



Academy of Nutrition and Dietetics: Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Adult Weight Management



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ABSTRACT

Weight management encompasses the inter-relationship of nutrition, physical activity, and health behavior change. Nutrition is key for the prevention and treatment of obesity and chronic disease and maintenance of overall health. Thus, the Weight Management Dietetic Practice Group, with guidance from the Academy of Nutrition and Dietetics Quality Management Committee, has developed Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Adult Weight Management as a resource for RDNs working in weight management. This document allows RDNs to assess their current skill levels and to identify areas for further professional development in this expanding practice area. This document describes the current standards for weight management practice for RDNs. The Standards of Practice represent the four steps in the Nutrition Care Process as applied to the care of patients/clients. The Standards of Professional Performance consist of six domains of professionalism: Quality in Practice, Competence and Accountability, Provision of Services, Application of Research, Communication and Application of Knowledge, and Utilization and Management of Resources. Within each standard, specific indicators provide measurable action statements that illustrate how the standard can be applied to practice. The indicators describe three skill levels (competent, proficient, and expert) for RDNs working in weight management. The Standards of Practice and Standards of Professional Performance are complementary resources for the Registered Dietitian Nutritionist in weight management.

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Editor's note: Figures 1 and 2 that accompany this article are available online at www.andjrn.org.

THE WEIGHT MANAGEMENT Dietetic Practice Group (WM DPG) of the Academy of Nutrition and Dietetics (Academy), under the guidance of the Academy Quality Management Committee, has developed Standards of Practice (SOP) and Standards of Professional Performance (SOPP) for Registered Dietitian Nutritionists (RDNs) in Adult Weight Management. These documents build on the Academy's Revised 2012 SOP

in Nutrition Care and SOPP for RDs.¹ The Academy of Nutrition and Dietetics/Commission on Dietetic Registration's (CDR) Code of Ethics² along with the Academy's Revised 2012 SOP in Nutrition Care and SOPP for RDs¹

are tools within the Scope of Practice in Nutrition and Dietetics³ and Scope of Practice for the RD⁴ that guide the practice and performance of RDNs in all settings.

All registered dietitians are nutritionists—but not all nutritionists are registered dietitians. The Academy's Board of Directors and Commission on Dietetic Registration have determined that those who hold the credential Registered Dietitian (RD) may optionally use "Registered Dietitian Nutritionist" (RDN) instead. The two credentials have identical meanings. In this document, the expert working group has chosen to use the term RDN to refer to both registered dietitians and registered dietitian nutritionists.

*Approved November 2014 by the Quality Management Committee of the Academy of Nutrition and Dietetics (Academy) and the Executive Committee of the Weight Management Dietetic Practice Group of the Academy. **Scheduled review date: September 2019.** Questions regarding the Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists in Adult Weight Management may be addressed to Academy quality management staff - Sharon McCauley, MS, MBA, RDN, LDN, FADA, FAND, director, Quality Management, at quality@eatright.org.*

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The scope of practice in nutrition and dietetics is composed of statutory and individual components, includes the Code of Ethics, and encompasses the range of roles, activities, and regulations within which RDNs perform. For credentialed practitioners, scope of practice is typically established within the practice act and interpreted and controlled by the agency or board that regulates the practice of the profession in a given state.³ An RDN's statutory scope of practice may delineate the services an RDN is authorized to perform in a state where a practice act or certification exists.

The RDN's individual scope of practice is determined by education, training, credentialing, and demonstrated and documented competence to practice. Individual scope of practice in nutrition and dietetics has flexible boundaries to capture the breadth of the individual's professional practice. The Scope of Practice Decision Tool, which is an online, interactive tool, permits an RDN to answer a series of questions to determine whether a particular activity is within his or her scope of practice. The tool is designed to assist an RDN in critically evaluating personal knowledge, skill, and demonstrated competence with criteria resources.⁵

The Centers for Medicare and Medicaid Services, Department of Health and Human Services, Final Rule effective July 11, 2014 for Hospital Conditions of Participation now allows a hospital and its medical staff the option of granting RDNs or other clinically qualified nutrition professionals ordering privileges for therapeutic diets and nutrition-related services, including nutrition supplements and enteral and parenteral nutrition if consistent with State law. RDNs in hospital settings interested in obtaining ordering privileges must review State practice acts (eg, licensure, certification, and title protection) and state health care facility regulations to determine whether there are any barriers that must be addressed. An RDN interested in obtaining ordering privileges should review the state analysis and regulation for a brief breakdown of each state's relevant law and practice tips that outline the regulations and implementation steps for ordering privileges (www.eatright.pro/resources/advocacy/quality-health-care/consumer-protection-and-licensure/learn-about-the-CMS-rule-on-therapeutic-diet-orders).

Medical staff oversight of an RDN(s) occurs in one of two ways. A hospital

has the regulatory flexibility to appoint an RDN(s) to the medical staff and grant the RDN(s) specific nutrition ordering privileges, or can authorize the ordering privileges without appointment to the medical staff. The RDN ordering privileges must be ensured through the hospital's medical staff rules, regulations, and bylaws, or other facility-specific process (<http://www.gpo.gov:80/fdsys/pkg/FR-2014-05-12/pdf/2014-10687.pdf>).

The Academy's Revised 2012 SOP in Nutrition Care and SOPP for RDs¹ reflect the minimum competent level of nutrition and dietetics practice and professional performance for RDNs. These standards serve as blueprints for the development of focus area SOP and SOPP for RDNs in competent, proficient, and expert levels of practice. The SOP in Nutrition Care is composed of four standards representing the four steps of the Nutrition Care Process (NCP) as applied to the care of patients/clients.⁶ The SOPP consist of standards representing six domains of professionalism: Quality in Practice, Competence and Accountability, Provision of Services, Application of Research, Communication and Application of Knowledge, and Utilization and Management of Resources. The SOP and SOPP for RDNs are designed to promote the provision of safe, effective, and efficient food and nutrition services, facilitate evidence-based practice, and serve as a professional evaluation resource.

These focus area standards for RDNs in weight management provide a guide for self-evaluation and expanding practice, a means of identifying areas for professional development, and a tool for demonstrating competence in delivering weight management nutrition and dietetic services. They are used by RDNs to assess their current level of practice and to determine the education and training required to maintain currency in their focus area and advancement to a higher level of practice. In addition, the standards may be used to assist RDNs in transitioning their knowledge and skills to a new focus area of practice. Like the SOP in Nutrition Care and SOPP for RDs,¹ the indicators (ie, measurable action statements that illustrate how each standard can be applied in practice) (see Figures 1 and 2 available online at www.andjrnl.org) for the SOP and SOPP for RDNs in Adult Weight Management were developed with

input and consensus of content experts representing diverse practice and geographic perspectives. The SOP and SOPP for RDNs in Adult Weight Management were reviewed and approved by the Executive Committee of the WM DPG and the Academy Quality Management Committee.

THREE LEVELS OF PRACTICE

The Dreyfus model⁷ identifies levels of proficiency (novice, advanced beginner, competent, proficient, and expert) (refer to Figure 3) during the acquisition and development of knowledge and skills. The first two levels are components of the required didactic education (novice) and supervised practice experience (advanced beginner) that precede credentialing for nutrition and dietetics practitioners. Upon successfully attaining the RDN, a practitioner enters professional practice at the competent level and manages his or her professional development to obtain individual professional goals. This model is helpful in understanding the levels of practice described in the SOP and SOPP for RDNs in Adult Weight Management. In Academy focus areas, these three levels are represented as competent, proficient, and expert practice levels.

Competent Practitioner

In nutrition and dietetics, a competent practitioner is an RDN who is either just starting practice after having obtained RDN registration by CDR, or an experienced RDN who has recently assumed responsibility to provide nutrition services in a new focus area. A focus area is defined as an area of nutrition and dietetics practice that requires focused knowledge, skills, and experience.⁸ A competent practitioner who has obtained RDN status and is starting in professional employment acquires additional on-the-job skills and engages in tailored continuing education to further enhance knowledge and skills obtained in formal education. An RDN starts with technical training and professional interaction for advancement and expanding breadth of competence. A general practice RDN may include responsibilities across several areas of practice, including, but not limited to: community, clinical, consultation and business, research, education, and food and nutrition management.⁸ The

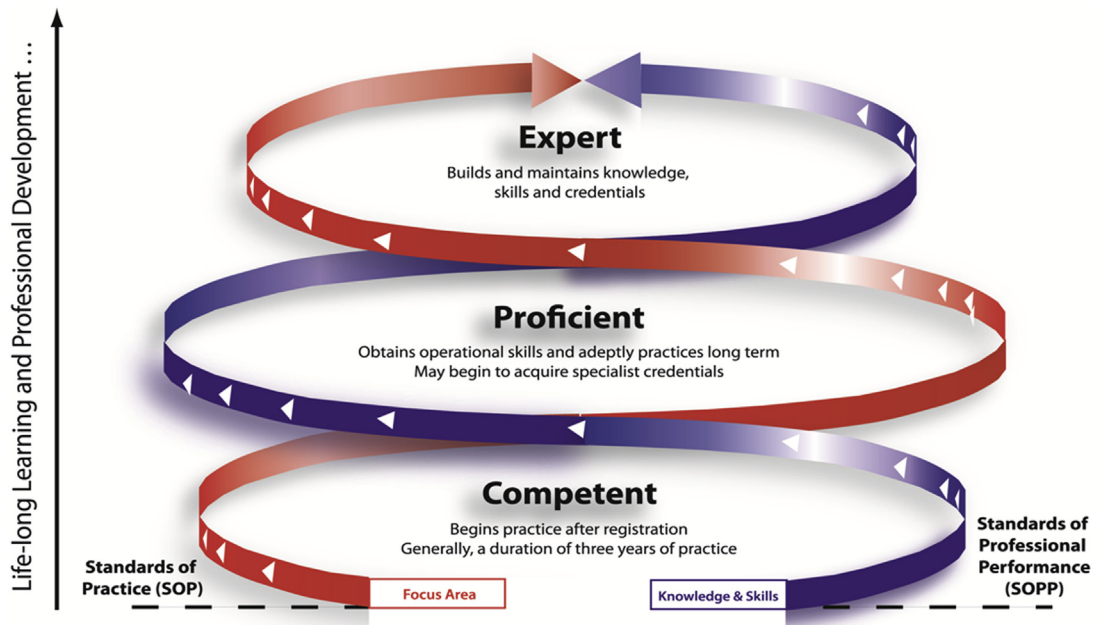
Standards of Practice are authoritative statements that describe practice demonstrated through nutrition assessment, nutrition diagnosis (problem identification), nutrition intervention (planning, implementation) and outcomes monitoring and evaluation (four separate standards), and the responsibilities for which registered dietitian nutritionists (RDNs) are accountable. The Standards of Practice for RDNs in Adult Weight Management presuppose that the RDN uses critical thinking skills; analytical abilities; theories; best-available research findings; current accepted nutrition, dietetics, and medical knowledge; and the systematic holistic approach of the nutrition care process as they relate to the application of the standards. Standards of Professional Performance for RDNs in Adult Weight Management are authoritative statements that describe behavior in the professional role, including activities related to Quality in Practice; Competence and Accountability; Provision of Services; Application of Research; Communication and Application of Knowledge; and Utilization and Management of Resources (six separate standards).

Standards of Practice and Standards of Professional Performance are evaluation resources with complementary sets of standards—both serve to describe the practice and professional performance of RDNs. All indicators may not be applicable to all RDNs' practice or to all practice settings and situations. RDNs operate within the directives of applicable federal and state laws and regulations, as well as policies and procedures established by the organization in which they are employed. To determine whether an activity is within the scope of practice of the RDN, the practitioner compares his or her knowledge, skill, and competence with the criteria necessary to perform the activity safely, ethically, legally, and appropriately. The Academy's Scope of Practice Decision Tool, which is an online, interactive tool, is specifically designed to assist practitioners with this process.

The term patient/client is used in the Standards of Practice as a universal term as these Standards relate to direct provision of nutrition care and services. Patient/client could also mean client/patient, resident, participant, consumer, or any individual or group who receives weight management services. Customer is used in the Standards of Professional Performance as a universal term. Customer could also mean client/patient, client/patient/customer, participant, consumer, or any individual, group, or organization to which the RDN provides services. These services are provided to adults 19 years and older. These Standards of Practice and Standards of Professional Performance are not limited to the clinical setting. In addition, it is recognized that the family and caregiver(s) of patients/clients, including individuals with special health care needs, play critical roles in overall health and are important members of the team throughout the assessment and intervention process. The term appropriate is used in the standards to mean: Selecting from a range of best-practice or evidence-based possibilities, one or more of which would give an acceptable result in the circumstances.

Each standard is equal in relevance and importance and includes a definition, a rationale statement, indicators, and examples of desired outcomes. A standard is a collection of specific outcome-focused statements against which a practitioner's performance can be assessed. The rationale statement describes the intent of the standard and defines its purpose and importance in greater detail. Indicators are measurable action statements that illustrate how each specific standard can be applied in practice. Indicators serve to identify the level of performance of competent practitioners and to encourage and recognize professional growth.

Standard definitions, rationale statements, core indicators, and examples of outcomes found in the Academy of Nutrition and Dietetics Revised 2012 Standards of Practice in Nutrition Care and Standards of Professional Performance for RDs have been adapted to reflect three levels of practice (competent, proficient, and expert) for RDNs in Adult Weight Management (see figure below). In addition, the core indicators have been expanded to reflect the unique competence expectations for the RDN providing adult weight management.



Adapted from the *Dietetics Career Development Guide*. For more information, please visit www.eatright.org/futurepractice

Figure 3. Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) (Competent, Proficient, and Expert) in Adult Weight Management.

competent RDN could complete the CDR Level I Certificate of Training in Adult Weight Management to gain more knowledge in nutrition, physical activity, and behavior change strategies in weight management (<http://www.cdrnet.org/products/continuing-professional-development-education>).

Proficient Practitioner

A proficient practitioner is an RDN who is generally 3 or more years beyond entry into the profession, has obtained operational job performance skills, and is successful in the RDN's chosen focus area of practice.⁸ The proficient practitioner demonstrates additional knowledge, skills, and experience in a focus area of nutrition and dietetics practice. An RDN may acquire specialist credentials, if available, to demonstrate proficiency in a focus area of practice. The proficient RDN could complete the CDR Level II Certificate of Training in Adult Weight Management to gain advanced knowledge in nutrition, physical activity, and behavior change strategies in weight management (<http://www.cdrnet.org/products/continuing-professional-development-education>).

Expert Practitioner

An expert practitioner is an RDN who is recognized within the profession and has mastered the highest degree of skill in, or knowledge of, a certain focused or generalized area of nutrition and dietetics through additional knowledge, experience, or training.⁸ An expert practitioner exhibits a set of characteristics that include leadership and vision and demonstrates effectiveness in planning, achieving, evaluating, and communicating targeted outcomes. An expert practitioner may have an expanded or specialist role, or both, and may possess an advanced credential, if available, in a focus area of practice. Generally, the practice is more complex and the practitioner has a high degree of professional autonomy and responsibility.

These Standards, along with the Academy/CDR Code of Ethics,² answer the questions: Why is an RDN uniquely qualified to provide weight management nutrition and dietetics services? What knowledge, skills, and competencies does an RDN need to demonstrate for the provision of safe, effective, and quality weight management care and service at the competent, proficient, and expert levels?

OVERVIEW

Over the last several decades, overweight and obesity have reached epidemic proportions; currently there are more than 78 million obese adults in the United States.⁹ Obesity is associated with increased incidence of cardiovascular disease risk factors, including hypertension, dyslipidemia, and stroke; type 2 diabetes; gall bladder disease; osteoarthritis; sleep apnea; respiratory problems; and some cancers.¹⁰ In addition, obesity is associated with other negative factors, including increased cost of health care and psychosocial issues.¹¹ Obese patients incur 46% increased inpatient costs, 27% more physician visits and outpatient costs, and 80% increased spending on prescription drugs compared to nonobese individuals.¹¹ Several lifestyle factors, including poor dietary habits and low levels of physical activity, are strongly associated with the increase in rates of obesity in the United States.^{10,12}

Weight management, as a specialty, addresses all aspects of body weight, including assessment of body weight, lifestyle, cultural and socioeconomic factors, other morbidities, and behavior change issues, such as readiness to change. This information provides the basis for the RDN to determine weight loss and health goals, caloric and nutrient needs, and appropriate intervention strategies. The latest guideline released for the management of overweight and obese adults, 2013 American Heart Association (AHA)/American College of Cardiology (ACC)/The Obesity Society (TOS) Guideline for the Management of Overweight and Obesity in Adults¹⁰ describes evidence-based recommendations for obesity management. The AHA/ACC/TOS guideline gives "strong" recommendations for diet strategies for weight loss that include prescribing a diet to achieve reduced calorie intake for obese and overweight individuals as part of a comprehensive lifestyle intervention; and lifestyle interventions and counseling that is delivered by a nutrition professional, RDN, or a trained interventionist (ie, RDN, psychologist, exercise specialist, health counselor, or professional in training).¹⁰ The Academy updated the Adult Weight Management Evidence-Based Nutrition Practice Guideline in 2014.¹³ The

Academy recommendations align with the AHA/ACC/TOS guideline, particularly for referral of overweight or obese individuals to the RDN for intensive counseling and behavioral interventions to promote sustained weight loss and reduce known risk factors for diet-related chronic disease. In addition, the US Preventive Services Task Force "recommends screening all adults for obesity. Clinicians should offer or refer patients with a body mass index (BMI) of 30 kg/m² or higher to intensive, multicomponent behavioral interventions."¹⁴ The importance of attaining optimal weight status is emphasized in several recent US Department of Health and Human Services and US Department of Agriculture documents, including the 2010 Dietary Guidelines for Americans¹⁵ and Healthy People 2020.¹⁶ In 2005, the Institute of Medicine issued Dietary Reference Intakes for energy intake related to weight loss and obesity prevention,¹⁷ and in 2012, outlined a national weight-loss plan that includes five key recommendations for reducing obesity.¹⁸ Medical nutrition therapy (MNT) for weight management has demonstrated efficacy for weight loss and weight maintenance.¹⁹ Thus, RDNs are well positioned to assist individuals and organizations in integrating nutrition, lifestyle changes, and weight management to promote overall health and wellness.

Weight Management Dietetic Practice Group

In 1978, the Academy (then the American Dietetic Association) introduced DPGs for Academy members who wish to connect with other members within their areas of professional interest and/or practice. Initially, the field of weight management was included within other DPGs, notably Sports, Cardiovascular, and Wellness Nutrition. In 2003, the WM DPG was formed, acknowledging that RDNs needed a professional resource group that specialized in obesity and weight management. Two subunits were identified in the specialty practice areas of Pediatric Weight Management and Bariatric Surgery. Membership quickly grew to more than 5,000. The vision of the WM DPG is "to optimize the nation's health through weight and lifestyle management." The mission is "to empower

members to be the nation's weight management and lifestyle change leaders."

The initial priority of the WM DPG was to provide quality continuing education in obesity and weight management through its newsletter, annual symposia, and website (www.wmdpg.org). The robust website houses recorded webinars, newsletter articles, professional resources, and member directory. In 2014, a third specialty area, Coaching, was launched as a special interest group. As more national attention is being given to the importance of integrating weight management into health management policy, the WM DPG has prioritized more involvement in public policy and the development of a credential—interprofessional certified specialist in obesity and weight management.

Scope of Practice for the Registered Dietitian Nutritionist in Adult Weight Management

The Scope of Practice for the RD⁴ describes the weight management practice area of nutrition and dietetics performed by RDNs who apply evidence-based knowledge in weight management to address the diverse nutritional needs of individuals. Weight management RDNs provide MNT in direct patient/client care and design, implement, and manage safe and effective nutrition strategies that enhance lifelong health, fitness, and optimal weight management. They assess, educate, and counsel what, how much, and when to consume foods and fluids to maintain health and appropriate body weight and body composition. Valued for their ability to positively impact behavior and promote lifestyle change, weight management RDNs assist individuals in implementing nutrition plans that will enable them to achieve their goals. In addition, weight management RDNs generate and analyze data to monitor and evaluate the effectiveness of their interventions.

Weight management RDNs use the SOP SOPP for RDNs in Adult Weight Management to assess their knowledge, skills, and competencies to provide safe, effective, quality weight management care and services. Weight management RDNs may work as members of interdisciplinary teams to

integrate nutrition effectively into the patient's/client's weight management plan. Additional members of interdisciplinary teams may include, but are not limited to, any of the following: physician, bariatric physician, mid-level providers, physical therapist, physiologist, psychologist, pharmacist, nurse, certified athletic trainer, or RDN specializing in sports nutrition and/or eating disorder therapy.

Evidence-Based Weight Management Practice

Several factors determine an individual's body weight, including genetics, energy balance (caloric intake and expenditure), psychosocial issues, disease states, and certain medications. There is strong evidence that in order to decrease body weight, there needs to be an adjustment in energy intake, energy output, or a combination of both.²⁰

Overall health and disease risk factors can be decreased with relatively small amounts of weight loss. The 2013 AHA/ACC/TOS guideline¹⁰ recommends "a realistic and meaningful weight loss goal as an important first step," and that a sustained weight loss of as little as 3% to 5% of body weight may lead to clinically meaningful reductions in some cardiovascular disease risk factors. The guideline recommends as an initial goal, the loss of 5% to 10% of baseline weight within 6 months. Weight management becomes health management, as it can improve overall health and risk factors related to chronic diseases, such as cardiovascular disease and type 2 diabetes.

Evidence-based weight management strategies facilitate safe and effective weight loss and maintenance. The key to optimal weight management is an individualized and personalized approach. Once the individual's nutrient needs and goals are established, the weight management RDN develops a plan that includes appropriate quantity and quality of food and fluid intake, and dietary supplements when appropriate. Other factors, such as daily schedule demands, environmental factors, available resources, and cultural influences, are part of the plan. The weight management RDN must be well versed in patient/client counseling and behavior change techniques. According to the 2009 Position of the Academy of

Nutrition and Dietetics: Weight Management, the goals for weight management are not just about losing pounds on the scale, but must include the development of healthful lifestyles with behavior modification and an emphasis on overall fitness and health.¹⁹ Goals for weight management practice may include prevention of weight gain, varying degrees of improvements in physical and emotional health, attainable and maintainable weight loss, and improvements in eating, exercise, and other health behaviors.

Weight management RDNs educate individuals regarding energy, nutrient, and fluid intake to facilitate weight loss, and other aspects of healthful living, including physical activity,²⁰ menu planning, recipe modification, grocery shopping, and food preparation and storage. Weight management RDNs have traditionally worked in inpatient and outpatient hospital settings, worksite wellness programs, fitness facilities, private practice, and in colleges and universities.

The weight management industry in the United States is a multibillion-dollar industry with few evidence-based products and programs. This provides an opportunity for the RDN to offer guidance on food and nutrition applicable to goals for health, fitness, and body weight. Weight management RDNs are relied upon for evidence-based weight management strategies and to help guide evaluation of safety, effectiveness, quality, and application of weight management products and services.

Expanded practice areas for weight management RDNs include providing nutrition guidance for individuals whose occupations require weight restrictions and/or maintenance of specified physical conditioning or body weight or composition. Examples include military personnel,²¹ law enforcement officers, and firefighters.

Demand is increasing for weight management RDNs to be employed in private companies that are interested in improving the health of their employees. Weight management RDNs provide nutrition expertise in program and product development and in testing and monitoring, and evaluation of programs in the market place. Weight management RDNs in private practice are increasingly using web tools and social media to interact with

patients/clients and the public. Weight management RDNs are hired by researchers to participate in various components of research investigations and programs. Weight management RDNs use MNT for overweight or obese individuals diagnosed with medical conditions (eg, diabetes, cardiovascular disease, cancer, gluten intolerance, food allergies, Crohn's disease, eating disorders) and in situations such as various forms of paralysis, cancer treatment, pre and post bariatric surgery, and post amputation from traumatic injuries.

Employers seeking the skills of weight management RDNs use the SOP SOPP for RDNs in Adult Weight Management to develop job descriptions, such as for weight management positions, competency assessment tools, and descriptions for clinical ladders. The Scope of Practice in Nutrition and Dietetics,³ Scope of Practice for the RD,⁴ and the SOP and SOPP for RDNs in Adult Weight Management role descriptions are components of a comprehensive approach that assists weight management RDNs in gauging their level of practice and developing a pathway for advancement. They define weight management nutrition and dietetics practice, document skill levels, and establish benchmarks. Weight-management nutrition and dietetics is a growing and demanding practice area that requires integration of MNT, nutrition science, exercise principles, behavior change principles, and corresponding research into a variety of settings in which individuals need to manage their weight and/or want to improve their overall health and wellness.²²

ACADEMY STANDARDS OF PRACTICE AND STANDARDS OF PROFESSIONAL PERFORMANCE FOR REGISTERED DIETITIAN NUTRITIONISTS (COMPETENT, PROFICIENT, AND EXPERT) IN ADULT WEIGHT MANAGEMENT

An RDN can use the Academy SOP and SOPP for RDNs (Competent, Proficient, and Expert) in Adult Weight Management (see the website exclusive [Figures 1 and 2](#), available online at www.andjrnl.org, and [Figure 3](#)) to:

- identify the competencies needed to provide weight management nutrition and dietetics care and services;

- self-assess whether he or she has the appropriate knowledge base and skills to provide safe and effective weight management nutrition and dietetics care and service for their level of practice;
- identify the areas in which additional knowledge and skills are needed to practice at the competent, proficient, or expert level of weight management nutrition and dietetics practice;
- provide a foundation for public and professional accountability in weight management nutrition and dietetics care and service;
- support efforts for strategic planning and assist management in the planning of weight management nutrition and dietetics services and resources;
- enhance professional identity and communicate the nature of weight management nutrition and dietetics care and services;
- guide the development of weight management nutrition and dietetics-related education and continuing education programs, job descriptions, and career pathways; and
- assist educators and preceptors in teaching students and interns the knowledge, skills, and competencies needed to work in weight management nutrition and dietetics, and the understanding of the full scope of this focus area of practice.

APPLICATION TO PRACTICE

All RDNs, even those with significant experience in other practice areas, must begin at the competent level when practicing in a new setting or new focus area of practice. At the competent level, an RDN in weight management is learning the principles that underpin this focus area and is developing skills for safe and effective weight management practice. This RDN, who may be an experienced RDN or may be new to the profession, has a breadth of knowledge in nutrition and dietetics and may have proficient or expert knowledge/practice in another focus area. However, the RDN new to the focus area of weight management may experience a steep learning curve while becoming familiar with the body of knowledge and

available resources to support weight management–related nutrition and dietetics practice.

At the proficient level, an RDN has developed a deeper understanding of weight management practice and is better equipped to apply evidence-based guidelines and best practices than at the competent level. This RDN is also able to modify practice according to unique situations (eg, integrating the care of multiple chronic diseases into the nutrition care plan). The RDN at the proficient level may possess a specialist credential.

At the expert level, an RDN thinks critically about weight management nutrition and dietetics, demonstrates a more intuitive understanding of weight management nutrition and dietetics care and services, displays a range of highly developed clinical and technical skills, and formulates judgments acquired through a combination of education, experience, and critical thinking. Essentially, practice at the expert level requires the application of composite nutrition and dietetics knowledge, with practitioners drawing not only on their clinical experience, but also on the experience of the weight management RDNs in various disciplines and practice settings. Expert RDNs with extensive experience have the ability to see the significance and meaning of weight management nutrition and dietetics within a contextual whole, are fluid and flexible, and have considerable autonomy in practice. They not only develop and implement weight management nutrition and dietetics services, they also manage, drive, and direct clinical care, conduct and collaborate in research, accept organization leadership roles, engage in scholarly work, guide interdisciplinary teams, and lead practice advancement.

Indicators for the SOP ([Figure 1](#), available online at www.andjrnl.org) and SOPP ([Figure 2](#), available online at www.andjrnl.org) for RDNs in Adult Weight Management are measurable action statements that illustrate how each standard can be applied in practice. Within the SOP and SOPP for RDNs in Adult Weight Management, an “X” in the competent column indicates that an RDN who is caring for patients/clients is expected to complete this activity and/or seek assistance to learn how to perform at the

level of the standard. A competent RDN in weight management could be an RDN starting practice after registration or an experienced RDN who has recently assumed responsibility to provide weight management care for patients/clients.

An “X” in the proficient column indicates that an RDN who performs at this level has a deeper understanding of weight management nutrition and dietetics and has the ability to modify therapy to meet the needs of patients/clients in various situations (eg, caring for a patient/client with multiple chronic diseases and bariatric surgery). An “X” in the expert column indicates that the RDN who performs at this level possesses a comprehensive understanding of weight management nutrition and dietetics and a highly developed range of skills and judgments acquired through a combination of experience and education. The expert RDN builds and maintains the highest level of knowledge, skills, and behaviors including leadership, vision, and credentials.

Standards and indicators presented in Figures 1 and 2 (available at www.andjrn.org) in boldface type originate from the Academy’s Revised 2012 SOP in Nutrition Care and SOPP for RDs¹ and should apply to RDNs in all three levels. Several indicators developed for this focus area not in boldface type are identified as applicable to all levels of practice. Where an “X” is placed in all three levels of practice, it is understood that all RDNs in weight management are accountable for practice within each of these indicators. However, the depth with which an RDN performs each activity will increase as the individual moves beyond the competent level. Several levels of practice are considered in this document; thus, taking a holistic view of the SOP and SOPP for RDNs in Adult Weight Management is warranted. It is the totality of individual practice that defines the level of practice and not any one indicator or standard.

RDNs should review the SOP and SOPP in Adult Weight Management at regular intervals to evaluate their

individual focus area knowledge, skill, and competence. Regular self-evaluation is important because it helps identify opportunities to improve and/or enhance practice and professional performance. This self-appraisal also enables weight management RDNs to better utilize these Standards in CDR’s *Professional Development Portfolio* process and each of its five steps for reflection, self-assessment, planning, improvement, and commitment to lifelong learning²³ (see Figure 4). RDNs are encouraged to pursue additional training, regardless of practice setting, to maintain currency and to expand individual scope of practice within the limitations of the legal scope of practice, as defined by State law. RDNs are expected to practice only at the level at which they are competent, and this will vary depending on education, training, and experience.²⁴ RDNs are encouraged to pursue additional knowledge and skill training, and collaboration with other RDNs in weight management to promote consistency in practice and

How to Use the <i>Standards of Practice (SOP)</i> and <i>Standards of Professional Performance (SOPP)</i> for Registered Dietitian Nutritionists (RDNs) (Competent, Proficient, and Expert) in Adult Weight Management as part of the <i>Professional Development Portfolio Process</i> ^a	
1. Reflect	Assess your current level of practice and whether your goals are to expand your practice or maintain your current level of practice. Review the SOP and SOPP for RDNs in Adult Weight Management document to determine what you want your future practice to be, and assess your strengths and areas for improvement. These documents can help you set short- and long-term professional goals.
2. Conduct learning needs assessment	Once you have identified your future practice goals, you can review the SOP and SOPP for RDNs in Adult Weight Management document to assess your current knowledge, skills, behaviors, and define what continuing professional education is required to achieve the desired level of practice.
3. Develop learning plan	Based on your review of the SOP and SOPP for RDNs in Adult Weight Management, you can develop a plan to address your learning needs as they relate to your desired level of practice.
4. Implement learning plan	As you implement your learning plan, keep reviewing the SOP and SOPP for RDNs in Adult Weight Management document to reassess knowledge, skills, and behaviors and your desired level of practice.
5. Evaluate learning plan process	Once you achieve your goals and reach or maintain your desired level of practice, it is important to continue to review the SOP and SOPP for RDNs in Adult Weight Management document to reassess knowledge, skills, and behaviors and your desired level of practice.
^a The Commission on Dietetic Registration <i>Professional Development Portfolio</i> process is divided into five interdependent steps that build sequentially upon the previous step during each 5-year recertification cycle and succeeding cycles.	

Figure 4. Case examples of Standards of Practice and Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) (Competent, Proficient, and Expert) in Pediatric Nutrition.

Role	<i>Examples of use of SOP and SOPP documents by RDNs in different practice roles</i>
Clinical practitioner	The hospital employing a registered dietitian nutritionist (RDN) in general clinical practice has changed the coverage assignment for the RDN to include services for patients/clients in the weight management setting. The RDN reviews available resources regarding weight management for this patient population. The RDN recognizes a need for specific knowledge and/or skills that are not familiar. The RDN reviews the Standards of Practice (SOP) and Standards of Professional Performance (SOPP) to evaluate individual skills and competencies for providing care to individuals with weight management concerns. The RDN sets his or her goals to improve competency in this area of practice before beginning to provide patient care to this population independently.
Manager	A manager who oversees a number of RDNs providing weight management counseling to individuals with a variety of medical conditions in the weight management clinic considers the SOP and SOPP when determining work assignments, when determining expertise needed at the program level, and when assisting staff in evaluating competency and needs for additional knowledge and/or skills in weight management. The manager recognizes the SOP and SOPP as important tools for staff to use to assess their own competencies and as the basis for identifying personal performance plans.
Practitioner returning to employment or private practice	After several years out of clinical practice, an RDN decides to return to active practice. The RDN plans to start a private practice and would like one of the focus areas to be individuals who require weight management counseling and education. Before accepting referrals, the RDN uses the SOP and SOPP as an evaluation tool to determine the knowledge and skills needed to competently provide quality weight management counseling and education.
Public health or community nutrition practitioner	An RDN working in a community health nutrition program notices an increase in the number of clients who are near or above the body mass index for overweight and obesity. The RDN uses the SOP and SOPP to evaluate the level of competence needed to provide quality weight management to these individuals, identify areas for education and skill building, and to determine what level of practitioner to refer individuals who are found to require a level of care higher than the RDN can competently provide.
Researcher	An RDN working in a research setting is awarded a grant to demonstrate the role of the RDN and the impact of weight management provided by the RDN on health outcomes. The RDN uses the SOP and SOPP to assist with design of the research protocol.
Nutrition and dietetics educator	An RDN develops tools (eg, handouts, presentations, workshops, social networking tools) for targeted populations (eg, corporate wellness settings, outpatient clinics, bariatric centers, health and wellness fair attendees) that reflect application of the SOP SOPP for RDNs in Adult Weight Management.
Other settings	<p>An RDN is interested is working with an online weight management company and takes a position with a commercial online weight management company. The RDN reviews the SOP and SOPP for RDNs in Adult Weight Management to determine the knowledge, skills, and competencies needed to implement the nutrition care process (eg, assess, diagnose, implement a care plan, monitor, and evaluate) with overweight or obese individuals. The RDN develops a plan for education and skill development and incorporates it into his or her Professional Development Portfolio.</p> <p>An RDN employed by or consulting in occupational settings (eg, police academy, military, national guard, police or fire department) uses the SOP and SOPP for RDNs in Adult Weight Management as a guide for delivering weight management and dietetics care in nontraditional settings (eg, law enforcement, military training/combat, emergency response).</p>

Figure 5. Case examples of Standards of Practice (SOP) and Standards of Professional Performance (SOPP) for Registered Dietitian Nutritionists (RDNs) (Competent, Proficient, and Expert) in Adult Weight Management.

performance and continuous quality improvement. See [Figure 5](#) for case examples of how RDNs in different roles, at different levels of practice, may use the SOP and SOPP in Adult Weight Management.

In some instances, components of the SOP and SOPP for RDNs in Adult Weight Management do not specifically differentiate between proficient-level and expert-level practice. In these areas, it was the consensus of the content experts that the distinctions are subtle, captured in the knowledge, experience, and intuition demonstrated in the context of practice at the expert level, which combines dimensions of understanding, performance, and value as an integrated whole.²⁵ A wealth of knowledge is embedded in the experience, discernment, and practice of expert-level RDN practitioners. The knowledge and skills acquired through practice will continually expand and mature. The indicators will be refined as expert-level RDNs systematically record and document their experience using the concept of clinical exemplars. Clinical exemplars include a brief description of the need for action and the process used to change the outcome. The experienced practitioner observes clinical events, analyzes them to make new connections between events and ideas, and produces a synthesized whole. Clinical exemplars provide outstanding models of the actions of individual weight management RDNs in clinical settings and the professional activities that have enhanced patient/client care.^{26,27}

FUTURE DIRECTIONS

The SOP and SOPP for RDNs in Adult Weight Management are innovative and dynamic documents. Future revisions will reflect changes and advances in practice, dietetics education programs, and outcomes of practice audits. The authors acknowledge that the three practice levels may require more clarity and differentiation in content and role delineation, and that competency statements that better characterize differences among the practice levels are needed. Creation of this clarity, differentiation, and definition are the challenges of today's weight management RDNs to better serve tomorrow's practitioners

and their patients, clients, and customers.

Weight management is increasingly considered as a specialty career track to address the unique needs of the obesity epidemic. The Academy Council on Future Practice, upon petitioning from WM DPG and the Diabetes Care and Education DPG, has requested CDR develop a new inter-professional specialist credential—Board Certified Specialist in Obesity and Weight Management (CSOWM). This credential will reflect the attainment of specialty knowledge, experience, and skills, therefore, elevating the role of the RDN in obesity and weight management.

CONCLUSIONS

RDNs face complex situations every day. Addressing the unique needs of each situation and applying standards appropriately is essential to providing safe, timely, person-centered quality care and service. All RDNs are advised to conduct their practice based on the most recent edition of the Code of Ethics, the Scope of Practice in Nutrition and Dietetics, the Scope of Practice for the RDN and the SOP in Nutrition Care and SOPP for RDNs. The SOP and SOPP for RDNs in Adult Weight Management are complementary documents and are key resources for RDNs at all knowledge and performance levels. These standards can and should be used by weight management RDNs in daily practice to consistently improve and appropriately demonstrate competency and value as providers of safe and effective nutrition and dietetics care and services. These standards also serve as a professional resource for self-evaluation and professional development for RDNs specializing in weight management practice. Just as a professional's self-evaluation and continuing education process is an ongoing cycle, these standards are also a work in progress and will be reviewed and updated every 5 years. Current and future initiatives of the Academy, as well as advances in weight management care and services, will provide information to use in these updates and in further clarifying and documenting the specific roles and responsibilities of RDNs at each level of practice. As a quality initiative of the Academy and the WM


DPG, these standards are an application of continuous quality improvement and represent an important collaborative endeavor.

These standards have been formulated to be used for individual self-evaluation and the development of practice guidelines and specialist credentials, but not for disciplinary actions, or determinations of negligence or misconduct. These standards do not constitute medical or other professional advice, and should not be taken as such. The information presented in these standards is not a substitute for the exercise of professional judgment by the health care professional. The use of the standards for any other purpose than that for which they were formulated must be undertaken within the sole authority and discretion of the user.

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STATEMENT OF POTENTIAL CONFLICT OF INTEREST

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Standard 1: Nutrition Assessment

The registered dietitian nutritionist (RDN) uses accurate and relevant data and information to identify nutrition-related problems.

Rationale:

Nutrition assessment is the first of four steps of the Nutrition Care Process. Nutrition assessment is a systematic process of obtaining, verifying, and interpreting data in order to make decisions about the nature and cause of nutrition-related problems. It is initiated by referral and screening of individuals or groups for nutrition risk factors.

Nutrition assessment is conducted using validated tools, the five domains of nutrition assessment and comparative standards as documented in the Nutrition Care Process Terminology (eNCPT). eNCPT is available as an online resource (formerly the *International Dietetics & Nutrition Terminology Reference Manual* [IDNT]). Nutrition assessment is an ongoing, dynamic process that involves not only initial data collection, but also reassessment and analysis of patient/client or community needs. It provides the foundation for nutrition diagnosis, the second step of the Nutrition Care Process.

Refer to the eNCPT online.

Indicators for Standard 1: Nutrition Assessment

Bold Font Indicators are Academy Core RDN Standards of Practice Indicators			The "X" signifies the indicators for the level of practice		
			Competent	Proficient	Expert
<i>Each RDN:</i>					
1.1	Anthropometric assessment: Assesses anthropometric measures that may include: height, weight, body mass index (BMI), waist circumference, growth pattern indices/percentile ranks/z-scores, and weight history, using:		X	X	X
	1.1A	Standard procedures and equipment for height, weight, calculation of BMI, and waist circumference	X	X	X
		1.1A1 Scales, stadiometers, skinfold calipers, and other equipment appropriate to target population	X	X	X
		1.1A2 Ethnic-specific criteria when evaluating waist circumference and BMI	X	X	X
	1.1B	Body composition using most appropriate instrument when excess fat and/or excess skin present.		X	X
	1.1C	Body composition with validated instruments, such as magnetic resonance imaging, dual-energy x-ray absorptiometry, and computed tomography, that segment body fat to determine body fat distribution			X
1.2	Biochemical data, medical tests, and procedure assessment: Assesses laboratory profiles, medical tests, and procedures that may include: acid–base balance, electrolyte, renal, essential fatty acid, gastrointestinal, glucose/endocrine, inflammatory, lipid, metabolic rate, mineral, nutritional anemia, protein, urine, and vitamin/mineral profiles		X	X	X
	1.2A	Routine diagnostic tests and therapeutic procedures (eg, complete blood count, comprehensive metabolic panel, blood pressure, heart rate, electrocardiogram)	X	X	X
	1.2B	More complex diagnostic tests and therapeutic procedures (endocrine markers, urinary analysis, sleep studies)		X	X
	1.2C	Resting energy expenditure utilizing a room calorimeter or validated indirect calorimetry		X	X

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Figure 1. Standards of Practice for Registered Dietitian Nutritionist (RDNs) in Adult Weight Management.

Indicators for Standard 1: Nutrition Assessment					
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
1.3	Nutrition-focused physical findings assessment (often referred to as clinical assessment): Assesses findings from evaluation of body systems, muscle and subcutaneous fat wasting, oral health, hair, skin and nails, signs of edema, suck/swallow/breathe ability, appetite, and affect		X	X	X
	1.3A	Clinical signs of fluid imbalance (eg, skin turgor with dehydration, fatigue, muscle cramps, dark urine, rapid weight change with fluid overload or loss, constipation)	X	X	X
	1.3B	Clinical signs of nutrition-related chronic disease (eg, acanthosis nigricans, waist circumference, BMI)	X	X	X
	1.3C	Clinical signs of undernutrition (eg, dry, brittle, or thinning hair and nails, irritability, inability to concentrate)	X	X	X
	1.3D	Clinical signs of malnutrition, which include disordered eating and eating disorders (eg, hypothermia, bradycardia, lanugo, muscle wasting, tooth erosion, bony protrusions, parotid gland enlargement, gastrointestinal distress)		X	X
	1.3E	Complex health issues (eg, intellectual and/or developmental disabilities)			X
1.4	Food and nutrition-related history assessment (often referred to as dietary assessment): Assesses		X	X	X
	1.4A	Food and nutrient intake, including the composition and adequacy of food and nutrient intake, meal and snack patterns, and food allergies and intolerances	X	X	X
		1.4A1 Self-reported and/or confirmed food allergy or intolerance (eg, gluten sensitivity/intolerance, lactose intolerance/milk allergy)	X	X	X
		1.4A2 Current and past patient/client use of alcohol, specialized diets, functional foods, and liquid meal replacements.	X	X	X
		1.4A3 Changes in appetite or usual intake as a result of deliberate weight-control measures, medical conditions, illnesses, and injuries	X	X	X
		1.4A4 Changes in appetite or usual intake as a result of psychological factors (eg, depression, anxiety, PTSD ³)	X	X	X
		1.4A5 Changes in appetite or usual intake related to chronic disease, psychiatric disease (eg, bipolar disorder, dissociative identity disorder), or psychotropic medications		X	X
	1.4B	Food and nutrient administration, including current and previous diets and diet prescriptions and food modifications, eating environment, and enteral and parenteral nutrition administration	X	X	X
		1.4B1 Occupational influences on eating patterns (eg, meal/snack access; night, split, extended shifts)	X	X	X

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Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionist (RDNs) in Adult Weight Management.

Indicators for Standard 1: Nutrition Assessment						
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				The "X" signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
		1.4B2	Home influences on eating patterns (eg, budget, time, food preferences) and responsibilities related to meal planning, purchasing, and preparation	X	X	X
		1.4B3	Social environment (eg, social interactions around meals and the influence of others on eating and food choices)	X	X	X
		1.4B4	Lifestyle practices at home, work, and play (eg, food episodes, structure, location, and time of day for meals and snacks)	X	X	X
		1.4B5	Level of support needed for self-directed food selection, attainment, preparation, and intake (eg, support of care providers, adaptive equipment, literacy tools)		X	X
	1.4C	Medication and dietary and herbal supplement use, including prescription and over-the-counter medications, herbal preparations, and complementary medicine products used		X	X	X
		1.4C1	Safety and efficacy of dietary and supplement intake (eg, macro- and micronutrients, fiber, bioactive substances, caffeine, herbals) and supplements for weight management	X	X	X
			1.4C1i Reports adverse events to MedWatch, the US Food and Drug Administration Safety Information and Adverse Event Reporting Program	X	X	X
		1.4C2	Actual or potential drug/nutrient interactions	X	X	X
		1.4C3	Nutrition-related side effects (including alterations in absorption, metabolism, or excretion of nutrients) of long-term use of medication		X	X
		1.4C4	Adequacy of vitamin and mineral supplements for the bariatric patient/client		X	X
	1.4D	Knowledge, beliefs, and attitudes including understanding of nutrition-related concepts, conviction of the truth, and feelings/emotions toward some nutrition-related statement or phenomenon, body image, and preoccupation with food and weight, and readiness to change nutrition-related behaviors		X	X	X
		1.4D1	Food preparation skills and knowledge	X	X	X
		1.4D2	Eating beliefs and conviction (eg, food combination, avoiding "white foods")	X	X	X
		1.4D3	Underlying or nonapparent barriers or failures that hinder adherence to nutrition therapy		X	X

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Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionist (RDNs) in Adult Weight Management.

Indicators for Standard 1: Nutrition Assessment						
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				The "X" signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
	1.4E	Behavior including patient/client activities and actions, which influence achievement of nutrition-related goals		X	X	X
		1.4E1	Adherence to goals (eg, self-reported adherence, visit attendance, recall of nutrition goals, self-monitoring, and self-management as agreed upon)	X	X	X
		1.4E2	Knowledge of and ability to eat mindfully (eg, hunger cues, emotions, distractions, monitor/manage eating antecedents such as hunger, mood, location, work/life situations)	X	X	X
		1.4E3	Behaviors associated with disordered eating/eating disorders such as binge eating, use of compensatory behaviors (eg, purging, laxative use)	X	X	X
			1.4E3i At-risk behaviors, such as perfectionism, fear of eating unhealthy foods		X	X
	1.4F	Factors affecting access to food that influence intake and availability of a sufficient quantity of safe, healthful food and water, as well as food/nutrition-related supplies		X	X	X
		1.4F1	Safe, healthful food/meal availability (eg, financial resources, access to farms, markets, and/or groceries; access to appropriate kitchen, pantry, and equipment for safely cooking, serving, and storing food)	X	X	X
		1.4F2	Awareness and use of community resources for food (eg, SNAP ^b , food bank, WIC ^c , shelters)	X	X	X
	1.4G	Physical activity, cognitive, and physical ability to engage in specific tasks, such as self-feeding, activities of daily living (ADLs), instrumental activities of daily living (IADLs), and breastfeeding		X	X	X
	1.4H	Nutrition-related patient/client-centered measures, including nutrition quality of life, and patient/client perception of his or her nutrition intervention, cultural, ethnic, religious, and lifestyle factors and their impact on life		X	X	X
		1.4H1	Food-related beliefs, behaviors, and traditions	X	X	X
		1.4H2	Family influences, cultural, ethnic, and religious implications for weight management goals	X	X	X
1.5	Patient/client history: Assesses current and past information related to personal, medical, family, and social history			X	X	X
	1.5A	Weight history through childhood, adolescence, and adulthood		X	X	X
		1.5A1	Specific developmental stages when significant weight change occurred	X	X	X
		1.5A2	Life events related to significant weight change (eg, marriage, birth, divorce, death, job changes)	X	X	X

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Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionist (RDNs) in Adult Weight Management.

Indicators for Standard 1: Nutrition Assessment						
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				The "X" signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
		1.5A3	Key benchmarks related to weight status (eg, highest/lowest adult weight, usual body weight, pre/post-pregnancy weight)	X	X	X
		1.5A4	Incidence of trauma (eg, sexual, domestic, physical and/or mental) related to significant weight change		X	X
	1.5B	Medical history of health, disease conditions, and other comorbidities		X	X	X
		1.5B1	Metabolic and hormonal conditions that may be associated with weight status (eg, prediabetes, diabetes, polycystic ovary syndrome, thyroid disorders, CVD ^d , PVD ^e , sleep apnea, and bariatric surgery)	X	X	X
		1.5B2	Weight-related side effects of medications (eg, weight gain associated with anti-inflammatory, antihypertensive, antidepressants, antipsychotics; weight loss associated with diuretics, stimulants, medications taken specifically for weight loss)		X	X
		1.5B3	Medical and surgical procedures, such as amputations and gastrointestinal surgeries that could impact nutrition and weight status		X	X
		1.5B4	Potential physiological and sensory challenges associated with obesity-related diagnosis (eg, altered gastrointestinal function related to hypotonia from cerebral palsy, gastroparesis related to diabetes, limited food acceptance related to sensory issues from autism)		X	X
	1.5C	Family history for weight and related comorbidities		X	X	X
		1.5C1	Family history of bariatric surgery	X	X	X
		1.5C2	Family interaction patterns that supported or hindered weight management	X	X	X
	1.5D	History of previous weight-loss strategies/medical nutrition therapy		X	X	X
		1.5D1	Behavioral and social environmental factors that supported or hindered previous weight loss/maintenance activities	X	X	X
		1.5D2	Components of previous weight loss attempts most and least helpful for patient/client	X	X	X
	1.5E	History of or current indicators of eating disorders (eg, night, binge and/or restrictive eating, purging, excessive exercise)		X	X	X
		1.5E1	Treatment history	X	X	X
	1.5F	History of tobacco, alcohol, and/or drug use, dependency, and treatment		X	X	X

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Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionist (RDNs) in Adult Weight Management.

Indicators for Standard 1: Nutrition Assessment						
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				The "X" signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
	1.5G	Level of motivation		X	X	X
		1.5G1	Motivation relative to previous weight loss attempts	X	X	X
		1.5G2	Current stage of change relative to eating and physical activity behaviors	X	X	X
		1.5G3	Patient/client self-efficacy	X	X	X
1.6	Comparative standards: Identifies and uses comparative standards to estimate energy, fat, protein, carbohydrate, fiber, fluid, vitamin, and mineral needs, as well as recommended body weight, BMI, and desired growth patterns			X	X	X
	1.6A	Identifies the most appropriate reference standards (ie, national, state, institutional, and regulatory) based on practice setting, patient/client age, and disease/injury state and compares nutrition assessment data to appropriate criteria, relevant norms, population-based surveys, and standards		X	X	X
		1.6A1	Clinical practice recommendations for classification and guidelines for overweight and obesity, including BMI and waist circumference (eg, WHO ^f guidelines for classifying level of obesity)	X	X	X
		1.6A2	Recommendations from NHLBI ⁹ Practical Guide, American Diabetes Association Standards of Medical Care (diabetes.org) as benchmark tools when evaluating physical or clinical findings	X	X	X
	1.6B	Determines adequacy and appropriateness of food, beverage, and nutrient intake (eg, macro- and micronutrients, meal patterns, calories, food allergies) using Dietary Guidelines for Americans and the Dietary Reference Intake		X	X	X
		1.6B1	Determines adequacy of nutrient intake when Dietary Guidelines for Americans do not apply, such as in the bariatric surgery patient		X	X
	1.6C	Determines resting metabolic rate utilizing Mifflin-St Jeor Equation		X	X	X
1.7	Physical activity habits and restrictions: Assesses physical activity, history of physical activity, and exercise training			X	X	X
	1.7A	Factors affecting physical activity (eg, age, vision, weight, joint and other health issues, dexterity, amputations, paralysis, medication contraindication)		X	X	X
	1.7B	Factors affecting access to physical activity and environmental safety (eg, physical and climatic, walkability of neighborhood, proximity to parks/green space, access to physical activity facilities/programs)		X	X	X
	1.7C	Current physical activity level using FITT (Frequency, Intensity, Time, Type) principle		X	X	X

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Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionist (RDNs) in Adult Weight Management.

Indicators for Standard 1: Nutrition Assessment						
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				The "X" signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
	1.7D	Current level of physical activity relative to current Physical Activity Guidelines for Americans		X	X	X
	1.7E	Awake time spent sitting or lying down (eg, screen time, sedentary occupation, commute time)		X	X	X
	1.7F	Patient/client knowledge, readiness to learn, barriers, and potential for behavior changes related to physical activity		X	X	X
		1.7F1	Patient/client short- and long-term goals for physical activity	X	X	X
		1.7F2	Potential barriers to success related to ability to meet personal and/or national exercise goals/standards (self-induced, economic, cultural)	X	X	X
		1.7F3	Patient/client self efficacy	X	X	X
	1.7G	Energy expenditure based on physical activity, NEAT (nonexercise activity thermogenesis)			X	X
1.8	Reviews collected data for factors that affect nutrition and health status			X	X	X
	1.8A	Utilizes nutrition assessment data documented by the nutrition and dietetics technician, registered (NDTR) or dietetic technician, registered (DTR) or other health care practitioner		X	X	X
		1.8A1	Identifies information contributory to weight history in developing nutrition plan of care. Examples are: <ul style="list-style-type: none"> • Physical activity limitations • Social or living situation • Cultural food habits • Food allergies/intolerances • Disordered eating/eating disorders 	X	X	X
		1.8A2	Reviews information on mental health diagnoses as contributes to weight history in developing nutrition plan of care		X	X
	1.8B	Uses complex decision making and experience to draw conclusions from results of tests, procedures, and evaluations in the context of integrated disease management			X	X
		1.8B1	Uses an interdisciplinary approach to identify highly complex issues important in nutrition diagnosis (eg, medical, psychological, behavioral, other therapies)		X	X
1.9	Organizes and clusters nutrition risk factors, complications, and assessment data to identify possible problem areas for determining nutrition diagnoses			X	X	X
1.10	Documents and communicates:			X	X	X
	1.10A	Date and time of assessment		X	X	X

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Figure 1. *(continued)* Standards of Practice for Registered Dietitian Nutritionist (RDNs) in Adult Weight Management.

Indicators for Standard 1: Nutrition Assessment						
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				The "X" signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
	1.10B	Pertinent data (eg, medical, social, behavioral)		X	X	X
	1.10C	Comparison to appropriate standards		X	X	X
	1.10D	Patient/client perceptions, values, and motivation related to presenting problems		X	X	X
	1.10E	Changes in patient/client perceptions, values, and motivation related to presenting problems		X	X	X
		1.10E1	Ability of patient/client to achieve goals (self-efficacy)	X	X	X
	1.10F	Reason for discharge/discontinuation or referral if appropriate		X	X	X

Examples of Outcomes for Standard 1: Nutrition Assessment	
<ul style="list-style-type: none"> • Appropriate assessment tools and procedures (matching assessment method to situation) are implemented • Assessment tools are applied in valid and reliable ways • Appropriate and pertinent data are collected • Effective interviewing methods are utilized • Data are organized and categorized in a meaningful framework that relates to nutrition problems • Data are validated • 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	
<p>The registered dietitian nutritionist (RDN) identifies and labels specific nutrition problem(s)/diagnosis(es) that the RDN is responsible for treating.</p> <p>Rationale: Nutrition Diagnosis is the second of four steps of the Nutrition Care Process. At the end of the nutrition assessment step, data are clustered, analyzed, and synthesized. This will reveal a nutrition diagnosis category from which to formulate a specific nutrition diagnosis statement.</p> <p>The nutrition diagnosis demonstrates a link to determining goals for outcomes, selecting appropriate interventions, and tracking progress in attaining expected outcomes. Diagnosing nutrition problems is the responsibility of the RDN.</p> <p>Refer to the eNCPT online.</p>	

Indicators for Standard 2: Nutrition Diagnosis						
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				The "X" signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
2.1	Derives the nutrition diagnosis(es) from the assessment data			X	X	X
	2.1A	Identifies and labels the problem		X	X	X
	2.1B	Determines etiology (cause/contributing risk factors)		X	X	X
<i>(continued on next page)</i>						

Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionist (RDNs) in Adult Weight Management.

Indicators for Standard 2: Nutrition Diagnosis			The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators			Competent	Proficient	Expert
Each RDN:			Competent	Proficient	Expert
	2.1C	Clusters signs and symptoms (defining characteristics)	X	X	X
	2.1D	Uses complex information and data (eg, biochemical, weight-influencing medications, trauma, and psychological history)		X	X
	2.1E	Uses complex information related to food intake and clinical factors (eg, conditions or disease states such as diabetes, cardiovascular disease, bariatric surgery, pregnancy, lactation, disordered eating, psychiatric illness, and developmental disability)		X	X
	2.1F	Uses complex information related to food intake and clinical complications and their management within the multidisciplinary environment (eg, uncontrolled diabetes, kidney disease, neuropathy)			X
2.2	Prioritizes and classifies the nutrition diagnosis(es)		X	X	X
	2.2A	Uses evidence-based protocols and guidelines for obesity to prioritize nutrition diagnosis in order of importance or urgency	X	X	X
	2.2B	Uses experience and clinical judgment in addition to protocols and guidelines for obesity to determine nutrition diagnosis hierarchy for patient/client with complex needs		X	X
	2.2C	Determines the nutrition diagnosis hierarchy for disease states and complications in designing nutrition protocols and guidelines			X
2.3	Validates the nutrition diagnosis(es) with patients/clients/community, family members, or other health care professionals when possible and appropriate; corroborates right patient/client to right diagnosis		X	X	X
	2.3A	Provides evidence to substantiate the nutrition diagnosis	X	X	X
2.4	Documents the nutrition diagnosis(es) using standardized terminology and written statement(s) that include Problem (P), Etiology (E), and Signs and Symptoms (S) (PES statement[s])		X	X	X
2.5	Re-evaluates and revises nutrition diagnosis(es) when additional assessment data become available		X	X	X

Examples of Outcomes for Standard 2: Nutrition Diagnosis	
<ul style="list-style-type: none"> • Nutrition Diagnostic Statements that are: <ul style="list-style-type: none"> ○ Clear and concise ○ Specific—patient/client or community centered ○ Accurate ○ Based on reliable and accurate assessment data ○ Includes date and time • Documentation of nutrition diagnosis(es) is relevant, accurate, and timely • Documentation of nutrition diagnosis(es) is revised and updated as additional assessment data become available 	

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Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionist (RDNs) in Adult Weight Management.

Standard 3: Nutrition Intervention

The registered dietitian nutritionist (RDN) identifies and implements appropriate, purposefully planned interventions designed with the intent of changing a nutrition-related behavior, risk factor, environmental condition, or aspect of health status for an individual, target group, or the community at large.

Rationale:

Nutrition intervention is the third of four steps of the Nutrition Care Process. It consists of two interrelated components—planning and implementation. Planning involves prioritizing the nutrition diagnoses, conferring with the patient/client and others, reviewing practice guidelines and policies, setting goals, and defining the specific nutrition intervention strategy.

Implementation of the nutrition intervention/plan of care 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 the patient/client response. An RDN implements the interventions or assigns components of nutrition intervention/plan of care to support staff in accordance with applicable laws and regulations. Nutrition intervention/plan of care is ultimately the responsibility of the RDN.

Refer to eNCPT online.

Indicators for Standard 3: Nutrition Intervention					
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators			The “X” signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
<i>Plans the Nutrition Intervention/Plan of Care</i>					
3.1	Prioritizes the nutrition diagnosis(es) based on problem severity, safety, patient/client clinical needs, likelihood that nutrition intervention/plan of care will influence problem, and patient/client perception of importance		X	X	X
	3.1A	Prioritization considerations may include: <ul style="list-style-type: none"> • Comorbid conditions • Hospitalizations and/or surgery • Lifestyle factors (eg, work schedule, eating environment) • Socioeconomic status (eg, access to food, homelessness) • Food behaviors, food beliefs • Patient/client preferences and goals • Resources and support systems for weight management (eg, family, work, social network) 	X	X	X
	3.1B	Stage of change (readiness) stated by patient/client	X	X	X
	3.1C	Challenges that impact nutritional status (eg, genetic disorders, sensory processing disorders, behavioral health issues, pica, disordered eating)		X	X
3.2	Bases intervention/plan of care on best available research/evidence, evidence-based guidelines and best practices (eg, Academy Position Papers, Academy EAL^h Adult Weight Management Evidence-Based Nutrition Practice Guideline, National Guidelines-Dietary Guidelines for Americans, AHA/ACC/TOSⁱ Guideline for the Management of Overweight and Obesity in Adults)		X	X	X
	3.2A	Recognizes when it is appropriate to utilize adjusted intervention guidelines for patient/clients (eg, intellectual and/or developmental disabilities, Prader-Willi syndrome, Down syndrome; and patients/clients receiving psychiatric medications)		X	X

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Figure 1. *(continued)* Standards of Practice for Registered Dietitian Nutritionist (RDNs) in Adult Weight Management.

Indicators for Standard 3: Nutrition Intervention						
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				The "X" signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
3.3	Refers to policies and program standards			X	X	X
3.4	Confers with patient/client, caregivers, interdisciplinary team, and other health care professionals			X	X	X
3.5	Determines patient/client-centered plan, goals, and expected outcomes			X	X	X
	3.5A	Encourages patient/client to play an active role in goal setting for behavior change		X	X	X
	3.5B	Identifies barriers to successful implementation (eg, patient/client compliance, food availability and preparation issues, social support, readiness to change, financial considerations, realistic expectations, food knowledge and duration of treatment, commitment to process)		X	X	X
	3.5C	Develops and implements strategies to address lapses in commitment or behaviors and identifies recovery strategies			X	X
	3.5D	Communicates to the patient/client physiological processes of weight regulation in helping patient/client set realistic expectations			X	X
3.6	Develops the nutrition prescription			X	X	X
	3.6A	Considers the educational needs of the patient/client, including cultural competency and health literacy		X	X	X
		3.6A1	Reviews food access and preparation skills needed to reach goal(s)	X	X	X
	3.6B	Considers general physical activity recommendations for health and fitness based on published, evidence-based population-specific positions and guidelines (eg, Physical Activity Guidelines for Americans, ACSM ¹)		X	X	X
	3.6C	Assists medically cleared patient/client with establishing physical activity goals and devising plans for execution		X	X	X
	3.6D	Tailors prescription to meet nutrient and energy needs considering multiple morbidities		X	X	X
		3.6D1	Takes into consideration complexities of the patient/client (eg, bariatric surgery, medication use, metabolic conditions)		X	X
	3.6E	Develops individualized plan of care		X	X	X
3.7	Defines time and frequency of care, including intensity, duration, and follow-up			X	X	X
	3.7A	Utilizes guidelines established for MNT ^k and AHA/ACC/TOS recommendations for obesity management		X	X	X
3.8	Utilizes standardized terminology for describing interventions			X	X	X

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Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionist (RDNs) in Adult Weight Management.

Indicators for Standard 3: Nutrition Intervention					
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators			The "X" signifies the indicators for the level of practice		
<i>Each RDN:</i>			Competent	Proficient	Expert
3.9	Identifies resources and referrals needed		X	X	X
	3.9A	Tools to assist patient/client with managing food intake (eg, food guides, computer/tablet/phone apps, portion guides, scales)	X	X	X
	3.9B	Resources to support patient/client with behavior change goals (eg, community support groups, fitness facilities, or programs)	X	X	X
	3.9C	Referrals to programs/providers based on individual patient/client needs (eg, behavioral health, fitness professional, medical weight management program, bariatric specialist)	X	X	X
	3.9D	Resources/referrals for complex needs (eg, behavioral, communication, dysphasia management, skills training for care providers/family, feeding team)		X	X
Implements the Nutrition Intervention/Plan of Care					
3.10	Collaborates with colleagues, interdisciplinary team, and other health care professionals		X	X	X
	3.10A	Provides ongoing follow-up documentation to referring physician	X	X	X
	3.10B	Refers to other members of interdisciplinary team when need is outside scope of practice of RDN (eg, exercise physiologist, behavioral health professionals)	X	X	X
	3.10C	Facilitates and fosters active communication, learning, partnerships, and collaboration within the interdisciplinary team and other providers as appropriate		X	X
	3.10D	Directs the interdisciplinary team and others as appropriate			X
3.11	Communicates and coordinates the nutrition intervention/plan of care		X	X	X
	3.11A	Ensures that patient/client and, as appropriate, family/significant others/caregivers, understand and can articulate goals and other relevant aspects of plan of care	X	X	X
	3.11B	Communicates plan of care to other health care professionals involved in implementation of the plan	X	X	X
	3.11C	Coordinates care for the patient/client with other members of the health care team (eg, physician, pharmacist, bariatric coordinator, exercise professional, medical weight management coordinator)		X	X

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Figure 1. *(continued)* Standards of Practice for Registered Dietitian Nutritionist (RDNs) in Adult Weight Management.

Indicators for Standard 3: Nutrition Intervention			The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators			Competent	Proficient	Expert
<i>Each RDN:</i>			Competent	Proficient	Expert
3.12	Initiates and individualizes the nutrition intervention/plan of care		X	X	X
	3.12A	Utilizes physician/referring practitioner-driven protocols or other facility-specific processes to implement, initiate, or modify orders for diet or nutrition-related services (eg, nutrition supplements, dietary supplements, food texture modifications for dentition or individual preferences, enteral and parenteral nutrition, nutrition-related laboratory tests and medications, and nutrition education and counseling); services are consistent with specialized training where required, competence, approved clinical privileges for order writing, and organization policy	X	X	X
	3.12B	Utilizes physician/referring practitioner-driven protocols or other facility-specific processes to manage nutrition support therapies (eg, formula selection, rate adjustments based on energy needs or laboratory results, addition of designated medications and vitamin/mineral supplements to parenteral nutrition solutions or supplemental water for enteral nutrition); services are consistent with specialized training where required, competence, approved clinical privileges for order writing and organization policy	X	X	X
	3.12C	Addresses topics with patient/client as outlined in nutrition prescription when developing the plan of care (eg, access to food, food preparation capabilities, food selection and preparation, meal planning, portion control, physical activity goals, socioeconomic status, social support, motivation, barriers to change)	X	X	X
	3.12D	Uses a variety of educational and behavioral approaches, tools, and materials as appropriate	X	X	X
	3.12E	Uses advanced behavior change techniques to facilitate patient/client self-management (eg, motivational interviewing, behavior modification, cognitive behavioral skills)		X	X
	3.12F	Uses critical thinking and synthesis skills to guide decision making in complex situations (eg, pre/post bariatric surgery, post–bariatric surgery vitamin deficiencies)		X	X
	3.12G	Uses critical thinking and synthesis skills to guide decision making in complicated, unpredictable situations (eg, uncontrolled diabetes, eating disorders with medical complications, post–bariatric surgery reactive hypoglycemia)			X
3.13	Assigns activities to NDTR or DTR and other administrative support and technical personnel in accordance with qualifications, organization policies, and applicable laws and regulations		X	X	X
	3.13A	Supervises support personnel	X	X	X
	3.13B	Provides support personnel with information and guidance needed to complete assigned activities	X	X	X

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Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionist (RDNs) in Adult Weight Management.

Indicators for Standard 3: Nutrition Intervention			The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators			Competent	Proficient	Expert
<i>Each RDN:</i>			Competent	Proficient	Expert
3.14	Continues data collection		X	X	X
	3.14A	Identifies specific data to be collected for the patient/client, including weight change, biochemical, behavioral, and lifestyle factors	X	X	X
	3.14B	Utilizes a prescribed/standardized format for recording data	X	X	X
	3.14C	Utilizes data obtained from validated measures (eg, IWQOL-Lite, ¹ WCSS [™])		X	X
3.15	Follows up and verifies that nutrition intervention/plan of care is occurring		X	X	X
	3.15A	Reviews plan with patient/client and other health care professionals on a schedule as appropriate based on protocol, patient/client needs, and/or payor considerations	X	X	X
	3.15B	Communicates data with other health care professionals as needed for interdisciplinary care	X	X	X
3.16	Adjusts nutrition intervention/plan of care strategies, if needed, as response occurs		X	X	X
	3.16A	Reviews analysis of data trends and modifies plan of care, if indicated	X	X	X
	3.16B	Collaborates with patient/client to modify goals and assigned actions based on new information and/or feedback from the patient/client	X	X	X
	3.16C	Utilizes intervention strategies to encourage greater independence in food choices and empower the patient/client to take control of his or her health and achieve wellness		X	X
	3.16D	Uses critical thinking and synthesis skills in decision making in complex situations and in combining multiple intervention approaches		X	X
	3.16E	Makes adjustments in supportive services as needed (eg, training of direct providers, collaboration with health care professionals)		X	X
	3.16F	Draws on experiential knowledge, clinical judgment, and research about the patient/client population to tailor the strategy in complicated, unpredictable, and dynamic situations			X
3.17	Documents:		X	X	X
	3.17A	Date and time	X	X	X
	3.17B	Specific treatment goals and expected outcomes	X	X	X
	3.17C	Recommended interventions	X	X	X
	3.17D	Adjustments to the plan and justification	X	X	X
	3.17E	Patient/client/community receptivity	X	X	X
	3.17F	Referrals made and resources used	X	X	X

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Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionist (RDNs) in Adult Weight Management.

Indicators for Standard 3: Nutrition Intervention						
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				The "X" signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
	3.17G	Patient/client comprehension		X	X	X
	3.17H	Barriers to change		X	X	X
	3.17I	Other information relevant to providing care and monitoring progress over time		X	X	X
	3.17J	Plans for follow up and frequency of care		X	X	X
	3.17K	Rationale for discharge or referral if applicable		X	X	X

- Examples of Outcomes for Standard 3: Nutrition Intervention**
- Appropriate prioritizing and setting of goals/expected outcomes
 - Involves patient/client, care givers, and interdisciplinary team, as appropriate, in developing nutrition intervention/plan of care
 - Appropriate individualized patient/client-centered nutrition intervention/plan of care, including nutrition prescription, is developed
 - Interdisciplinary collaborations are utilized
 - Nutrition interventions/plan of care are delivered and actions are carried out
 - Documentation of nutrition intervention/plan of care is:
 - Comprehensive
 - Specific
 - Accurate
 - Relevant
 - Timely
 - Dated and Timed
 - Documentation of nutrition intervention/plan of care is revised and updated

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, and intervention strategies to determine the progress made in achieving desired outcomes of nutrition care and whether planned interventions should be continued or revised.

Rationale:

Nutrition monitoring and evaluation is the fourth step in the Nutrition Care Process. Through monitoring and evaluation, the RDN identifies important measures of change or patient/client outcomes relevant to the nutrition diagnosis and nutrition intervention and describes how best to measure these outcomes.

Nutrition monitoring and evaluation are essential components of an outcomes management system. The aim is to promote uniformity within the profession in evaluating the efficacy of nutrition interventions/plans of care.

Refer to eNCPT online.

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Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionist (RDNs) in Adult Weight Management.

Indicators for Standard 4: Nutrition Monitoring and Evaluation						
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				The "X" signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
4.1	Monitors progress:			X	X	X
	4.1A	Assesses patient/client understanding and compliance with nutrition intervention/plan of care		X	X	X
		4.1A1	Evaluates adherence (eg, eating plan, portion and/or calorie control, S.M.A.R.T. [specific, measurable, attainable, realistic, and timely] goals)	X	X	X
	4.1B	Determines whether the nutrition intervention/plan of care is being implemented as prescribed		X	X	X
		4.1B1	Evaluates intervention plan implementation considering special situations (eg, holidays, major life events/changes)	X	X	X
		4.1B2	Evaluates nutritional intervention in the face of complex clinical situations (eg, pre/post bariatric surgery; managing weight with complex conditions such as comorbid conditions, multiple medications, food allergies and intolerances, and cultural factors)		X	X
		4.1B3	Utilizes advanced expertise to identify additional resources and/or avenues of therapy to enhance effectiveness of intervention		X	X
	4.1C	Evaluates progress or reasons for lack of progress related to problems and interventions		X	X	X
		4.1C1	Identifies factors that facilitate or impede progress such as: <ul style="list-style-type: none"> Emotional, social, cognitive, behavioral, environmental factors Motivators and incentives to change and/or consequences to change 	X	X	X
		4.1C2	Uses multiple resources to assess progress (eg, laboratory and other clinical data, self-monitoring tools, changes in body weight/body composition, pertinent medications/dietary supplements) relative to effectiveness of care plan		X	X
		4.1C3	Identifies any changes to patient's/client's cognitive, physical, environmental status that could interfere with plan of care		X	X
		4.1C4	Identifies problems beyond scope of nutrition that are interfering with the interventions and recommends appropriate adjustments			X
	4.1D	Evaluates evidence that the nutrition intervention/plan of care is influencing a desirable change in the patient/client behavior or status		X	X	X
		4.1D1	Monitors factors (eg, physical, social, cognitive, environmental) and interprets laboratory and other data that may reflect a change in the patient/client behavior or status	X	X	X

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Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionist (RDNs) in Adult Weight Management.

Indicators for Standard 4: Nutrition Monitoring and Evaluation								
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators					The "X" signifies the indicators for the level of practice			
Each RDN:					Competent	Proficient	Expert	
	4.1E	Identifies positive or negative outcomes				X	X	X
		4.1E1	Documents progress in meeting desired goals (eg, normalized eating patterns; weight loss/maintenance; improved health, including lowered blood pressure, blood cholesterol, stabilized blood glucose [normalized hemoglobin A1c]; improved physical capabilities, such as movement, improved energy, better sleep patterns)			X	X	X
		4.1E2	Identifies unintended consequences (eg, excessive rate of weight loss) or the use of inappropriate methods of achieving goals			X	X	X
		4.1E3	Identifies potential revision of interventions based on outcomes			X	X	X
		4.1E4	Identifies underlying factors interfering with intervention outcomes and access to resources to determine future treatment recommendations				X	X
		4.1E5	Develops action plan in complex cases based on the effect of all interventions on patient's/client's overall health outcome				X	X
	4.1F	Supports conclusions with evidence				X	X	X
		4.1F1	Demonstrates that prescribed intervention is successful/unsuccessful through documentation of clinical, cognitive, and psychosocial indicators			X	X	X
4.2	Measures outcomes:					X	X	X
	4.2A	Selects the nutrition care outcome indicator(s) to measure				X	X	X
		4.2A1	Anthropometric measures (eg, weight, BMI, waist circumference, rate of weight change)			X	X	X
		4.2A2	Body composition measures (eg, fat mass)			X	X	X
		4.2A3	Laboratory measures (eg, lipid panel, comprehensive metabolic panel)			X	X	X
		4.2A4	Behavioral measures (eg, activity level, eating behaviors, cognitive functioning, goal attainment)			X	X	X
		4.2A5	Quality of life measures (eg, activity and daily living)			X	X	X
		4.2A6	Gut hormones and gut bacteria measures in the research setting					X
	4.2B	Uses standardized nutrition care outcome indicator(s)				X	X	X
4.3	Evaluates outcomes:					X	X	X
	4.3A	Compares monitoring data with nutrition prescription/goals or reference standard (eg, ACC/AHA/TOS Adult Obesity Guidelines)				X	X	X
	4.3B	Evaluates impact of the sum of all interventions on overall patient/client health outcomes				X	X	X

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Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionist (RDNs) in Adult Weight Management.

Indicators for Standard 4: Nutrition Monitoring and Evaluation				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Practice Indicators				Competent	Proficient	Expert
<i>Each RDN:</i>						
	4.3C	Evaluates the patient/client variance from planned outcomes and incorporates findings into future individualized treatment recommendations		X	X	X
	4.3D	Evaluates patient/client outcomes in relation to program goals		X	X	X
		4.3D1	Evaluates underlying factors interfering with intervention outcomes and access to services (eg, prognosis, psychological factors, resources) and analyzes this impact on future recommendations		X	X
		4.3D2	Reassesses and modifies, if applicable action plan in complex cases based on effects of all interventions on patient's/client's overall health outcomes		X	X
4.4	Documents			X	X	X
	4.4A	Date and time		X	X	X
	4.4B	Indicators measured, results, and the method for obtaining measurement		X	X	X
	4.4C	Criteria to which the indicator is compared (eg, nutrition prescription/goal or a reference standard)		X	X	X
	4.4D	Factors facilitating or hampering progress		X	X	X
	4.4E	Other positive or negative outcomes		X	X	X
	4.4F	Future plans for nutrition care, nutrition monitoring and evaluation, follow-up, referral, or discharge		X	X	X

Examples of Outcomes for Standard 4: Nutrition Monitoring and Evaluation	
<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> ○ Nutrition outcomes (eg, change in knowledge, behavior, food, or nutrient intake) ○ Clinical and health status outcomes (eg, change in laboratory values, body weight, blood pressure, risk factors, signs and symptoms, clinical status, infections, complications, morbidity, and mortality) ○ Patient-/client-centered outcomes (eg, quality of life, satisfaction, self-efficacy, self-management, functional ability) ○ Health care utilization and cost-effectiveness outcomes (eg, change in medication, special procedures, planned/unplanned clinic visits, preventable hospital admissions, length of hospitalizations, fewer sick days, lower health care premiums, increased worker productivity, morbidity, and mortality) • Monitoring reflects use of standardized outcomes measures • Documentation of nutrition monitoring and evaluation is: <ul style="list-style-type: none"> ○ Comprehensive ○ Specific ○ Accurate ○ Relevant ○ Timely ○ Dated and timed 	

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Figure 1. *(continued)* Standards of Practice for Registered Dietitian Nutritionist (RDNs) in Adult Weight Management.

Glossary

Resting energy expenditure (REE)—the amount of energy required for a 24-hour period by the body during resting conditions. It is closely related to, but not identical to, basal metabolic rate.

Acanthosis nigricans—skin condition indicative of high insulin levels characterized by areas of dark, velvety discoloration in body folds and creases, generally affects armpits, groin, and neck.

Lanugo—fine, soft hair.

Bioactive substances—extranutritional constituents that typically occur in small quantities in foods currently studied to evaluate their effects on health. Examples include plant stanol and sterol esters, soy protein, psyllium, and b-glucan.

Bariatric surgery—surgical removal/rearrangement of the stomach and/or small intestines to induce weight loss through restriction, malabsorption, and/or gut hormones (gastric bypass, sleeve gastrectomy, laparoscopic adjustable gastric band).

Self-efficacy—belief in one's ability to succeed in specific situations.

Nonexercise activity thermogenesis (NEAT)—energy expended for activities that are not sleeping, eating, volitional exercise.

Motivational interviewing—a goal-oriented, client-centered counseling style for eliciting behavior change by helping clients to explore and resolve ambivalence about changing selected behaviors.

Behavior modification—an approach used to help individuals develop a set of skills to achieve a healthier weight, including the use of self-monitoring, goal setting, and problem-solving strategies.

Quality of life measures—self-reported measures of one's physical and mental well-being (<http://www.cdc.gov/hrqol/concept.htm>).

^aPTSD=post-traumatic stress disorder.

^bSNAP=Supplemental Nutrition Assistance Program.

^cWIC=Special Supplemental Nutrition Program for Women, Infants, and Children.

^dCVD=cardiovascular disease.

^ePVD=peripheral vascular disease.

^fWHO=World Health Organization (<http://www.who.int/en/>).

^gNHLBI=National Heart, Lung, and Blood Institute (<http://www.nhlbi.nih.gov>).

^hEAL=Evidence Analysis Library (<http://anddeal.org>).

ⁱAHA/ACC/TOS=American Heart Association/American College of Cardiology/The Obesity Society (<http://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437739.71477.ee>).

^jACSM=American College of Sports Medicine (<http://www.acsm.org>).

^kMNT=medical nutrition therapy.

^lIWQOL-Lite=Impact of Weight on Quality of Life-Lite Questionnaire (http://link.springer.com/referenceworkentry/10.1007/978-0-387-78665-0_12).

^mWCSS=Weight Control Strategies Scale (<http://www.ncbi.nlm.nih.gov/pubmed/23512914>).

Figure 1. (continued) Standards of Practice for Registered Dietitian Nutritionist (RDNs) in Adult Weight Management.

Standard 1: Quality in Practice

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

Rationale:

Quality practice in nutrition and dietetics is built on a solid foundation of education, 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				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				Competent	Proficient	Expert
<i>Each RDN:</i>				Competent	Proficient	Expert
1.1	Complies with applicable laws and regulations as related to his/her area(s) of practice			X	X	X
	1.1A	Complies with federal, state, and local laws and regulations related to weight management and patient/client care (eg, Health Insurance Portability and Accountability Act [HIPAA], food safety)		X	X	X
		1.1A1	Complies with state licensure laws, including continuing education requirements	X	X	X
		1.1A2	Complies with telehealth licensure guidelines (http://www.telehealthresourcecenter.org/toolbox-module/licensure-and-scope-practice)	X	X	X
1.2	Performs within individual and statutory scope of practice			X	X	X
	1.2A	Discusses with patient/client the relationship between weight and health, physical activity, behavior change, and disease prevention		X	X	X
1.3	Adheres to sound business and ethical billing practices applicable to the setting			X	X	X
	1.3A	Complies with appropriate billing codes for payor and type of nutrition visit (eg, group, individual)		X	X	X
1.4	Utilizes national quality and safety data (eg, Institute of Medicine, National Quality Forum, Institute for Healthcare Improvement) to improve the quality of services provided and to enhance customer-centered service			X	X	X
	1.4A	Participates in hospital/agency/institution, and local, state, and national quality improvement initiatives		X	X	X
	1.4B	Leads efforts to maximize weight management services using national quality and safety data			X	X
1.5	Utilizes a systematic performance improvement model that is based on practice knowledge, evidence, research, and science for delivery of the highest-quality services			X	X	X
	1.5A	Identifies performance improvement criteria to monitor the delivery of services		X	X	X

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Figure 2. Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Adult Weight Management. Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean client/patient, client/patient/customer, participant, consumer, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 1: Quality in Practice						
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				The "X" signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
	1.5B	Serves in a leadership role in developing performance improvement criteria for the delivery of services			X	X
1.6	Participates in or designs an outcomes-based management system to evaluate safety, effectiveness, and efficiency of practice			X	X	X
	1.6A	Involves colleagues and others, as applicable, in systematic outcomes management		X	X	X
	1.6A1	Selects criteria for data collection, and advocates for and participates in the development of clinical, operational, and financial data collection tools upon which weight management nutrition care-sensitive outcomes can be derived, reported, and used for improvement			X	X
	1.6A2	Serves in leadership role to evaluate benchmarks of weight management based on public health and population-based indicators (eg, Healthy People 2020 Leading Health Indicators)				X
	1.6B	Utilizes indicators that are specific, measurable, attainable, realistic, and timely (S.M.A.R.T.)		X	X	X
	1.6C	Defines expected outcomes		X	X	X
	1.6D	Measures quality of services in terms of process and outcome		X	X	X
	1.6D1	Evaluates aggregate patient/client clinical outcomes (eg, BMI ^a , biometric, medication, behavior, fitness changes)		X	X	X
	1.6D2	Evaluates the provision of weight management (eg, staff, patient/client ratio, reimbursement data, and customer satisfaction survey results)			X	X
	1.6E	Documents outcomes		X	X	X
1.7	Identifies and addresses potential and actual errors and hazards in provision of services			X	X	X
	1.7A	Ensures safe care for the weight management patient/client		X	X	X
	1.7A1	Applies safety guidelines when recommending rate of weight loss and physical activity considerations related to weight		X	X	X
	1.7A2	Ensures infrastructure of examination rooms and equipment is appropriate for individuals with severe obesity (eg, space, chairs, blood pressure cuffs, examination tables, scales)		X	X	X
	1.7A3	Develops protocols to identify, address, and prevent errors and hazards in the delivery of weight management services			X	X

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Figure 2. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Adult Weight Management. Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean client/patient, client/patient/customer, participant, consumer, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 1: Quality in Practice				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				Competent	Proficient	Expert
Each RDN:				Competent	Proficient	Expert
	1.7B	Reviews literature for safety and recommended use of prescription weight-loss medications and over-the-counter weight-loss supplements		X	X	X
	1.7C	Collaborates with health care team to identify, address, and prevent errors and hazards in the delivery of weight management services		X	X	X
	1.7D	Tailors protocols to support patient/client care, which account for other medical conditions (eg, diabetes, renal disease)			X	X
	1.7E	Develops protocols to identify, address, and prevent errors and hazards in the delivery of weight management services				X
1.8	Compares actual performance to performance goals (eg Gap Analysis, SWOT Analysis [Strengths, Weaknesses, Opportunities, and Threats], PDCA Cycle [Plan-Do-Check-Act])			X	X	X
	1.8A	Reports and documents action plan to address identified gaps in performance		X	X	X
	1.8B	Compares individual performance to self-directed goals and expected outcomes		X	X	X
		1.8B1 Compares departmental/organizational performance to goals and expected outcomes			X	X
1.9	Evaluates interventions to improve processes and services			X	X	X
	1.9A	Tests interventions to improve processes and services		X	X	X
	1.9B	Benchmarks departmental/organizational performance with national programs and standards			X	X
	1.9C	Guides the development, testing, and redesign of program evaluation systems				X
1.10	Improves or enhances services based on measured outcomes			X	X	X
	1.10A	Leads in evaluation of systems, processes, and programs to ensure organization and weight management–related core values and evidence-based practices are followed			X	X
	1.10B	Directs the development and management of systems, processes and programs in weight management for continued quality improvement.				X

Examples of Outcomes for Standard 1: Quality in Practice

- Services are within scope of practice and applicable laws and regulations
- Use of national quality standards and best practices are evident in customer-centered services
- Performance indicators are specific, measurable, attainable, realistic, and timely (S.M.A.R.T.)
- Aggregate outcomes results meet pre-established criteria
- Results of quality improvement activities direct refinement and advancement of practice

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Figure 2. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Adult Weight Management. Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean client/patient, client/patient/customer, participant, consumer, or any individual, group, or organization to which the RDN provides service.

Standard 2: Competence and Accountability
 The registered dietitian nutritionist (RDN) demonstrates competence in and accepts accountability and responsibility for ensuring safety and quality in the services provided.

Rationale:
 Competence and accountability in practice includes continuous acquisition of knowledge, skills, and experience in the provision of safe, quality customer-centered service.

Indicators for Standard 2: Competence and Accountability					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
2.1	Adheres to the Code of Ethics		X	X	X
2.2	Integrates the Standards of Practice (SOP) and Standards of Professional Performance (SOPP) into practice, self-assessment, and professional development		X	X	X
	2.2A	Integrates applicable focus area SOP and SOPP into practice	X	X	X
	2.2B	Utilizes the Standards for RDNs in Adult Weight Management to assess performance at the appropriate level of practice	X	X	X
	2.2C	Utilizes the Standards for RDNs in Adult Weight Management to develop and implement a professional plan to improve the quality of practice and performance and to advance practice	X	X	X
	2.2D	Develops corporate/institutional policies, guidelines, human resource materials (eg, job descriptions, career ladders, acceptable performance level) using the Standards for RDNs in Adult Weight Management as guidelines		X	X
	2.2E	Assigns services to levels of performance (competent, proficient, expert) or practice as outlined in SOP and SOPP			X
2.3	Demonstrates and documents competence in practice and delivery of customer-centered service		X	X	X
	2.3A	Documents examples of expanded professional responsibility reflective of a proficient practice role		X	X
	2.3B	Documents examples of expanded professional responsibility reflective of an expert practice role			X
2.4	Assumes accountability and responsibility for services and behaviors		X	X	X
	2.4A	Acknowledges and corrects errors	X	X	X
	2.4B	Develops and directs policies and procedures that ensure staff accountability and responsibility when serving in a management role		X	X
2.5	Conducts self-assessment at regular intervals		X	X	X
	2.5A	Identifies needs for professional development	X	X	X
	2.5B	Seeks opportunities for professional development	X	X	X

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Figure 2. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Adult Weight Management. Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean client/patient, client/patient/customer, participant, consumer, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 2: Competence and Accountability					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
<i>Each RDN:</i>			Competent	Proficient	Expert
	2.5C	Applies self-assessment findings to strengthen professional development for consistency with evidence-based guidelines, best practices, and current research findings	X	X	X
2.6	Designs and implements plans for professional development		X	X	X
	2.6A	Engages in continuing education opportunities in weight management and related areas according to his/her professional development plan and career goals	X	X	X
	2.6B	Completes focused opportunities in weight management training (eg, Commission on Dietetic Registration [CDR] Certificate of Training in Adult or Childhood and Adolescent Weight Management, Weight Management Dietetic Practice Group Symposium)	X	X	X
	2.6C	Pursues focused opportunities in advanced weight management training (eg, CDR Level 2 Certificate of Training in Adult Weight Management, advanced behavior change skills training) and available weight management certifications		X	X
	2.6D	Documents professional development activities in career portfolio	X	X	X
	2.6E	Documents professional development activities as per organization guidelines	X	X	X
2.7	Engages in evidence-based practice and utilizes best practices		X	X	X
	2.7A	Integrates evidence-based practice and research evidence in delivering quality care utilizing the Academy of Nutrition and Dietetics (Academy), Academy EAL, ^b ACSM, ^c position papers, and best practices	X	X	X
	2.7B	Integrates evidence-based practice and research evidence in delivering professional presentations and publications	X	X	X
	2.7C	Participates in research activities and publication of results to advance evidence and best practices		X	X
	2.7D	Authors original research papers and book chapters to advance evidence and best practices			X
2.8	Participates in peer review of self and others		X	X	X
	2.8A	Engages in peer review activities consistent with setting and patient/client population (eg, peer evaluation, peer supervision, clinical chart review, performance evaluations)	X	X	X
	2.8B	Conducts scholarly review of professional articles, chapters, books, programs and guidelines		X	X
	2.8C	Leads an editorial board for review of professional articles, chapters and books			X
<i>(continued on next page)</i>					

Figure 2. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Adult Weight Management. Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean client/patient, client/patient/customer, participant, consumer, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 2: Competence and Accountability					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
2.9	Mentors others		X	X	X
	2.9A	Participates in mentoring students and interns	X	X	X
	2.9B	Participates in mentoring for entry-level RDNs and RDNs changing field(s)		X	X
	2.9C	Develops mentoring or internship opportunities for students and professionals in weight management practice		X	X
	2.9D	Mentors RDNs and other health care professionals in analyzing weight management evidence		X	X
	2.9E	Directs and guides the professional development of the RDN through mentoring or supervised practice experiences in weight management			X
2.10	Pursues opportunities (education, training, credentials) to advance practice in accordance with laws and regulations and requirements of practice setting		X	X	X
	2.10A	Serves on committees with the Academy and dietetic practice groups (DPGs) to develop programs, tools, and resources in support of assisting the RDN to obtain specialty certification/credential		X	X
	2.10B	Leads efforts to develop or advance education, training, and credential opportunities			X

Examples of Outcomes for Standard 2: Competence and Accountability
<ul style="list-style-type: none"> • Practice reflects the Code of Ethics • Practice reflects the Standards of Practice and Standards of Professional Performance • Competence is demonstrated and documented • Safe, quality customer-centered service is provided • Self-assessments are conducted regularly • Professional development needs are identified • Directed learning is demonstrated • Practice reflects evidence-based practice and best practices • 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 and vision of the organization/business.
Rationale: Quality programs and services are designed, executed, and promoted based on the RDN's knowledge, professional experience, and competence in addressing the needs and expectations of the organization/business and its patients/clients.

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Figure 2. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Adult Weight Management. Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean client/patient, client/patient/customer, participant, consumer, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 3: Provision of Services				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				Competent	Proficient	Expert
<i>Each RDN:</i>				Competent	Proficient	Expert
3.1	Contributes to or leads in development and maintenance of programs/ services that address needs of the customer or target population(s)			X	X	X
	3.1A	Aligns program/service development with the mission, vision, and service expectations and outputs of the organization/business		X	X	X
		3.1A1	Develops and manages weight management programs in compliance with evidence-based guidelines and national standards (eg, Academy, TOS, ^d ASMBS ^e)		X	X
	3.1B	Utilizes the needs, expectations, and desired outcomes of the customer (eg, patient/client, administrator, client organization[s]) in program/service development		X	X	X
		3.1B1	Conducts regular scans of weight management environment for opportunities to deliver additional weight management programs		X	X
	3.1C	Makes decisions and recommendations that reflect stewardship of time, talent, finances, and environment		X	X	X
	3.1D	Proposes programs and services that are customer-centered, culturally appropriate, and minimize health disparities		X	X	X
	3.1E	Outlines evaluation plan for program effectiveness		X	X	X
3.2	Promotes public access and referral to credentialed nutrition and dietetics practitioners for quality food and nutrition programs and services			X	X	X
	3.2A	Contributes to or designs referral systems that promote access to qualified, credentialed nutrition and dietetics practitioners		X	X	X
		3.2A1	Evaluates the effectiveness of weight management referral processes and tools		X	X
		3.2A2	Directs and manages referral processes and systems			X
	3.2B	Refers customers to appropriate providers when requested services or identified needs exceed the RDN's individual scope of practice		X	X	X
		3.2B1	Builds relationships with other health care practitioners to facilitate collaboration that meets patient/client needs	X	X	X
		3.2B2	Refers to interdisciplinary health care professionals as appropriate	X	X	X
		3.2B3	Refers individual patient/client to a qualified fitness professional (eg, certification by ACSM, ACE, ^f NSCA ^g) for a formal fitness evaluation unless the RDN holds the appropriate exercise certification and demonstrates competence to conduct exercise testing and prescribe exercise regimens	X	X	x

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Figure 2. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Adult Weight Management. Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean client/patient, client/patient/customer, participant, consumer, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 3: Provision of Services				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				Competent	Proficient	Expert
Each RDN:				Competent	Proficient	Expert
		3.2B4	Refers individual/client to a qualified behavioral health specialist/psychologist, as appropriate, when individual/client elicits or demonstrates behaviors beyond the RDN's expertise	X	X	x
		3.2B5	Establishes and maintains networks to support overall care of the patient/client		X	X
		3.2B6	Supports referral resources with curriculum and training regarding the complex needs of severely obese patients/clients			X
	3.2C	Monitors effectiveness of referral systems and modifies as needed to achieve desirable outcomes		X	X	X
		3.2C1	Manages, evaluates, and updates the nutrition referral process		X	X
		3.2C2	Directs and coordinates referral process and systems			X
		3.2C3	Designs referral process and systems			X
3.3	Contributes to or designs customer-centered services			X	X	X
	3.3A	Assesses needs, beliefs/values, goals, and resources of the customer		X	X	X
		3.3A1	Identifies current weight management messages, trends, and programs influencing customer base (eg, popular diets, supplements, fitness programs)	X	X	X
		3.3A2	Incorporates goal setting and behavior change strategies (eg, stages of change, motivational interviewing) in program design	X	X	X
		3.3A3	Leads in utilizing, evaluating, and communicating the effectiveness of different theoretical frameworks for interventions (eg, health belief model, social cognitive theory/social learning theory, stages of change [transtheoretical theory])			X
	3.3B	Utilizes 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		X	X	X
		3.3B1	References weight management resources (eg, CDC's ^h obesity data maps and trends, religious and cultural practices, community centers health programming, and local fitness programs)	X	X	X
		3.3B2	Directs, manages, and updates systematic processes to identify, track and monitor utilization of patient/client resources		X	X
<i>(continued on next page)</i>						

Figure 2. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Adult Weight Management. Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean client/patient, client/patient/customer, participant, consumer, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 3: Provision of Services								
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				The "X" signifies the indicators for the level of practice				
Each RDN:				Competent	Proficient	Expert		
	3.3C	Communicates principles of disease prevention and behavioral change appropriate to the customer or target population				X	X	X
		3.3C1	Recognizes patient/client cultural beliefs regarding weight status in relationship to health			X	X	X
		3.3C2	Designs tools to communicate disease prevention and behavioral change principles				X	X
	3.3D	Collaborates with the customers to set priorities, establish goals, and create customer-centered action plans to achieve desirable outcomes				X	X	X
		3.3D1	Confirms that weight management plans are reflective of evidence-based approaches			X	X	X
	3.3E	Involves customers in decision making				X	X	X
3.4	Executes programs/services in an organized, collaborative, and customer-centered manner					X	X	X
	3.4A	Collaborates and coordinates with peers, colleagues, and within interdisciplinary teams				X	X	X
		3.4A1	Collaborates with community programming and resources as needed			X	X	X
		3.4A2	Serves as a consultant for issues related to nutrition for weight management				X	X
		3.4A3	Directs efforts to improve collaboration between patients/clients and other care providers					X
	3.4B	Participates in or leads in the design, execution, and evaluation of programs and services (eg, nutrition screening system, medical and retail foodservice, electronic health records, interdisciplinary programs, community education) for customers				X	X	X
		3.4B1	Develops and delivers weight management programs and services that integrate nutrition with exercise, health promotion, and wellness			X	X	X
		3.4B2	Plans and implements systems of weight management services using evidence-based guidelines and best practices				X	X
		3.4B3	Directs systems of weight management services					X
	3.4C	Develops or contributes to design and maintenance of policies, procedures, protocols, standards of care, technology resources, and training materials that reflect evidence-based practice in accordance with applicable laws and regulations				X	X	X
		3.4C1	Leads the process of developing, monitoring, evaluating, and improving protocols, guidelines, and practice tools					X

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Figure 2. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Adult Weight Management. Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean client/patient, client/patient/customer, participant, consumer, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 3: Provision of Services					
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice		
Each RDN:			Competent	Proficient	Expert
	3.4D	Participates in or develops process for clinical privileges required for enhanced activities and expanded roles consistent with state practice acts, federal and state regulations, organization policies, and medical staff rules, regulations and bylaws; enhanced activities include but not limited to implementing physician-driven protocols or other facility-specific processes, initiating or modifying orders for therapeutic diets, nutrition supplements, dietary supplements, enteral and parenteral nutrition, nutrition-related laboratory tests and medications, and adjustments to fluid therapies or electrolyte replacements; expanded roles and nutrition-related services include but not limited to initiating and performing bedside swallow screenings, insertion and monitoring of nasogastric or nasoenteric feeding tubes, and indirect calorimetry measurements	X	X	X
		3.4D1 Develops programs, protocols, and policies based on evidence- or consensus-based guidelines, best practices, trends, and national and international guidelines		X	X
		3.4D2 Directs the development of programs, protocols, and policies based on evidence- or consensus-based guidelines, best practices, trends, and national and international guidelines			X
	3.4E	Complies with established billing regulations and adheres to ethical billing practices	X	X	X
		3.4E1 Develops tools to monitor adherence to billing regulations and ethical billing practices		X	X
	3.4F	Communicates with the interdisciplinary team and referring party consistent with the HIPAA rules for use and disclosure of patient's/client's personal health information (PHI)	X	X	X
		3.4F1 Develops tools to monitor adherence to HIPAA rules and/or address breaches in the protection of PHI		X	X
	3.5	Utilizes support personnel appropriately in the delivery of customer-centered care in accordance with laws, regulations, and organization policies	X	X	X
	3.5A	Assigns activities, including direct care to patients/clients, consistent with the qualifications, experience, and competence of support personnel	X	X	X
		3.5A1 Determines capabilities/expertise of support staff in working with patients/clients to determine tasks that may be delegated		X	X
	3.5B	Supervises support personnel	X	X	X

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Figure 2. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Adult Weight Management. Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean client/patient, client/patient/customer, participant, consumer, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 3: Provision of Services				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				Competent	Proficient	Expert
Each RDN:				Competent	Proficient	Expert
	3.5B1	Trains support personnel and evaluates their competence			X	X
3.6	Designs and implements food delivery systems to meet the needs of customers			X	X	X
	3.6A	Collaborates on or designs food delivery systems to address nutrition status, health care needs, and outcomes, and to satisfy the cultural preferences and desires of target populations (eg, health care patients/clients, employee groups, visitors to retail venues)		X	X	X
	3.6A1	Evaluates effectiveness of foodservice planning and delivery for patient/clients to identify areas for improvement			X	X
	3.6B	Participates in, consults with others, or leads in developing menus to address health and nutritional needs of target population(s)		X	X	X
	3.6B1	Collaborates on the calorie and nutrient level of menus and items for purchase (eg, concession stands, vending machines, cafeteria menu items) in health care and community settings to allow target population to meet weight targets		X	X	X
	3.6C	Participates in, consults, or leads interdisciplinary process for determining nutritional supplements, dietary supplements, enteral and parenteral nutrition formularies, and delivery systems for target population(s)		X	X	X
	3.6C1	Provides guidance regarding products in formulary in accordance to best practices (eg, ASMBS, A.S.P.E.N.!)		X	X	X
	3.6C2	Recommends enteral nutrition in accordance with best practices for the patient post-bariatric surgery			X	X
	3.6C3	Recommends nutritional supplements, dietary supplements, and/or medical foods in accordance with best practices for the patient post-bariatric surgery			X	X
3.7	Maintains records of services provided			X	X	X
	3.7A	Documents according to organization policy, standards, and system including electronic health records		X	X	X
	3.7B	Implements data management systems to support data collection, maintenance, and utilization		X	X	X
	3.7C	Uses data to document outcomes of services (eg, staff productivity, cost/benefit, budget compliance, quality of services) and provide justification for maintenance or expansion of services		X	X	X

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Figure 2. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Adult Weight Management. Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean client/patient, client/patient/customer, participant, consumer, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 3: Provision of Services				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				Competent	Proficient	Expert
Each RDN:				Competent	Proficient	Expert
	3.7C1	Collects data and documents outcomes and compares against targets and evidence-based/best practices		X	X	X
	3.7C2	Analyzes and communicates value of nutrition services in relation to patient/client and organization outcomes/goals			X	X
	3.7C3	Directs and manages systematic processes to identify, track, and update patient/client resources; documents patient/client use of weight management and health care services				X
	3.7D	Uses data to demonstrate compliance with accreditation standards, laws, and regulations		X	X	X
	3.7D1	Prepares and presents reports for institution and accrediting bodies			X	X
3.8	Advocates for provision of quality food and nutrition services as part of public policy			X	X	X
	3.8A	Communicates with policy makers regarding the benefit/cost of quality food and nutrition services		X	X	X
	3.8A1	Advocates with state and national congressional representatives regarding benefit/cost of weight management services on health care costs (eg, responds to Academy Action Alerts and other calls to action via Grassroots Manager, letters, emails, and/or phone calls)		X	X	X
	3.8A2	Influences policy and lawmakers for weight management issues			X	X
	3.8A3	Reviews, revises, and introduces policy, statutes, administrative rules/regulations impacting the population with obesity				X
	3.8B	Advocates in support of food and nutrition programs and services for populations with special needs		X	X	X
	3.8B1	Participates in patient/client advocacy activities, such as support groups at the local level and the Obesity Action Coalition at the national level		X	X	X
	3.8B2	Advocates for policies that reduce discrimination based on weight status		X	X	X
	3.8B3	Takes leadership role and initiates advocacy/activities; authors articles and delivers presentations			X	X

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Figure 2. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Adult Weight Management. Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean client/patient, client/patient/customer, participant, consumer, or any individual, group, or organization to which the RDN provides service.

Examples of Outcomes for Standard 3: Provision of Services

- Program/service design and systems reflect organization/business and customer needs and expectations
- Customers participate in establishing goals and customer-focused action plans
- Customers’ needs are met
- Customers are satisfied with services and products
- Evaluations reflect expected outcomes
- Effective screening and referral services are established
- Customers have access to food assistance
- Customers have access to food and nutrition services
- Support personnel are supervised when providing nutrition care to customers
- Ethical billing practices are utilized

Standard 4: Application of Research

The registered dietitian nutritionist (RDN) applies, participates in or generates research to enhance practice. Evidence-based practice incorporates the best available research/evidence 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.

Indicators for Standard 4: Application of Research

Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The “X” signifies the indicators for the level of practice		
<i>Each RDN</i>			Competent	Proficient	Expert
4.1	Accesses and reviews best available research/evidence for application to practice		X	X	X
	4.1A	Reads major peer-reviewed publications in obesity and weight management; uses evidence-based guidelines, practice guidelines, and related resources	X	X	X
	4.1B	Demonstrates understanding of research design and methodology, data collection, interpretation of results, application, and use of the EAL	X	X	X
	4.1C	Demonstrates understanding of current research, trends, and epidemiological surveys in obesity, weight management, and related areas	X	X	X
	4.1D	Interprets current research in weight management and related areas and applies to professional practice as appropriate	X	X	X
	4.1E	Identifies key health and performance questions and uses systematic methods to apply evidence-based guidelines to answer questions and inform decisions		X	X
	4.1F	Utilizes the EAL and other evidence-based resources as a resource when writing or reviewing research papers		X	X

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Indicators for Standard 4: Application of Research			The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			Competent	Proficient	Expert
Each RDN			Competent	Proficient	Expert
	4.1G	Contributes expertise and critical thinking skills when a reviewer for original research and/or evidence-based guidelines relevant to obesity and weight management		X	X
	4.1H	Functions as a primary or senior author of research, and academic and/or organization's position and practice papers or other scholarly work			X
4.2	Utilizes best available research/evidence as the foundation for evidence-based practice		X	X	X
	4.2A	Follows evidence-based practice guidelines (eg, EAL, Academy, AHA/ACC/TOS ³) to provide safe, effective quality care for overweight/obese individuals	X	X	X
	4.2B	Reviews the available scientific literature for guidance in situations where evidence-based practice guidelines for weight management are not established and consults with more experienced practitioner for guidance as needed	X	X	X
	4.2C	Analyzes and applies the available scientific literature in situations where evidence-based practice guidelines for weight management are not established		X	X
	4.2D	Utilizes advanced training, available research, and emerging theories to manage complex cases (eg, uncontrolled type 1 and type 2 diabetes, multiple morbidities, postoperative bariatric surgery complications) in target populations			X
4.3	Integrates best-available research/evidence with best practices, clinical and managerial expertise, and customer values		X	X	X
	4.3A	Directs the integration of evidence-based guidelines into policies and procedures for weight management practice			X
4.4	Contributes to the development of new knowledge and research in nutrition and dietetics		X	X	X
	4.4A	Participates in efforts to extend research to practice through journal clubs, professional supervision, and the Academy's Dietetics Practice-Based Research Network	X	X	X
	4.4B	Participates in scholarly writing, including but not limited to, professional articles, chapters, books		X	X
	4.4C	Participates in development and/or implementation and reporting of practice-based research		X	X
	4.4D	Participates in updating the EAL in weight management and related areas		X	X
	4.4E	Develops EAL questions in weight management			X
<i>(continued on next page)</i>					

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Indicators for Standard 4: Application of Research			The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			Competent	Proficient	Expert
<i>Each RDN</i>					
	4.4F	Initiates research related to obesity and weight management as the primary investigator or co-investigator with other members of the multidisciplinary research team			X
	4.4G	Serves as advisor, preceptor, and/or committee member for graduate level research			X
	4.4H	Uses evidence-based guidelines, best practices, and clinical experience to generate new knowledge and programs in weight management			X
4.5	Promotes research through alliances and collaboration with food and nutrition and other professionals and organizations		X	X	X
	4.5A	Identifies research issues/questions	X	X	X
	4.5B	Collaborates with interdisciplinary and/or interorganizational teams to perform and disseminate nutrition research related to weight management		X	X
	4.5C	Leads interdisciplinary and/or interorganizational research activities			X

Examples of Outcomes for Standard 4: Application of Research
<ul style="list-style-type: none"> • Customers receive appropriate services based on the effective application of best available research/evidence • Best available research/evidence is used as the foundation of evidence-based practice • Evidence-based practice, best practices, clinical and managerial expertise, and customer values are integrated in the delivery of nutrition and dietetic services

Standard 5: Communication and Application of Knowledge
The registered dietitian nutritionist (RDN) effectively applies knowledge and expertise in communications.
Rationale: The RDN works with and through others to achieve common goals by effective sharing and application of their unique knowledge, skills, and expertise in food, nutrition, dietetics, and management services.

Indicators for Standard 5: Communication and Application of Knowledge			The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			Competent	Proficient	Expert
<i>Each RDN:</i>					
5.1	Communicates current, evidence-based knowledge related to a particular aspect of the profession of nutrition and dietetics		X	X	X
	5.1A	Contributes weight management expertise to other health care providers, the community, and outside agencies	X	X	X
	5.1B	Translates evidence-based research to weight management practice		X	X
<i>(continued on next page)</i>					

Figure 2. (continued) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Adult Weight Management. Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean client/patient, client/patient/customer, participant, consumer, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 5: Communication and Application of Knowledge						
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				The "X" signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
	5.1C	Evaluates obesity-related public health trends and epidemiological reports related to obesity prevention and treatment (eg, CDC, WHO ^k), as well as underlying etiologies as applies to weight management practice			X	X
	5.1D	Consults as a expert on complex weight management issues with other health care professionals, organizations, and community				X
5.2	Communicates and applies best-available research/evidence			X	X	X
	5.2A	Demonstrates critical thinking and problem-solving skills when communicating with others		X	X	X
	5.2B	Demonstrates flexibility and innovation to effectively communicate and apply complex ideas			X	X
5.3	Selects appropriate information and most effective method or format when communicating information and conducting nutrition education and counseling			X	X	X
	5.3A	Utilizes communication methods (eg, oral, print, one-on-one, group, visual, electronic, and social media) targeted to the audience		X	X	X
	5.3B	Uses information technology to communicate, manage knowledge, and support decision making		X	X	X
		5.3B1	Uses electronic health records within the worksite as appropriate	X	X	X
		5.3B2	Identifies web-based weight management tools/resources	X	X	X
		5.3B3	Develops and updates web-based weight management tools/resources		X	X
		5.3B4	Leads in the advancement of technology/informatics in weight management			X
5.4	Integrates knowledge of food and nutrition with knowledge of health, social sciences, communication, and management in new and varied contexts			X	X	X
	5.4A	Leads the integration of scientific knowledge and experience in weight management into practice for complex problems or in new research methodologies				X
5.5	Shares current, evidence-based knowledge, information with patients/clients, colleagues, and the public			X	X	X
	5.5A	Guides patients/clients, students, and interns in the application of knowledge and skills		X	X	X
		5.5A1	Participates as a preceptor or mentor to dietetic students/interns	X	X	X
		5.5A2	Contributes to the education and professional development of students through formal and informal mentoring/teaching	X	X	X

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Indicators for Standard 5: Communication and Application of Knowledge				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				Competent	Proficient	Expert
<i>Each RDN:</i>						
	5.5A3	Contributes to the education and professional development of RDNs, and weight management and/or health care professionals through formal and informal mentoring/teaching			X	X
	5.5A4	Develops formal, structured mentor and preceptor programs in weight management			X	X
	5.5B	Assists individuals and groups to identify and secure appropriate and available resources and services		X	X	X
	5.5B1	Recommends current, evidence-based weight management educational resources (eg, Academy, US Department of Agriculture Choose My Plate at http://www.choosemyplate.gov , NHLBI, ^l Weight Management DPG website at http://www.wmdpg.org)		X	X	X
	5.5C	Utilizes professional writing and verbal skills in communications		X	X	X
	5.5D	Participates as an invited reviewer, author, and/or presenter at meetings and media outlets			X	X
	5.5E	Functions as a content expert for business, industry, and national organizations				X
5.6	Establishes credibility and contributes as a resource within the interdisciplinary health care and management team promoting food and nutrition strategies that enhance health and quality of life outcomes of target populations			X	X	X
	5.6A	Communicates with the interdisciplinary team to promote the use of evidence-based guidelines that integrate food and nutrition with weight management and health		X	X	X
	5.6B	Consults with physicians and other health care professionals (eg, psychologists, CDEs, ^m physical therapists, social workers, nurses)		X	X	X
	5.6C	Promotes the use of the EAL and evidence-based guidelines to integrate food, nutrition, and lifestyle behaviors with weight management and health practices		X	X	X
	5.6D	Leads interdisciplinary collaborations at a systems level				X
5.7	Communicates performance improvement and research results through publications and presentations			X	X	X
	5.7A	Presents evidence-based weight management research and information to community groups and colleagues		X	X	X
	5.7B	Presents evidence-based weight management research and information at professional meetings and conferences (eg, local, regional, national, international)			X	X
	5.7C	Authors authoritative articles in weight management and related areas			X	X

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Figure 2. *(continued)* Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Adult Weight Management. Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean client/patient, client/patient/customer, participant, consumer, or any individual, group, or organization to which the RDN provides service.

Indicators for Standard 5: Communication and Application of Knowledge						
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				The "X" signifies the indicators for the level of practice		
Each RDN:				Competent	Proficient	Expert
	5.7D	Serves in a leadership role for weight management–related scholarly work (eg, reviewer, editor, editorial advisory board) and in program planning and conferences (eg, local, regional, national, international)		X	X	
	5.7E	Translates research findings for incorporation into development of policies, procedures, and guidelines for weight management and dietetics at national and international levels			X	
	5.7F	Directs collation of research data (eg, position papers, practice papers, meta-analysis, review articles) into publications and presentations			X	
5.8	Seeks opportunities to participate in and assume leadership roles in local, state, and national professional and community-based organizations		X	X	X	
	5.8A	Functions as a weight management and nutrition resource as an active member of local/state/national organizations	X	X	X	
	5.8B	Participates in local and regional health/weight management coalitions and projects	X	X	X	
	5.8C	Serves in leadership roles in weight management–related state and national organizations; and public and/or industry advisory boards		X	X	
	5.8D	Identifies new opportunities for leadership and crosses discipline boundaries to promote nutrition and dietetics in a broader context		X	X	
	5.8E	Serves and advocates in leadership role on committees and/or for publications (eg, editor, editorial advisory board member, column editor) or within business/industry-related or other national weight management programs			X	
	5.8F	Proactively seeks opportunities for leadership development and positions, and is identified as an expert related to weight management issues			X	

- Examples of Outcomes for Standard 5: Communication and Application of Knowledge**
- Expertise in food, nutrition, and management is demonstrated and shared
 - Information technology is used to support practice
 - Individuals and groups:
 - Receive current and appropriate information and customer-centered service
 - Demonstrate understanding of information received
 - Know how to obtain additional guidance from the RDN
 - 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, and human resources.

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Indicators for Standard 6: Utilization and Management of Resources						
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice			
Each RDN:			Competent	Proficient	Expert	
6.1	Uses a systematic approach to manage resources and improve operational outcomes			X	X	X
	6.1A	Recognizes and utilizes existing resources (eg, educational/training tools and materials, staff time) as needed in the provision of weight management-related nutrition services	X	X	X	
	6.1B	Implements administratively sound programs (eg, Nutrition Care Process protocols, food quality and food safety, weight counseling, and education)	X	X	X	
	6.1C	Collaborates with administrative, medical, and foodservice staffs in strategic planning and to secure resources and services to achieve desired outcomes		X	X	
	6.1D	Directs or manages business and strategic planning for the design and delivery of nutrition services in weight management–related programs in various setting (eg, clinic, hospital, corporate, military, community programs, schools)			X	
6.2	Quantifies management of resources in the provision of nutrition and dietetic services with the use of standardized performance measures and benchmarking as applicable			X	X	X
	6.2A	Manages effective delivery of weight management nutrition programs (eg, budget, staff, facility, supplies)	X	X	X	
	6.2A1	Utilizes business skills relating to budget management, inventory tracking, ordering and distribution, negotiations for compensation and additional resources	X	X	X	
	6.2A2	Collaborates with stakeholders on development of marketing plan to successfully deliver weight management programs		X	X	
	6.2A3	Directs operational review reflecting evaluation of performance and benchmarking data to manage resources and modifications to design and delivery of nutrition services for weight management			X	
6.3	Evaluates safety, effectiveness, productivity, and value while planning and delivering services and products			X	X	X
	6.3A	Participates in evaluation and selection of tools and new products (eg, nutritional supplements, dietary supplements, medical foods, food/meals, web-based programs, and monitoring systems)	X	X	X	
	6.3B	Evaluates safety, effectiveness, and value of programs in meeting the needs of target population		X	X	
	6.3C	Utilizes facility data and outcomes to enhance program outcomes		X	X	
	6.3D	Seeks administration/advisory board support for program enhancements that meet organizational goals			X	

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Indicators for Standard 6: Utilization and Management of Resources						
Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators			The "X" signifies the indicators for the level of practice			
Each RDN:			Competent	Proficient	Expert	
6.4	Participates in quality assurance and performance improvement (QAPI) and documents outcomes and best practices relative to resource management			X	X	X
	6.4A	Participates in QAPI activities to evaluate and report outcomes of delivery of services against goals and performance targets (eg, budgeted vs actual hours, actual vs budgeted revenue, actual vs projected patient/client volumes)		X	X	X
	6.4B	Anticipates outcomes and consequences of various approaches; recommends/modifies program to achieve targeted outcomes			X	X
6.5	Measures and tracks trends regarding patient/customer, employee, and stakeholder satisfaction in the delivery of products and services			X	X	X
	6.5A	Analyzes data for effective and efficient use of resources and customer satisfaction			X	X
	6.5B	Communicates the need for change based on collected data			X	X
	6.5C	Implements, monitors, and evaluates changes based on collected data				X

Examples of Outcomes for Standard 6: Utilization and Management of Resources	
<ul style="list-style-type: none"> • Documentation of resource use is consistent with operation • Data are used to promote, improve, and validate services • Desired outcomes are achieved and documented • Resources are effectively and efficiently managed 	

Glossary:

Dietary Supplement—a dietary supplement is a product taken by mouth that contains a “dietary ingredient” intended to supplement the diet. The “dietary ingredients” in these products may include: vitamins, minerals, herbs or other botanicals, amino acids, and substances such as enzymes, organ tissues, glandulars, and metabolites. http://www.fda.gov/Food/DietarySupplements/QADietarySupplements/default.htm#what_is.

Physical Activity (PA) Guidelines for Americans—evidence-based physical activity guidelines set by the Physical Activity Guidelines Advisory Committee; <http://www.health.gov/PAGuidelines/>.

Healthy People 2020 Leading Health Indicators—a set of indicators selected to communicate national high-priority health issues and actions that can be taken to address them; <http://www.healthypeople.gov/2020/default.aspx>.

Evidence Analysis Library—the Academy of Nutrition and Dietetics Evidence Analysis Library (EAL) website houses systematic reviews and practice guidelines related to the topics of food and nutrition; <https://www.andeal.org/>.

Informatics—the science of managing, storing, and communicating information. Health informatics focuses on the application of information science within the health care arena. Refer to Practice Paper of the Academy of Nutrition and Dietetics: Nutrition Informatics, 2012; <http://www.eatrightstore.org/search?keyword=informatics>.

Medical food—food which is formulated to be consumed or administered enterally under the supervision of a physician and which is intended for the specific dietary management of a disease or condition for which distinctive nutritional requirements, based on recognized scientific principles, are established by medical evaluation. <http://www.fda.gov/food/guidanceregulation/guidancedocumentsregulatoryinformation/medicalfoods/default.htm>.

Nutritional supplement—a nutritional supplement is a food item consumed to manage calories, protein or other nutrient(s) to enhance nutritional quality; the supplement could be a meal replacement, a part of a meal or consumed as a snack. Examples: Commercial ready-to-use beverages or powdered products to be reconstituted with milk/milk substitute or water, portion-controlled meals, puddings, soups or bars.

^aBMI=body mass index.

^bEAL=Evidence Analysis Library (<http://www.andeal.org>).

^cACSM=American College of Sports Medicine (<http://www.acsm.org>).

^dTOS=The Obesity Society (<http://www.obesity.org>).

^eASMBS=American Society for Metabolic and Bariatric Surgery (<http://asmbs.org>).

^fACE=American Council on Exercise (<http://www.acefitness.org>).

^gNSCA=National Strength and Conditioning Association (<http://www.nasca.com/Home/>).

^hCDC=Centers for Disease Control and Prevention (<http://www.cdc.gov>).

ⁱA.S.P.E.N.=American Society for Parenteral and Enteral Nutrition (<http://www.nutritioncare.org>).

^jAHA/ACC/TOS=American Heart Association, American College of Cardiology, The Obesity Society (<http://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437739.71477.ee>).

^kWHO=World Health Organization (<http://www.who.int/en/>).

^lNHLBI=National Heart, Lung, and Blood Institute (www.nhlbi.nih.gov).

^mCDEs=Certified Diabetes Educators (www.ncbde.org).

Figure 2. (*continued*) Standards of Professional Performance for Registered Dietitian Nutritionists (RDNs) in Adult Weight Management. Note: The term *customer* is used in this evaluation resource as a universal term. Customer could also mean client/patient, client/patient/customer, participant, consumer, or any individual, group, or organization to which the RDN provides service.