaluation is completed by site preceptors, interns are asked to complete the same evaluation form to identify their strengths as well as areas that need further growth. This process initiates the concept of professional self-assessment and development which leads to lifelong learning. Together with the preceptor and program director, the intern’s competency level is compared to the defined learning objectives.

- **Preceptor and Program Director Evaluation.** Both formative and summative evaluation processes occur throughout the internship. Formative evaluation is comprised of frequent informal feedback that the intern receives from site preceptors and from the program director. Summative evaluation is more formal, occurring at established time frames (i.e., at the middle and end of the rotation), in which performance is evaluated.

The practicum experiences are graded using a “Satisfactory” or “Unsatisfactory” designation rather than a letter grade. It is imperative that each intern attain the competencies required in the practice setting. If not, then the intern, program director and preceptor will develop a plan to assist the intern in achieving entry-level competence. This usually involves additional coursework/study as well as an extended time on site (either in the original site or in another location). It can also result in dismissal from the program or counseling into an appropriate career path.

Other forms of evaluation occur. In addition to on-site activities, interns have other assignments to complete: learning modules, case studies, online reflective logs, discussion group participation, and the successful completion of graduate coursework. All assignments must be successfully completed for an intern to pass each rotation with a “Satisfactory” grade. Site preceptors assist with the evaluation of the client-generated case studies while the program director assumes responsibility for the evaluation of all other assignments. When an intern’s work does not meet standards, it indicates that the intern does not have mastery of the concepts and the assignment is returned to the intern to be redone until satisfactory completion is obtained.

At designated intervals during each rotation, formal written evaluation occurs. This summative evaluation is completed at midterm and at the end of most practicum experiences. **You must receive a satisfactory evaluation in order to proceed to the next rotation and to complete the program.**

- **Program Evaluation.** Throughout the program and then as a program graduate and a practicing dietitian, you will be asked to provide both formative and summative evaluations of the program. The feedback that we receive from interns, program graduates and their employers assists us in making meaningful revisions to the program.

Remedial Work
If the need for additional supervised practice experience becomes apparent during your program, the program director and site preceptors will identify those areas that need improvement and will suggest appropriate resources, coursework and/or experiences to assist you in attaining the required competencies. After identification of an appropriate action, **successful completion of the program then becomes contingent on satisfactory completion of the prescribed work and demonstration of an adequate level of skill.**
competency is attained, credit for the course will be given. Verification Statements of Program Completion will be given to those interns who have successfully completed the practicum requirements and demonstrate entry-level competency.

Policy and Procedure for Dismissal of Students from the Dietetics Internship
Interns enrolled in supervised practice semesters including FCNS 610, 617, 618, 619, 624 and 630 will be expected to fulfill responsibilities as stated in course syllabi and to adhere to standards of professionalism and ethics as stated by the American Dietetic Association and the university. These standards are stated in the appendix of this handbook and in the Graduate Catalog.

1. Dismissal on Academic Grounds
You must maintain good standing in the Graduate School. A B average (3.0/4.0) is required for good standing. You will be required to have received an S grade in each practicum component and an A in FCNS 652 and 653. Interns must also earn a grade of B or better in FCNS 616 Metabolic Nutrition Support. Please note that interns may appeal their grade following the university’s grade appeal or dismissal policy.

You may not enter or continue the practice experiences if you are on academic probation. If you become ineligible due to academic probation or insufficient grade, reinstatement into the dietetic internship is not automatic or guaranteed. Reinstatement may be requested. However, the program cannot guarantee that there will be space in subsequent classes for reentry into the internship or that your request will be granted. Successful completion of FCNS 652 and 653 is measured by earning a grade of A. Successful completion of practicum courses is measured by earning a grade of S for all interns. If an intern does not meet this standard, they will be prevented from participating in continued supervised practice experiences and will be terminated from the internship program. Interns in that situation may continue with graduate coursework toward M.S. degree completion, but will have to formally request readmission to the internship. Readmission to the internship is not guaranteed.

Any student failing to meet the grade standards mentioned above will be dismissed following the SHS and CHHS dismissal policies. A copy of these procedures is available from the chair of SHS and the College of Health and Human Sciences. Students who are dismissed on academic grounds are not automatically reinstated in the internship when their academic standing improves. If a student desires reinstatement into the internship, they must write a letter requesting reinstatement to the Dietetic Internship program director.

2. Dismissal on Grounds of Behavior
In the event that an intern goes on academic probation, violates the Code of Ethics, or engages in academic misconduct as defined in the NIU Graduate Catalog, the intern will be dismissed from the program following the procedures stated in the SHS and CHHS dismissal policy documents noted above. If an intern is not satisfied with the outcome of the dismissal process, they may appeal the decision to the College of Health and Human Sciences.

The following examples of behavior that may result in immediate disciplinary action, up to and including immediate termination from the internship:

- Failure to adhere to standards of professionalism and ethics as stated by AND. These standards are stated in the appendix.
- Failure to fulfill responsibilities as stated in rotation syllabi.
- Not following instructions as requested.
- Two rotation failures.
- Failure to pass the drug screen or background check.
PROGRAM COSTS

Overall Tuition and Fees
Tuition for the current academic year for full-time graduate students is available on the bursar webpage.

Additional Costs
There are other estimated expenses associated with the program listed below:

<table>
<thead>
<tr>
<th>Expense</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student membership in Academy of Nutrition and Dietetics</td>
<td>$25</td>
</tr>
<tr>
<td>Student membership in Local Dietetic District</td>
<td>$25</td>
</tr>
<tr>
<td>Uniforms for Food Service/MNT Practicum</td>
<td>$75</td>
</tr>
<tr>
<td>Health documentation: titters, immunizations, TB (depending on whether immunizations are necessary)</td>
<td>$100-$430</td>
</tr>
<tr>
<td>Criminal background check/drug screen through Castle Branch</td>
<td>$92.25</td>
</tr>
<tr>
<td>CPR certification</td>
<td>$50</td>
</tr>
<tr>
<td>Textbooks</td>
<td>Variable</td>
</tr>
<tr>
<td>Professional liability insurance – NIU group policy</td>
<td>Included in fees</td>
</tr>
<tr>
<td>Housing and Transportation. Costs are quite variable depending on where you live and which sites you will be assigned to during the community and MNT practicum. You will need a car and will need to come to campus at least twice a week and to your practicum site(s) at least three times weekly during the spring and fall, and five days per week in summer.</td>
<td>Variable</td>
</tr>
<tr>
<td>Total</td>
<td>$367.25-$697.25 plus housing and transportation</td>
</tr>
</tbody>
</table>

Graduate Assistantships
Interns are encouraged to apply for a graduate assistantship which pays for partial tuition and provides a modest stipend. When you work as a graduate assistant, you are assigned to a faculty member to assist them with their teaching responsibilities or research (10-20 hours per week). Graduate assistantship applications are available from the Graduate School and should be submitted to the SHS office in Wirtz Hall, Room 209. There is no guarantee GA positions will be available for all interns, especially during the second year. Second year GA position will be assigned based on how your skills meet faculty needs and evaluation of your prior GA performance.

Financial Aid and Fellowships
The Graduate School maintains an office to assist you in identifying possible sources of financial aid. You will probably want to consult them at the time of application to the program because many funding sources consider applications only once a year. Student loans, grants, scholarships and other financial aid can be applied for through the Student Financial Aid Office or on campus.

Withdrawal and Refund of Tuition and Fees
The university has established a policy for withdrawal and refund of tuition and fees within a defined time frame. Please refer to the current Graduate Catalog for description of this policy in the section called, “Refund Policies.”
STUDENT RIGHTS

Access to Records and Files/ Privacy of Information
Information and data concerning individual students are collected, maintained and used by the university only as needed in relation to its basic educational purposes and requirements, in compliance with federal legislation, specifically the Family Educational Rights and Privacy Act of 1974, 20 USC1212 (g). University faculty or staff who have a legitimate university-related educational or administrative interest may have access to the files. Medical documentation shall not be released without the written consent of the student. Students may have access to their files for review with the exception of materials classified as confidential, such as letters of recommendation. For full information regarding university policy on Student Information and Records, please refer to the Graduate Catalog.

Process for Problems On Site
If a problem arises on site with a preceptor or other personnel, the intern should first talk to the primary preceptor, if possible, and then inform the DI director. If the intern is not comfortable or able to discuss the problem with the primary preceptor or does not feel the outcome was acceptable, the intern should immediately contact the DI director. The DI director will then work with the intern to successfully resolve the problem and prevent retaliation. If the preceptor wishes to file a complaint, the preceptor should contact the DI director. If the complaint concerns the DI director, the preceptor may contact the chair of the School of Health Studies. The appropriate party will work to resolve the problem and prevent retaliation.

Grade Appeals and Other Grievance Procedures
A statement of procedures governing the appeal of allegedly capricious grades may be obtained in the Graduate School office. Whenever possible, grievances other than grades should be resolved as soon as possible and with the parties directly involved. If this procedure fails, the intern should consult their advisor and/or the Dietetic Internship director. If the grievance concerns the DI director or the student has been dismissed from the Dietetic Internship Program, they may appeal to the dean of the Graduate School. The university ombudsperson can be consulted if the above procedures fail or seem inappropriate. The Office of the Ombudsperson investigates, mediates and makes recommendations to appropriate departments regarding any grievance or complaint brought by any individual in the university community. The Office of the Ombudsperson is located on the sixth floor of the Holmes Student Center, and appointments may be made by calling 815-753-1414.

Opportunity to File Complaints with ACEND
The Accrediting Council for Education in Nutrition and Dietetics will review complaints from interns and preceptors that relate to a program’s compliance with the accreditation/approval standards. A copy of the accreditation standards and/or the council’s policy and procedure for submission of complaints may be obtained by contacting the Education and Accreditation staff at The Academy of Nutrition and Dietetics at 120 South Riverside, Suite 2190, Chicago, Illinois 60606-6995 or by calling 1-800-877-1600.
Student Support Services
Many support services are available on campus for students. Listed below are some of the services available:

- Campus Child Care.
- Campus Information Center.
- Career Services.
- Center for Black Studies.
- Counseling and Student Development Center.
- Disability Resource Center (services for students with disabilities).
- Health Enhancement.
- Gender and Sexuality Resource Center.
- Holmes Student Center.
- Latino Resource Center.
- Military and Post-Traditional Student Services.
- Office of Testing Services.
- Recreation and Wellness.
- Student Health Insurance.
- Students’ Legal Assistance.
- University Health Services

Please refer to the Graduate Catalog or the NIU website for a description of each of these support services.
GLOSSARY

Advisor The academic advisor assigned at the time of admission to the Graduate School.


CDR Commission on Dietetics Registration, American Dietetic Association.

DPD An academic program of study that has been accredited by the American Dietetic Association as meeting the knowledge requirements for entry-level dietitians. DPD is an acronym for Didactic Program in Dietetics. Completion of a DPD is a prerequisite for entry into a dietetic internship.


Practicum/Supervised Practicum Practice The three semesters, one fall semester, one spring semester, and one summer term, in which an intern is enrolled in on-site practicum experiences: FCNS 617, 618, 619, 624. These practicum courses semesters comprise the on-site internship experiences.

Dietetic Intern Student admitted to the Dietetic Internship Program at Northern Illinois University.

Preceptor The supervisor at each practicum site who will coordinate and oversee your activities.

Program Internship Director The faculty member appointed by the university to direct the administrative aspects of the internship program and organize/direct your internship experiences, workshops and discussion sessions.

DI Program Completion When all dietetic internship program and M.S. degree requirements have been satisfied and entry level competence is demonstrated an official document, the “Verification Statement of DI Completion” will be signed by the program director signifying that the intern has completed the DI program.

Verification Statement: An official document signed by the program director signifying that the student has completed requirements for either the Didactic Program in Dietetics or supervised practice program (DI or CP).
Core Competency Statements for the Supervised Practice Program
of Entry-Level Dietitian Education Programs

The Accreditation Council for Education in Nutrition and Dietetics of the Academy of Nutrition and Dietetics has identified core competencies that all dietetic interns must demonstrate during the supervised practice experience. There are both core competencies as well as those specific to the program concentration. The competency statements are listed within this document for your reference.

Core competencies ensure that everyone enrolled in this dietetic internship has learning experiences reflecting the breadth of dietetics practice. The core competencies provide the broad learning base of diverse experiences necessary for the future career mobility illustrated in the model for dietetics practice.

The following are the core competencies:

1. Scientific and Evidence Base of Practice: integration of scientific information and research into practice.
   CRDN 1.1 Select indicators of program quality and/or customer service and measure achievement of objectives.
   CRDN 1.2 Apply evidence-based guidelines, systematic reviews and scientific literature.
   CRDN 1.3 Justify programs, products, services and care using appropriate evidence or data.
   CRDN 1.4 Evaluate emerging research for application in nutrition and dietetics practice.
   CRDN 1.5 Conduct projects using appropriate research methods, ethical procedures and data analysis.
   CRDN 1.6 Incorporate critical-thinking skills in overall practice.

2. Professional Practice Expectations: beliefs, values, attitudes and behaviors for the professional dietitian nutritionist level of practice.
   CRDN 2.1 Practice in compliance with current federal regulations and state statutes and rules, as applicable and in accordance with accreditation standards and the Scope of Nutrition and Dietetics Practice and Code of Ethics for the Profession of Nutrition and Dietetics.
   CRDN 2.2 Demonstrate professional writing skills in preparing professional communications.
   CRDN 2.3 Demonstrate active participation, teamwork, and contributions in group settings.
   CRDN 2.4 Function as a member of interprofessional teams.
   CRDN 2.5 Assign duties to NDTRs and/or support personnel as appropriate.
   CRDN 2.6 Refer clients and patients to other professionals and services when needs are beyond individual scope of practice.
   CRDN 2.7 Apply leadership skills to achieve desired outcomes.
   CRDN 2.8 Demonstrate negotiation skills.
   CRDN 2.9 Participate in professional and community organizations.
   CRDN 2.10 Demonstrate professional attributes in all areas of practice.
   CRDN 2.11 Show cultural competence/sensitivity in interactions with clients, colleagues, and staff.
   CRDN 2.12 Perform self-assessment and develop goals for self-improvement throughout the program.
   CRDN 2.13 Prepare a plan for professional development according to Commission on Dietetic Regulation guidelines.
   CRDN 2.14 Demonstrate advocacy on local, state, or national legislative and regulatory issues or policies impacting the field of Nutrition and Dietetics.
   CRDN 2.15 Practice and/or role play mentoring and precepting others.

3. Clinical and Customer Services: Development and delivery of information, products and services to individuals, groups and populations
CRDN 3.1 Perform the Nutrition Care Process and use standardized nutrition language for individuals, groups and populations of differing ages and health status, in a variety of settings.
CRDN 3.2 Conduct nutrition focused physical exams.
CRDN 3.3 Demonstrate effective communications skills for clinical and customer services in a variety of formats and settings.
CRDN 3.4 Design, implement, and evaluate presentations to a target audience.
CRDN 3.5 Develop nutrition education materials that are culturally and age appropriate and designed for the literacy level of the audience.
CRDN 3.6 Use effective education and counseling skills to facilitate behavior change.
CRDN 3.7 Develop and deliver products, programs or services that promote consumer health, wellness and lifestyle management.
CRDN 3.8 Deliver respectful, science-based answers to client questions concerning emerging trends.
CRDN 3.9 Coordinate procurement, production, distribution, and services of goods and services, demonstrating and promoting responsible use of resources.
CRDN 3.10 Develop and evaluate recipes, formulas, and menus for acceptability and affordability that accommodate the cultural diversity and health needs of various populations, groups, and individuals.

4. Practice Management and Use of Resources: strategic application of principles of management and systems in the provision of services to individuals and organizations.

CRDN 4.1 Participate in management of human resources.
CRDN 4.2 Perform management functions related to safety, security and sanitation that affect employees, customers, patients, facilities and food.
CRDN 4.3 Conduct clinical and customer service quality management activities.
CRDN 4.4 Apply current nutrition informatics to develop, store, retrieve, and disseminate information and data.
CRDN 4.5 Analyze quality, financial, and productivity data for use in planning.
CRDN 4.6 Propose and use procedures as appropriate to the practice setting to promote sustainability, reduce waste, and protect the environment.
CRDN 4.7 Conduct feasibility studies for products, programs or services with consideration of costs and benefits.
CRDN 4.8 Develop a plan to provide or develop a product, program or service that includes a budget, staffing needs, equipment and supplies.
CRDN 4.9 Explain the process for coding and billing for nutrition and dietetics services to obtain reimbursement from public or private payers, fee-for-service, and value-based payment systems.
CRDN 4.10 Analyze risk in nutrition and dietetics practice.

CNHP: Community Nutrition and Health Promotion

CNHP1: Disseminate health promotion education to community groups using technology (i.e., Facebook, Twitter, YouTube, etc.)
CNHP3: Demonstrate proficiency of skills during a professional practice rotation at community-based program or community hospital.
Textbooks for the Dietetic Internship

Listed below are books that are required or recommended for purchase during the internship. As you register for each class you may want to check with the program director to see if revisions in this list have been made. Several texts are used for other FCNS graduate courses. Some are reference books which will assist you when you complete modules. When given the option, always select the most recent date of publication. These books are available for purchase from the NIU Bookstore, Village Commons, Amazon.com, or the American Dietetic Association. If you order from ADA, you receive a member discount, but remember that you do have to pay shipping and handling which can be costly.

<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
<th>Edition</th>
<th>Publisher</th>
<th>ISBN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soltesz Steiner, Shirley</td>
<td>Quick Medical Terminology A Self-Teaching Guide</td>
<td>Most recent Edition</td>
<td>John Wiley and Sons Inc.</td>
<td>This book is recommended for interns who have NOT taken a Medical Terminology course previously. May substitute similar text with Director’s permission.</td>
</tr>
<tr>
<td>Covey, Stephen</td>
<td>The Seven Habits of Highly Effective People</td>
<td>2005</td>
<td>Simon and Schuster</td>
<td>Required. You may borrow this book from library or listen to condensed audio-tapes instead of purchasing.</td>
</tr>
<tr>
<td>Academy of Nutrition and Dietetics</td>
<td>International Dietetics and Nutrition Terminology (IDNT) Reference Manual</td>
<td>Most recent Edition</td>
<td>Copyright Academy of Nutrition and Dietetics</td>
<td>Required Order directly from AND</td>
</tr>
<tr>
<td>Pronsky</td>
<td>Food Medication Interactions</td>
<td>Paperback - 15th ed. or most recent ed. $25.95</td>
<td>Food-Med.</td>
<td>0-9606164-8-9 Required In bookstore or order directly from authors: <a href="mailto:foodmedint@aol.com">foodmedint@aol.com</a> <a href="http://www.foodmedinteractions.com">www.foodmedinteractions.com</a> 1-800-746-2324</td>
</tr>
<tr>
<td>Escott-Stump</td>
<td>Nutrition and Diagnosis Related Care</td>
<td>2007</td>
<td>Lippincott</td>
<td>0-683-30120-9 Required OTHER MNT TEXT MAY BE ACCEPTABLE, CHECK WITH PROGRAM DIRECTOR FOR APPROVAL</td>
</tr>
<tr>
<td>VA Hines Hospital</td>
<td>Clinical Dietetic Reference Pocket Guide $17.00 Check payable to C.A.R.E.S.</td>
<td>Most recent</td>
<td></td>
<td>OPTIONAL You may choose to purchase ADA Nutrition Assessment Pocket Guide instead.</td>
</tr>
</tbody>
</table>

Hines VA Interns update this pocket sized clinical reference book annually.
<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
<th>Edition</th>
<th>Publisher</th>
<th>ISBN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holcombe, Beverly J.</td>
<td>The Science and Practice of Nutrition Support: A Case Based Core Curriculum.”</td>
<td>Most recent</td>
<td>ASPEN Am. Soc. Parenteral and Enteral Nutrition</td>
<td>Recommended Note: Interns may order directly from publisher at student rate. MOST HOSPITALS HAVE A COPY</td>
</tr>
<tr>
<td>Satter, Ellyn</td>
<td>Child of Mine: Feeding your child with love and good sense</td>
<td>2000 or most recent</td>
<td>Bull Publishing</td>
<td>This book is needed in order to complete the Pediatric Module, may be available at local libraries</td>
</tr>
<tr>
<td>Community</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Holli</td>
<td>Communication and Education Skills for Dietetic Professionals</td>
<td>6th ed.</td>
<td>Williams and Wilkins</td>
<td>Recommended</td>
</tr>
<tr>
<td>King and Klawitter</td>
<td>Advanced Counseling Skills</td>
<td>3rd ed.</td>
<td>Helm Publishing</td>
<td>Recommended</td>
</tr>
<tr>
<td>Lipson</td>
<td>Culture and Clinical Care</td>
<td>Most recent</td>
<td>School of Nursing UnivCA-SF Nursing Press</td>
<td>OPTIONAL Want most recent edition</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>To order: 415-476-4992 415-476-6042 fax</td>
</tr>
</tbody>
</table>
Northern Illinois University  
Internship Program  
CHECKLIST of REQUIRED DOCUMENTATION  
Prior to Supervised Practice

Instructions to intern: Use this form to help you track completion of health and other requirements prior to going on site. All health documentation must be submitted by July 1.

REQUIREMENTS:

- Criminal background check.
- Five panel drug screen.
- CPR certification — professional rescuers/health care provider level (online course not allowed).
- Proof of health insurance.
- Professional liability insurance.
- Annual flu shot.
- Titer drawn to assess immunity to:
  - Varicella.
  - Mumps titer.
  - Rubella.
  - Rubeola.
  - Hepatitis B.
- Tetanus diphtheria booster (within past 10 years).
- Two-step tuberculin skin test (this requires four trips to your medical provider).
- HIPAA and infectious disease – passing quiz scores.
- Handbook sign-off (due after orientation).
- Code of Ethics sign-off (due after orientation).
- Serv Safe or state of Illinois sanitation certification.

Upload all requirements to Castle Branch.

Other requirements/documentation to provide to DI program director:

- Verification statement of DPD completion.
- Submission of site requests.
- Official transcript verifying undergraduate degree.
- Copy of card — student membership in Academy of Nutrition and Dietetics.
- Completion of medical terminology course or workbook.

Mail documentation to: Nancy Prange, M.S., RDN, LDN  
Program Director  
School of Health Studies  
Northern Illinois University  
DeKalb, IL 60115
Preamble:
When providing services the nutrition and dietetics practitioner adheres to the core values of customer focus, integrity, innovation, social responsibility, and diversity. Science-based decisions, derived from the best available research and evidence, are the underpinnings of ethical conduct and practice.

This Code applies to nutrition and dietetics practitioners who act in a wide variety of capacities, provides general principles and specific ethical standards for situations frequently encountered in daily practice. The primary goal is the protection of the individuals, groups, organizations, communities, or populations with whom the practitioner works and interacts.

The nutrition and dietetics practitioner supports and promotes high standards of professional practice, accepting the obligation to protect clients, the public and the profession; upholds the Academy of Nutrition and Dietetics (Academy) and its credentialing agency the Commission on Dietetic Registration (CDR) Code of Ethics for the Nutrition and Dietetics Profession; and shall report perceived violations of the Code through established processes.

The Academy/CDR Code of Ethics for the Nutrition and Dietetics Profession establishes the principles and ethical standards that underlie the nutrition and dietetics practitioner’s roles and conduct. All individuals to whom the Code applies are referred to as “nutrition and dietetics practitioners”. By accepting membership in the Academy and/or accepting and maintaining CDR credentials, all nutrition and dietetics practitioners agree to abide by the Code.

Principles and Standards:

1. Competence and professional development in practice (Non-maleficence)

   Nutrition and dietetics practitioners shall:
   a. Practice using an evidence-based approach within areas of competence, continuously develop and enhance expertise, and recognize limitations.
   b. Demonstrate in-depth scientific knowledge of food, human nutrition and behavior.
   c. Assess the validity and applicability of scientific evidence without personal bias.
   d. Interpret, apply, participate in and/or generate research to enhance practice, innovation, and discovery.
   e. Make evidence-based practice decisions, taking into account the unique values and circumstances of the patient/client and community, in combination with the practitioner’s expertise and judgment.
   f. Recognize and exercise professional judgment within the limits of individual qualifications and collaborate with others, seek counsel, and make referrals as appropriate.
   g. Act in a caring and respectful manner, mindful of individual differences, cultural, and ethnic diversity.
   h. Practice within the limits of their scope and collaborate with the inter-professional team.

2. Integrity in personal and organizational behaviors and practices (Autonomy)

   Nutrition and dietetics practitioners shall:
   a. 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.
   b. Comply with all applicable laws and regulations, including obtaining/maintaining a state license or certification if engaged in practice governed by nutrition and dietetics statutes.
   c. Maintain and appropriately use credentials.
   d. Respect intellectual property rights, including citation and recognition of the ideas and work of others, regardless of the medium (e.g., written, oral, electronic).
   e. Provide accurate and truthful information in all communications.
   f. Report inappropriate behavior or treatment of a patient/client by another nutrition and dietetics practitioner or other professionals.
   g. Document, code and bill to most accurately reflect the character and extent of delivered services.
   h. Respect patient/client’s autonomy. Safeguard patient/client confidentiality according to current regulations and laws.
   i. Implement appropriate measures to protect personal health information using appropriate techniques (e.g., encryption).

3. Professionalism (Beneficence)

   Nutrition and dietetics practitioners shall:
   a. Participate in and contribute to decisions that affect the well-being of patients/clients.
b. Respect the values, rights, knowledge, and skills of colleagues and other professionals.

c. Demonstrate respect, constructive dialogue, civility and professionalism in all communications, including social media.

d. Refrain from communicating false, fraudulent, deceptive, misleading, disparaging or unfair statements or claims.

e. Uphold professional boundaries and refrain from romantic relationships with any patients/clients, surrogates, supervisees, or students.

f. Refrain from verbal/physical/emotional/sexual harassment.

g. Provide objective evaluations of performance for employees, coworkers, and students and candidates for employment, professional association memberships, awards, or scholarships, making all reasonable efforts to avoid bias in the professional evaluation of others.

h. Communicate at an appropriate level to promote health literacy.

i. Contribute to the advancement and competence of others, including colleagues, students, and the public.

4. Social responsibility for local, regional, national, global nutrition and well-being (Justice)

Nutrition and dietetics practitioners shall:

a. Collaborate with others to reduce health disparities and protect human rights.

b. Promote fairness and objectivity with fair and equitable treatment.

c. Contribute time and expertise to activities that promote respect, integrity, and competence of the profession.

d. Promote the unique role of nutrition and dietetics practitioners.

e. Engage in service that benefits the community and to enhance the public’s trust in the profession.

f. Seek leadership opportunities in professional, community, and service organizations to enhance health and nutritional status while protecting the public.

Glossary of Terms:

Autonomy: ensures a patient, client, or professional has the capacity and self-determination to engage in individual decision-making specific to personal health or practice.¹

Beneficence: encompasses taking positive steps to benefit others, which includes balancing benefit and risk.²

Competence: a principle of professional practice, identifying the ability of the provider to administer safe and reliable services on a consistent basis.²

Conflict(s) of Interest(s): defined as a personal or financial interest or a duty to another party which may prevent a person from acting in the best interests of the intended beneficiary, including simultaneous membership on boards with potentially conflicting interests related to the profession, members or the public.²

Customer: any client, patient, resident, participant, student, consumer, individual/person, group, population, or organization to which the nutrition and dietetics practitioner provides service.³

Diversity: “The Academy values and respects the diverse viewpoints and individual differences of all people. The Academy’s mission and vision are most effectively realized through the promotion of a diverse membership that reflects cultural, ethnic, gender, racial, religious, sexual orientation, socioeconomic, geographical, political, educational, experiential and philosophical characteristics of the public it serves. The Academy actively identifies and offers opportunities to individuals with varied skills, talents, abilities, ideas, disabilities, backgrounds and practice expertise.”³

Evidence-based Practice: Evidence-based practice is an approach to health care wherein health practitioners use the best evidence possible, i.e., the most appropriate information available, to make decisions for individuals, groups and populations. Evidence-based practice values, enhances and builds on clinical expertise, knowledge of disease mechanisms, and pathophysiology. It involves complex and conscientious decision making based not only on the available evidence but also on client characteristics, situations, and preferences. It recognizes that health care is individualized and ever changing and involves uncertainties and probabilities. Evidence-based practice incorporates successful strategies that improve client outcomes and are derived from various sources of evidence including research, national guidelines, policies, consensus statements, systematic analysis of clinical experience, quality improvement data, specialized knowledge and skills of experts.²

Justice (social justice): supports fair, equitable, and appropriate treatment for individuals¹ and fair allocation of resources.

Non-Maleficence: is the intent to not inflict harm.¹

References:
termslist.aspx
Academy of Nutrition and Dietetics: Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for RDNs

FROM THE ACADEMY

<table>
<thead>
<tr>
<th>Standards of Practice for Registered Dietitian Nutritionists</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard 1: Nutrition Assessment</strong></td>
</tr>
<tr>
<td>The registered dietitian nutritionist (RDN) uses accurate and relevant data and information to identify nutrition-related problems.</td>
</tr>
<tr>
<td><strong>Rationale:</strong> Nutrition screening is the preliminary step to identify individuals who require a nutrition assessment performed by an RDN. Nutrition assessment is a systematic process of obtaining and interpreting data in order to make decisions about the nature and cause of nutrition-related problems and provides the foundation for nutrition diagnosis. It is an ongoing, dynamic process that involves not only initial data collection, but also reassessment and analysis of patient/client or population/community needs. Nutrition assessment is conducted using validated tools based in evidence, the five domains of nutrition assessment, and comparative standards. Nutrition assessment may be performed via in-person, or facility/practitioner assessment application, or Health Insurance Portability and Accountability Act (HIPAA)-compliant video conferencing telehealth platform.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicators for Standard 1: Nutrition Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Each RDN:</strong></td>
</tr>
<tr>
<td><strong>1.1</strong> Patient/client/po <em>population</em> history: Assesses current and past information related to personal, medical, family, and psychosocial/social history</td>
</tr>
<tr>
<td><strong>1.2</strong> Anthropometric assessment: Assesses anthropometric indicators (e.g., height, weight, body mass index [BMI], waist circumference, arm circumference), comparison to reference data (e.g., percentile rank/z-scores), and individual patterns and history</td>
</tr>
<tr>
<td><strong>1.3</strong> Biochemical data, medical tests, and procedure assessment: Assesses laboratory profiles (e.g., acid–base balance, renal function, endocrine function, inflammatory response, vitamin/mineral profile, lipid profile), and medical tests and procedures (e.g., gastrointestinal study, metabolic rate)</td>
</tr>
<tr>
<td><strong>1.4</strong> Nutrition-focused physical examination (NFPE) may include visual and physical examination: Obtains and assesses findings from NFPE (e.g., indicators of vitamin/mineral deficiency/toxicity, edema, muscle wasting, subcutaneous fat loss, altered body composition, oral health, feeding ability [suck/swallow/breathe], appetite, and affect)</td>
</tr>
<tr>
<td><strong>1.5</strong> Food and nutrition-related history assessment (e.g., dietary assessment): Evaluates:</td>
</tr>
<tr>
<td><strong>1.5A</strong> Food and nutrient intake, including composition and adequacy, meal and snack patterns, and appropriateness related to food allergies and intolerances</td>
</tr>
<tr>
<td><strong>1.5B</strong> Food and nutrient administration, including current and previous diets and diet prescriptions and food modifications, eating environment, and enteral and parenteral nutrition administration</td>
</tr>
<tr>
<td><strong>1.5C</strong> Medication and dietary supplement use, including prescription and over-the-counter medications, and integrative and functional medicine products</td>
</tr>
<tr>
<td><strong>1.5D</strong> Knowledge, beliefs, and attitudes (e.g., understanding of nutrition-related concepts, emotions about food/nutrition/health, body image, preoccupation with food and/or weight, readiness to change nutrition- and health-related behaviors, and activities and actions influencing achievement of nutrition-related goals)</td>
</tr>
<tr>
<td><strong>1.5E</strong> Food security defined as factors affecting access to a sufficient quantity of safe, healthful food and water, as well as food/nutrition-related supplies</td>
</tr>
</tbody>
</table>

(continued on next page)

Figure 2. Standards of Practice for Registered Dietitian Nutritionists (RDNs). Note: The terms patient, client, customer, individual, person, group, or population are used interchangeably with the actual term used in a given situation depending on the setting and the population receiving care or services.
### Indicators for Standard 1: Nutrition Assessment

<table>
<thead>
<tr>
<th>1.5F</th>
<th>Physical activity, cognitive and physical ability to engage in developmentally appropriate nutrition-related tasks (e.g., self-feeding and other activities of daily living), instrumental activities of daily living (e.g., shopping, food preparation), and breastfeeding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.5G</td>
<td>Other factors affecting intake and nutrition and health status (e.g., cultural, ethnic, religious, lifestyle influencers, psychosocial, and social determinants of health)</td>
</tr>
</tbody>
</table>

#### 1.6 Comparative standards:
- Uses reference data and standards to estimate nutrient needs and recommended body weight, body mass index, and desired growth patterns

#### 1.6A Identifies the most appropriate reference data and/or standards (e.g., international, national, state, institutional, and regulatory) based on practice setting and patient/client-specific factors (e.g., age and disease state)

#### 1.7 Physical activity habits and restrictions:
- Assesses physical activity, history of physical activity, and physical activity training

#### 1.8 Collects data and reviews data collected and/or documented by the nutrition and dietetics technician, registered (NDTR), other health care practitioner(s), patient/client, or staff for factors that affect nutrition and health status

#### 1.9 Uses collected data to identify possible problem areas for determining nutrition diagnoses

#### 1.10 Documents and communicates:
- **1.10A** Date and time of assessment
- **1.10B** Pertinent data (e.g., medical, social, behavioral)
- **1.10C** Comparison to appropriate standards
- **1.10D** Patient/client/population perceptions, values, and motivation related to presenting problems
- **1.10E** Changes in patient/client/population perceptions, values, and motivation related to presenting problems
- **1.10F** Reason for discharge/discontinuation or referral, if appropriate

### Examples of Outcomes for Standard 1: Nutrition Assessment

- Appropriate assessment tools and procedures are used in valid and reliable ways
- Appropriate and pertinent data are collected
- Effective interviewing methods are used
- Data are organized and categorized in a meaningful framework that relates to nutrition problems
- Use of assessment data leads to the determination that a nutrition diagnosis/problem does or does not exist
- Problems that require consultation with or referral to another provider are recognized
- Documentation and communication of assessment are complete, relevant, accurate, and timely

### Standard 2: Nutrition Diagnosis

The registered dietitian nutritionist (RDN) identifies and labels specific nutrition problem(s)/diagnosis(es) that the RDN is responsible for treating.

**Rationale:**

Analysis of the assessment data leads to identification of nutrition problems and a nutrition diagnosis(es), if present. The nutrition diagnosis(es) is the basis for determining outcome goals, selecting appropriate interventions, and monitoring progress. Diagnosing nutrition problems is the responsibility of the RDN.

*(continued on next page)*

**Figure 2.** (continued) Standards of Practice for Registered Dietitian Nutritionists (RDNs). Note: The terms patient, client, customer, individual, person, group, or population are used interchangeably with the actual term used in a given situation depending on the setting and the population receiving care or services.
Indicators for Standard 2: Nutrition Diagnosis

Each RDN:

2.1 Diagnoses nutrition problems based on evaluation of assessment data and identifies supporting concepts (ie, etiology, signs, and symptoms)

2.2 Prioritizes the nutrition problem(s)/diagnosis(es) based on severity, safety, patient/client needs and preferences, ethical considerations, likelihood that nutrition intervention/plan of care will influence the problem, discharge/transitions of care needs, and patient/client/advocate perception of importance

2.3 Communicates the nutrition diagnosis(es) to patients/clients/advocates, community, family members or other health care professionals when possible and appropriate

2.4 Documents the nutrition diagnosis(es) using standardized terminology and clear, concise written statement(s) (eg, using Problem [P], Etiology [E], and Signs and Symptoms [S] [PES statement(s)] or Assessment [A], Diagnosis [D], Intervention [I], Monitoring [M], and Evaluation [E] [ADIME statement(s)])

2.5 Re-evaluates and revises nutrition diagnosis(es) when additional assessment data become available

Examples of Outcomes for Standard 2: Nutrition Diagnosis

- Nutrition diagnostic statements that accurately describe the nutrition problem of the patient/client and/or community in a clear and concise way
- Documentation of nutrition diagnosis(es) is relevant, accurate, and timely
- Documentation of nutrition diagnosis(es) is revised as additional assessment data become available

Standard 3: Nutrition Intervention/Plan of Care

The registered dietitian nutritionist (RDN) identifies and implements appropriate, person-centered interventions designed to address nutrition-related problems, behaviors, risk factors, environmental conditions, or aspects of health status for an individual, target group, or the community at large.

Rationale:

Nutrition intervention consists of two interrelated components—planning and implementation.

- Planning involves prioritizing the nutrition diagnoses, conferring with the patient/client and others, reviewing practice guidelines, protocols and policies, setting goals, and defining the specific nutrition intervention strategy.
- Implementation is the action phase that includes carrying out and communicating the intervention/plan of care, continuing data collection, and revising the nutrition intervention/plan of care strategy, as warranted, based on change in condition and/or the patient/client/population response.

An RDN implements the interventions or assigns components of the nutrition intervention/plan of care to professional, technical, and support staff in accordance with knowledge/skills/judgment, applicable laws and regulations, and organization policies. The RDN collaborates with or refers to other health care professionals and resources. The nutrition intervention/plan of care is ultimately the responsibility of the RDN.

Indicators for Standard 3: Nutrition Intervention/Plan of Care

Each RDN:

3.1 Addresses the nutrition diagnosis(es) by determining and prioritizing appropriate interventions for the plan of care

3.2 Bases intervention/plan of care on best available research/evidence and information, evidence-based guidelines, and best practices

Figure 2. (continued) Standards of Practice for Registered Dietitian Nutritionists (RDNs). Note: The terms patient, client, customer, individual, person, group, or population are used interchangeably with the actual term used in a given situation depending on the setting and the population receiving care or services.
<table>
<thead>
<tr>
<th>Indicators for Standard 3: Nutrition Intervention/Plan of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.3 Refers to policies and procedures, protocols and program standards</td>
</tr>
<tr>
<td>3.4 Collaborates with patient/client/advocate/population, caregivers, interprofessional\textsuperscript{a} team, and other health care professionals</td>
</tr>
<tr>
<td>3.5 Works with patient/client/advocate/population and caregivers to identify goals, preferences, discharge/transitions of care needs, plan of care and expected outcomes</td>
</tr>
<tr>
<td>3.6 Develops the nutrition prescription and establishes measurable patient/client-focused goals to be accomplished</td>
</tr>
<tr>
<td>3.7 Defines time and frequency of care including intensity, duration, and follow-up</td>
</tr>
<tr>
<td>3.8 Uses standardized terminology for describing interventions</td>
</tr>
<tr>
<td>3.9 Identifies resources and referrals needed</td>
</tr>
</tbody>
</table>

**Implements the Nutrition Intervention/Plan of Care:**

| 3.10 Collaborates with colleagues, interprofessional team, and other health care professionals |
| 3.11 Communicates and coordinates the nutrition intervention/plan of care |
| 3.12 Initiates the nutrition intervention/plan of care |

| 3.12A Uses approved clinical privileges, physician/non-physician practitioner\textsuperscript{f}—driven orders (ie, delegated orders), protocols, or other facility-specific processes for order writing or for provision of nutrition-related services consistent with applicable specialized training, competence, medical staff, and/or organizational policy |
| 3.12A1 Implements, initiates, or modifies orders for therapeutic diet, nutrition-related pharmacotherapy management, or nutrition-related services (eg, medical foods/nutrition/dietary supplements, food texture modifications, enteral and parenteral nutrition, intravenous fluid infusions, laboratory tests, medications, and education and counseling) |
| 3.12A2 Manages nutrition support therapies (eg, formula selection, rate adjustments, addition of designated medications and vitamin/mineral supplements to parenteral nutrition solutions or supplemental water for enteral nutrition) |
| 3.12A3 Initiates and performs nutrition-related services (eg, bedside swallowing screenings, inserting and monitoring nasoenteric feeding tubes, and indirect calorimetry measurements, or other permitted services) |

| 3.13 Assigns activities to NDTR and other professional, technical, and support personnel in accordance with qualifications, organizational policies/protocols, and applicable laws and regulations |
| 3.13A Supervises professional, technical, and support personnel |
| 3.14 Continues data collection |
| 3.15 Documents: |
| 3.15A Date and time |
| 3.15B Specific and measurable treatment goals and expected outcomes |
| 3.15C Recommended interventions |
| 3.15D Patient/client/advocate/caregiver/community receptiveness |
| 3.15E Referrals made and resources used |
| 3.15F Patient/client/advocate/caregiver/community comprehension |

\textsuperscript{a} Interprofessional includes nurses, social workers, dietitians, physical therapists, occupational therapists, speech-language therapists, and other professionals.

\textsuperscript{f} Physician/non-physician practitioner includes registered dietitians and dietetic technicians.

\textit{Figure 2.} (continued) Standards of Practice for Registered Dietitian Nutritionists (RDNs). Note: The terms patient, client, customer, individual, person, group, or population are used interchangeably with the actual term used in a given situation depending on the setting and the population receiving care or services.
Indicators for Standard 3: Nutrition Intervention/Plan of Care

<table>
<thead>
<tr>
<th>3.15G</th>
<th>Barriers to change</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>3.15H</th>
<th>Other information relevant to providing care and monitoring progress over time</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>3.15I</th>
<th>Plans for follow up and frequency of care</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>3.15J</th>
<th>Rationale for discharge or referral if applicable</th>
</tr>
</thead>
</table>

Examples of Outcomes for Standard 3: Nutrition Intervention/Plan of Care

- Goals and expected outcomes are appropriate and prioritized
- Patient/client/advocate/population, caregivers, and interprofessional teams collaborate and are involved in developing nutrition intervention/plan of care
- Appropriate individualized patient/client-centered nutrition intervention/plan of care, including nutrition prescription, is developed
- Nutrition intervention/plan of care is delivered and actions are carried out as intended
- Discharge planning/transition of care needs are identified and addressed
- Documentation of nutrition intervention/plan of care is:
  - Specific
  - Measurable
  - Attainable
  - Relevant
  - Timely
  - Comprehensive
  - Accurate
  - Dated and timed

Standard 4: Nutrition Monitoring and Evaluation

The registered dietitian nutritionist (RDN) monitors and evaluates indicators and outcomes data directly related to the nutrition diagnosis, goals, preferences, and intervention strategies to determine the progress made in achieving desired results of nutrition care and whether planned interventions should be continued or revised.

Rationale:

Nutrition monitoring and evaluation are essential components of an outcomes management system in order to assure quality, patient/client/population-centered care, and to promote uniformity within the profession in evaluating the efficacy of nutrition interventions. Through monitoring and evaluation, the RDN identifies important measures of change or patient/client/population outcomes relevant to the nutrition diagnosis and nutrition intervention/plan of care; describes how best to measure these outcomes; and intervenes when intervention/plan of care requires revision.

Indicators for Standard 4: Nutrition Monitoring and Evaluation

Each RDN:

4.1 Monitors progress

- 4.1A Assesses patient/client/advocate/population understanding and compliance with nutrition intervention/plan of care

- 4.1B Determines whether the nutrition intervention/plan of care is being implemented as prescribed

(continued on next page)

Figure 2. (continued) Standards of Practice for Registered Dietitian Nutritionists (RDNs). Note: The terms patient, client, customer, individual, person, group, or population are used interchangeably with the actual term used in a given situation depending on the setting and the population receiving care or services.
### Indicators for Standard 4: Nutrition Monitoring and Evaluation

<table>
<thead>
<tr>
<th>4.2 Measures outcomes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.2A Selects the standardized nutrition care measurable outcome indicator(s)</td>
</tr>
<tr>
<td>4.2B Identifies positive or negative outcomes, including impact on potential needs for discharge/transitions of care</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.3 Evaluates outcomes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.3A Compares monitoring data with nutrition prescription and established goals or reference standard</td>
</tr>
<tr>
<td>4.3B Evaluates impact of the sum of all interventions on overall patient/client/population health outcomes and goals</td>
</tr>
<tr>
<td>4.3C Evaluates progress or reasons for lack of progress related to problems and interventions</td>
</tr>
<tr>
<td>4.3D Evaluates evidence that the nutrition intervention/plan of care is maintaining or influencing a desirable change in the patient/client/population behavior or status</td>
</tr>
<tr>
<td>4.3E Supports conclusions with evidence</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.4 Adjusts nutrition intervention/plan of care strategies, if needed, in collaboration with patient/client/population/advocate/caregiver and interprofessional team</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.4A Improves or adjusts intervention/plan of care strategies based upon outcomes data, trends, best practices, and comparative standards</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4.5 Documents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.5A Date and time</td>
</tr>
<tr>
<td>4.5B Indicators measured, results, and the method for obtaining measurement</td>
</tr>
<tr>
<td>4.5C Criteria to which the indicator is compared (e.g., nutrition prescription/goal or a reference standard)</td>
</tr>
<tr>
<td>4.5D Factors facilitating or hampering progress</td>
</tr>
<tr>
<td>4.5E Other positive or negative outcomes</td>
</tr>
<tr>
<td>4.5F Adjustments to the nutrition intervention/plan of care, if indicated</td>
</tr>
<tr>
<td>4.5G Future plans for nutrition care, nutrition monitoring and evaluation, follow-up, referral, or discharge</td>
</tr>
</tbody>
</table>

### Examples of Outcomes for Standard 4: Nutrition Monitoring and Evaluation

- The patient/client/community outcome(s) directly relate to the nutrition diagnosis and the goals established in the nutrition intervention/plan of care. Examples include, but are not limited to:
  - Nutrition outcomes (e.g., change in knowledge, behavior, food, or nutrient intake)
  - Clinical and health status outcomes (e.g., change in laboratory values, body weight, blood pressure, risk factors, signs and symptoms, clinical status, infections, complications, morbidity, and mortality)
  - Patient/client/population-centered outcomes (e.g., quality of life, satisfaction, self-efficacy, self-management, functional ability)
  - Health care utilization and cost-effectiveness outcomes (e.g., change in medication, special procedures, planned/unplanned clinic visits, preventable hospital admissions, length of hospitalizations, prevented or delayed nursing home admissions, morbidity, and mortality)

*Figure 2. (continued) Standards of Practice for Registered Dietitian Nutritionists (RDNs). Note: The terms patient, client, customer, individual, person, group, or population are used interchangeably with the actual term used in a given situation depending on the setting and the population receiving care or services.*
- Nutrition intervention/plan of care and documentation is revised, if indicated
- Documentation of nutrition monitoring and evaluation is:
  - Specific
  - Measurable
  - Attainable
  - Relevant
  - Timely
  - Comprehensive
  - Accurate
  - Dated and timed

*Advocate:* An *advocate* is a person who provides support and/or represents the rights and interests at the request of the patient/client. The person may be a family member or an individual not related to the patient/client who is asked to support the patient/client with activities of daily living or is legally designated to act on behalf of the patient/client, particularly when the patient/client has lost decision-making capacity. (Adapted from definitions within The Joint Commission Glossary of Terms and the Centers for Medicare and Medicaid Services, Hospital Conditions of Participation).

*Interprofessional:* The term *interprofessional* is used in this evaluation resource as a universal term. It includes a diverse group of team members (e.g., physicians, nurses, dietitian nutritionists, pharmacists, psychologists, social workers, and occupational and physical therapists), depending on the needs of the patient/client. Interprofessional could also mean interdisciplinary or multidisciplinary.

*Non-physician practitioner:* A non-physician practitioner may include a physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, certified nurse-midwife, clinical social worker, clinical psychologist, anesthesiologist’s assistant, qualified dietitian, or nutrition professional. Disciplines considered for privileging by a facility’s governing body and medical staff must be in accordance with state law. The term *privileging* is not referenced in the Centers for Medicare and Medicaid Services long-term care (LTC) regulations. With publication of the Final Rule revising the Conditions of Participation for LTC facilities effective November 2016, post-acute care settings, such as skilled and long-term care facilities, may now allow a resident’s attending physician the option of delegating order writing for therapeutic diets, nutrition supplements, or other nutrition-related services to the qualified dietitian or clinically qualified nutrition professional, if consistent with state law, and organization policies.

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Figure 2. (continued) Standards of Practice for Registered Dietitian Nutritionists (RDNs). Note: The terms patient, client, customer, individual, person, group, or population are used interchangeably with the actual term used in a given situation depending on the setting and the population receiving care or services.
**FROM THE ACADEMY**

**Standards of Professional Performance for Registered Dietitian Nutritionists**

**Standard 1: Quality in Practice**

The registered dietitian nutritionist (RDN) provides quality services using a systematic process with identified ethics, leadership, accountability, and dedicated resources.

**Rationale:**

Quality practice in nutrition and dietetics is built on a solid foundation of education and supervised practice, credentialing, evidence-based practice, demonstrated competence, and adherence to established professional standards. Quality practice requires systematic measurement of outcomes, regular performance evaluations, and continuous improvement.

---

**Indicators for Standard 1: Quality in Practice**

Each RDN:

1.1 Complies with applicable laws and regulations as related to his/her area(s) of practice

1.2 Performs within individual and statutory scope of practice and applicable laws and regulations

1.3 Adheres to sound business and ethical billing practices applicable to the role and setting

1.4 Uses national quality and safety data (eg, National Academies of Sciences, Engineering, and Medicine: Health and Medicine Division, National Quality Forum, Institute for Healthcare Improvement) to improve the quality of services provided and to enhance customer-centered services

1.5 Uses a systematic performance improvement model that is based on practice knowledge, evidence, research, and science for delivery of the highest quality services

1.6 Participates in or designs an outcomes-based management system to evaluate safety, effectiveness, quality, person-centeredness, equity, timeliness, and efficiency of practice

1.6A Involves colleagues and others, as applicable, in systematic outcomes management

1.6B Defines expected outcomes

1.6C Uses indicators that are specific, measurable, attainable, realistic, and timely (S.M.A.R.T.)

1.6D Measures quality of services in terms of structure, process, and outcomes

1.6E Incorporates electronic clinical quality measures to evaluate and improve care of patients/clients at risk for malnutrition or with malnutrition ([www.earthrightpro.org/emasures](http://www.earthrightpro.org/emasures))

1.6F Documents outcomes and patient reported outcomes (eg, PROMIS®)

1.6G Participates in, coordinates, or leads program participation in local, regional, or national registries and data warehouses used for tracking, benchmarking and reporting service outcomes

1.7 Identifies and addresses potential and actual errors and hazards in provision of services or brings to attention of supervisors and team members as appropriate

1.8 Compares actual performance to performance goals (ie, Gap Analysis, SWOT Analysis [strengths, weaknesses, opportunities, and threats], PDCA Cycle [plan, do, check, act], DMAIC [define, measure, analyze, improve, control])

1.8A Reports and documents action plan to address identified gaps in care and/or service performance

1.9 Evaluates interventions and workflow process(es) and identifies service and delivery improvements

1.10 Improves or enhances patient/client/population care and/or services working with others based on measured outcomes and established goals

---

**Examples of Outcomes for Standard 1: Quality in Practice**

- Actions are within scope of practice and applicable laws and regulations
- National quality standards and best practices are evident in customer-centered services

(continued on next page)

**Figure 3.** Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs). Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean client/patient/customer, family, participant, consumer, or any individual, group, or organization to which the RDN provides service.
- Performance improvement program specific to program(s)/service(s) is established and updated as needed; is evaluated for effectiveness in providing desired outcomes data and striving for excellence in collaboration with other team members
- Performance indicators are specific, measurable, attainable, realistic, and timely (S.M.A.R.T.)
- Aggregate outcomes results meet pre-established criteria
- Quality improvement results direct refinement and advancement of practice

Standard 2: Competence and Accountability
The registered dietitian nutritionist (RDN) demonstrates competence in and accepts accountability and responsibility for ensuring safe, quality practice and services.
Rationale:
Competence and accountability in practice includes continuous acquisition of knowledge, skills, experience, and judgment in the provision of safe, quality customer-centered service.

Indicators for Standard 2: Competence and Accountability
Each RDN:

2.1 Adheres to the code(s) of ethics (eg, Academy/CDR, other national organizations, and/or employer code of ethics)
2.2 Integrates the Standards of Practice (SOF) and Standards of Professional Performance (SOPP) into practice, self-evaluation, and professional development
2.2A Integrates applicable focus area(s) SOPP into practice (www.eatrightpro.org/sop)
2.3 Demonstrates and documents competence in practice and delivery of customer-centered service(s)
2.4 Assumes accountability and responsibility for actions and behaviors
2.4A Identifies, acknowledges, and corrects errors
2.5 Conducts self-evaluation at regular intervals
2.5A Identifies needs for professional development
2.6 Designs and implements plans for professional development
2.6A Develops plan and documents professional development activities in career portfolio (eg, organizational policies and procedures, credentialing agency(ies))
2.7 Engages in evidence-based practice and uses best practices
2.8 Participates in peer review of others as applicable to role and responsibilities
2.9 Mentors and/or precepts others
2.10 Pursues opportunities (education, training, credentials, certifications) to advance practice in accordance with laws and regulations, and requirements of practice setting

Examples of Outcomes for Standard 2: Competence and Accountability
- Practice reflects:
  - Code(s) of ethics (eg, Academy/CDR, other national organizations, and/or employer code of ethics)
  - Scope of Practice, Standards of Practice, and Standards of Professional Performance
  - Evidence-based practice and best practices
  - Commission on Dietetic Registration Essential Practice Competencies and Performance Indicators

Figure 3. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs). Note: The term customer is used in this evaluation resource as a universal term. Customer could also mean client/patient/customer, family, participant, consumer, or any individual, group, or organization to which the RDN provides service.
- Practice incorporates successful strategies for interactions with individuals/groups from diverse cultures and backgrounds
- Competence is demonstrated and documented
- Services provided are safe and customer-centered
- Self-evaluations are conducted regularly to reflect commitment to lifelong learning and professional development and engagement
- Professional development needs are identified and pursued
- Directed learning is demonstrated
- Relevant opportunities (education, training, credentials, certifications) are pursued to advance practice
- Commission on Dietetic Registration recertification requirements are met

**Standard 3: Provision of Services**
The registered dietitian nutritionist (RDN) provides safe, quality service based on customer expectations and needs, and the mission, vision, principles, and values of the organization/business.

**Rationale:**
Quality programs and services are designed, executed, and promoted based on the RDN's knowledge, skills, experience, judgment, and competence in addressing the needs and expectations of the organization/business and its customers.

**Indicators for Standard 3: Provision of Services**

| Each RDN: |
|------------------|------------------|
| **3.1** Contributes to or leads in development and maintenance of programs/services that address needs of the customer or target population(s) |
| **3.1A** Aligns program/service development with the mission, vision, principles, values, and service expectations and outputs of the organization/business |
| **3.1B** Uses the needs, expectations, and desired outcomes of the customers/populations (e.g., patients/clients, families, community, decision makers, administrators, client organization(s)) in program/service development |
| **3.1C** Makes decisions and recommendations that reflect stewardship of time, talent, finances, and environment |
| **3.1D** Proposes programs and services that are customer-centered, culturally appropriate, and minimize disparities |
| **3.2** Promotes public access and referral to credentialed nutrition and dietetics practitioners for quality food and nutrition programs and services |
| **3.2A** Contributes to or designs referral systems that promote access to qualified, credentialed nutrition and dietetics practitioners |
| **3.2B** Refers customers to appropriate providers when requested services or identified needs exceed the RDN's individual scope of practice |
| **3.2C** Monitors effectiveness of referral systems and modifies as needed to achieve desirable outcomes |
| **3.3** Contributes to or designs customer-centered services |
| **3.3A** Assesses needs, beliefs/values, goals, resources of the customer, and social determinants of health |
| **3.3B** Uses knowledge of the customer’s/target population’s health conditions, cultural beliefs, and business objectives/services to guide design and delivery of customer-centered services |
| **3.3C** Communicates principles of disease prevention and behavioral change appropriate to the customer or target population |

*Figure 3. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs). Note: The term customer is used in this evaluation resource as a universal term. Customer could also mean client/patient/customer, family, participant, consumer, or any individual, group, or organization to which the RDN provides service.*
### Indicators for Standard 3: Provision of Services

| 3.3D | Collaborates with the customers to set priorities, establish goals, and create customer-centered action plans to achieve desirable outcomes. |
| 3.3E | Involves customers in decision making. |
| 3.4 | Executes programs/services in an organized, collaborative, cost effective, and customer-centered manner. |
| 3.4A | Collaborates and coordinates with peers, colleagues, stakeholders, and within interprofessional* teams. |
| 3.4B | Uses and participates in, or leads in the selection, design, execution, and evaluation of customer programs and services (e.g., nutrition screening system, medical and retail foodservice, electronic health records, interprofessional programs, community education, grant management). |
| 3.4C | Uses and develops or contributes to selection, design and maintenance of policies, procedures (e.g., discharge planning/transition of care), protocols, standards of care, technology resources (e.g., Health Insurance Portability and Accountability Act (HIPAA)-compliant telehealth platforms), and training materials that reflect evidence-based practice in accordance with applicable laws and regulations. |
| 3.4D | Uses and participates in or develops processes for order writing and other nutrition-related privileges, in collaboration with the medical staff or medical director (e.g., post-acute care settings, dialysis center, public health, community, free-standing clinic settings), consistent with state practice acts; federal and state regulations; organization policies; and medical staff rules, regulations, and bylaws. |
| 3.4D1 | Uses and participates in or leads development of processes for privileges or other facility-specific processes related to (but not limited to) implementing physician/non-physician practitioner-driven delegated orders or protocols, initiating or modifying orders for therapeutic diets, medical foods/nutrition supplements, dietary supplements, enteral and parenteral nutrition, laboratory tests, medications, and adjustments to fluid therapies or electrolyte replacements. |
| 3.4D2 | Uses and participates in or leads development of processes for privileging for provision of nutrition-related services, including (but not limited to) initiating and performing bedside swallow screenings, inserting and monitoring nasogastric feeding tubes, providing home enteral nutrition or infusion management services (e.g., ordering formula and supplies) and indirect calorimetry measurements. |
| 3.4E | Complies with established billing regulations, organization policies, grant funder guidelines, if applicable to role and setting, and adheres to ethical and transparent financial management and billing practices. |
| 3.4F | Communicates with the interprofessional team and referring party consistent with the HIPAA rules for use and disclosure of customer’s personal health information. |
| 3.5 | Uses professional, technical, and support personnel appropriately in the delivery of customer-centered care or services in accordance with laws, regulations, and organization policies and procedures. |
| 3.5A | Assigns activities, including direct care to patients/clients, consistent with the qualifications, experience, and competence of professional, technical, and support personnel. |
| 3.5B | Supervises professional, technical, and support personnel. |
| 3.6 | Designs and implements food delivery systems to meet the needs of customers. |
| 3.6A | Collaborates in or leads the design of food delivery systems to address health care needs and outcomes (including nutrition status), ecological sustainability, and to meet the culture and related needs and preferences of target populations (e.g., health care patients/clients, employee groups, visitors to retail venues, schools, child and adult day-care centers, community feeding sites, farm to institution initiatives, local food banks). |
| 3.6B | Participates in, consults/collaborates with, or leads the development of menus to address health, nutritional, and cultural needs of target population(s) consistent with federal, state or funding source regulations or guidelines. |

*continued on next page*
### Indicators for Standard 3: Provision of Services

<table>
<thead>
<tr>
<th>3.6C</th>
<th>Participates in, consults/collaborates with, or leads interprofessional process for determining medical foods/nutritional supplements, dietary supplements, enteral and parenteral nutrition formulates, and delivery systems for target population(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.7</td>
<td>Maintains records of services provided</td>
</tr>
<tr>
<td>3.7A</td>
<td>Documents according to organization policies, procedures, standards, and systems including electronic health records</td>
</tr>
<tr>
<td>3.7B</td>
<td>Implements data management systems to support interoperable data collection, maintenance, and utilization</td>
</tr>
<tr>
<td>3.7C</td>
<td>Uses data to document outcomes of services (i.e., staff productivity, cost/benefit, budget compliance, outcomes, quality of services) and provide justification for maintenance or expansion of services</td>
</tr>
<tr>
<td>3.7D</td>
<td>Uses data to demonstrate program/service achievements and compliance with accreditation standards, laws, and regulations</td>
</tr>
<tr>
<td>3.8</td>
<td>Advocates for provision of quality food and nutrition services as part of public policy</td>
</tr>
<tr>
<td>3.8A</td>
<td>Communicates with policy makers regarding the benefit/cost of quality food and nutrition services</td>
</tr>
<tr>
<td>3.8B</td>
<td>Advocates in support of food and nutrition programs and services for populations with special needs and chronic conditions</td>
</tr>
<tr>
<td>3.8C</td>
<td>Advocates for protection of the public through multiple avenues of engagement (e.g., legislative action, establishing effective relationships with elected leaders and regulatory officials, participation in various Academy committees, workgroups and task forces, Dietetic Practice Groups, Member Interest Groups, and State Affiliates)</td>
</tr>
</tbody>
</table>

### Examples of Outcomes for Standard 3: Provision of Services

- Program/service design and systems reflect organization/business mission, vision, principles, values, and customer needs and expectations
- Customers participate in establishing program/service goals and customer-focused action plans and/or nutrition interventions (e.g., in-person or via telehealth)
- Customer-centered needs and preferences are met
- Customers are satisfied with services and products
- Customers have access to food assistance
- Customers have access to food and nutrition services
- Foodservice system incorporates sustainability practices addressing energy and water use and waste management
- Menus reflect the cultural, health and/or nutritional needs of target population(s) and consideration of ecological sustainability
- Evaluations reflect expected outcomes and established goals
- Effective screening and referral services are established or implemented as designed
- Professional, technical and support personnel are supervised when providing nutrition care to customers
- Ethical and transparent financial management and billing practices are used per role and setting

### Standard 4: Application of Research

The registered dietitian nutritionist (RDN) applies, participates in, and/or generates research to enhance practice. Evidence-based practice incorporates the best available research/evidence and information in the delivery of nutrition and dietetics services.

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

*(continued on next page)*

**Figure 3.** (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs). Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean client/patient/customer, family, participant, consumer, or any individual, group, or organization to which the RDN provides service.
Indicators for Standard 4: Application of Research

Each RDN:

4.1 Reviews best available research/evidence and information for application to practice
   4.1A Understands basic research design and methodology

4.2 Uses best available research/evidence and information as the foundation for evidence-based practice

4.3 Integrates best available research/evidence and information with best practices, clinical and managerial expertise, and customer values

4.4 Contributes to the development of new knowledge and research in nutrition and dietetics

4.5 Promotes application of research in practice through alliances or collaboration with food and nutrition and other professionals and organizations

Examples of Outcomes for Standard 4: Application of Research

- Evidence-based practice, best practices, clinical and managerial expertise, and customer values are integrated in the delivery of nutrition and dietetics services
- Customers receive appropriate services based on the effective application of best available research/evidence and information
- Best available research/evidence and information is used as the foundation of evidence-based practice

Standard 5: Communication and Application of Knowledge

The registered dietitian nutritionist (RDN) effectively applies knowledge and expertise in communications.

Rationale:
The RDN works with others to achieve common goals by effectively sharing and applying unique knowledge, skills, and expertise in food, nutrition, dietetics, and management services.

Indicators for Standard 5: Communication and Application of Knowledge

Each RDN:

5.1 Communicates and applies current knowledge and information based on evidence
   5.1A Demonstrates critical thinking and problem-solving skills when communicating with others

5.2 Selects appropriate information and the most effective communication method or format that considers customer-centered care and the needs of the individual/group/population
   5.2A Uses communication methods (i.e., oral, print, one-on-one, group, visual, electronic, and social media) targeted to various audiences
   5.2B Uses information technology to communicate, disseminate, manage knowledge, and support decision making

5.3 Integrates knowledge of food and nutrition with knowledge of health, culture, social sciences, communication, informatics, sustainability, and management

5.4 Shares current, evidence-based knowledge, and information with various audiences
   5.4A Guides customers, families, students, and interns in the application of knowledge and skills
   5.4B Assists individuals and groups to identify and secure appropriate and available educational and other resources and services

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Figure 3. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs). Note: The term customer is used in this evaluation resource as a universal term. Customer could also mean client/patient/customer, family, participant, consumer, or any individual, group, or organization to which the RDN provides service.
### Indicators for Standard 5: Communication and Application of Knowledge

<table>
<thead>
<tr>
<th>5.4C</th>
<th>Uses professional writing and verbal skills in all types of communications</th>
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<tbody>
<tr>
<td>5.4D</td>
<td>Reflects knowledge of population characteristics in communication methods</td>
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<tr>
<td>5.5</td>
<td>Establishes credibility and contributes as a food and nutrition resource within the interprofessional health care and management team, organization, and community</td>
</tr>
<tr>
<td>5.6</td>
<td>Communicates performance improvement and research results through publications and presentations</td>
</tr>
<tr>
<td>5.7</td>
<td>Seeks opportunities to participate in and assume leadership roles with local, state, and national professional and community-based organizations (e.g., government-appointed advisory boards, community coalitions, schools, foundations or nonprofit organizations serving the food insecure) providing food and nutrition expertise</td>
</tr>
</tbody>
</table>

### Examples of Outcomes for Standard 5: Communication and Application of Knowledge
- Expertise in food, nutrition, dietetics, and management is demonstrated and shared
- Interoperable information technology is used to support practice
- Effective and efficient communications occur through appropriate and professional use of e-mail, texting, and social media tools
  - Individuals, groups, and stakeholders:
    - Receive current and appropriate information and customer-centered service
    - Demonstrate understanding of information and behavioral strategies received
    - Know how to obtain additional guidance from the RDN or other RDN-recommended resources
- Leadership is demonstrated through active professional and community involvement

### Standard 6: Utilization and Management of Resources

The registered dietitian nutritionist (RDN) uses resources effectively and efficiently.

**Rationale:**

The RDN demonstrates leadership through strategic management of time, finances, facilities, supplies, technology, natural and human resources.

### Indicators for Standard 6: Utilization and Management of Resources

**Each RDN:**

| 6.1 | Uses a systematic approach to manage resources and improve outcomes |
| 6.2 | Evaluates management of resources with the use of standardized performance measures and benchmarking as applicable |
| 6.3 | Evaluates safety, effectiveness, efficiency, productivity, sustainability practices, and value while planning and delivering services and products |
| 6.4 | Participates in quality assurance and performance improvement and documents outcomes and best practices relative to resource management |
| 6.5 | Measures and tracks trends regarding internal and external customer outcomes (e.g., satisfaction, key performance indicators) |

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*Figure 3. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs). Note: The term customer is used in this evaluation resource as a universal term. Customer could also mean client/patient/customer, family, participant, consumer, or any individual, group, or organization to which the RDN provides service.*
Examples of Outcomes for Standard 6: Utilization and Management of Resources
- Resources are effectively and efficiently managed
- Documentation of resource use is consistent with operational and sustainability goals
- Data are used to promote, improve, and validate services, organization practices, and public policy
- Desired outcomes are achieved, documented, and disseminated
- Identifies and tracks key performance indicators in alignment with organizational mission, vision, principles, and values

*PROMIS: The Patient-Reported Outcomes Measurement Information System (PROMIS) (https://commonfund.nih.gov/promis/index) is a reliable, precise measure of patient-reported health status for physical, mental, and social well-being. PROMIS is a web-based resource and is publicly available.

"Interprofessional: The term *interprofessional* is used in this evaluation resource as a universal term. It includes a diverse group of team members (e.g., physicians, nurses, dietitian nutritionists, pharmacists, psychologists, social workers, and occupational and physical therapists), depending on the needs of the customer. Interprofessional could also mean interdisciplinary or multidisciplinary.

"Medical staff: *Medical staff* is composed of doctors of medicine or osteopathy and can, in accordance with state law, including scope of practice laws, include other categories of physicians, and non-physician practitioners who are determined to be eligible for appointment by the governing body.\(^5\)

"Non-physician practitioner: A *non-physician practitioner* may include a physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, certified nurse-midwife, clinical social worker, clinical psychologist, anesthesiologist's assistant, qualified dietitian, or nutrition professional. Disciplines considered for privileging by a facility’s governing body and medical staff must be in accordance with state law.\(^5,6\) The term *privileging* is not referenced in the Centers for Medicare and Medicaid Services long-term care (LTC) regulations. With publication of the Final Rule revising the Conditions of Participation for LTC facilities effective November 2016, post-acute care settings, such as skilled and long-term care facilities, may now allow a resident’s attending physician the option of delegating order writing for therapeutic diets, nutrition supplements or other nutrition-related services to the qualified dietitian or clinically qualified nutrition professional, if consistent with state law, and organization policies.\(^7\)

Figure 3. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs). Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean client/patient/customer, family, participant, consumer, or any individual, group, or organization to which the RDN provides service.
Dietetic Internship
Practicum Sites

Community and Lifecycle
- Alexian Brothers Behavioral Health Hospital (for EDOC interns), Hoffman Estates, IL 60194.
- Alexian Brothers Diabetes Center Elk Grove, IL 60005.
- Academy of Nutrition and Dietetics, Chicago, IL 60606-6995.
- Centegra Diabetes Center, Crystal Lake, IL 60014.
- Centegra Health Bridge Fitness Center, Huntley IL 60142.
- Centegra Sage Cancer Center, McHenry, IL 60050.
- Crusaders Central Clinic Association, Rockford, IL 61102.
- Dupage Medical Group Diabetes Center, Glen Ellyn, IL 60137.
- Dupage Convalescent Center, Wheaton, IL 60187.
- Easter Seals Dupage Rosalie Dold Center For Children, Villa Park, IL 60181.
- Elgin Wellchild WIC Program, Elgin, IL 60123.
- Fit For Kids, Aurora, IL 60506.
- Good Shepherd Health and Fitness Center, Barrington, IL.
- Illinois Nutrition Education and Training, Sycamore, IL 60178.
- Integrated Inventory Technology, Lisle, IL 60532.
- Kishwaukee Diabetes Center, Dekalb, IL 60115.
- Lake County Health Department, Waukegan, IL 60085-2399.
- Linden Oaks Hospital at Edward (for EDOC interns), Naperville IL 60540.
- Northern Illinois Food Bank, Geneva, IL 60134.
- Northern Illinois University Recreation and Wellness, DeKalb, IL 60115.
- Oak Crest Retirement Center, DeKalb, IL 60115.
- Rockford Health System NICU/PICU, Rockford, IL 61103.
- Sportfuel Inc. and Eat Like the Pros LLC, Western Springs, IL 60558.
- St. Alexius Medical Center – Outpatient Counseling, Hoffman Estates, IL 60194.
- Tri-Cities Dialysis Center, Geneva, IL 60134.
- Visiting Nurses Association of Fox Valley - WIC Aurora, IL 60506.
- Wilton Industries Inc., Woodridge, IL 60517.

Medical Nutrition Therapy
- Advocate Good Samaritan Hospital, Downers Grove, IL 60515.
- Alexian Brothers Medical Center, Elk Grove Village, IL 60007.
- Centegra Health System, McHenry, IL 60050.
- Central Dupage Hospital, Winfield, IL 60190.
- Delnor Hospital, Geneva, IL 60134.
- Edward Hospital, Naperville, IL 60540.
- Elmhurst Memorial Hospital, Elmhurst, IL 60126.
- Kindred Hospital, Sycamore, IL 60178.
- Kishwaukee Community Hospital, Dekalb, IL 60115.
- La Grange Memorial Hospital, La Grange, IL 60525-2600.
- OSF St. Anthony Medical Center, Rockford, IL 61108.
- Provena/Mercy Center For Health Care Services, Aurora, IL 60507.
- Rockford Health Systems, Rockford, IL 61103.
- Sherman Hospital, Elgin, IL 60123.
- St. Alexius Medical Center, Hoffman Estates, IL 60194.
- Swedish American Health System, Rockford, IL 61104.

Food Service/Management
- Northern Illinois University Housing and Dining, DeKalb, IL 60115.