

## ESSENTIAL PRACTICE COMPETENCIES FOR CDR-CREDENTIALLED NUTRITION AND DIETETIC PRACTITIONERS ACCREDITED PROVIDER TOOL KIT

### WEB LANDING PAGE

Welcome to the CDR Essential Practice Competencies Accredited Provider Tool Kit! Thank you for being an indispensable partner with the Commission on Dietetic Registration (CDR) in developing and delivering quality nutrition and dietetics-related continuing professional education (CPE) content and for your commitment to supporting nutrition and dietetics practitioners with CPE for life-long learning and ethical, competent and safe practice. Resources about the CDR essential practice competencies for CDR-credentialed practitioners are included here.

### [Practice Competencies Documents](#)

#### Presentations

[Introducing Practice Competencies, October 2013](#)

[Practice Competencies National Validation Results, August 2014](#)

2014 FNCE Session  
To come

[Essential Practice Competencies Opportunities for Providers \(Webinar 1\)](#)

[Essential Practice Competencies Opportunities for Providers, Designing Self-Assessments \(Webinar 2\)](#)

[Essential Practice Competencies Opportunities for Providers, Developing Assessments \(Webinar 3\)](#)

[Essential Practice Competencies Opportunities for Providers, Delivering Assessments \(Webinar 4\)](#)

Practice Competencies: Opportunities for Providers, Application of the Competencies  
To come

### [What's New in the PDP Process?](#)

### [The Professional Development Portfolio \(PDP\) Process](#)

Goal Wizard Tutorial  
To come

#### [Dream Wizard](#)

*Demonstration version of the Goal Wizard.*

### [Mapping Database](#)

*Tool for CPE providers to map learning need codes to practice competency performance indicators.*

[Sample Course Outline](#)

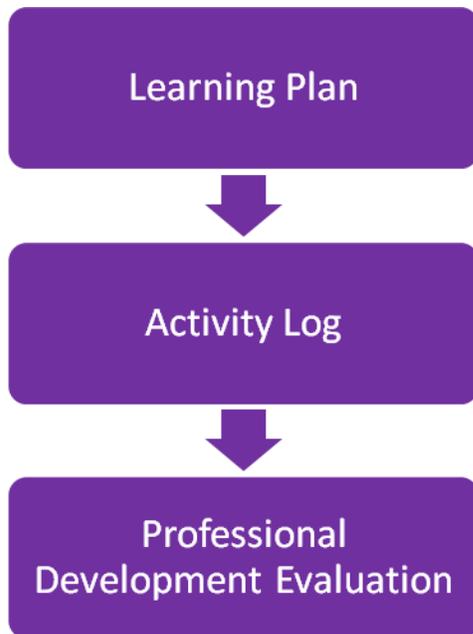
[Practice Competency Frequently Asked Questions \(FAQs\)](#)

[References](#)

[Practice Competency Timeline](#)

## PROFESSIONAL DEVELOPMENT PORTFOLIO AND THE ESSENTIAL PRACTICE COMPETENCIES

### PDP PROCESS (COMPETENCY-BASED)



*RDNs or RDs and NDTRs or DTRs:*

- *Use the online CDR Goal Wizard to develop a Competency Profile and Learning Plan based on responses to questions that ask the practitioner to reflect on current and future practice and desired and mandatory learning.*
  - *Add or delete essential practice competencies for the Learning Plan based on reflection of learning needs.*
  - *One goal must be from the Ethics and Professionalism sphere.*
  - *Identify at least one performance Indicator per essential practice competency.*
  - *Submit the Learning Plan to CDR at the end of the Goal Wizard for automatic approval.*
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- *Log CPE learning activities online. RDNs or RDs need 75 hours and NDTRs or DTRs need 50 hours every recertification cycle. Refer to the PDP Guide for a list of approved activities.*
  - *Evaluate learning and progress and submit a summary to CDR. This step serves as the basis for Step 1 in a new 5-year recertification cycle.*
  - *Refer to the PDP Guide for a complete list of approved learning activities, documentation requirements, and the PDP timeline.*

**PROFESSIONAL DEVELOPMENT PORTFOLIO  
AND THE ESSENTIAL PRACTICE COMPETENCIES**

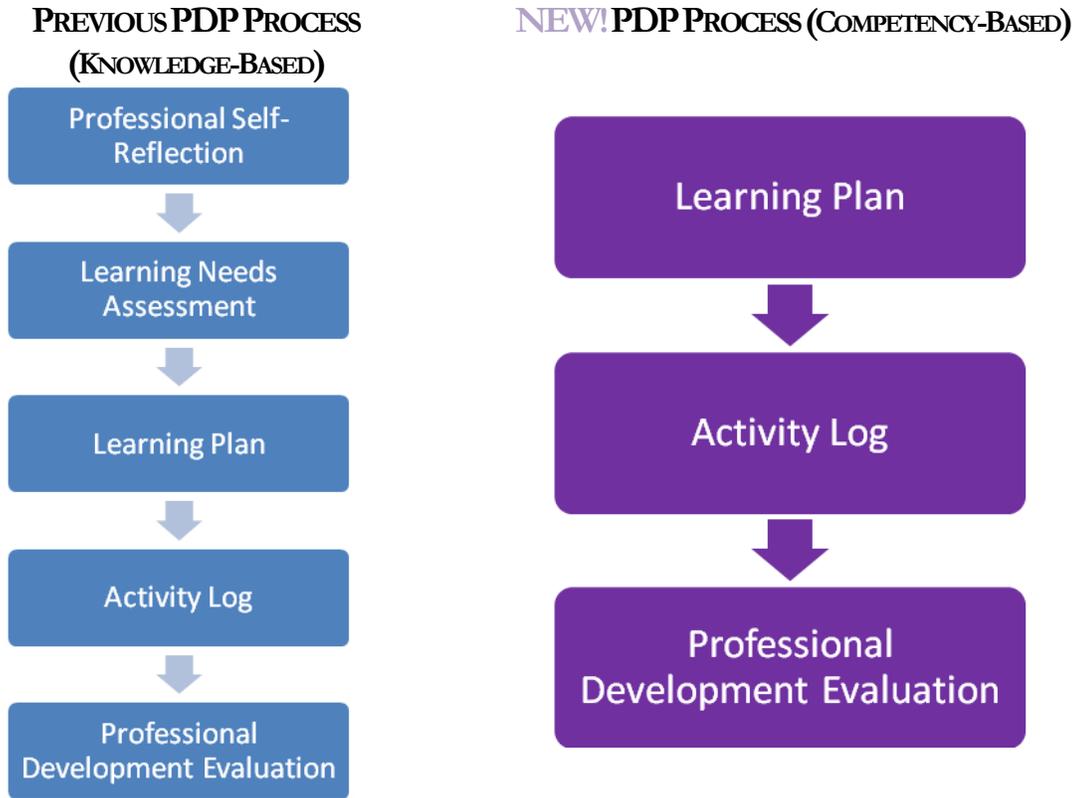
**What's New in the PDP Process?**

*Three important changes:*

1. The PDP process now comprises three steps instead of five. Step 1 is creating the Learning Plan, Step 2 is maintaining the Activity Log, and Step 3 is conducting Professional Development Evaluation.
2. To complete Step 1, CDR has developed an online Goal Wizard, which uses a decision algorithm to assist credentialed practitioners with identification of essential practice competencies and performance indicators relevant to practice for RDNs or RDs or NDTRs or DTRs. Practitioners tailor their Learning Plan by adding or deleting practice competencies and performance indicators.
3. The knowledge-based learning need codes (LNC) that practitioners identified in their Learning Plans will be replaced with essential practice competencies and performance indicators that practitioners select.

*There are **no** changes to the:*

- Learning activity types for CPE credit.
- Total number of CPE units (CPEUs) required: RDNs or RDs need 75 CPEUs and NDTRs or DTRs need 50 CPEUs every 5-year recertification cycle.
- Requirement to keep certificates of completion: Practitioners will need to continue saving these in case of audit.



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**SAMPLE COURSE OUTLINE**

This sample course outline is developed for providers of continuing professional education as one example of how to use the essential practice competencies for CDR credentialed nutrition and dietetic practitioners in a web-based self-study activity.

**Title:** Acute and Ambulatory Care: Nutrition Care Process Assessment, Problems, and Interventions

**Learning Activity:** Web-based self-study (740)

**CPEUs:** Complete the entire three-part program for 30 CPEUs or focus on the individual performance indicators related to nutrition assessment, nutrition diagnosis, or nutrition intervention, which are 10 CPEUs each.

The complete, three-part program offers a comprehensive focus on one competency in Sphere 10: Clinical Care. Alternatively, the individual parts can be combined with other competencies in related areas. Here are some suggestions:

**EXAMPLE PART I** Part I: Nutrition Assessment may have applicable competencies and performance indicators found in Sphere 8—for example, competency 8.1, Interprets and applies

current food and nutrition science and principles in dietetics practice, may be applicable; a specifically applicable performance indicator is 8.1.1, Interprets and applies evidence-based comparative standards for determining nutritional needs.

**EXAMPLE PART II** Part II, which focuses on nutrition diagnosis, could also represent a CPEU activity focused on Sphere 4: Critical Thinking and Decision Making.

**EXAMPLE PART III** Sphere 9: Education and Counseling relates to this program’s Part III: Nutrition Intervention.

**Essential Practice Competency Goal 10.2 for RDNs or RDs and NDTRs or DTRs**

RDNs or RDs: The learner will be able to implement the nutrition care process to ensure individual health goals are established, monitored, and achieved while adhering to the Standards of Practice in Nutrition Care for RDNs or RDs.

NDTRs or DTRs: The learner will be able to implement the Nutrition Care Process under the supervision of the RDN or RD while adhering to the Standards of Practice in Nutrition Care for NDTRs or DTRs.

**LNCs:** 3010 assessment methodology; 5000 medical nutrition therapy; 7040 consultation; 5390 care planning; 5400 case management; documentation and evaluation; 1065 informatics; 3005 nutrition diagnosis; 9020 evaluation and application of research; 6060 learning needs assessment, learning plan development, and evaluation; 6080 training, coaching, and mentoring

**Level of the Activity:** Level II and III

**Part I Learning Objectives (Performance Indicators): Nutrition assessment**

RDNs or RDs	NDTRs or DTRs
<p>10.2.1 Identifies and selects valid and reliable tools to conduct a comprehensive nutrition assessment.</p> <p>10.2.2 Works collaboratively with interdisciplinary team to identify and implement valid and reliable nutrition assessment tool to support access to care.</p> <p>10.2.3 Analyzes and synthesizes the assessment data to establish nutrition problems following the Standards of Practice in Nutrition Care for RDNs.</p> <p>10.2.4 Integrates foundational dietetics knowledge with critical appraisal of assessment data to diagnose nutrition problems (using problem, etiology, signs and symptoms [PES] statements), which can be resolved or improved through treatment or nutrition intervention.</p>	<p>10.2.1 Under the supervision of the RDN, collects and calculates nutrition assessment data to support the development of a nutrition diagnosis.</p> <p>10.2.2 Communicates to the RDN objective and subjective data to support determination of nutrition problems/nutrition diagnosis.</p>

## Possible Content

1. Nutrition Assessment
  - a. Discuss the definition of nutrition assessment using Academy of Nutrition and Dietetics Resources: [Electronic Nutrition Care Process Terminology \(eNCPT\)](#); [Scope of Practice for Registered Dietitians and Dietetic Technicians, Registered](#); and the [Revised 2012 Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitians and Dietetic Technicians, Registered](#).
  - b. Offer examples that clarify the scope and standards for RDNs or RDs
  - c. Offer examples that clarify the scope and standards for NDTRs or DTRs
2. Comprehensive nutrition assessment tools
  - a. Review nutrition assessment tools, tool data (subjective and objective data) and interpretation
    - i. Subjective global assessment (SGA)
    - ii. Patient-generated SGA
    - iii. Mini nutrition assessment (MNA)<sup>®</sup> and the Revised MNA<sup>®</sup> short form
    - iv. Short nutritional assessment questionnaire
    - v. Seniors in the Community: Risk Evaluation for Eating and Nutrition, Version II Abbreviated (SCREEN II-AB) Tool
  - b. Review evidence statements in [Academy Evidence Analysis Library<sup>®</sup>](#)
  - c. Describe the populations in which the tools have been validated
  - d. Discuss the sensitivity and specificity of tools
3. Tools used in interdisciplinary care
  - a. Review the nutrition assessment tools and their uses—MNA<sup>®</sup>, Revised MNA<sup>®</sup> short form, malnutrition universal screening tool (MUST), short form 36, Katz activities of daily living (ADL) assessment, Lawton instrumental ADL assessment
  - b. Discuss how to interpret the tool data
  - c. Identify how candidates are selected for nutrition intervention
4. Other assessment data
  - a. Discuss relevant food and nutrition history; anthropometric, biochemical, and nutrition-focused physical findings data and their interpretation
  - b. Provide current evidence of reference standards for comparison of nutrition assessment data
5. Critical thinking during nutrition assessment
  - a. Distinguish relevant and extraneous data
  - b. Cluster nutrition assessment data for identification and labeling of nutrition problems

Assessment Approach: Patient case scenario and multiple-choice questions to distinguish relevant from extraneous nutrition assessment data and differentiating similar nutrition diagnoses based on data and relevant standards.

### **Part II Learning Objectives (Performance Indicators): Nutrition problems**

<b>RDNs or RDs</b>	<b>NDTRs or DTRs</b>
10.2.6 Effectively communicates findings and nutrition diagnoses to clients and the health care team.	10.2.1 Under the supervision of the RDN, collects and calculates nutrition assessment data to support the development of a nutrition diagnosis.

<p>10.2.7 Prioritizes specific nutrition problem(s).</p> <p>10.2.8 Establishes the plan of care, directly addressing the nutrition diagnosis in collaboration with the patient in defining the time, frequency, and duration of the intervention.</p>	<p>10.2.2 Communicates to the RDN objective and subjective data to support determination of nutrition problems/nutrition diagnosis.</p>
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### Possible Content

1. Nutrition diagnosis
  - a. Discuss the definition of nutrition diagnosis using Academy of Nutrition and Dietetics Resources: [Electronic Nutrition Care Process Terminology \(eNCPT\)](#); [Scope of Practice for Registered Dietitians and Dietetic Technicians, Registered](#); and the [Revised 2012 Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitians and Dietetic Technicians, Registered](#).
  - b. Offer examples that clarify the scope and standards for RDNs or RDs
  - c. Offer examples that clarify the scope and standards for NDTRs or DTRs
2. Nutrition problems
  - a. Illustrate the importance of individual data elements and comparative standards in nutrition diagnosis
  - b. Distinguish between closely related nutrition diagnoses
  - c. Cite the evidence for the existence of a nutrition problem
  - d. Highlight evidence that will result in meaningful monitoring data
  - e. Give examples of how to document progress, barriers, and considerations for nutrition problems
  - f. Describe when the determination “no nutrition diagnosis at this time” is appropriate
3. Well-written PES statements
  - a. Identification of the root cause of a nutrition problem
  - b. Better and best PES statements
4. Prioritizing nutrition problems
  - a. Show the impact of practice setting on nutrition priorities
  - b. Discuss nutrition priorities based on patient population
  - c. Describe the priorities based on disease state and severity
5. Plan of care
  - a. Provide examples of shared (client/RDN) nutrition goals
  - b. Describe nutrition-related behavior tools for client readiness to change and their uses

Assessment Approach: Patient case scenario and multiple-choice questions that differentiate well-written PES statements, illustrate appropriate prioritization of problems based on the situation, and show shared nutrition goals and tools to assess readiness to change nutrition-related behaviors

<b>RDNs or RDs</b>	<b>NDTRs or DTRs</b>
<p>10.2.5 Develops nutrition prescription to communicate required food and nutrient needs.</p> <p>10.2.9 In collaboration with the client and interdisciplinary team (including NDTRs), selects and implements current and evidence-based nutrition interventions and patient education.</p> <p>10.2.10 Monitors and identifies factors affecting patient progress in meeting goals.</p> <p>10.2.11 Monitors, identifies, and adjusts the intervention based on patient progress in meeting established goals.</p> <p>10.2.12 Establishes new goals and a new plan of care when original or interim goals are met.</p>	<p>10.2.3 As directed by the RDN, assists with implementation of nutrition interventions and patient education.</p> <p>10.2.4 As directed by the RDN, monitors factors affecting patient progress in meeting goals.</p> <p>10.2.5 Communicates findings to support the adjustment or redesign of the plan of care/intervention as needed.</p>

## Possible Content

1. Nutrition intervention
  - a. Discuss the definition of nutrition diagnosis using Academy of Nutrition and Dietetics Resources: [Electronic Nutrition Care Process \(eNCPT\)](#); [Scope of Practice for Registered Dietitians and Dietetic Technicians, Registered](#); and the [Revised 2012 Standards of Practice in Nutrition Care and Standards of Professional Performance for Registered Dietitians and Dietetic Technicians, Registered](#).
  - b. Offer examples that clarify the scope and standards for RDNs
  - c. Offer examples that clarify the scope and standards for NDTRs
2. Nutrition prescription
  - a. Describe the purpose and relationship to nutrition intervention
  - b. Discuss the necessary elements and clear measures
3. Nutrition interventions
  - a. Describe nutrition education content and application
  - b. Describe nutrition counseling theoretical basis/approaches
  - c. Identify behavior change strategies and their uses
  - d. Give evidence of group vs. individual counseling
4. Factors supporting and inhibiting progress toward problem resolution
  - a. Identify potential barriers to progress
  - b. Discuss factors that support problem resolution
  - c. Describe factors that contribute to plan adjustment
5. Adjustment and redesign of the plan and continuation of care
  - a. Describe how to build on previous learning
  - b. Give examples of how to keep clients motivated
  - c. Offer examples of ways to prevent relapse

Assessment Approach: Reflective questions throughout materials and case examples of interventions with multiple-choice questions to promote appropriate development of a nutrition prescription, ways to collaborate with clients and teams, identification of factors affecting patient progress in meeting goals, factors affecting adjustment of the intervention plan, and creation of a new (or next) stage in the intervention plan.

## Certificate of Completion (each part)

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**FREQUENTLY ASKED QUESTIONS (FAQs) ABOUT THE PROFESSIONAL DEVELOPMENT  
PORTFOLIO**

**Question: How will the essential practice competencies change the PDP process?**

Answer: The PDP process is changing in three important ways:

**First**, the process comprises three steps instead of five. Step 1 is the creating a Learning Plan, Step 2 is maintaining an Activity Log, and Step 3 is conducting a Professional Development Evaluation.

**Second**, to complete the Step 1: Learning Plan, the Commission on Dietetic Registration (CDR) has developed an online Goal Wizard to assist credentialed practitioners with identification of the essential practice competency goals and performance indicators relevant to the RDN or RD and NDTR or DTR practice. Therefore, practitioners will not need to draft Learning Plan goals. The new essential practice competencies will replace handwritten goals.

**Third**, the learning need codes (LNC) that practitioners identified in their Learning Plans will be replaced with the performance indicators that practitioners select.

**Question: How does the Goal Wizard identify which essential practice competencies are relevant for a particular practitioner?**

Answer: The Goal Wizard uses a decision algorithm to identify all of the performance indicators for each essential practice competency. Based on whether the practitioner is an RDN or RD or an NDTR or DTR and how he or she answers a series of questions in the Goal Wizard, the algorithm identifies the recommended essential practice competencies for the practitioner. The Goal Wizard. It is the individual practitioner who identifies the Performance Indicators relevant to his/her Competency goals.

**Question: What options do practitioners have if they believe the essential practice competencies identified by the Goal Wizard are not relevant?**

Answer: Practitioners have an opportunity to remove the essential practice competencies that they believe are not relevant and/or select additional practice competencies and performance indicators.

**Question: Are there any required essential practice competencies?**

Answer: Based on a recommendation from the Academy of Nutrition and Dietetics Board of Directors, in 2011 CDR voted to require that RDNs or RDs, and NDTRs or DTRs complete a minimum of 1 continuing professional education unit (CPEU) in Ethics during each 5-year recertification cycle. This requirement started with the 5-year recertification cycle that ends on May 31, 2017, and is being phased in over a 5-year period. Learning activities related to Sphere 1: Ethics and Professionalism and LNC 1050 meet this requirement.

To ensure that practitioners who are using the essential practice competencies do not inadvertently miss this requirement, the Goal Wizard will alert practitioners that the Learning Plan needs to include at least one practice competency and at least one performance indicator from Sphere 1: Ethics and Professionalism in order to be submitted to CDR.

**Question: Will accredited providers have access to the Goal Wizard?**

Answer: A new tool, the [Dream Wizard](#), is a demonstration version of the Goal Wizard. It is available for students, educators, and accredited providers. A Learning Plan can be developed, but not saved when using the Dream Wizard. Printing is available once a draft of the Learning Plan is developed.

**Question: How many essential practice competency goals should be in a Learning Plan?**

Answer: As with the current Learning Plan, most practitioners identify several goals, so it is likely that practitioners may continue to identify several essential practice competency goals to support their Learning Plan. However, only one competency goal is *required* in a Learning Plan. If practitioners include only one essential practice competency, it must focus on Ethics and Professionalism.

**Question: How many performance indicators should be in a Learning Plan?**

Answer: With the LNC system, practitioners selected several LNCs to meet their learning need goals. The same approach will likely be used for performance indicators. Practitioners will select the performance indicators that they need to address a practice competency. The Goal Wizard does require that at least one performance indicator be selected for each essential practice competency.

**Question: Do practitioners need to include all of the essential practice competencies in their learning plan?**

Answer: No. Not all essential practice competencies have to be included in a PDP Learning Plan nor do practitioners need to select all practice competencies within one sphere.

**Question: How long will it take CDR to approve a Learning Plan?**

Answer: As soon as the practitioner finishes the Goal Wizard process, which includes identification of essential practice competencies and performance indicators, there is an opportunity to submit the plan to CDR. Once submitted to CDR, the Learning Plan is automatically approved and active.

**Question: Will CDR evaluate which essential practice competencies and performance indicators practitioners select?**

Answer: No. CDR only requires that practitioners develop a learning plan that meets their needs. It is possible that a career-changer may seek more advanced essential practice competencies in Communications, for example, because he or she brings experience from years working in business before becoming an RDN or NDTR. Likewise, an RDN or RD and NDTR or DTR may seek new, fundamental or less complex essential practice competencies in an area that is new to him or her, such as Informatics.

**Question: Will CDR still accept the same types of learning activities for continuing professional education (CPE) as before?**

Yes. The CPE activity types accepted by CDR remain unchanged. These activities include case presentations, self-studies, interactive workshops, and certificate programs, among others. CDR's *Professional Development Portfolio Guide* includes a complete list of acceptable activity types.

**Question: Is there a test or evaluation after each CPE?**

Answer: Since the inception of the PDP process, CDR has asked accredited providers to assess the learning outcomes of CPE activities, and this is still true with the essential practice competency system. CDR has created resources for accredited providers to help them incorporate the essential practice competencies and performance indicators into existing content and to assist them in designing, developing, and delivering assessments. Multiple-choice question assessments will still be accepted as an assessment approach.

**Question: Will CDR still require certificates of completion as documentation for continuing professional education (CPE)?**

Yes. CDR still requires that practitioners maintain certificates of completion for each CPE activity in case of an audit.

**How will accredited providers know which performance indicators are linked to the LNCs?**

Answer: CDR diligently mapped all of the essential practice competencies and performance indicators to the existing LNCs. To easily map CPE activities, CDR has created a mapping database searchable by LNC or performance indicator.

**Question: Is there a performance indicator for every LNC?**

Answer: As of winter 2015, there is not a performance indicator for every LNC. Performance indicators are competency based. The LNCs without performance indicators—especially those listed under 5000 Medical Nutrition Therapy—are knowledge based rather than competency based. CDR Accredited Providers are encouraged to identify the knowledge, skills, judgment and attitudes that will be offered in their continuing professional education (CPE) content.

**Question: How will RDNs or RDs and NDTRs or DTRs know which LNCs or performance indicators are linked to a particular CPE?**

Answer: The Goal Wizard will provide links to examples of CPE activities that relate to the performance indicators that the practitioner has chosen.

**Question: Will the CDR standards for CPE accredited providers change?**

Answer: CDR currently has 11 standards for accredited providers. Fundamentally, these will remain the same. However, there will be some refinement of the standards with consideration of the essential practice competencies—specifically the transition from addressing LNCs to addressing essential practice competencies and performance indicators.

**Question: Will CDR require that accredited providers offer additional documentation to demonstrate their inclusion of essential practice competencies in learning activities?**

Answer: Currently, CDR requires that accredited providers provide sample programs as part of their accreditation. This will continue in the future.

**Question: Are accredited providers required to use the essential practice competencies and performance indicators as written?**

Answer: Yes. The essential practice competencies and performance indicators have been selected and validated through research. Many of the core essential practice competencies for dietetics are common to other professions that are also transitioning toward a practice competency-based CPE model. The addition of the Performance Indicators/Learning Objectives field to the CDR CPE database is a required field that is intended to assist practitioners with selection of CPE that meets their learning needs.

**Question: One of the accredited provider standards requires that activities be based on an identified learning need of dietetics professionals. How will providers meet this requirement?**

Answer: Each year, CDR CPE accredited providers will receive a complimentary annual report of dietetics practitioners' learning interests. The data and applicable LNCs and performance indicators will be provided. Using these data in developing CPE activities or materials addresses this standard. Providers are also encouraged to collect and utilize their own learning needs data to develop CPE activities and materials.

**Question: Another accredited provider standard requires that explicit educational objectives or intended learning outcomes are prepared. How will providers meet this requirement?**

Answer: Accredited providers are encouraged to use the practice competencies and performance indicators instead of drafting an overall learning goal and learning objectives, respectively. If accredited providers draft an original learning goal and objectives, they are still required to identify the program's applicable practice competencies and performance indicators in addition to the LNCs.

**Question: What if, as an accredited provider, I believe that there are additional essential practice competencies or performance indicators that should be added?**

Answer: Just as CDR allowed accredit providers to suggest new LNCs, CDR will offer a means for accredited providers to suggest additional essential practice competencies or performance indicators.

**Question: How long will it take the profession to transition from the current PDP with LNC to the PDP with essential practice competencies and performance indicators?**

Answer: There will be a phased implementation of the essential practice competencies. All practitioners are on a 5-year recertification cycle. The only exception to this rule is for newly credentialed RDNs and NDTRs who have slightly more than 5 years until their first recertification cycle after passing their registration exam. The first group to use the essential practice competencies in the PDP will be new RDNs and NDTRs credentialed June 2, 2015-May 31, 2016, and practitioners recertifying June 1, 2016-May 31, 2021. The last group to transition to essential practice competencies will be new RDNs or NDTRs credentialed June 2, 2019-May 31, 2020, and practitioners recertifying June 1, 2020-May 31, 2025. Annually thereafter, all newly credentialed practitioners and those recertifying will begin including essential practice competencies in the PDP.

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**REFERENCES**

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### **Comprehensive Scope of Practice /Standards of Practice Resources**

Scope of Practice, Standards of Professional Performance for RDs/DTRs and Focus Areas and Scope of Practice Decision Tool for members and non-members of the Academy.

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**TIMELINE**

ESSENTIAL PRACTICE COMPETENCIES FOR  
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