

PRACTICE TIPS: Competence in Practice

Assessing competence is evaluating the staff member's skill set to perform the job. Assessment of competence is not education or validation of other training, but rather the actual assessment of performance of a skill by a qualified person. According to the Institute of Medicine (2001), "traditional methods of continuing education for health professionals, such as formal conferences and dissemination of educational materials, have been shown to have little effect by themselves on changing clinician behaviors or health outcomes."¹

Education alone, through attendance at in-services or continuing education programs, is not a measure of competence, unless a validation method (i.e., case study with quiz, return demonstration) is incorporated into the class or program. Demonstration or verification of the knowledge or ability to perform the skill is the focus of competence assessment.²

Defining Competence

Competence: A principle of professional practice, identifying the ability of the provider to administer safe and reliable services on a consistent basis.^{3,4}

Key Considerations:

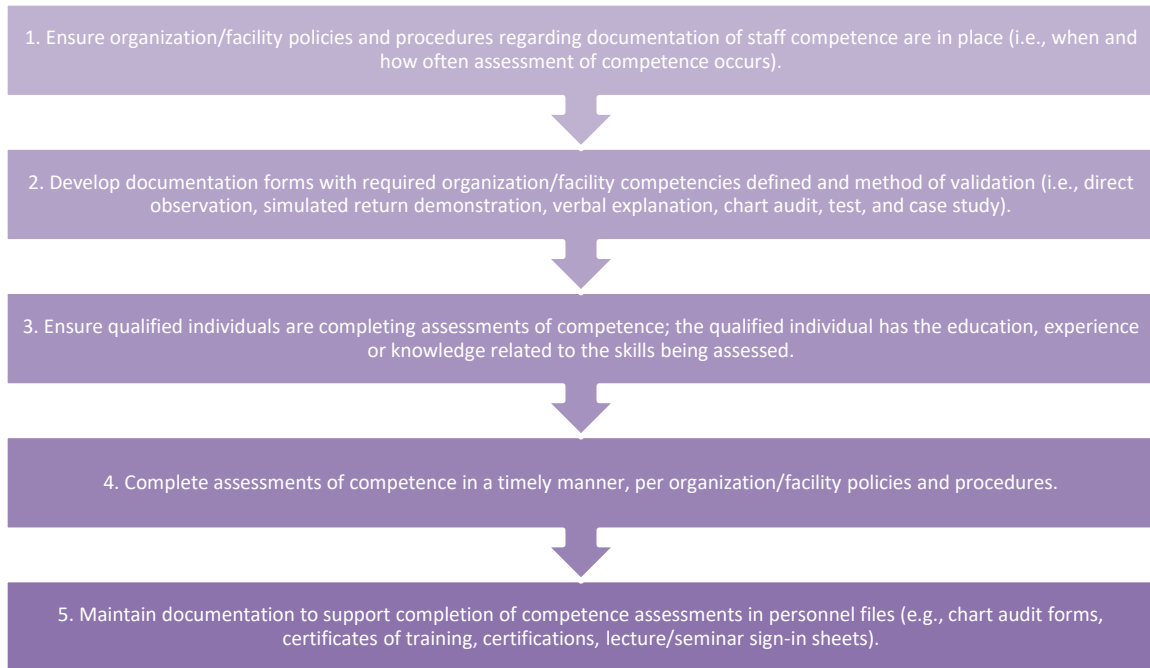
- "Professionals who are competent use up-to-date knowledge and skills; make sound decisions based on appropriate data; communicate effectively with patients, clients, customers, and other professionals; critically evaluate their own practice; and improve performance based on self-awareness, applied practice, and feedback from others.1." ^{5,6}
- A determination of an individual's capability to perform up to defined expectations.⁷

In keeping with the Academy of Nutrition and Dietetics (Academy)/CDR Code of Ethics, RDNs and NDTRs practice in areas in which they are qualified and have demonstrated and documented competence. Competent RDNs and NDTRs understand and practice within their individual scope of practice; use up-to-date knowledge, skills, judgment, and best practices; make sound decisions based on appropriate data; communicate effectively with patients, clients, customers, and others; critically assess their own practice; identify the limits of their competence; and improve performance based on self-evaluation, applied practice, and feedback from others.⁹⁻¹¹

Code of Ethics:

Principle 1 - Competence and professional development in practice (non-maleficence) of the Code of Ethics states "The nutrition and dietetics practitioner shall: (f) recognize and exercise professional judgment within the limits of individual qualifications and collaborate with others, seek counsel, and make referrals as appropriate, and (h) practice within the limits of their scope and collaborate with the interprofessional team".⁸

Steps for Application to Practice



Regulations Affecting Practice

[CMS State Operations Manual for Hospitals: §482.28\(a\)\(2\)](#): There must be a qualified dietitian, full-time, part-time or on a consultant basis.

Interpretive Guidelines

- A qualified dietitian must supervise the nutritional aspects of patient care.
- Qualification is determined based on education, experience, specialized training, state licensure or registration when applicable, and maintaining professional standards of practice.

Survey Procedures

- Review the dietitian's personnel file to determine that he/she is qualified based on education, experience, specialized training, and, if required by State law, is licensed, certified, or registered by the state.

[CMS State Operations Manual for Hospitals: §482.28\(a\)\(3\)](#): There must be administrative and technical personnel competent in their respective duties.

Interpretive Guidelines

- Administrative and technical personnel must be competent in their assigned duties. This competency is demonstrated through education, experience and specialized training appropriate to the task(s) assigned. Personnel files should include documentation that the staff member(s) is competent in their respective duties.

Survey Procedures

- Review personnel files for administrative and technical staff to determine they have appropriate credentials as required and have received adequate training and are competent in their respective duties.

Accreditation Standards

Accreditation organizations are independent not-for-profit organizations that accredit, certify, manage and promote providing effective continuous improvements of quality and safety in health care organizations and national public health organizations. These organizations strategically work with health care providers to identify areas of quality improvement. For information about these organizations, please visit <https://www.cdrnet.org/regulations>.

Acronyms

Accreditation Commission for Health Care (ACHC), formerly HFAP: Healthcare Facilities Accreditation Program of the American Osteopathic Association

ACHC is a nationally recognized accreditation organization with deeming authority from CMS. (<https://www.achc.org/>)

CMS: Centers for Medicare & Medicaid Services

The CMS is the federal agency that runs the Medicare program. In addition, CMS works with the States to run the Medicaid program. CMS works to make sure that the beneficiaries in these programs are able to get high quality health care. CMS also maintains the federal regulations in the State Operations Manual (SOM) Conditions of Participation (CoP) for hospitals and other facility/program types.

(www.cms.gov/)

CoC: Commission on Cancer

The Commission on Cancer is a consortium of professional organizations dedicated to improving survival and quality of life for cancer patients through standard-setting, prevention, research, education, and the monitoring of comprehensive quality care. (<https://www.facs.org/quality-programs/cancer-programs/commission-on-cancer/>) Nutrition standards can be found at (<https://www.facs.org/quality-programs/cancer/coc/standards>).

DNV: Det Norske Veritas

National Integrated Accreditation for Healthcare Organizations (NIAHO) Produced by DNV Healthcare, Inc. DNV works with national healthcare authorities and healthcare providers around the world to effectively manage risk and improve healthcare delivery. Their team of healthcare and risk management specialists has an innovative, advanced approach to help healthcare providers globally in identifying, assessing and managing risk, enhancing patient safety and quality, while ensuring sustainable business practice. (<https://www.dnv.com/healthcare/index.html>)

National Academies of Sciences, Engineering, and Medicine, Health and Nutrition Division (previously the Institute of Medicine)

The Health and Medicine Division (HMD), is a division of the National Academies of Sciences, Engineering, and Medicine (the Academies). The Academies are private, nonprofit institutions that provide independent, objective analysis and advice to the nation and conduct other activities to solve complex problems and inform public policy decisions related to science, technology, and medicine.

(<https://www.nationalacademies.org/hmd/health-and-medicine-division>)

PHAB: The Public Health Accreditation Board

The Public Health Accreditation Board is a nonprofit organization dedicated to improving and protecting the health of the public by advancing the quality and performance of Tribal, state, local, and territorial public health departments. (<https://phaboard.org/>)

Scope and Standards of Practice

The Scope and Standards of Practice are a comprehensive framework describing both the competent level of practice as well as the depth and breadth of practice in nutrition and dietetics for RDNs or NDTRs. The Scope and Standards of Practice serve as a key resource for credentialed nutrition and dietetics practitioners to: understand the practice environment and standards that guide practice; evaluate, improve, and expand their practice; and demonstrate and assure safe and quality practice for the individuals and organizations they serve. (www.cdrnet.org/scope)

TJC: The Joint Commission

An independent, not-for-profit organization, The Joint Commission accredits and certifies more than 20,000 healthcare organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. TJC has deeming authority from CMS.

(<https://www.jointcommission.org/>)

In this Practice Tips, the CDR has chosen to use the term RDN to refer to both registered dietitians (RD) and registered dietitian nutritionists (RDN) and to use the term NDTR to refer to both dietetic technician, registered (DTR) and nutrition and dietetics technician, registered (NDTR).

References

1. Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21st Century*. National Academy Press; 2001: p. 211. Accessed August 31, 2024. <http://www.nap.edu/read/10027/chapter/11#211>
2. Wright, D. Chapter 1: The Goal of Competency Assessment. In *The Ultimate Guide to Competency Assessment in Health Care, 3rd Ed*. Creative Health Care Management; 2005: p. 6.
3. Miller-Keane, O'Toole HT. *Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health*, Revised Reprint. 7th ed. Elsevier Health Sciences; 2003.
4. Definition of terms. Commission on Dietetic Registration. Accessed August 31, 2024. www.cdrnet.org/definitions.
5. Competency Assessment vs Orientation. The Joint Commission Web site. Accessed August 31, 2024. <https://www.jointcommission.org/en/standards/standard-faqs/office-based-surgery/human-resources-hr/000002152/>.
6. Competency Assessment vs Education and Training. The Joint Commission Web site. Accessed August 31, 2024. <https://www.jointcommission.org/en/standards/standard-faqs/ambulatory/human-resources-hr/000002254/>.
7. Human Resources. In: *Comprehensive Accreditation Manual for Hospitals*. Joint Commission Resources; 2020: HR 10-11.

8. 2018 Code of Ethics for the Nutrition and Dietetics Profession. Academy of Nutrition and Dietetics (Academy)/Commission on Dietetic Registration (CDR) Accessed August 31, 2024. www.cdrnet.org/codeofethics
9. Gates GE, Amaya L. Ethics opinion: Registered dietitian nutritionists and nutrition and dietetics technicians, registered are ethically obligated to maintain personal competence in practice. *J Acad Nutr Diet.* 2015;115(5):811-815.
10. Revised 2024 Scope and Standards of Practice for the Registered Dietitian Nutritionist. Commission on Dietetic Registration Scope and Standards of Practice Task Force. Accessed August 31, 2024. www.cdrnet.org/scope.
11. Revised 2024 Scope and Standards of Practice for the Nutrition and Dietetics Technician, Registered. Commission on Dietetic Registration Scope and Standards of Practice Task Force. Accessed August 31, 2024. www.cdrnet.org/scope.
12. Glossary. US Department of Health and Human Services. Centers for Medicare & Medicaid Services. Accessed August 31, 2024. <https://www.cms.gov/glossary>
13. CMS.gov. Conditions for Coverage (CfCs) & Conditions of Participation (CoPs). Accessed August 31, 2024. <https://www.cms.gov/medicare/health-safety-standards/conditions-coverage-participation>