



Academy of Nutrition and Dietetics: Revised 2022 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

A person's weight is an anthropometric measure factored into assessing health risk, not a measure of worth, ability, or overall health. Adult weight management is a spectrum of lifelong care services available for persons whose goals can be achieved through evidence-based, weight-related interventions and intersects most practice areas of nutrition. An adult weight management registered dietitian nutritionist (RDN) is responsible for providing a psychologically safe, accessible, and respectful setting and empowering care to those seeking nutrition services. This requires the RDN to act as an advocate by proactively seeking to identify personal and external weight biases, understanding the influence of those predispositions, and acknowledging how weight-related prejudices are intricately connected with systems that influence nutrition both inside and outside of health care. Increases in average weight influence potentially counterproductive discussions about judgment, an individual's body, and relationship with health. RDNs are equipped to provide dynamic care and be on the forefront of implementing weight-inclusive built environments, policies, and person-centered communications to minimize harm and maximize benefit for the individual and society. The authors, Weight Management Dietetic Practice Group, and the Academy of Nutrition and Dietetics Quality Management Committee revised the Standards of Practice and Standards of Professional Performance for RDNs in Adult Weight Management to update established criteria of competent practice, further define core values, and set direction for future areas of opportunity. The Adult Weight Management Standards of Practice and Standards of Professional Performance are complementary tools intended for RDNs to benchmark and identify progressive routes and goals for professional advancement.

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Editor's note: *Figures 1 and 2 that accompany this article are available online at www.jandonline.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 revised the Standards of Practice (SOP) and Standards of Professional Performance (SOPP) for Registered Dietitian Nutritionists (RDNs) in Adult Weight Management originally published in 2015.¹ The revised document, Academy of Nutrition and Dietetics: Revised 2022 Standards of Practice and Standards of Professional Performance for

Registered Dietitian Nutritionists (Competent, Proficient, and Expert) in Adult Weight Management, reflects advances in adult weight management practice during the past 7 years and replace the 2015 Standards. This document builds on the Academy of Nutrition and Dietetics: Revised 2017 SOP in Nutrition Care and SOPP for RDNs.² The Academy of Nutrition and Dietetics/Commission on Dietetic Registration's (CDR) Code of Ethics for the Nutrition and Dietetics Profession,³ along with the Academy of Nutrition and Dietetics: Revised 2017 SOP in Nutrition Care and SOPP for RDNs² and Revised 2017 Scope of Practice for the RDN⁴ guide the practice and performance of RDNs in all settings by describing: 1) how an RDN is uniquely qualified to provide weight management nutrition and dietetics services; 2) the knowledge, skills, and competencies an RDN needs to demonstrate for the provision of safe, effective, and

quality adult weight management care and service at the competent, proficient, and expert levels; and 3) a systematic approach to benchmarking level of proficiency and determining paths for advancement in adult weight management.

*Approved May 2022 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: May 2028.** 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: Dana Buelsing Sowards, MS, manager, Quality Standards Operations; and Karen Hui, RDN, LDN, scope/standards of practice specialist, Quality Management, at quality@eatright.org.*

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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). The two credentials have identical meanings. In this document, the authors have chosen to use the term RDN to refer to both registered dietitians and registered dietitian nutritionists.

Scope of practice in nutrition and dietetics is composed of statutory and individual components, includes the code(s) of ethics (eg, Academy/CDR, other national organizations, and/or employers code of ethics), and encompasses the range of roles, activities, practice guidelines, 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.⁴ An RDN's statutory scope of practice can delineate the services an RDN is authorized to perform in a state where a practice act or certification exists. For more information, see www.eatrightpro.org/advocacy/licensure/licensure-map.

An RDN's scope of practice is determined by education, training, credentialing, experience, and demonstrating and documenting competence to practice. Individual scope of practice in nutrition and dietetics has flexible boundaries to capture the breadth of the individual's professional practice. Professional advancement beyond the core education and supervised practice to qualify for the RDN credential provides RDNs practice opportunities, such as expanded roles within an organization based on training and certifications, (eg, Certificate of Training in Obesity for Pediatrics and Adults,⁵ exercise science, project management, research coordination, health and wellness coaching, social and behavioral sciences); or additional credentials (eg, CDR's Board Certified Specialist in Obesity and Weight Management [CSOWM]; Certified Diabetes Care and Education Specialist [CDCES], Certified

Nutrition Support Clinician [CNSC], Certified Case Manager [CCM], or Certified Professional in Healthcare Quality [CPHQ]). The Scope of Practice Decision Algorithm (www.eatrightpro.org/scope) guides an RDN through a series of questions to determine whether a particular activity is within their scope of practice. The algorithm is designed to assist an RDN to critically evaluate their personal knowledge, skill, experience, judgment, and demonstrated competence using criteria resources.⁶

The Centers for Medicare and Medicaid Services (CMS), Department of Health and Human Services Hospital⁷ and Critical Access Hospital⁸ Conditions of Participation now allow a hospital and its medical staff the option of including RDNs or other clinically qualified nutrition professionals within the category of "non-physician practitioners" eligible for ordering privileges for therapeutic diets and nutrition-related services if consistent with state law and health care regulations. RDNs in hospital settings interested in obtaining ordering privileges must review state laws (eg, licensure, certification, and title protection), if applicable, and health care regulations to determine whether there are any barriers or state-specific processes that must be addressed. For more information, review the Academy's practice tips that outline the regulations and implementation steps for obtaining ordering privileges (www.eatrightpro.org/dietorders/). For assistance, refer questions to the Academy's State Affiliate organization.

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. To comply with regulatory requirements, an RDN's eligibility to be considered for ordering privileges must be through the hospital's medical staff rules, regulations, and bylaws, or other facility-specific process.⁹ The actual privileges granted will be based on the RDN's knowledge, skills, experience, and specialist certification, if required, and demonstrated and documented competence.

The *Long-Term Care Final Rule* published October 4, 2016, in the *Federal Register*, now "allows the attending physician to delegate to a qualified dietitian or other clinically qualified nutrition professional the task of prescribing a resident's diet, including a therapeutic diet, to the extent allowed by State law" and permitted by the facility's policies.¹⁰ The qualified professional must be acting within the scope of practice as defined by state law; and is under the supervision of the physician that may include, for example, countersigning the orders written by the qualified dietitian or clinically qualified nutrition professional. RDNs who work in long-term care facilities should review the Academy's updates on CMS that outline the regulatory changes to §483.60 Food and Nutrition Services (www.eatrightpro.org/practice/quality-management/national-quality-accreditation-and-regulations/centers-for-medicare-and-medicaid-services). Review the state's long-term care regulations to identify potential barriers to implementation; and identify considerations for developing the facility's processes with the medical director and for orientation of attending physicians. The CMS State Operations Manual, Appendix PP-Guidance for Surveyors for Long-Term Care Facilities contains the revised regulatory language (new revisions are italicized and in red color).¹¹ CMS periodically revises the State Operations Manual Conditions of Participation; obtain the current information at www.cms.gov/files/document/appendices-table-content.pdf.

ACADEMY QUALITY AND PRACTICE RESOURCES

The Academy's Revised 2017 SOP in Nutrition Care and SOPP for RDNs² reflect the minimum competent level of nutrition and dietetics practice and professional performance. The core 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 consistent with the Nutrition Care Process and clinical workflow elements as applied to the care of patients/clients in all settings.¹²

The SOPP consist of standards representing six domains of professional performance: 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, equitable, efficient, and quality food and nutrition care and services; facilitate evidence-based practice; and serve as a professional evaluation resource.

The SOP and SOPP for RDNs in Adult Weight Management indicators are measurable action statements that illustrate how each standard can be applied to practice, were revised with input and consensus of content experts representing diverse practice and geographic perspectives (Figures 1 and 2, available at www.jandonline.org). 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 SOP and SOPP for RDNs are built on the Dreyfus model,¹³ which identifies levels of proficiency—novice, advanced beginner, competent, proficient, and expert (refer to Figure 3) during the acquisition and development of knowledge and skills. Upon attaining the credential, an RDN enters practice

With safety and evidence-based practice¹⁵ as guiding factors when working with patients/clients the RDN identifies the level of evidence, clearly states research limitations, provides safety information from reputable sources, and describes the risk of the intervention(s), when applicable.

The Academy offers the Evidence Analysis Library (www.andeal.org)¹⁶ as a resource, which provides a synthesis of systematic reviews on a variety of nutrition and dietetics topics, such as adult weight management, physical activity and nutrition, and bariatric surgery. The RDN is responsible for searching literature and assessing the level of evidence to select the best available evidence to inform recommendations. RDNs must evaluate and understand the best available evidence in order to converse authoritatively with the interprofessional team and adequately involve the patient/client in shared decision making.

at the competent level and manages their professional development to achieve individual goals. In Academy focus areas, the three levels of practice are represented as competent, proficient, and expert to align with the model.¹⁴ Whereas an RDN may use this progression as a method to demonstrate increasing breadth and depth of knowledge and skills in order to justify a promotion or additional job title, job status is not to be confused with the level of practice described here. For example, status in job title alone is not necessarily indicative of a proficient or expert level of practice because this title does not measure competency nor scope. Figure 4 includes role examples of RDNs in adult weight management at different competency levels.

Competent Practitioner

A competent practitioner is an RDN who is either just starting practice after having obtained RDN registration by CDR or an experienced RDN recently transitioning their practice to a new focus area of nutrition and dietetics. A focus area of nutrition and dietetics practice is a defined area of practice that requires focused knowledge, skills, and experience that applies to all levels of practice.¹⁵ A competent practitioner consistently provides safe and reliable services by applying knowledge, skills, behavior, and values in accordance with accepted standards of the profession; acquires additional on-the-job skills; and engages in tailored continuing education to further enhance knowledge, skills, and judgment obtained in formal education.¹⁵ An RDN practicing in adult weight management may have responsibilities across several areas of practice, including, but not limited to public health and community nutrition,¹⁷ clinical (eg, diabetes¹⁸ and nephrology¹⁹), consultation and business, research, education,²⁰ and food and nutrition management²¹ and has a general awareness of the complexity of factors that influence weight (Figure 5).

Proficient Practitioner

A proficient practitioner is an RDN who typically has at least 3 years of adult weight management experience

beyond credentialing and entry into the profession, consistently provides safe and reliable service, and has demonstrated operational job performance, knowledge, skills, judgment, and experience in a focus area of nutrition and dietetics practice.¹⁵ An RDN may acquire specialist credentials, such as the CSOWM, to demonstrate proficiency in this focus area of practice. The proficient-level practitioner, as with the competent practitioner, uses evidence-based tools in assessment, but further acknowledges the methodological limits and integrates in new instruments as they are systematically validated. The proficient RDN uses evidence-based resources to improve communication with patients/clients and other stakeholders including applied behavior theory, counseling skills, and public relations resources. The proficient RDN understands the complex nature and nuances of adult weight management and provides effective patient-/client-centered care (Figure 5). The proficient RDN leverages the interprofessional nature of adult weight management interventions.

Expert Practitioner

An expert practitioner is an RDN who is recognized within the profession and has mastered a high degree of skill in, and knowledge of, nutrition and dietetics. Expert practice is more complex, and the practitioner has a high degree of professional autonomy and responsibility.¹⁵ The experienced practitioner employs an analytical approach through observation, analysis, and integration. The individual at this level strives for additional knowledge, experience, and training. An expert demonstrates high-level problem solving and decision-making skills, including managing ambiguity in challenging situations by making effective quality decisions in a timely manner when all the information may not be available. Experts demonstrate quality practice and leadership and consider new opportunities that integrate nutrition and dietetics. An expert practitioner may have an expanded and/or specialist role and may possess an advanced credential(s), such as the CDR Advanced Practitioner Certification in Clinical

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 RDNs are accountable. The Standards of Practice (SOP) 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 (SOPP) 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).

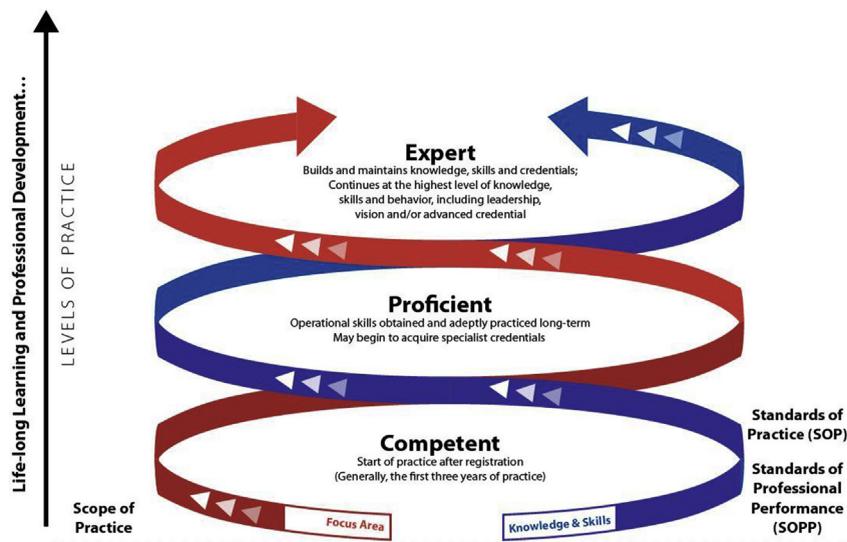
SOP and SOPP are complementary standards and serve as evaluation resources. All indicators may not be applicable to all RDNs' practice or to all practice settings and situations. RDNs operate within the directives of applicable federal and state laws and regulations as well as policies and procedures 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 their knowledge, skill, experience, judgment, and demonstrated competence with the criteria necessary to perform the activity safely, ethically, legally, and appropriately. The Academy of Nutrition and Dietetics Scope of Practice Decision Algorithm is specifically designed to assist practitioners with this process.

The term **patient/client** is used in the SOP 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 care and services. **Customer** is used in the SOPP as a universal term. Customer could also mean client/patient/customer, family, participant, consumer, or any individual, group, or organization to which the RDN provides services. These services are provided to individuals 18 years of age and older. The SOP and SOPP are not limited to the clinical setting. In addition, it is recognized that the family and caregiver(s) of clients 18 years of age and older, 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 2017 SOP in Nutrition Care and SOPP for RDNs have been adapted to reflect three levels of practice (competent, proficient, and expert) for RDNs in adult weight management (see image below). In addition, the core indicators have been expanded to reflect the unique competence expectations for the RDN providing adult weight management.

Standards described as proficient level of practice in this document are not equivalent to the Commission on Dietetic Registration certification, Board Certified as a Specialist in Obesity and Weight Management. Rather, the Certified Specialist in Obesity and Weight Management designation recognizes the skill level of an RDN who has developed and demonstrated through successful completion of the certification examination, obesity and weight management knowledge and application beyond the competent practitioner and demonstrates, at a minimum, proficient level skills. An RDN with a Certified Specialist in Obesity and Weight Management designation is an example of an RDN who has demonstrated additional knowledge, skills, and experience in obesity and weight management by the attainment of a specialist credential.



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

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

Nutrition, or other focus area credential(s). An expert-level practitioner in adult weight management is a leader in the field, looked upon to uphold the presented standards, and expected to uplift RDNs working toward expertise. As recognized leaders in the field, the expert RDN mentors and sponsors students, other RDN colleagues, and members of the inter-professional team by providing guided training, nominating individuals for advancement opportunities, and providing a supportive environment that encourages professional autonomy and growth. Experts recognize that guiding and supporting RDNs is inadequate if that practice does not include persons from underrepresented groups in dietetics.^{22,23} Within the public domain, experts pave the way for responding to community needs and enacting policies and procedures to empower, drive positive change, and promote equity.

OVERVIEW

A person's weight is an anthropometric measure factored into assessing health risk, not a measure of worth, ability, nor overall health. Adult weight management inherently intersects with each subspecialty of nutrition due to the prevalence of weight-related conditions and the ubiquity of weight in nutrition assessment. The professional role of the RDN is one of service—empowering persons to thrive through food and nutrition, a dynamic guiding principle that is at the core of adult weight management. Adult weight management is not synonymous with weight loss, rather a spectrum of lifelong care services available for people whose health and wellness goals can be achieved through evidence-based, weight-related interventions.¹⁶ When describing weight management interventions, categorizing progress or outcomes as success or failure reinforces a false pretense that care reaches an end at some point. The priority of effective adult weight management care as outlined in the SOP and SOPP is that the patient/client stays engaged in health-seeking activities.^{16,24} This includes not only staying engaged in weight-management services, but

also following up with preventative services, using physical and mental health services and developing support systems for future challenges and celebrations. Any actions that undermine this overarching priority, regardless of intent, are contrary to adult weight management principles as outlined in the current document. RDNs in adult weight management value individual autonomy and recognize that patients/clients remain in control of their care at every step—asking permission, shared decision making, supporting goals rather than predetermining them. A meaningful patient-/client-provider relationship starts with intentional effort and action by the RDN before any patient/client interaction.

Adult Weight Management Guiding Principles for RDN Practice and Professional Performance

1. Anthropometric measures such as weight are factored into assessing health risk, not a measure of worth, ability, or overall health.
2. Adult weight management is a spectrum of evidence-based interventions and intersects with most practice areas of nutrition and is not synonymous with weight loss.
3. Effective adult weight management is patient-/client-centered and requires interprofessional support, as one health care practitioner cannot facilitate care alone.
4. Health care practitioners are responsible for providing a psychologically safe, accessible, and respectful setting and empowering care.
5. Advocates proactively to identify personal and external weight biases, understand the impact of those predispositions, and recognize how systematic weight-related prejudices are intricately connected.
6. The priority of effective adult weight management care is for the patient/client to remain engaged in life-long, health-seeking activities.

The adult weight management RDN is responsible for providing psychologically safe, accessible, and respectful settings to broach difficult topics, given that the interpretation of weight is often connected to biases, internalized

stigma, and traumatic experiences.²⁵ This requires the RDN to actively seek to identify personal and external biases, understand the influence of those predispositions, and how weight-related prejudices are connected with systems that influence nutritional status.²⁶ Regularly completing validated, self-assessments for implicit biases facilitates awareness that informs developing the skills to modify communication styles to meet cultural, health literacy, and social needs of the patient/client.^{27,28}

RDNs are well equipped to provide care and are the forefront of advocating for weight-inclusive built environments, policies, and person-centered communications to minimize harm and maximize benefit. Weight-inclusive or universal approaches center on creating a welcoming environment for persons of all weights and sizes to reduce access barriers for the patient/client.^{29–31} RDNs in adult weight management aim to identify and address biases, create space for diverse voices, and continue to facilitate inclusivity as a foundational expectation. The adult weight management RDN practices chronic disease management by listening to and centering the patient/client or community in all care-related decisions (Figure 5). Adult weight management RDNs respond to community needs and enact policies and procedures to empower patients/clients, drive positive change, and actively promote equity within the profession.

Recent estimates suggest more than 80% of US adults will have a body mass index ≥ 25 by 2030.³² Despite body mass index being a crude measure with its limitations, it is strongly correlated with more than 40 diseases and conditions and premature mortality.³³ Evidence suggests modest weight reductions improve most chronic disease risk factors.³³ Increases in average weight influence potentially counterproductive discussion about judgment, and an individual's body and relationship with health. Productive care discussions and counseling are anchored by the guiding principles of adult weight management and focus on behaviors rather than outcomes. The RDN is positioned to meet the increasing demand for weight

	<p>Clinical Practitioner: Competent</p> <p>An RDN recently assigned to work in a clinic setting reviews applicable medical and Medical Nutrition Therapy resources related to adult weight management to guide practice and identify knowledge and skills for continuing education. The RDN uses the SOP and SOPP in Adult Weight Management to evaluate expected outcomes and the level of competence needed to provide quality care. The RDN identifies mentors for consultation and qualified practitioners to refer to individuals who require a level of care higher than that RDN can competently provide.</p>
	<p>Telehealth Practitioner: Proficient</p> <p>An RDN working in a telehealth setting who provides consultations regarding weight management to patients/clients refers to the SOP and SOPP in Adult Weight Management for resources and guidance for competent practice. The RDN consults with or refers patients/clients to an RDN or health care practitioner with specific expertise if necessary (eg, post metabolic and bariatric surgery, disordered eating, or comorbidities). The RDN routinely monitors all relevant state laws and regulations, the Academy of Nutrition and Dietetics telehealth resources, and organization policies regarding the practice of telehealth specifically considering requirements in the case that a patient/client lives in another state. As a result of the increasing number of patients/clients with weight management referrals, the RDN uses the SOP and SOPP to self-evaluate level of practice to determine areas to strengthen.</p>
	<p>Public Health Practitioner: Proficient</p> <p>An RDN working in a wellness center provides adult weight management nutrition care, including consulting and coaching. The RDN is adept at networking and familiar with community and public health opportunities for collaboration. The RDN maintains additional credentialing as an exercise specialist to provide high quality, comprehensive care. The RDN reviews the relevant SOP and SOPP to identify outcomes for competent practice, resources to review to increase knowledge, and possible continuing education activities to pursue.</p>
	<p>Academic: Expert</p> <p>An RDN faculty member reviews the SOP and SOPP in Adult Weight Management to gain additional familiarity to expand lecture content, training experiences, and research, including securing funding. The RDN uses the SOP and SOPP to identify areas in need for further study and conducts peer-reviewed, rigorous research to advance evidence-based practice. The RDN uses the SOP and SOPP to develop an academic plan for advancement, promotion, or tenure.</p>
	<p>Program Coordinator: Expert</p> <p>An RDN works as a program coordinator who oversees clinicians providing adult weight management care to patients/clients. The RDN considers the relevant SOP and SOPP when determining expertise needed at the program level, position descriptions, adult weight management standards of care, work assignments, and when assisting staff in evaluating competence and additional knowledge and/or skill needs in adult weight management. The RDN recognizes the SOP and SOPP as important tools for staff to assess their own competence, identify personal performance plans, and to guide quality improvement data monitoring and evaluation to optimize patient/client outcomes.</p>
<p>^aFor each role, an RDN updates the professional development plan to include applicable practice competencies for adult weight management care and services, including maintaining certification or licensure in appropriate areas outside of the scope of this document and referring to another focus area SOP and/or SOPP for related competencies.</p>	

Figure 4. Role 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.^a

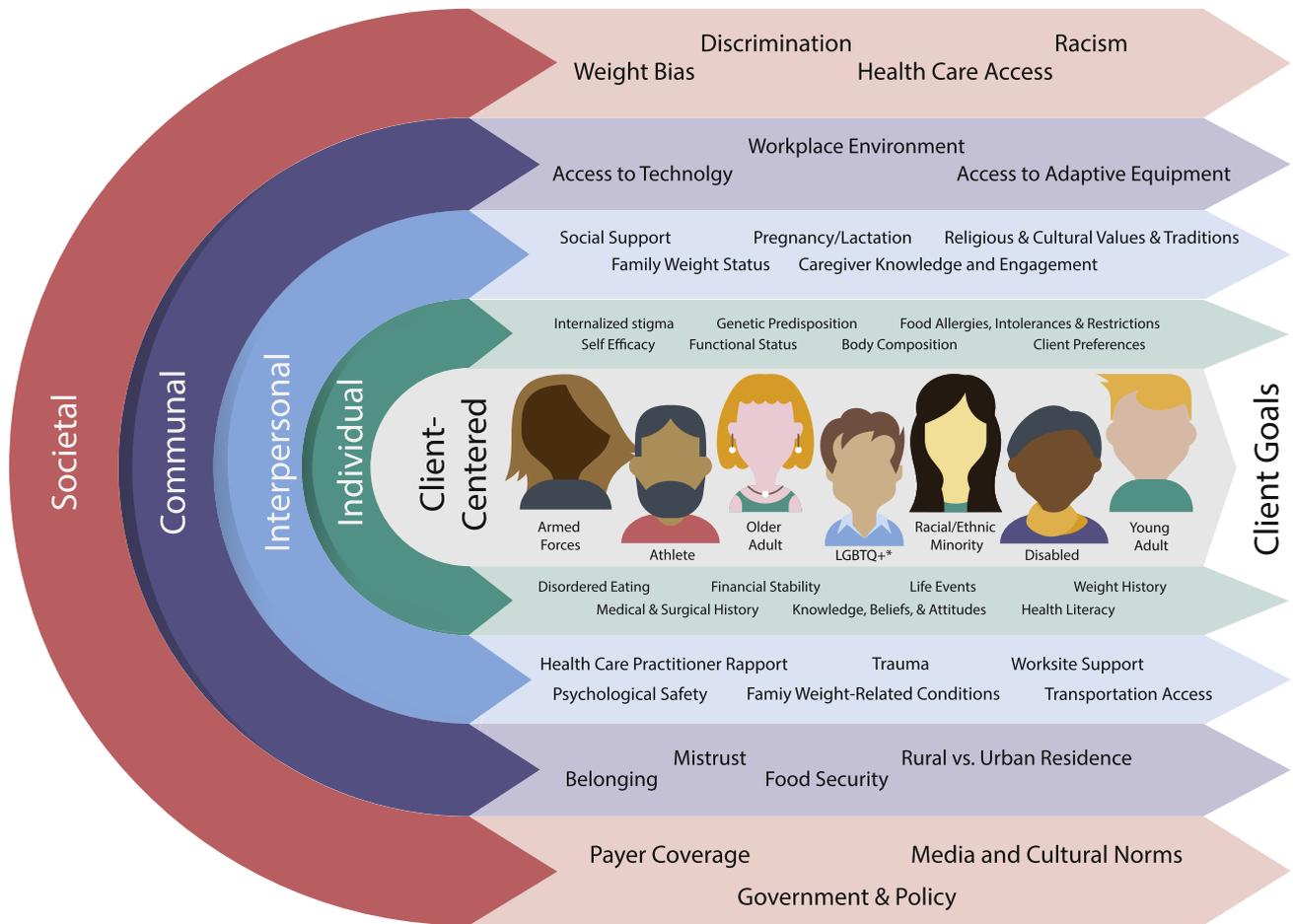


Figure 5. Multilevel factors that contribute to and shape clients and their goal setting. *LGBTQ+ = lesbian, gay, bisexual, transgender, queer, and addition spectrum of sex, gender, and sexual preference identities.

management services. Meeting this need requires innovative and forward-thinking modes of behavior change counseling delivery such as telehealth, in-community, or workplace-based interventions to serve a wide range of populations—including rural vs urban needs, armed (military) services, prisons (both incarcerated persons and employees), or institutional living facilities.³⁴ Additional skills in public health communications about weight are also critical. The RDN has the opportunity to communicate with the public in a way that increases awareness, corrects mis/disinformation, and highlights a path forward.

A competent-level practitioner in adult weight management may be new to practice or recently adjusted practice to include more weight management services such as an oncology RDN offering more weight management

services for survivorship programs of weight-related cancers. The proficient-level RDN in adult weight management has gained more weight-management-specific skills and knowledge and functions with increased autonomy. This individual has sufficient, or is working toward sufficient, knowledge and documented hours in weight management to qualify for the CSOWM. An expert-level practitioner may have an expanded or specialist role. Generally, the practice is more complex and assumes a higher level of responsibility in their tasks. Expert-level RDNs in adult weight management serve as a principal source of information for RDN colleagues and interprofessional team members. They promote the practice and expertise needed for quality adult weight management care. Adult weight management RDNs practice wherever chronic disease prevention and

interventions are implemented—ambulatory settings, retail, community centers, private practice, and public health settings.

Adult weight management spans across disciplines and specialty areas. This includes referring or seeking assistance and expertise from other health care providers when necessary. An RDN is not expected to be an expert in all areas. Knowing the limits of one's skills and knowledge is as important as being proficient in a given area. The SOP and SOPP for RDNs in Adult Weight Management were revised to update established criteria of competent practice, further define core values, and set direction for future areas of opportunity. The adult weight management SOP and SOPP are complementary tools intended for RDNs to assess aptitude and identify opportunities for advancement.

ACADEMY REVISED 2022 SOP AND SOPP FOR RDN_s (COMPETENT, PROFICIENT, AND EXPERT) IN ADULT WEIGHT MANAGEMENT

An RDN can use the Academy Revised 2022 SOP and SOPP for RDN_s (Competent, Proficient, and Expert) in Adult Weight Management (Figures 1 and 2, available at www.jandonline.org, and Figure 3) to:

- identify the competencies needed to provide weight management nutrition and dietetics care and services;
- self-evaluate whether or not they have the appropriate knowledge, skills, and judgment to provide safe, effective, equitable, and quality weight management nutrition and dietetics care and service for their level of practice;
- identify the areas in which additional knowledge, skills, and experience 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 services;
- support efforts for strategic planning, performance improvement, outcomes reporting, and assist management in the planning and communicating of weight management nutrition and dietetics services and resources;
- enhance professional identity and skill in communicating 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, practice guidelines, protocols, clinical models, competence evaluation tools, and career pathways;
- assist educators and preceptors in teaching students and interns the knowledge, skills, and competencies needed to work in adult weight management nutrition and dietetics, and the

understanding of the full scope of this focus area of practice; and

- design, execute, and disseminate scholarly activity that advances the understanding and practice of weight management services.

APPLICATION TO PRACTICE

Adult weight management care is provided in a variety of settings, and not specific only to weight management centers. RDNs working in areas that overlap with weight management can benefit from additional skill development. Training for a competent-level practitioner to increase skills specific to adult weight management includes CDR's Certificate of Training in Obesity for Pediatrics and Adults. Knowledge and skills that are nonspecific to weight management, but are necessary for competent practitioners, center around the practice of inclusivity.³⁵ Placing the person(s) being served at the center of care is necessary at every level (Figure 5). This includes actively listening to the desires and concerns of the patient/client, assisting with setting goals derived by the patient/client, and supporting the use of outcomes to further refine patient/client-derived strategies to facilitate behavior change. In addition, the adult weight management practitioner must consistently employ communication skills that refrain from perpetuating weight bias that stigmatize the patient/client. Continuous reflection and self-assessment are key to influential patient/client-centered relationships.

RDNs pursue additional knowledge, skills, and training, regardless of practice setting, to maintain currency and to expand individual scope of practice within the limitations of the statutory scope of practice, as defined by state law. The SOP and SOPP for RDNs in Adult 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 adult weight management nutrition and dietetic services. In addition, the standards can be used to assist RDNs in general clinical practice with maintaining minimum competence in the focus area and by RDNs transitioning their knowledge and skills to a new focus area of

practice. RDNs initially practice at the level at which they are competent, and this will vary depending on education, training, and experience.³⁶ RDNs should collaborate with other RDNs in adult weight management as learning opportunities and to promote consistency in practice and performance and continuous quality improvement. It is understood throughout the SOP and SOPP that RDNs of all levels will refer to appropriate medical providers as necessary. Figure 4 includes examples of how RDNs in different roles and levels of practice may use the SOP and SOPP in Adult Weight Management.

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 adult weight management is learning the principles that underpin this focus area and is developing knowledge, skills, judgment, and gaining experience for safe and effective weight management practice. This RDN, who is new to the profession or is an experienced RDN, 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 adult weight management must accept the challenge of becoming familiar with the body of knowledge, practice guidelines, and available resources to support and ensure quality weight management-related nutrition and dietetics practice (Figure 6).

At the proficient level, an RDN has developed a more in-depth understanding of adult weight management practice and is more skilled at adapting and applying evidence-based guidelines and best practices than at the competent level. The proficient RDN is also able to modify practice according to unique situations (eg, metabolic and bariatric surgery, sports and human performance,³⁷ diabetes,¹⁸ nephrology,¹⁹ and eating disorders³⁸). The RDN at the proficient level may possess a CSOWM or other specialist credential(s).

At the expert level, the RDN thinks critically about weight management nutrition and dietetics, demonstrates a more intuitive understanding of the practice area, displays a range of highly developed clinical and technical skills, and makes decisions through a

Resource	Address	Description
Academy of Nutrition and Dietetics Weight Management Dietetic Practice Group	https://www.wmdpg.org/	This dietetic practice group supports the highest level of professional practice in the prevention and treatment of overweight and obesity throughout the lifecycle. Members of the Weight Management Dietetic Practice Group receive no- or reduced-cost training by global experts, access to newsletters and research briefs, and continuing education. Members also have access to the most current Weight Management Interventions Scoping Review, which identifies and characterizes 139 peer-reviewed studies investigating weight management interventions.
Academy of Nutrition and Dietetics EatRight Store Weight Management	https://www.eatrightstore.org/product-subject/weight-management	This webpage provides various products from the Academy of Nutrition and Dietetics related to weight management, including but not limited to: The Complete Counseling Kit for Weight Loss Surgery, Counseling Overweight Adults: The Lifestyle Patterns Approach and Toolkit, Real Solutions Weight Loss Workbook, and Right Size for Me: A Weight Management Guide for African American Women.
Academy Pocket Guide to Bariatric Surgery	https://www.eatrightstore.org/product-type/ebooks/academy-of-nutrition-and-dietetics-pocket-guide-to-bariatric-surgery-3rd-ed-ebook	The pocket guide provides practical information and application of the Nutrition Care Process in the treatment of patients before and after bariatric surgery, during weight stabilization, and in lifelong follow-up care. Special considerations in surgical treatment are also addressed (eg, pregnancy and chronic kidney disease).
American College of Sports Medicine	www.acsm.org	The mission of the American College of Sports Medicine is to advance and integrate scientific research to provide educational and practical applications of exercise science and sports medicine. Resources to members include application of the Physical Activity Guidelines for Americans issued by the US Department of Health and Human Services and what they mean for clinicians.
American College of Sports Medicine Guidelines for Exercise Testing and Prescription	https://www.acsm.org/read-research/books/acsm-guidelines-for-exercise-testing-and-prescription	The American College of Sports Medicine Guidelines provide standards on exercise testing and prescription within the scope of exercise specialists. This manual gives succinct summaries of recommended procedures for exercise testing and exercise prescription, including considerations and modifications in weight management.

(continued on next page)

Figure 6. Resources for registered dietitian nutritionists in adult weight management (not all-inclusive).

Resource	Address	Description
American Society for Metabolic and Bariatric Surgery	https://asmbs.org/	American Society for Metabolic and Bariatric Surgery is the largest national society for metabolic and bariatric surgery, with members, including physicians and integrated health professionals. Registered dietitian nutritionists are eligible to apply for integrated health professional membership, which requires recommendation from a current surgeon member. Integrated health professional members receive reduced cost registration to conferences and <i>Surgery for Obesity and Related Diseases</i> journal, position papers, and implementation tools. Members have access to the Clinical Practice Guidelines for the Perioperative Nutritional, Metabolic, and Nonsurgical Support of the Bariatric Surgery Patient.
Commission on Dietetic Registration	https://www.cdrnet.org/	The purpose of the Commission on Dietetic Registration, as the credentialing agency and organization unit of the Academy of Nutrition and Dietetics, is to serve the public by establishing and enforcing standards for certification, recertification, and the Code of Ethics and by issuing credentials to individuals who meet these standards. Commission on Dietetic Registration offers advanced training in adult weight management, including the Certificate of Training in Obesity for Pediatrics and Adults. Commission on Dietetic Registration also offers the Interdisciplinary Specialist Certification in Obesity and Weight Management credential. Interprofessional team members with documented hours of specialty practice in weight management and at least 2 years of maintained credentialing are eligible to take the certification exam.
Handbook of Obesity Treatment, Second Edition	https://www.guilford.com/books/Handbook-of-Obesity-Treatment/Wadden-Bray/9781462542901	This handbook gives a comprehensive understanding of the causes, consequences, and management of obesity. It provides guidelines for conducting psychosocial and medical assessments and for developing individualized treatment plans (eg, lifestyle, pharmacological, and surgical treatments).
National Weight Control Registry	http://www.nwcr.ws/	National Weight Control Registry is the largest prospective investigation of long-term successful weight loss maintenance. At the time of this publication, the National Weight Control Registry is tracking more than 10,000 individuals

(continued on next page)

Figure 6. (continued) Resources for registered dietitian nutritionists in adult weight management (not all-inclusive).

Resource	Address	Description
		who have lost significant amounts of weight and kept it off for long periods of time and continues to recruit individuals who have lost weight. Registered dietitian nutritionists can encourage clients who have experienced large weight losses to participate in this registry.
Obesity Action Coalition	https://www.obesityaction.org/	Obesity Action Coalition is a nonprofit organization of more than 70,000 members, including clinicians, patients, and their support networks. The Obesity Action Coalition focuses on raising awareness and improving access to the prevention and treatment of obesity, providing evidence-based education on obesity and its treatments, eliminating weight bias and discrimination, elevating the conversation of weight and its influence on health, and offering a community of support for the persons affected. Members receive a newsletter, access to an annual conference, and tools, including media guides, weight bias training, and education materials.
Obesity Care Advocacy Network	https://obesitycareadvocacynetwork.com/	Obesity Care Advocacy Network is a diverse group of organizations, including the Academy of Nutrition and Dietetics, that have come together with the purpose of changing how we perceive and approach the problem of obesity in this nation. Leaders organize advocacy events (eg, legislative events and meetings with payers).
Obesity Medicine Association	https://obesitymedicine.org	The Obesity Medicine Association offers education and resources to help implement evidence-based treatments in practice and provides networking and advocacy opportunities for the expansion of coverage of obesity treatment services. Members receive access to webinars, continuing education, and networking opportunities.
Provider Competencies for the Prevention and Management of Obesity	https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2019/03/Provider-Competencies-for-the-Prevention-and-Management-of-Obesity.pdf	These competencies were developed by the Provider Training and Education Workgroup of the Integrated Clinical and Social Systems for the Prevention and Management of Obesity Innovation Collaborative. This document provides standards for interprofessional groups in weight management.
<i>(continued on next page)</i>		

Figure 6. *(continued)* Resources for registered dietitian nutritionists in adult weight management (not all-inclusive).

Resource	Address	Description
Rudd Center for Food Policy and Obesity	https://uconnruddcenter.org/	Rudd Center for Food Policy and Obesity offers resources for both clinicians and patients, including general education materials, media gallery, and information and training on weight bias and stigma.
The Obesity Society	https://www.obesity.org/	The Obesity Society is an interprofessional organization of registered dietitian nutritionists, physicians, behavioral health clinicians, and researchers with an interest in obesity prevention and treatment. Members have access to continuing education, <i>Obesity</i> journal, and the annual conference: Obesity Week, as well as access to grants and subunits. Members can also access the 2013 Guideline for the Management of Overweight and Obesity in Adults.

Figure 6. (continued) Resources for registered dietitian nutritionists in adult weight management (not all-inclusive).

combination of education, experience, and critical thinking. Practice at the expert level requires the application of composite nutrition and dietetics knowledge, with practitioners drawing not only on their practice experience, but also on the experience of the weight management RDNs in various disciplines and practice settings. Expert RDNs, with their extensive experience and 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; but they also integrate multiple care teams, systems, and processes; lead, manage, drive and direct clinical care; conduct and collaborate in research and advocacy; accept organization leadership roles; engage in scholarly work; guide interprofessional teams; and lead the advancement of weight management nutrition and dietetics practice.

The totality of individual practice defines a level of practice and not any one indicator or standard. A practitioner is not expected to be expert in all indicators to be considered at an expert level, nor is someone to be measured by their highest or lowest competency. Instead, the general level of expertise of the RDN is determined by the more frequent performance indicators overall. Indicators for the SOP and SOPP for

RDNs in Adult Weight Management are measurable action statements that illustrate how each standard can be applied in practice (Figures 1 and 2, available at www.jandonline.org). Standards and indicators presented in boldface type originate from the Academy's Revised 2017 SOP in Nutrition Care and SOPP for RDNs² and apply to RDNs in all three levels. Additional indicators not in boldface type developed for this focus area are identified as applicable to all levels of practice. Where an indicator begins at a competent level, 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. Attainment of expertise in one indicator does not assign or establish level of competence. 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.

RDNs review the SOP and SOPP in Adult Weight Management at determined intervals to evaluate their individual focus area knowledge, skill, and competence. Consistent self-evaluation helps identify opportunities to improve and enhance practice and professional performance and set measurable, skill-specific goals for professional development. This self-appraisal also

enables adult weight management RDNs to use these Standards as part of the *Professional Development Portfolio* recertification process,³⁹ which encourages CDR-credentialed nutrition and dietetics practitioners to incorporate self-reflection and learning needs assessment for development of a learning plan for improvement and commitment to lifelong learning. The CDR's 5-year recertification cycle incorporates the use of essential practice competencies for determining professional development needs.⁴⁰ In the 3-step process, the credentialed practitioner accesses the Competency Plan Builder (step 1), which is a digital tool that assists practitioners in creating education learning plan.⁴¹ It helps identify focus areas during each 5-year recertification cycle for verified CDR-credentialed nutrition and dietetics practitioners. The Activity Log (step 2) is used to log and document continuing professional education over the 5-year period. The Professional Development Evaluation (step 3) guides self-reflection and assessment of learning and how it is applied. The outcome is a completed evaluation of the effectiveness of the practitioner's learning plan and continuing professional education. The self-assessment information can then be used in developing the plan for the practitioner's next 5-year recertification cycle. For more information, see www.cdrnet.org/competencies-for-practitioners.

FUTURE DIRECTIONS

The SOP and SOPP for RDNs in Adult Weight Management are dynamic documents intended to allow practitioners to benchmark current proficiency and identify pathways for professional growth. Future revisions reflect changes and advances in practice, changes to dietetics education standards, regulatory changes, and outcomes of practice audits. Ongoing assessment and differentiation of the three practice levels in support of safe, effective, equitable, and quality practice in adult weight management is the intention of each revision to serve tomorrow's practitioners and their patients/clients.

Future directions of adult weight management adapt to where care is needed, beyond traditional counseling settings. Forward-thinking care requires the RDN in adult weight management to remain current in evidence-based practices and to continually improve and stay abreast of rapidly changing needs.

SUMMARY

The principles of adult weight management overlap with nearly all areas of nutrition. Understanding the RDNs' level of competence in adult weight management, consensus standards, and opportunities for development are critical in establishing the RDN as an authority in the field. RDNs are advised to conduct their practice based on the most recent edition of the Code of Ethics for the Nutrition and Dietetics Profession, the Scope of Practice for RDNs, and the SOP in Nutrition Care and SOPP for RDNs, along with applicable federal and state regulations and facility accreditation standards. 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 are used by RDNs who provide adult weight management care to individuals to consistently improve and appropriately demonstrate competence and value as providers of safe, effective, equitable, and quality 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. These standards are reviewed and updated every 7 years.

Current and future initiatives of the Academy, as well as advances in weight management care and services, will provide information to use in future 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 for use by individuals in self-evaluation, practice advancement, development of practice guidelines and specialist credentials, and as indicators of quality. These standards do not constitute medical or other professional advice, and should not be taken as such. The information presented in the standards is not a substitute for the exercise of professional judgment by the credentialed nutrition and dietetics practitioner. These standards are not intended for disciplinary actions, or determinations of negligence or misconduct. 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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Each author contributed to drafting and editing the components of the article (eg, article text and figures) and reviewed all drafts of the manuscript.

Standards of Practice for Registered Dietitian Nutritionists in Adult Weight Management

Standard 1: Nutrition Assessment

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

Rationale:

Nutrition screening is the preliminary step to identify individuals who require a nutrition assessment performed by an RDN. Nutrition assessment is a systematic process of obtaining and interpreting data in order to make decisions about the nature and cause of nutrition-related problems and provides the foundation for nutrition diagnosis. It is an ongoing, dynamic process that involves not only initial data collection, but also reassessment and analysis of patient/client or community needs. Nutrition assessment is conducted using validated tools based in evidence, the five domains of nutrition assessment, and comparative standards. Nutrition assessment may be performed via in-person, or facility/practitioner assessment application, or Health Insurance Portability and Accountability Act (HIPAA) compliant video conferencing telehealth platform.

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		
<i>Each RDN:</i>				Competent	Proficient	Expert
1.1	<i>Patient/client/population history: Assesses current and past information related to personal, medical, family, and psychosocial/social history</i>			X	X	X
	1.1A	Reviews nutrition risk screening data (eg, malnutrition) from referring facility/provider or incorporates into nutrition assessment data collection using evidence-based screening tool		X	X	X
	1.1B	Assesses weight history through childhood, adolescence, and adulthood		X	X	X
		1.1B1	Identifies specific developmental stages when significant weight change occurred including key benchmarks related to weight status (eg, highest/lowest adult weight, usual body weight, pre/post pregnancy or menopause weight, gender transition)	X	X	X
		1.1B2	Identifies life events related to significant weight change (eg, marriage, birth, divorce, death, job changes)	X	X	X
		1.1B3	Compares history of previous weight-loss strategies/ medical nutrition therapy including components of previous weight loss attempts most and least helpful for patient/client	X	X	X
		1.1B4	Considers previous behavioral and social environmental factors that impacts weight or health (eg, socioeconomic status, food access, transportation, physical safety, living conditions, social support, work schedule)	X	X	X
		1.1B5	Examines history of trauma as it relates to significant weight change (eg, sexual, physical and/or psychological trauma, internalized weight bias)		X	X

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

Indicators for Standard 1: Nutrition Assessment								
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	
	1.1C	Reviews medical and surgical history				X	X	X
		1.1C1	Documents history of eating disorders, disordered eating patterns, and treatment (eg, night, binge and/or restrictive eating, purging, excessive exercise)			X	X	X
		1.1C2	Documents history of tobacco, alcohol, and/or substance use, dependency, and treatment			X	X	X
		1.1C3	Identifies metabolic and hormonal conditions that may be associated with weight status (eg, prediabetes, diabetes, polycystic ovary syndrome, thyroid disorders, cardiovascular disease, obstructive sleep apnea, and metabolic and bariatric surgery)			X	X	X
			1.1C3i	Investigates potential physiological and sensory challenges associated with weight-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
		1.1C4	Connects weight-related side effects to medications (eg, weight gain associated with anti-inflammatory, antihypertensives, antidepressants, antipsychotics; weight loss associated with diuretics, stimulants, medications taken specifically for weight loss)				X	X
		1.1C5	Evaluates procedures impacting nutrition and weight status (eg, metabolic and bariatric surgery, amputations, and gastrointestinal, endocrinology, and gynecological surgery)				X	X
	1.1D	Assesses family history				X	X	X
		1.1D1	Retrieves family weight history including previous treatment (eg, weight loss attempts, metabolic and bariatric surgery)			X	X	X
		1.1D2	Determines history of family weight-related conditions (eg, diabetes, polycystic ovarian syndrome, obstructive sleep apnea, genetic conditions)			X	X	X
	1.1E	Reviews patient/client expressed goals of weight gain, loss or maintenance				X	X	X
		1.1E1	Solicits motivation level to change relative to previous weight loss attempts (eg, Likert scale)			X	X	X

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

Indicators for Standard 1: Nutrition Assessment						
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
		1.1E2	Notes reported patient/client self-efficacy relative to previous weight loss attempts	X	X	X
1.2	<i>Anthropometric assessment: Assesses anthropometric indicators (eg, height, weight, body mass index [BMI], waist circumference, arm circumference), comparison to reference data (eg, percentile ranks/z-scores), and individual patterns and history</i>			X	X	X
	1.2A	Uses standard procedures and equipment for height, weight, calculation of BMI, and waist circumference		X	X	X
		1.2A1	Selects from scales, stadiometers, skinfold calipers, and other equipment appropriate to target population	X	X	X
		1.2A2	Chooses gender- or ethnic-specific criteria when evaluating waist circumference and BMI	X	X	X
	1.2B	Assesses body composition when excess adipose and/or excess skin present			X	X
	1.2C	Calculates body composition with validated instruments, such as magnetic resonance imaging, dual-energy x-ray absorptiometry, and computed tomography, that segment adipose to determine adipose distribution				X
1.3	<i>Biochemical data, medical tests, and procedure assessment: Assesses laboratory profiles (eg, acid-base balance, renal function, endocrine function, inflammatory response, vitamin/mineral profile, lipid profile), and medical tests and procedures (eg, gastrointestinal study, metabolic rate)</i>			X	X	X
	1.3A	Collects results of routine diagnostic tests and therapeutic procedures (eg, complete blood count, comprehensive metabolic panel, blood pressure, heart rate, electrocardiogram)		X	X	X
	1.3B	Interprets complex diagnostic tests and therapeutic procedures (eg, endocrine markers, urinary analysis, sleep studies, upper gastrointestinal series, endoscopy, metabolomic markers)			X	X
	1.3C	Measures resting energy expenditure using appropriate method (eg room calorimeter; validated indirect calorimetry)				X
1.4	<i>Nutrition-focused physical examination (NFPE) may include visual and physical examination: Obtains and assesses findings from NFPE (eg, indicators of vitamin/mineral deficiency/toxicity, edema, muscle wasting, subcutaneous fat loss, altered body composition, oral health, feeding ability [suck/swallow/breathe], appetite, and affect)</i>			X	X	X
<i>(continued on next page)</i>						

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Indicators for Standard 1: Nutrition Assessment						
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Each RDN:				Competent	Proficient	Expert
1.4A	Assesses clinical signs of altered body composition (eg, skin turgor, fatigue, muscle cramps, dark urine, rapid weight change with fluid overload or loss, constipation, BMI or waist circumference changes)			X	X	X
1.4B	Notes clinical signs of undernutrition (eg, dry, brittle, or thinning hair and nails, irritability, inability to concentrate)			X	X	X
1.4C	Interprets clinical signs of malnutrition, including eating disorders (eg, hypothermia, bradycardia, lanugo, muscle wasting, tooth erosion, bony protrusions, parotid gland enlargement, gastrointestinal distress, nystagmus, ataxia, poor wound healing)				X	X
1.4D	Synthesizes complex health issues (eg, acute post-bariatric surgery nutrition complications, signs of Beri Beri such as executive functioning deficits, changes in gait; secondary hyperparathyroidism, dysphagia)					X
1.5	Food and nutrition-related history assessment (ie, dietary assessment)- Evaluates the following components:					
1.5A	Food and nutrient intake including composition and adequacy, meal and snack patterns, and appropriateness related to food allergies and intolerances			X	X	X
1.5A1	Documents self-reported and/or confirmed food allergy or intolerance (eg, gluten sensitivity/intolerance, lactose intolerance/milk allergy)			X	X	X
1.5A2	Determines dietary preferences and practices (cultural practices, alcohol intake, strong dislikes or preferences)			X	X	X
1.5A3	Summarizes changes in usual intake as a result of deliberate weight-control measures, physical activity, medical conditions, illnesses, and injuries, or psychological factors (eg, depression, anxiety, post-traumatic stress disorder)			X	X	X
1.5A4	Identifies changes in usual intake related to chronic disease, psychiatric disease (eg, bipolar disorder, dissociative identity disorder) or psychotropic medications				X	X
1.5B	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
1.5B1	Identifies external influences on eating patterns (eg, meal/snack access; night, split, extended work shifts)			X	X	X

(continued on next page)

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Each RDN:				Competent	Proficient	Expert
		1.5B2	Determines level of support needed for self-directed food selection, attainment, preparation, and intake (eg, support of care providers, adaptive equipment, literacy tools)		X	X
	1.5C	Medication and dietary supplement use, including prescription and over-the-counter medications, and integrative and functional medicine products		X	X	X
		1.5C1	Identifies the safety and efficacy of dietary supplement intake (eg, macro- and micronutrients, fiber, bioactive substances, caffeine, herbals)	X	X	X
		1.5C2	Lists actual or potential drug/nutrient interactions	X	X	X
		1.5C3	Categorizes nutrition-related adverse side effects of medications including controlled substances		X	X
		1.5C4	Determines adequacy of vitamin and mineral supplements including after metabolic and bariatric surgery		X	X
	1.5D	Knowledge, beliefs, and attitudes (eg, understanding of nutrition-related concepts, emotions about food/nutrition/health, body image, preoccupation with food and/or weight, readiness to change nutrition- or health-related behaviors, and activities and actions influencing achievement of nutrition-related goals)		X	X	X
		1.5D1	Assesses food preparation skills and knowledge	X	X	X
		1.5D2	Identifies beliefs and convictions around food (eg, food combination, avoiding "white foods")	X	X	X
		1.5D3	Determines ability to set and adhere to goals (eg, visit attendance, recall of goals, self-monitoring, use of monitoring technology tools, self-efficacy)	X	X	X
		1.5D4	Assesses knowledge/ability to eat mindfully (eg, intuitive eating, hunger cues, emotions, distractions, monitor/manage eating antecedents such as hunger, mood, location, work/life situations)	X	X	X
		1.5D5	Evaluates underlying barriers or failures that hinder follow through with nutrition therapy		X	X
	1.5E	Food security defined as factors affecting access to a sufficient quantity of safe, healthful food and water, as well as food/nutrition-related supplies		X	X	X
		1.5E1	Identifies safe, healthful food/meal availability (eg, financial resources, access to farms, markets, and/or groceries; access to kitchen, pantry, and equipment for safely cooking, serving, and storing food)	X	X	X

(continued on next page)

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Each RDN:				Competent	Proficient	Expert
	1.5E2	Checks for awareness and use of community resources for food (eg, government-funded nutrition assistance programs, food bank, farmers market vouchers, shelters)		X	X	X
	1.5F	Physical activity, cognitive and physical ability to engage in developmentally appropriate nutrition-related tasks (eg, self-feeding, shopping, food preparation, and other activities of daily living) and breastfeeding		X	X	X
	1.5F1	Determines functional status (eg, mobility, activities of daily living, food preparation, food shopping)		X	X	X
	1.5F2	Examines complex feeding needs (eg, breastfeeding, enteral and parenteral nutrition, aspiration therapy devices)			X	X
	1.5G	Other factors affecting intake and nutrition and health status (eg, cultural, ethnic, religious, lifestyle influencers, psychosocial, and social determinants of health)		X	X	X
	1.5G1	Chronicles food-related beliefs, behaviors, and traditions		X	X	X
		1.5G1i	Identifies disordered eating patterns (eg, such as binge eating, use of compensatory behaviors, purging, laxative use) including access to and observations from interprofessional team members		X	X
			1.5G1ii	Evaluates maladaptive behaviors (eg, perfectionism, fear of eating unhealthy foods, hypervigilance)		X
		1.5G2	Identifies family influences, cultural, ethnic, gender identity, and religious implications for weight management goals	X	X	X
		1.5G3	Determines/compares the impact of social determinants of health (eg, transportation, socioeconomic, education, culture) on goals		X	X
			1.5G3i	Checks for the use of technologies that support weight management goals		X
1.6	Comparative standards: Uses reference data and standards to estimate nutrient needs and recommended body weight, body mass index, and desired growth patterns			X	X	X
	1.6A	Identifies the most appropriate reference data and/or standards (eg, international, national, state, institutional, and regulatory) based on practice setting and patient-/client-specific factors (eg, age and disease state)		X	X	X

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Each RDN:				Competent	Proficient	Expert
		1.6A1	Cites clinical practice recommendations for classification and guidelines for overweight and obesity, including BMI and waist circumference (eg, World Health Organization guidelines for classifying level of obesity)	X	X	X
		1.6A2	Uses recommendations from National Heart, Lung, and Blood Institute Practical Guide, American Diabetes Association Standards of Medical Care as benchmark tools when evaluating physical or clinical findings	X	X	X
	1.6B	Estimates adequacy and appropriateness of food, beverage, and nutrient intake (eg, macro- and micronutrients, meal patterns, calories, food allergies) using the Dietary Guidelines for Americans and the Dietary Reference Intakes		X	X	X
		1.6B1	Determines adequacy of nutrient intake when Dietary Guidelines for Americans do not apply, (eg, metabolic and bariatric surgery)		X	X
	1.6C	Estimates resting metabolic rate using evidence-based formula (eg, Mifflin-St Jeor Equation, Harris-Benedict)		X	X	X
1.7	Physical activity habits and restrictions: Assesses physical activity, history of physical activity, and physical activity training			X	X	X
	1.7A	Identifies factors affecting ability to engage in physical activity (eg, safety, age, vision, weight, joint and other health issues, mental health, dexterity, surgery, amputations, paralysis, medication contraindication)		X	X	X
	1.7B	Identifies 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	Describes physical activity level relative to current guidelines (eg, frequency, intensity, time, and type)		X	X	X
	1.7D	Lists sedentary time (eg, screen time, sedentary occupation, commute)		X	X	X
	1.7E	Outlines patient/client physical activity knowledge, readiness to change, barriers, for: <ul style="list-style-type: none"> • short-and long-term goals • barriers to implementation and meeting personal and/or recommended goals • self-efficacy • use of emerging technologies with physical activity 		X	X	X

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Each RDN:			Competent	Proficient	Expert
	1.7F	Calculates physical activity-related energy expenditure (eg, planned physical activity, activities of daily living, occupational activity, leisure time activity, transportation)		X	X
1.8	Collects data and reviews data collected and/or documented by the nutrition and dietetics technician, registered (NDTR), other health care practitioner(s), patient/client, or staff for factors that affect nutrition and health status		X	X	X
	1.8A	Identifies contributing factors, examples are: <ul style="list-style-type: none"> • physical activity limitations • social or living situation • cultural food habits • food allergies/intolerances • disordered eating/eating disorder • use of technology 	X	X	X
	1.8B	Reviews information on mental health diagnoses as contributes to weight history in developing nutrition plan of care		X	X
	1.8C	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
		1.8C1 Uses an interprofessional approach to identify highly complex issues important in nutrition diagnosis (eg, medical, psychological, behavioral, other therapies)		X	X
1.9	Uses collected data to identify possible problem areas for determining nutrition diagnoses		X	X	X
1.10	Documents and communicates:				
	1.10A	Date and time of assessment	X	X	X
	1.10B	Pertinent data (eg, medical, social, behavioral)	X	X	X
	1.10C	Comparison to appropriate standards	X	X	X
	1.10D	Patient/client/population perceptions, values and motivation related to presenting problems	X	X	X
	1.10E	Changes in patient/client/population perceptions, values and motivation related to presenting problems	X	X	X
	1.10F	Reason for discharge/discontinuation or referral, if appropriate	X	X	X

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Examples of Outcomes for Standard 1: Nutrition Assessment

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

Standard 2: Nutrition Diagnosis

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

Rationale:

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

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		
		Competent	Proficient	Expert
<i>Each RDN:</i>				
2.1	Diagnoses nutrition problems based on evaluation of assessment data and identifies supporting concepts (ie, etiology, signs, and symptoms)	X	X	X
	2.1A Integrates interprofessional data into nutrition diagnosis (eg, biochemical, weight influencing medications, trauma, psychological history)		X	X
	2.1B Formulates diagnosis with concurrent nutrition-related conditions (eg, diabetes, kidney disease, neuropathy, surgery)		X	X
2.2	Prioritizes the nutrition problem(s)/diagnosis(es) based on severity, safety, patient/client needs and preferences, ethical considerations, likelihood that nutrition intervention/plan of care will influence the problem, discharge/transitions of care needs, and patient/client/advocate^a perception of importance	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 Prioritizes weight-management-related nutrition diagnoses considering: <ul style="list-style-type: none"> • concurrent conditions (eg, chronic diseases, genetic disorders, sensory processing disorders, behavioral health issues, pica, eating disorders) • 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 		X	X

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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
		<ul style="list-style-type: none"> resources and support systems for weight management (eg, family, work, social network) readiness for change 			
	2.2C	Determines the primary nutrition diagnosis for concurrent disease states and complications (eg, heart failure, cancer, renal disease)			X
2.3	Communicates the nutrition diagnosis(es) to patients/clients/advocates, community, family members or other health care professionals when possible and appropriate		X	X	X
	2.3A	Provides evidence to substantiate the nutrition diagnosis	X	X	X
	2.3B	Uses appropriate and timely communication methods within HIPPA guidelines	X	X	X
2.4	Documents the nutrition diagnosis(es) using standardized terminology and clear, concise written statement(s) (eg, using Problem [P], Etiology [E], and Signs and Symptoms [S] [PES statement(s)] or Assessment [A], Diagnosis [D], Intervention [I], Monitoring [M], and Evaluation [E] [ADIME statement(s)])		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 accurately describe the nutrition problem of the patient/client and/or community in a clear and concise way Documentation of nutrition diagnosis(es) is relevant, accurate and timely Documentation of nutrition diagnosis(es) is revised as additional assessment data become available

Standard 3: Nutrition Intervention/Plan of Care
<p>The registered dietitian nutritionist (RDN) identifies and implements appropriate, person-centered interventions designed to address nutrition-related problems, behaviors, risk factors, environmental conditions, or aspects of health status for an individual, target group, or the community at large.</p> <p>Rationale:</p> <p>Nutrition intervention consists of two interrelated components – planning and implementation.</p> <ul style="list-style-type: none"> Planning involves prioritizing the nutrition diagnoses, conferring with the patient/client and others, reviewing practice guidelines, protocols and policies, setting goals and defining the specific nutrition intervention strategy. Implementation is the action phase that includes carrying out and communicating the intervention/plan of care, continuing data collection, and revising the nutrition intervention/plan of care strategy, as warranted, based on change in condition and/or the patient/client/population response. <p>An RDN implements the interventions or assigns components of the nutrition intervention/plan of care to professional, technical and support staff in accordance with knowledge/skills/judgment, applicable laws and regulations, and organization policies. The RDN collaborates with or refers to other health care professionals and resources. The nutrition intervention/plan of care is ultimately the responsibility of the RDN.</p>
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Indicators for Standard 3: Nutrition Intervention/Plan of Care					
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
Plans the Nutrition Intervention/Plan of Care:					
3.1	Addresses the nutrition diagnosis(es) by determining and prioritizing appropriate interventions for the plan of care		X	X	X
	3.1A	Prioritization considerations may include: <ul style="list-style-type: none"> • concurrent 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	Prioritizes based on challenges that impact nutrition status (eg, genetic disorders, sensory processing disorders, behavioral and mental health issues, pica, eating disorders)		X	X
	3.1C	Prioritizes acute behavioral, nutrition- and/or weight-related condition interventions (eg, primary hyperparathyroidism, post-surgical Beri Beri)			X
3.2	Bases intervention/plan of care on best available research/evidence and information, evidence-based guidelines, and best practices (eg, Academy Position Papers, Academy Evidence Analysis Library Adult Weight Management Evidence-Based Nutrition Practice Guideline, National Guidelines-Dietary Guidelines for Americans, American Heart Association/American College of Cardiology/The Obesity Society Guideline for the Management of Overweight and Obesity in Adults, Physical Activity Guidelines for Americans, American College of Sports Medicine)		X	X	X
	3.2A	Recognizes the need for use of adjusted intervention guidelines for patients/clients (eg, intellectual and/or developmental disabilities [eg, Prader-Willi syndrome, Down syndrome], psychiatric medication use, concurrent health conditions)		X	X
3.3	Refers to policies and procedures, protocols, and program standards		X	X	X
	3.3A	Manages care to align with current policies, procedures, and standards (eg, American College of Surgeons Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program Standards)		X	X
3.4	Collaborates with patient/client/advocate/population, community, caregivers, interprofessional^b team, and other health care professionals		X	X	X

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Indicators for Standard 3: Nutrition Intervention/Plan of Care						
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Each RDN:			Competent	Proficient	Expert	
3.5	Works with patient/client/advocate/population, community, and caregivers to identify goals, preferences, discharge/transitions of care needs, plan of care and expected outcomes			X	X	X
	3.5A	Discusses with patient/client the relationship between weight and health, physical activity, behavior change, and disease prevention		X	X	X
	3.5B	Encourages patient/client to play an active role in goal setting for behavior change		X	X	X
	3.5C	Identifies barriers to successful implementation (eg, patient/client follow through, food availability and preparation issues, social support, readiness to change, financial considerations, realistic expectations, food knowledge, duration of treatment, and commitment to process)		X	X	X
	3.5D	Identifies and supports strategies to address lapses in engagement or behaviors and identifies recovery strategies			X	X
	3.5E	Discusses with the patient/client physiological processes of weight regulation in helping the patient/client set realistic expectations of different treatment options			X	X
3.6	Collaborates with patient/client to develop measurable goals			X	X	X
	3.6A	Considers the resources, preferences, and abilities of the patient/client (eg, cultural needs, health literacy, food security, food preparation skills)		X	X	X
	3.6B	Assists medically cleared patient/client with establishing physical activity goals and devising plans		X	X	X
	3.6C	Tailors nutrition prescription to meet nutrient and energy needs		X	X	X
		3.6C1	Adjusts nutrition needs based on concurrent conditions (eg, metabolic and bariatric surgery, medication use, metabolic conditions, other chronic diseases, habitual level of physical activity)		X	X
3.7	Defines time and frequency of care (eg, intensity, duration, and follow-up)			X	X	X
3.8	Uses standardized terminology for describing interventions			X	X	X
3.9	Identifies resources and referrals needed			X	X	X
	3.9A	Establishes, maintains, and uses a directory of referral programs, providers, resources, and tools to support patient/client needs (eg, RDNs with expertise, interprofessional team members, technology-based apps, community support groups, physical activity resources, bariatric specialist)		X	X	X

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Each RDN:			Competent	Proficient	Expert
	3.9B	Facilitates obtaining resources/referrals for concurrent needs (eg, behavioral/psychological, communication, dysphasia management, skills training for care providers/family, feeding team)		X	X
<i>Implements the Nutrition Intervention/Plan of Care:</i>					
3.10	Collaborates with colleagues, interprofessional team, and other health care professionals		X	X	X
	3.10A	Refers to other members of interprofessional team when need is outside scope of practice or experience of RDN (eg, exercise physiologist, behavioral health professionals, RDN with expertise)	X	X	X
	3.10B	Participates in communications within the interprofessional team	X	X	X
	3.10C	Facilitates and fosters active communication, learning, partnerships, and collaboration within the interprofessional team and other providers		X	X
	3.10D	Directs or leads the interprofessional team and others			X
	3.10E	Identifies and seeks out opportunities for interprofessional and interagency collaboration			X
3.11	Communicates and coordinates the nutrition intervention/plan of care		X	X	X
	3.11A	Ensures that the 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, exercise specialist, non-clinical administrative staff)		X	X
3.12	Initiates the nutrition intervention/plan of care		X	X	X
	3.12A	Uses approved clinical privileges, physician/non-physician practitioner^c-driven orders (ie, delegated orders), protocols, or other facility-specific processes for order writing or for provision of nutrition-related services consistent with applicable specialized training, competence, medical staff, and/or organizational policy	X	X	X
	3.12A1	Implements, initiates, or modifies orders for therapeutic diet, nutrition-related pharmacotherapy management, or nutrition-related services (eg, medical foods/nutrition/dietary supplements, food texture modifications, enteral and parenteral nutrition, intravenous fluid infusions, laboratory tests, medications, and education and counseling)	X	X	X

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Bold Font Indicators are Academy Core RDN Standards of Practice Indicators					Competent	Proficient	Expert
Each RDN:					Competent	Proficient	Expert
			3.12A1i	Recommends and/or provides education and counseling on prescribed or over-the-counter weight management medications		X	X
			3.12A1ii	Modifies orders to manage concurrent conditions (eg, end-stage renal disease, chronic heart failure, eating disorders, metabolic conditions) with privileges, delegated orders, or protocol		X	X
			3.12A1iii	Facilitates fluid management interventions (eg, post-metabolic and bariatric surgery, congestive heart failure)			X
		3.12A2	Manages nutrition support therapies (eg, formula selection, rate adjustments, addition of designated medications and vitamin/mineral supplements to parenteral nutrition solutions or supplemental water for enteral nutrition)		X	X	X
		3.12A3	Initiates and performs nutrition-related services (eg, bedside swallow screenings, inserting and monitoring nasoenteric feeding tubes, and indirect calorimetry measurements, or other permitted services)		X	X	X
	3.12B	Addresses topics with patient/client as outlined in nutrition prescription when developing the plan of care (eg, access to food, food selection and preparation, meal planning, portion control, physical activity goals, socioeconomic status, social support, motivation, barriers to change)			X	X	X
	3.12C	Uses advanced behavior change techniques to facilitate patient/client self-management (eg, motivational interviewing, cognitive behavioral therapy, health behavior change models)				X	X
	3.12D	Implements critical thinking and synthesis to guide decision making in concurrent conditions (eg, pre/post metabolic and bariatric surgery, post-bariatric surgery vitamin deficiencies)				X	X
	3.12E	Balances multifactorial, unpredictable conditions (eg, poorly managed diabetes, eating disorders with medical complications, reactive hypoglycemia)					X
3.13	Assigns activities to NDTR and other professional, technical and support personnel in accordance with qualifications, organizational policies/protocols, and applicable laws and regulations			X	X	X	
	3.13A	Supervises professional, technical and support personnel			X	X	X

(continued on next page)

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

Indicators for Standard 3: Nutrition Intervention/Plan of Care			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
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, using standardized, validated data collection methods wherever possible	X	X	X
	3.14B	Uses a prescribed/standardized format for recording data	X	X	X
	3.14C	Uses data obtained from validated measures (eg, Impact of Weight on Quality of Life-Lite Questionnaire, Weight Control Strategies Scale)		X	X
3.15	Documents:				
	3.15A	Date and time	X	X	X
	3.15B	Specific and measurable treatment goals and expected outcomes	X	X	X
	3.15C	Recommended interventions	X	X	X
	3.15D	Patient/client/advocate/caregiver/community receptiveness	X	X	X
	3.15E	Referrals made and resources used	X	X	X
	3.15F	Patient/client/advocate/caregiver/community comprehension	X	X	X
	3.15G	Barriers to change	X	X	X
	3.15H	Other information relevant to providing care and monitoring progress over time	X	X	X
	3.15I	Plans for follow up and frequency of care	X	X	X
	3.15J	Rationale for discharge or referral if applicable	X	X	X

Examples of Outcomes for Standard 3: Nutrition Intervention/Plan of Care	
<ul style="list-style-type: none"> • Goals and expected outcomes are appropriate and prioritized • Patient/client/advocate/population, care givers, and interprofessional teams collaborate and are involved in developing nutrition intervention/plan of care • Appropriate individualized patient-/client-centered nutrition intervention/plan of care, including nutrition prescription, is developed • Nutrition intervention/plan of care is delivered, and actions are carried out as intended • Discharge planning/transitions of care needs are identified and addressed • Documentation of nutrition intervention/plan of care uses Specific, Measurable, Achievable, Relevant, and Time-Bound (S.M.A.R.T.) goals and is: <ul style="list-style-type: none"> ○ Comprehensive ○ Accurate ○ Dated and Timed 	
<i>(continued on next page)</i>	

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

Standard 4: Nutrition Monitoring and Evaluation

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

Rationale:

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

Indicators for Standard 4: Nutrition Monitoring and Evaluation				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>						
4.1	Monitors progress:			X	X	X
	4.1A	Assesses patient/client/advocate/population understanding and engagement with nutrition intervention/plan of care		X	X	X
		4.1A1	Reviews progress of patient-centered goals	X	X	X
		4.1A2	Determines whether barriers are present and impacting the patient's/client's engagement with the nutrition intervention/plan of care	X	X	X
	4.1B	Determines whether the nutrition intervention/plan of care is being implemented as prescribed		X	X	X
		4.1B1	Builds flexibility into intervention plan to consider special situations (eg, holidays, major life events/changes)	X	X	X
		4.1B2	Sets scheduled reviews with patient/client and other health care professionals based on protocol, patient/client needs, and/or payor considerations	X	X	X
		4.1B3	Communicates data with other health care professionals as needed for interprofessional care	X	X	X
		4.1B4	Modifies nutrition intervention in the face of concurrent conditions (eg, pre/post metabolic and bariatric surgery, end-stage renal disease, diabetes, chronic heart failure, eating disorders)		X	X
		4.1B5	Identifies need for complementary therapies or interventions to optimize care		X	X

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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	
4.2	Measures outcomes:							
	4.2A	Selects the standardized nutrition care measurable outcome indicator(s)				X	X	X
		4.2A1	Assesses anthropometric measures (eg, weight, BMI, waist circumference, rate of weight change)			X	X	X
		4.2A2	Evaluates body composition measures (eg, fat mass)			X	X	X
		4.2A3	Monitors laboratory measures (eg, lipid panel, comprehensive metabolic panel)			X	X	X
		4.2A4	Considers behavioral measures (eg, activity level, eating behaviors, cognitive functioning, goal attainment)			X	X	X
		4.2A5	Assesses quality of life measures (eg, activity and daily living)			X	X	X
		4.2A6	Applies standardized subspecialty measures (eg, Sigstad scoring)				X	X
		4.2A7	Ensures accuracy of weight management-specific measures				X	X
		4.2A8	Analyzes gut hormones and gut bacteria measures in the research setting					X
	4.2B	Identifies positive or negative outcomes including impact on potential needs for discharge/transitions of care				X	X	X
		4.2B1	Documents progress in meeting patient-centered goals			X	X	X
		4.2B2	Identifies unintended consequences (eg, excessive rate of weight loss) or the use of inappropriate methods of achieving goals (eg, excessive laxative use)			X	X	X
		4.2B3	Identifies potential revision of interventions based on outcomes			X	X	X
		4.2B4	Recognizes underlying factors interfering with intervention outcomes including access to resources to determine future treatment recommendations				X	X
		4.2B5	Develops action plan in complex cases based on the effect of all interventions on patient's/client's overall health outcome				X	X
4.3	Evaluates outcomes:							
	4.3A	Compares monitoring data with nutrition prescription and established goals or reference standard (eg, American Heart Association/American College of Cardiology/The Obesity Society Adult Obesity Guidelines)				X	X	X
		4.3A1	Compares and analyzes monitoring data in consideration of patient's/client's changing needs or goals over time (eg, cultural, health literacy, social)				X	X

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

Indicators for Standard 4: Nutrition Monitoring and Evaluation						
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
	4.3A2	Conducts comprehensive data analysis to identify trends in collaboration with interprofessional team				X
	4.3B	Evaluates impact of the sum of all interventions on overall patient/client/population health outcomes and goals		X	X	X
	4.3B1	Completes analysis of individual interventions for each identified problem compared with reference standards			X	X
	4.3B2	Compares trends of independent and dependent variables and their relationship with health outcomes and goals				X
	4.3C	Evaluates progress/regression and drivers of factors related to interventions		X	X	X
	4.3C1	Identifies factors that facilitate or impede progress (eg, emotional, social, cognitive, behavioral, environmental factors; motivators and incentives to change and/or consequences to change)		X	X	X
	4.3C2	Uses multiple resources to assess progress (eg, clinical data, self-monitoring tools, changes in body weight/body composition, medication changes)			X	X
	4.3C3	Identifies changes to patient/client cognitive, physical, environmental status that could interfere with plan of care			X	X
	4.3C4	Identifies factors beyond nutrition that are interfering with the interventions (eg, pregnancy, physical activity, mental health and eating disorder) and recommends referral(s)				X
	4.3D	Evaluates evidence that the nutrition intervention/plan of care is maintaining or influencing a desirable change in the patient/client/population behavior or status		X	X	X
	4.3D1	Assesses factors that reflect a change in the patient/client behavior or status (eg, physical, social, cognitive, clinical)		X	X	X
	4.3D2	Evaluates the patient/client response to treatment and incorporates findings into future individualized treatment recommendations		X	X	X
	4.3D3	Evaluates patient/client outcomes in relation to goals		X	X	X
		4.3D3i	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

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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>					Competent	Proficient	Expert
			4.3D3ii	Reassesses and modifies, if applicable, an action plan in complex cases based on effects of all interventions on patient's/client's overall health outcomes		X	X
	4.3E	Supports conclusions with evidence			X	X	X
		4.3E1	Demonstrates that prescribed intervention is successful/unsuccessful through documentation of clinical, cognitive, and psychosocial indicators		X	X	X
4.4	Adjusts nutrition intervention/plan of care strategies, if needed, in collaboration with patient/client/population/advocate/caregiver and interprofessional team				X	X	X
	4.4A	Improves or adjusts intervention/plan of care strategies based upon outcomes data, trends, best practices, and comparative standards			X	X	X
		4.4A1	Collaborates with patient/client to modify goals and assigned actions based on new information and/or feedback from the patient/client		X	X	X
		4.4A2	Uses intervention strategies to encourage greater independence in food choices and empower the patient/client to take control of their health and achieve wellness			X	X
		4.4A3	Uses critical thinking and synthesis skills in decision making with concurrent conditions and in managing multiple intervention approaches			X	X
		4.4A4	Makes adjustments in supportive services as needed (eg, training of direct providers, collaboration with health care professionals)			X	X
		4.4A5	Designs the nutrition strategy in multifactorial, unpredictable, and dynamic conditions using evidence-based standards				X
4.5	Documents:						
	4.5A	Date and time			X	X	X
	4.5B	Indicators measured, results, and the method for obtaining measurement			X	X	X
	4.5C	Criteria to which the indicator is compared (eg, nutrition prescription/goal or a reference standard)			X	X	X
	4.5D	Factors facilitating or hampering progress			X	X	X

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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
	4.5E	Other positive or negative outcomes		X	X	X
	4.5F	Adjustments to the nutrition intervention/plan of care and justification, if indicated		X	X	X
	4.5G	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

- The patient/client outcome(s) directly relate to the nutrition diagnosis and the goals established in the nutrition intervention/plan of care. Examples include, but are not limited to:
 - Nutrition outcomes (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/population-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 outcome measures
- Nutrition intervention/plan of care and documentation is revised, if indicated
- Documentation of nutrition intervention/plan of care uses Specific, Measurable, Achievable, Relevant, and Time-Bound (S.M.A.R.T.) goals and is:
 - Comprehensive
 - Accurate
 - Dated and Timed

^a**Advocate:** An *advocate* is a person who provides support and/or represents the rights and interests at the request of the patient/client. The person may be a family member or an individual not related to the patient/client who is asked to support the patient/client with activities of daily living or is legally designated to act on behalf of the patient/client, particularly when the patient/client has lost decision-making capacity. (Adapted from definitions within The Joint Commission Glossary of Terms¹³ and the Centers for Medicare and Medicaid Services, Hospital Conditions of Participation).⁷

^b**Interprofessional:** The term *interprofessional* is used in this evaluation resource as a universal term. It includes a diverse group of team members (eg, physicians, nurses, dietitian nutritionists, physician assistants, pharmacists, behavioral health providers, exercise specialists, and occupational and physical therapists), depending on the needs of the customer. Interprofessional could also mean interdisciplinary or multidisciplinary.

^c**Non-physician practitioner:** A *non-physician practitioner* may include a physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, certified nurse-midwife, clinical social worker, clinical psychologist, anesthesiologist's assistant, qualified dietitian or qualified nutrition professional. Disciplines considered for privileging by a facility's governing body and medical staff must be in accordance with state law.^{7, 8} The term *privileging* is not referenced in the Centers for Medicare and Medicaid Services long-term care (LTC) regulations. With publication of the Final Rule revising the Conditions of Participation for LTC facilities effective November 2016, post-acute care settings, such as skilled and LTC facilities, may now allow a resident's attending physician the option of delegating order writing for therapeutic diets, nutrition supplements or other nutrition-related services to the qualified dietitian or clinically qualified nutrition professional, if consistent with state law, and organization policies.^{10, 11}

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

Standards of Professional Performance for Registered Dietitian Nutritionists in Adult Weight Management
Standard 1: Quality in Practice
 The registered dietitian nutritionist (RDN) provides quality services using a systematic process with identified ethics, leadership, accountability, and dedicated resources.
Rationale:
 Quality practice in nutrition and dietetics is built on a solid foundation of education and supervised practice, credentialing, evidence-based practice, demonstrated competence, and adherence to established professional standards. Quality practice requires systematic measurement of outcomes, regular performance evaluations, and continuous improvement.

Indicators for Standard 1: Quality in Practice						
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
1.1	Complies with applicable laws and regulations as related to their area(s) of practice			X	X	X
	1.1A	Complies with federal, state, and local laws and regulations related to adult weight management and patient/client care (eg, Health Insurance Portability and Accountability Act [HIPAA], food safety, telehealth)		X	X	X
		1.1A1	Complies with state licensure laws (eg, continuing education requirements, mandatory abuse reporting requirements)	X	X	X
1.2	Performs within individual and statutory scope of practice and applicable laws and regulations			X	X	X
	1.2A	Integrates concurrent professional license/certification/credential scopes of practice and applicable laws and regulations with RDN (eg, exercise professional, mental health care provider, health coach, physician, or pharmacist)			X	X
1.3	Adheres to sound business and ethical billing practices applicable to the role and setting			X	X	X
	1.3A	Complies with applicable payment and reimbursement requirements		X	X	X
	1.3B	Discloses any financial conflicts of interest (eg, dietary supplements, products, services, investments, ownership, partnership)		X	X	X
1.4	Uses national quality and safety data (eg, National Academies of Sciences, Engineering, and Medicine: Health and Medicine Division, National Quality Forum, Institute for Healthcare Improvement, Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program [MBSAQIP]) to improve the quality of services provided and to enhance customer-centered services			X	X	X
	1.4A	Participates in national, state, local, and organization quality improvement initiatives		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/ customer, family, participant, consumer, or any individual, group, or organization to which the RDN provides service. Adult weight management is nonspecific to a particular setting or practice area. Therefore, many of the described indicators are transferable to other nutrition practice areas or are intentionally nondescript to allow for flexibility in application to professional performance in any given area.

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
	1.4B	Coordinates efforts to maximize adult weight management services using national quality and safety data		X	X
	1.4C	Designs quality improvement initiatives related to adult weight management services (eg, MBSAQIP)			X
1.5	Uses a systematic performance improvement model that is based on practice knowledge, evidence, research, and science for delivery of the highest quality services		X	X	X
	1.5A	Identifies performance improvement (PI) criteria to monitor the delivery of services	X	X	X
	1.5B	Contributes to the design of performance improvement activities, collaborating with other health care practitioners to address process and outcome goals		X	X
	1.5C	Leads in the design, training, implementation, and evaluation of performance improvement activities			X
1.6	Participates in or designs an outcomes-based management system to evaluate safety, effectiveness, quality, person-centeredness, equity, timeliness, and efficiency of practice		X	X	X
	1.6A	Involves colleagues and others, as applicable, in systematic outcomes management	X	X	X
		1.6A1 Collaborates with interprofessional team in promoting and measuring quality of adult weight management nutrition care and services using systemic outcomes management systems (eg, Academy of Nutrition and Dietetics Health Informatics Infrastructure [ANDHII], MBSAQIP)	X	X	X
		1.6A2 Coordinates interprofessional team to evaluate and improve patient/client outcomes		X	X
		1.6A3 Leads in the development, training, implementation, and evaluation of outcomes-based management systems			X
	1.6B	Defines expected outcomes	X	X	X
		1.6B1 Selects outcomes that are relevant to adult weight management	X	X	X
		1.6B2 Identifies validated quality outcomes to measure (eg, quality of life, mood, internalized weight stigma, biological markers, program-specific measures)		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/customer, family, participant, consumer, or any individual, group, or organization to which the RDN provides service. Adult weight management is nonspecific to a particular setting or practice area. Therefore, many of the described indicators are transferable to other nutrition practice areas or are intentionally nondescript to allow for flexibility in application to professional performance in any given area.

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
		1.6B3	Determines desired nutrition-specific outcomes using available benchmarking data (eg, National Health and Nutrition Examination Survey [NHANES], MBSAQIP, Centers for Disease Control and Prevention [CDC])			X
	1.6C	Uses indicators that are specific, measurable, attainable, realistic, and timely (S.M.A.R.T.)		X	X	X
	1.6D	Measures quality of services in terms of structure, process, and outcomes		X	X	X
		1.6D1	Evaluates aggregate patient/client clinical outcomes (eg, body mass index, biometric, medication, behavior, fitness changes)	X	X	X
		1.6D2	Evaluates the provision of adult weight management care and services (eg, staff to patient/client ratio, reimbursement data, and patient/client satisfaction survey results)		X	X
		1.6D3	Analyzes quality data using appropriate statistical approaches (eg, parametric, nonparametric, regression analyses)			X
	1.6E	Incorporates electronic clinical quality measures to evaluate and improve care of patients/clients at risk for malnutrition or with malnutrition (www.eatrightpro.org/emeasures)		X	X	X
	1.6F	Documents outcomes and patient reported outcomes (eg, PROMIS[®])		X	X	X
	1.6G	Participates in, coordinates, or leads program participation in local, regional or national registries and data warehouses used for tracking, benchmarking, and reporting service outcomes		X	X	X
		1.6G1	Contributes data directly to national, regional, state, and/or local data registries		X	X
		1.6G2	Analyzes and uses information for strategic planning			X
1.7	Identifies and addresses potential and actual errors and hazards in provision of services or brings to attention of supervisors and team members as appropriate			X	X	X
	1.7A	Ensures safe care for the adult weight management patient/client in collaboration with the interprofessional team (eg, prescription medications, dietary supplements, rate of weight loss, weight-inclusive equipment and facilities)		X	X	X

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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
1.7B	Contributes to the development of protocols to identify, address, and prevent errors and physical hazards in the delivery of adult weight management services (eg, anthropometric measurement collection, physical assessment, nutrition intervention)			X	X
1.7C	Designs and implements protocols to identify, address, and prevent errors and physical hazards in the delivery of adult weight management services (eg, safe patient handling, anthropometric measurement collection, interprofessional coordination)				X
1.7D	Addresses and resolves deviations from protocols in accordance with institutional, local, state, and national regulatory requirements				X
1.8	Compares actual performance to performance goals (ie, Gap Analysis, SWOT Analysis [Strengths, Weaknesses, Opportunities, and Threats], PDCA Cycle [Plan-Do-Check-Act], DMAIC [Define, Measure, Analyze, Improve, Control])		X	X	X
1.8A	Compares individual performance to self-directed goals and expected outcomes		X	X	X
1.8B	Compares department/organization performance to goals and expected outcomes (eg, internal goals, national programs and standards)			X	X
1.8C	Collects and analyzes performance data using appropriate comparison cohorts and statistical methods				X
1.9	Evaluates interventions and workflow process(es) and identifies service and delivery improvements		X	X	X
1.9A	Reports and documents action plan to address identified gaps in care and/or service performance		X	X	X
1.9B	Engages patients/clients and other stakeholders in intervention evaluations (eg, satisfaction surveys, focus groups)		X	X	X
1.9C	Applies evaluation data and/or collaborates with interprofessional team to identify adult weight management program/service improvements			X	X
1.9D	Leads in the development, testing, and redesign of program/service evaluation systems				X

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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
1.10	Improves or enhances patient/client/population care and/or services working with others based on measured outcomes and established goals		X	X	X
	1.10A	Contributes to the evaluation of systems, processes, and programs to ensure organization values and evidence-based practices are followed	X	X	X
	1.10B	Reviews and coordinates adult weight management process improvements based on quality improvement findings		X	X
	1.10C	Directs the development and management of systems, processes, and programs in adult weight management for continued quality improvement			X

Examples of Outcomes for Standard 1: Quality in Practice	
<ul style="list-style-type: none"> • Actions are within scope of practice and applicable laws and regulations • National quality standards and best practices are integrated into adult weight management care protocols • Conducts a quality improvement assessment to address increases in adverse care events • Disseminates quality data related to adult weight management outcomes • Sets quality-related adult weight management performance goals for the department/program • Adapts practice as a result of quality improvement outcomes 	

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

Indicators for Standard 2: Competence and Accountability					
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(s) of ethics (eg, Academy/Commission on Dietetic Registration (CDR), other national organizations, and/or employer code of ethics)		X	X	X
2.2	Integrates the Standards of Practice (SOP) and Standards of Professional Performance (SOPP) into practice, self-evaluation, and professional development		X	X	X
<i>(continued on next page)</i>					

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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
	2.2A	Uses the SOP and SOPP for RDNs in Adult Weight Management, and other focus area SOP and/or SOPP as applicable (eg, Eating Disorders, Diabetes Care, Sports and Human Performance Nutrition), to assess performance at the appropriate level of practice and develop and implement a professional plan to advance practice and performance (http://www.eatrightpro.org/sop)		X	X	X
	2.2B	Contributes to the development of policies, guidelines, human resource materials (eg, job descriptions, career ladders, acceptable performance level) using the SOP and SOPP for RDNs in Adult Weight Management			X	X
	2.2C	Defines roles, actions, and guidelines for each level of practice and consistent with the SOP and SOPP for RDNs in Adult Weight Management				X
	2.2D	Develops and ensures compliance with policies, protocols, and guidelines for all levels of performance (competent, proficient, expert)				X
2.3	Demonstrates and documents competence in practice and delivery of customer-centered service(s)			X	X	X
2.4	Assumes accountability and responsibility for actions and behaviors			X	X	X
	2.4A	Identifies, acknowledges, and corrects errors		X	X	X
	2.4B	Develops and implements policies and procedures that ensure staff accountability and responsibility			X	X
	2.4C	Leads in developing policies and procedure to create a system and culture of accountability				X
2.5	Conducts self-evaluation at regular intervals			X	X	X
	2.5A	Identifies areas for improvement and seeks opportunities for professional development		X	X	X
	2.5B	Strengthens professional development plan to align with evidence-based guidelines, best practices, and current research findings		X	X	X
	2.5C	Completes bias self-evaluation routinely using standardized assessment tools measuring implicit and explicit biases including weight		X	X	X
2.6	Designs and implements plans for professional development			X	X	X
	2.6A	Develops plan and documents professional development activities in career portfolio (eg, organizational policies and procedures, credentialing agency[ies])		X	X	X

(continued on next page)

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/customer, family, participant, consumer, or any individual, group, or organization to which the RDN provides service. Adult weight management is nonspecific to a particular setting or practice area. Therefore, many of the described indicators are transferable to other nutrition practice areas or are intentionally nondescript to allow for flexibility in application to professional performance in any given area.

Indicators for Standard 2: Competence and Accountability					
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Each RDN:			Competent	Proficient	Expert
	2.6B	Engages in continuing education opportunities and training in adult weight management and related areas according to professional development plan and career goals (eg, Weight Management Dietetic Practice Group Symposium, Food & Nutrition Conference & Expo)	X	X	X
	2.6C	Completes advanced adult weight management training or certifications (eg, CDR Certificate of Training in Obesity for Pediatrics and Adults, CDR Certified Specialist in Obesity and Weight Management [CSOWM])		X	X
	2.6D	Designs and facilitates adult weight management training or certifications			X
2.7	Engages in evidence-based practice and uses best practices		X	X	X
	2.7A	Integrates evidence-based practice and research evidence in delivering quality care (eg, Academy, Academy Evidence Analysis Library [EAL], American College of Sports Medicine, The Obesity Society, the American Society for Metabolic and Bariatric Surgery, position papers, and best practices)	X	X	X
	2.7B	Discloses when practices are not evidence-based when discussing patient-centered care	X	X	X
	2.7C	Recognizes and informs patient/client or organization of strengths and limitations of current information, research, and evidence when making recommendations	X	X	X
	2.7D	Integrates evidence-based practice and research evidence in delivering professional presentations and publications		X	X
	2.7E	Establishes best practices based on best available evidence			X
2.8	Participates in peer review of others as applicable to role and responsibilities		X	X	X
	2.8A	Conducts review of professional activities (eg, clinical chart review, scholarly articles, chapters, books, programs, and guidelines)		X	X
	2.8B	Serves on an editorial board for scholarly review (eg, manuscripts, chapters, and books)			X
2.9	Mentors and/or precepts others		X	X	X
	2.9A	Mentors and/or precepts students and interns including persons from underrepresented populations	X	X	X
	2.9B	Mentors RDNs and other health care professionals including persons from underrepresented populations		X	X
	2.9C	Develops opportunities for students, interns, and professionals in adult weight management practice		X	X

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Indicators for Standard 2: Competence and Accountability					
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Each RDN:			Competent	Proficient	Expert
	2.9D	Facilitates professional mentoring and development activities for RDNs and health care professionals			X
2.10	Pursues opportunities (education, training, credentials, certifications) to advance practice in accordance with laws and regulations, and requirements of practice setting		X	X	X
	2.10A	Identifies and implements a plan for advancing knowledge and practice (eg, specialty certification, research participation, speaking engagements)	X	X	X
	2.10B	Serves on committees to develop programs, tools, and resources		X	X
	2.10C	Develops education, training, and credential opportunities in adult weight management			X

- Examples of Outcomes for Standard 2: Competence and Accountability**
- Practice reflects:
 - Code(s) of ethics (eg, Academy/CDR, other national organizations, and/or employer code of ethics)
 - Scope of Practice, Standards of Practice and Standards of Professional Performance
 - Evidence-based practice and best practices
 - CDR Essential Practice Competencies and Performance Indicators
 - Incorporates strategies for interactions with individuals/groups from diverse cultures and backgrounds
 - Completes annual weight bias self-assessment (eg, Project Implicit, Weight Bias Internalization Scale, Fat Phobia Scale)
 - Competence is demonstrated and documented
 - Self-evaluations are conducted regularly to reflect commitment to lifelong learning and professional development and engagement
 - Completes required continuing education to maintain a license
 - Professional development needs are identified and pursued
 - Education, training, credentials, certifications are completed to advance practice
 - CDR recertification requirements are met

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

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

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Indicators for Standard 3: Provision of Services							
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Each RDN:				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, principles, values, and service expectations and outputs of the organization/business			X	X	X
		3.1A1	Develops and manages adult weight management programs in alignment with evidence-based guidelines and national standards			X	X
		3.1A2	Collaborates and develops organization's/business' strategic plan (eg, mission, vision, principles, values, service expectations and outputs of the organization/business)				X
	3.1B	Uses the needs, expectations, and desired outcomes of the customers/populations (eg, patients/clients, families, community, decision makers, administrators, client organization[s]) in program/service development			X	X	X
		3.1B1	Conducts market analysis of adult weight management services to identify opportunities			X	X
		3.1B2	Applies quality improvement practices/measures to improve program delivery			X	X
		3.1B3	Design systems to provide education, tools, and peer support including underserved populations (eg, social media strategies, mobile health tools)				X
	3.1C	Makes decisions and recommendations that reflect stewardship of time, talent, finances, and environment			X	X	X
		3.1C1	Participates in operational decision making and changes (eg, hiring, budget planning, grant applications)			X	X
		3.1C2	Directs operational management (eg, hiring, budget planning, grant applications)				X
	3.1D	Proposes programs and services that are customer-centered, culturally appropriate, and promote health equity			X	X	X
		3.1D1	Adapts practice(s) to promote health equity among different sociodemographic and culturally stigmatized populations (eg, weight status, gender, race, age)			X	X

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Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators				Competent	Proficient	Expert
Each RDN:				Competent	Proficient	Expert
		3.1D2	Develops, implements, and evaluates programs and services aimed at promoting health equity related to social determinants of health (eg, economic stability, education access and quality, social context)			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	Coordinates referral process		X	X
		3.2A2	Designs 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, verifies expertise, and refers to other health care practitioners as appropriate (eg, specialist RDN, behavioral health specialist, qualified fitness professional)	X	X	X
		3.2B2	Establishes and maintains referral networks		X	X
		3.2B3	Supports referring care team member(s) with training (eg, nutrition, weight sensitivity, scope and efficacy of adult weight management services, practical application of evidence and guidelines)			X
	3.2C	Monitors effectiveness of referral systems and modifies as needed to achieve desirable outcomes		X	X	X
		3.2C1	Manages and evaluates the effectiveness of referral processes and tools		X	X
3.3	Contributes to or designs customer-centered services			X	X	X
	3.3A	Assesses needs, beliefs/values, goals, resources of the customer, including social determinants of health		X	X	X
		3.3A1	Develops awareness of popular culture adult weight management messaging, trends, and programs supporting patient/client goals (eg, popular diets, supplements, fitness programs)	X	X	X
		3.3A2	Participates in or conducts needs assessment considering social determinants of health in collaboration with interprofessional team and community stakeholders		X	X

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Each RDN:				Competent	Proficient	Expert
	3.3B	Uses knowledge of the customer's/target population's health conditions, cultural beliefs, and business objectives/services to guide design and delivery of customer-centered services		X	X	X
		3.3B1	Incorporates social determinants of health (see definition at: www.eatrightpro.org/definitions) and behavior change strategies (eg, stages of change, motivational interviewing, cognitive behavioral therapy) in program delivery	X	X	X
		3.3B2	Participates in design of services		X	X
		3.3B3	Determines evidence-based theoretical frameworks in developing service design (eg, health belief model, social cognitive theory, transtheoretical theory, socio ecological model)			X
	3.3C	Communicates principles of disease prevention and behavioral change appropriate to the customer or target population		X	X	X
		3.3C1	Adapts education approach to accommodate patients'/ clients' cultural beliefs regarding weight status in relationship to health	X	X	X
		3.3C2	Communicates with the public on adult weight management-related disease prevention and behavioral change principles (eg, social media, media interviews, print media, education programs)		X	X
		3.3C3	Designs and implements adult weight management public relations and communications strategic campaign			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	Collaborates with patient/client and interprofessional team to ensure that adult weight management plans are reflective of evidence-based approaches and reinforce continuity of care (eg, schedules follow up for action plan adjustments and goal achievement)	X	X	X
		3.3D2	Adapts practice approach to minimize patient/client barriers and meet needs (eg, visit setting, patient/client-preferred terminology, major life changes)		X	X

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Each RDN:				Competent	Proficient	Expert
	3.3E	Involves customers in decision making		X	X	X
		3.3E1	Establishes the role and responsibilities of patients/clients in collaborative decision making	X	X	X
		3.3E2	Reviews information shared by patient/client/family/ caregiver with interprofessional team for planning and problem solving to support consistency in treatment plans to assure person-centered care		X	X
		3.3E3	Facilitates patient/client advisory board or focus groups for feedback on care and service delivery design and to inform opportunities for improvement.			X
3.4	Executes programs/services in an organized, collaborative, cost effective, and customer-centered manner			X	X	X
	3.4A	Collaborates and coordinates with peers, colleagues, stakeholders, and within interprofessional^b teams		X	X	X
		3.4A1	Serves as a consultant for issues related to adult weight management (eg, expert witness, industry, fitness/ wellness, business)		X	X
		3.4A2	Facilitates the coordination between patients/clients and other care providers (eg, transfer of care processes, enrollment with a care manager, coordinating admission/ discharge)			X
	3.4B	Uses and participates in, or leads in the selection, design, execution, and evaluation of client/customer programs and services (eg, nutrition screening system, medical and retail foodservice, electronic health records, interprofessional programs, community education, grant management)		X	X	X
		3.4B1	Delivers adult weight management programs and services that integrate nutrition with physical activity, health promotion, and wellness	X	X	X
		3.4B2	Plans and implements programs of adult weight management services		X	X
		3.4B3	Directs systems of adult weight management services (eg farm to table collaborations, family-based nutrition programs, post bariatric support groups, primary care service integration)			X

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Each RDN:				Competent	Proficient	Expert
	3.4C	Uses and develops or contributes to selection, design and maintenance of policies, procedures (eg, discharge planning/transitions of care, emergency planning), protocols, standards of care, technology resources (eg, Health Insurance Portability and Accountability Act [HIPAA]-compliant telehealth platforms), and training materials that reflect evidence-based practice in accordance with applicable laws and regulations		X	X	X
		3.4C1	Reviews guidelines to inform development and maintenance of policies, procedures, and training materials (eg, best practices, trends, and national and international guidelines)		X	X
		3.4C2	Develops, monitors, evaluates, and improves protocols, guidelines, and practice tools			X
	3.4D	Uses and participates in or develops processes for order writing and other nutrition-related privileges, in collaboration with the medical staff, or medical director (eg, post-acute care settings, dialysis center, public health, community, free-standing clinic settings), consistent with state practice acts, federal and state regulations, organization policies, and medical staff rules, regulations, and bylaws		X	X	X
		3.4D1	Uses processes for privileges or other facility-specific processes related to (but not limited to) implementing physician/non-physician practitioner^d-driven delegated orders or protocols, initiating or modifying orders for therapeutic diets, medical foods/nutrition supplements, dietary supplements, enteral and parenteral nutrition, laboratory tests, medications, and adjustments to fluid therapies or electrolyte replacements	X	X	X
			3.4D1i Participates in the development of protocols for privileges or other facility-specific processes		X	X
			3.4D1ii Advocates, negotiates, and implements facility-specific privileges for nutrition-related order writing			X
		3.4D2	Uses privileging for provision of nutrition-related services, including (but not limited to) initiating and performing bedside swallow screenings, monitoring nasogastric feeding tubes, providing home enteral nutrition or infusion management services (eg, ordering formula and supplies), and indirect calorimetry measurements	X	X	X

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Each RDN:				Competent	Proficient	Expert
		3.4D2i	Participates in the development of guidelines for privileges or other facility-specific processes		X	X
		3.4D2ii	Advocates, negotiates, and establishes privileges or other facility-specific processes (eg, calorimetry, swallow screening, monitoring nasogastric feeding tubes)			X
	3.4E	Complies with established billing regulations, organization policies, grant funder guidelines, if applicable to role and setting, and adheres to ethical and transparent financial management and billing practices		X	X	X
		3.4E1	Develops and uses tools to monitor adherence to billing regulations and ethical billing practices		X	X
		3.4E2	Leads in establishing a culture of financial transparency and accountability			X
	3.4F	Communicates with the interprofessional team and referring party consistent with the HIPAA rules for use and disclosure of patient's/client's protected 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
		3.4F2	Serves on PHI regulatory oversight board, Institutional Review Board (IRB) or ethics committee			X
3.5	Assigns professional, technical, and support personnel appropriately in the delivery of customer-centered care or services in accordance with laws, regulations, and organization policies and procedures			X	X	X
	3.5A	Participates in assigning activities, including direct care to patients/clients, consistent with the qualifications, experience, and competence of professional, technical, and support personnel		X	X	X
		3.5A1	Delegates patient/client population tasks as needed		X	X
		3.5A2	Facilitates continuing education opportunities for team development and promotion for delivery of care or services		X	X
		3.5A3	Manages professional, technical, and support personnel			X

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<i>Each RDN:</i>				Competent	Proficient	Expert
3.6	Designs and implements food delivery systems to meet the needs of clients			X	X	X
	3.6A	Collaborates in or leads the design of food delivery systems to address health care needs and outcomes (including nutrition status), ecological sustainability, and to meet the culture and related needs and preferences of target populations (ie, health care patients/clients, employee groups, visitors to retail venues, schools, child and adult day care centers, community feeding sites, farm to institution initiatives, local food banks)		X	X	X
		3.6A1	Evaluates effectiveness of foodservice planning and delivery for patient/clients to identify areas for improvement in adult weight management		X	X
		3.6A2	Leads in design, implementation, and improvement of foodservice delivery mechanisms			X
		3.6A3	Serves as a consultant to organization/program leadership in determining foodservice system to support adult weight management population			X
	3.6B	Participates in, consults/collaborates with, or leads the development of menus to address health, nutritional, and cultural needs of target population(s) consistent with federal, state or funding source regulations or guidelines		X	X	X
		3.6B1	Participates in the development of menus		X	X
		3.6B2	Leads in the development of menus			X
	3.6C	Participates in, consults/collaborates with, or leads interprofessional process for determining medical foods/nutritional supplements, dietary supplements, enteral and parenteral nutrition formularies, and delivery systems for target population(s)		X	X	X
		3.6C1	Identifies products to be maintained in formulary (eg, enteral nutrition for metabolic and bariatric surgery, nutritional supplements, vitamin and mineral supplements) in accordance with best practice for the spectrum of the adult weight management population (eg, Academy, American Society for Parenteral and Enteral Nutrition [ASPEN], American Society for Metabolic and Bariatric Surgery [ASMBS])	X	X	X
		3.6C2	Evaluates formulary for costs, medication interactions, payer coverage, safety, efficacy, and patient/client need(s)		X	X
		3.6C3	Negotiates agreements for maintaining formulary			X
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Each RDN:				Competent	Proficient	Expert	
3.7	Maintains records of services provided			X	X	X	
	3.7A	Documents according to organization policies, procedures, standards, and systems including electronic health records			X	X	X
		3.7A1	Participates in the design of charting tools and methods (eg, Assessment, Diagnosis, Intervention, and Monitoring/ Evaluation [ADIME], Subjective, Objective, Assessment and Plan [SOAP])		X	X	
		3.7A2	Leads in the design of organization charting tools and methods			X	
	3.7B	Implements data management systems to support interoperable data collection, maintenance, and utilization			X	X	X
		3.7B1	Serves as a superuser to Information Services in implementing, maintaining, and using data collection systems		X	X	
		3.7B2	Designs and builds data management systems (eg, electronic health records, electronic medical records [EMR], REDcap)			X	
	3.7C	Uses data to document outcomes of services (ie, staff productivity, cost/benefit, budget compliance, outcomes, quality of services) and provide justification for maintenance or expansion of services			X	X	X
		3.7C1	Compares outcomes data against targets and evidence-based/best practice	X	X	X	
		3.7C2	Analyzes and uses data to communicate value of nutrition services in relation to patients/clients and organization outcomes/goals		X	X	
		3.7C3	Directs and manages systematic processes to document outcomes of services			X	
		3.7C4	Designs and outlines data driven strategies for program expansion as appropriate			X	
	3.7D	Uses data to demonstrate program/service achievements and compliance with accreditation standards, laws, and regulations			X	X	X
		3.7D1	Prepares and presents reports for organization/program and accrediting bodies (eg, communicating the value of nutrition services)		X	X	
		3.7D2	Represents the organization/program during surveys and demonstration of compliance with accreditation standards, laws, and regulations			X	

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<i>Each RDN:</i>				Competent	Proficient	Expert
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 federal, state, and local representatives regarding benefit/cost of adult weight management services on health care costs (eg, responds to Academy Action Alerts and other calls to action via Action Center, letters, emails, and/or phone calls)		X	X	X
	3.8A2	Initiates and coordinates grassroots advocacy activities (eg materials development, presentations, interactions with policy makers)			X	X
	3.8A3	Develops and revises policies, statutes, and administrative rules and regulations for legislative consideration.				X
	3.8B	Advocates in support of food and nutrition programs and services		X	X	X
	3.8B1	Participates in patient/client advocacy activities (eg, lobbying local restaurants and agencies for menu changes, support groups, fundraising activities, coalition participation)		X	X	X
	3.8B2	Leads advocacy/activities (eg, authors articles, delivers presentations, fundraising activities)			X	X
	3.8C	Advocates for protection of the public through multiple avenues of engagement (eg, legislative action, establishing effective relationships with elected leaders and regulatory officials, participation in various Academy committees, workgroups and task forces, Dietetic Practice Groups, Member Interest Groups, and State Affiliates)		X	X	X
	3.8C1	Advocates for policies that reduce or prohibit discrimination and bias (eg, weight, race, ethnicity, gender, sex, sexual orientation, and age inclusive environments and practices)		X	X	X
	3.8C2	Identifies and addresses gaps in health care, resources, or services for remediation through regulatory action and/or policy (eg, safe walking paths, anti-discriminatory policies at health centers, stigma reducing coalition)			X	X
	3.8C3	Designs advocacy campaigns to support societal, policy and environmental changes				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/customer, family, participant, consumer, or any individual, group, or organization to which the RDN provides service. Adult weight management is nonspecific to a particular setting or practice area. Therefore, many of the described indicators are transferable to other nutrition practice areas or are intentionally nondescript to allow for flexibility in application to professional performance in any given area.

Examples of Outcomes for Standard 3: Provision of Services

- Program/service design and systems reflect organization/business mission, vision, principles, values, and customer needs
- Includes customers participation in establishing program/service goals and creates customer-focused action plans and/or nutrition interventions (eg, in-person or via telehealth)
- Coordinates adult weight management care of clients/patients in a clinical setting
- Meets with legislators and local leaders to pass legislation that supports the provision of adult weight management care
- Authors editorial publication advocating for structural changes to increase access to adult weight management services
- Serves on advisory committee to develop electronic medical record documentation tools which focus on adult weight management
- Menus reflect the cultural, health and/or nutritional needs of target population(s) and consideration of ecological sustainability
- Evaluations reflect expected outcomes and established goals
- Effective screening and referral services are established or implemented as designed
- Professional, technical, and support personnel are supervised when providing nutrition care to customers
- Ethical and transparent financial management and billing practices are used per role and setting

Standard 4: Application of Research

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

Rationale:

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

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	Reviews best available research/evidence and information for application to practice		X	X	X
	4.1A	Understands basic research design and methodology, data collection, interpretation of results, application and use of the Academy EAL	X	X	X
	4.1B	Applies findings from peer-reviewed publications in adult weight management to practice (eg, evidence-based guidelines, practice guidelines)	X	X	X
	4.1C	Evaluates strength of original research, including limitations and potential bias, and evidence-based guidelines to answer questions and inform decisions		X	X
	4.1D	Serves as a reviewer of original research and/or evidence-based guidelines relevant to adult weight management			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/customer, family, participant, consumer, or any individual, group, or organization to which the RDN provides service. Adult weight management is nonspecific to a particular setting or practice area. Therefore, many of the described indicators are transferable to other nutrition practice areas or are intentionally nondescript to allow for flexibility in application to professional performance in any given area.

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		
Each RDN:			Competent	Proficient	Expert
4.2	Uses best available research/evidence and information as the foundation for evidence-based practice		X	X	X
	4.2A	Applies evidence-based practice guidelines to provide safe, effective, consistent quality patient/client care	X	X	X
	4.2B	Analyzes and applies the available scientific literature in situations where evidence-based practice guidelines for adult weight management are not established		X	X
	4.2C	Manages concurrent conditions using advanced training, available research, and emerging theories (eg, diabetes, chronic kidney disease, postoperative metabolic and bariatric surgery complications)			X
4.3	Integrates best available research/evidence and information with best practices, clinical and managerial expertise, and customer values		X	X	X
4.4	Contributes to the development of new knowledge and research in nutrition and dietetics		X	X	X
	4.4A	Participates in journal clubs, interprofessional discussion groups, professional supervision, and the Academy's Research Network	X	X	X
	4.4B	Contributes to research and scholarly writing (eg, named author or editor, coordinator, interventionist)		X	X
	4.4C	Serves as advisor, preceptor, and/or committee member (eg, undergraduate, graduate, or clinical research)		X	X
	4.4D	Participates in development, updating, implementation, and/or reporting of practice-based research (eg, EAL, guidelines, position statements)			X
	4.4E	Conducts research related to adult weight management as the primary investigator or co-investigator			X
	4.4F	Serves as committee chair for graduate-level research			X
	4.4G	Leads novel research and program approaches to fill knowledge gaps (eg, EAL questions)			X
4.5	Promotes application of research in practice through alliances or collaboration with food and nutrition and other professionals and organizations		X	X	X
	4.5A	Collaborates with interprofessional and/or interorganizational teams to perform nutrition research and disseminate outcomes related to adult weight management	X	X	X
	4.5B	Consults as the nutrition expert in interprofessional alliances		X	X
	4.5C	Leads interprofessional and/or interorganizational research activities			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/customer, family, participant, consumer, or any individual, group, or organization to which the RDN provides service. Adult weight management is nonspecific to a particular setting or practice area. Therefore, many of the described indicators are transferable to other nutrition practice areas or are intentionally nondescript to allow for flexibility in application to professional performance in any given area.

Examples of Outcomes for Standard 4: Application of Research

- Evidence-based practice, best practices, clinical and managerial expertise, and patient/client values are integrated in the delivery of nutrition and dietetics services
- Patients/clients receive appropriate services based on the effective application of best available research/evidence and information
- Best available research/evidence and information is used as the foundation of evidence-based practice
- Serves as a dissertation committee member for a graduate studying adult weight management
- Completes applications and secures extramural funding for translational research in adult weight management
- Authors primary research submission to a peer-reviewed journal
- Serves as a peer-reviewer for a high impact factor adult weight-management-related journal

Standard 5: Communication and Application of Knowledge

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

Rationale:

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

Indicators for Standard 5: Communication and Application of Knowledge

Bold Font Indicators are Academy Core RDN Standards of Professional Performance Indicators		The "X" signifies the indicators for the level of practice		
		Competent	Proficient	Expert
<i>Each RDN:</i>				
5.1	Communicates and applies current knowledge and information based on evidence	X	X	X
	5.1A Demonstrates critical thinking and problem-solving skills when communicating with others	X	X	X
	5.1B Communicates and applies content of complex ideas effectively (eg, written communications, presentations, media, online forums, social media content, professional networking groups)		X	X
	5.1C Evaluates public health trends and epidemiological reports related to overweight and obesity prevalence, prevention, and treatment, and applies data in clinical practice, professional activities, and work settings		X	X
	5.1D Consults as an expert on complex adult weight management issues with other professionals, organizations, and community (eg, expert witness testimony, media interviews, commercial consulting)			X
5.2	Selects appropriate information and the most effective communication method or format that considers patient-/client-centered care and the needs of the individual/group/population	X	X	X
	5.2A Uses communication methods (eg, oral, print, one-on-one, group, visual, electronic, and social media) targeted to various audiences	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/customer, family, participant, consumer, or any individual, group, or organization to which the RDN provides service. Adult weight management is nonspecific to a particular setting or practice area. Therefore, many of the described indicators are transferable to other nutrition practice areas or are intentionally nondescript to allow for flexibility in application to professional performance in any given area.

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
	5.2B	Uses information technology to communicate, disseminate, manage knowledge, and support decision making	X	X	X
	5.2C	Evaluates with patients/clients the quality and applicability of inquiries or beliefs (eg, social media trends, fad diets, discussion for interventions)	X	X	X
	5.2D	Participates in the development of a structured communication strategy for adult weight management		X	X
	5.2E	Selects and updates web-based adult weight management tools/resources		X	X
	5.2F	Leads in development and oversight of a communications strategy			X
	5.2G	Leads in the advancement of technology/informatics in adult weight management			X
5.3	Integrates knowledge of food and nutrition with knowledge of health, culture, social sciences, communication, informatics, sustainability, and management		X	X	X
5.4	Shares current, evidence-based knowledge, and information with various audiences		X	X	X
	5.4A	Guides patients/clients, families, students, and interns in the application of knowledge and skills	X	X	X
	5.4A1	Applies appropriate teaching methodology		X	X
	5.4A2	Designs and provides training curriculum (eg, experientials, didactic simulation, case studies) to advance adult weight management skills			X
	5.4B	Assists individuals and groups to identify and secure appropriate and available educational and other resources and services	X	X	X
	5.4B1	Recommends current, evidence-based, culturally and religiously appropriate adult weight management educational resources	X	X	X
	5.4B2	Develops and manages systematic process to identify, track, and update resources available to patients/clients or health care practitioners		X	X
	5.4C	Uses professional writing and verbal skills in all types of communications	X	X	X
	5.4C1	Employs effective, ethical language for the target audience in communicating adult weight management concepts and messages across all venues (eg, media, social media, marketing claims)	X	X	X

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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
	5.4D	Employs communication methods to meet the needs of the target population (eg, literacy and numeracy levels, need for translation of written materials and/or a translator, communication skills, learning, hearing, or vision disabilities, access to technology, and cultural needs)	X	X	X	
5.5	Establishes credibility and contributes as a food and nutrition resource within the interprofessional health care and management team, organization, and community		X	X	X	
	5.5A	Communicates with the interprofessional team to promote the use of evidence-based guidelines/practices and the Academy EAL that integrate food and nutrition with adult weight management and health	X	X	X	
	5.5B	Consults with health care professionals external to the interprofessional team (eg, psychologists, pharmacists, wound care specialists, eating disorder RDNs)		X	X	
	5.5C	Leads interprofessional collaborations at an organization or systems level			X	
5.6	Communicates performance improvement and research results through publications and presentations		X	X	X	
	5.6A	Presents evidence-based weight management research and information (eg, journal club, grand rounds, interprofessional team, community groups)	X	X	X	
	5.6B	Presents evidence-based adult weight management research, guidelines, and information at professional meetings and conferences (eg, local, regional, national, international)		X	X	
	5.6C	Authors scholarly work in adult weight management and related areas		X	X	
	5.6D	Provides research expertise for business, industry, and national organizations			X	
5.7	Seeks opportunities to participate in and assume leadership roles with local, state, and national professional and community-based organizations (eg, government-appointed advisory boards, community coalitions, schools, foundations or non-profit organizations serving the food insecure) providing food and nutrition expertise		X	X	X	
	5.7A	Functions as an adult weight management and nutrition resource as an active member of local/state/national organizations	X	X	X	
<i>(continued on next page)</i>						

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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
	5.7B	Participates in local and regional adult health/weight management coalitions and projects		X	X	X
	5.7C	Participates in state and national organizations; and public and/or industry advisory boards			X	X
	5.7D	Leads in adult weight management-related program planning and conferences (eg, international, national, regional, local)				X
	5.7E	Serves in leadership role with professional and community-based organizations				X

Examples of Outcomes for Standard 5: Communication and Application of Knowledge	
<ul style="list-style-type: none"> • Expertise in food, nutrition, dietetics, and management is demonstrated and shared • Technology is used to support practice • Professional communication is through e-mail, texting, and social media tools • Individuals, groups, and stakeholders: <ul style="list-style-type: none"> ◦ Receive current and appropriate information and patient/client-centered service ◦ Demonstrate understanding of information and behavioral strategies received ◦ Know how to obtain additional guidance from the RDN or other RDN-recommended resources • Leadership is demonstrated through active professional and community involvement • Serves as an Academy Spokesperson as an expert in adult weight management • Presents on adult weight management at local Academy affiliate event • Serves as an advisory board member of a university or school 	

Standard 6: Utilization and Management of Resources	
The registered dietitian nutritionist (RDN) uses resources effectively and efficiently.	
Rationale:	
The RDN demonstrates leadership through strategic management of time, finances, facilities, supplies, technology, natural and human resources.	

Indicators for Standard 6: Utilization and Management of Resources						
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 outcomes			X	X	X
	6.1A	Collaborates in operational planning to secure resources and services			X	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
	6.1B	Directs delivery of nutrition services in adult weight management-related programs			X
6.2	Evaluates management of resources with the use of standardized performance measures and benchmarking as applicable		X	X	X
	6.2A	Uses the Standards of Excellence Metric Tool to self-assess quality in leadership, organization, practice, and outcomes for an organization (www.eatrightpro.org/excellencetool)	X	X	X
	6.2B	Ensures efficient delivery of adult weight management nutrition programs (eg, budget, staff, facility, inventory, supplies)		X	X
	6.2C	Leads operational review reflecting evaluation of performance and benchmarking data			X
6.3	Evaluates safety, effectiveness, efficiency, productivity, sustainability practices, 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, medical foods/nutritional supplements, dietary supplements, food/meals, web-based programs, and monitoring systems)	X	X	X
	6.3B	Evaluates programs in meeting the needs of target population (eg, safety, effectiveness, value, and opportunities for improvement)		X	X
	6.3C	Directs evaluation of program enhancements			X
6.4	Participates in quality assurance and performance improvement (QAPI), documents outcomes and best practices relative to resource management		X	X	X
	6.4A	Recommends and/or modifies program to achieve targeted outcomes (eg, budgeted vs actual hours, actual vs budgeted revenue, actual vs projected patient/client volumes)		X	X
	6.4B	Leads in design and implementation of QAPI activities			X
6.5	Measures and tracks trends regarding internal and external patient/client outcomes (eg, satisfaction, key performance indicators)		X	X	X
	6.5A	Analyzes data for effective and efficient use of resources and patient/client satisfaction and communicates results		X	X
	6.5B	Implements, monitors, and evaluates changes based on collected data and analysis			X
<i>(continued on next page)</i>					

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Examples of Outcomes for Standard 6: Utilization and Management of Resources

- Authors a 3-year operational plan for their organization/department
- Implements data tracking systems that capture quality outcomes
- Resources are cost-effective and efficiently managed
- Documentation of resource use is consistent with operational goals
- Data are used to promote, improve, and validate services, and organization practices
- Directs or manages the design and delivery of adult weight management nutrition services, and holds responsibility for accurate management of grants when applicable
- Manages or coordinates an organization's adult weight management program/service (eg, physician, pharmacist, RDN, nurse, and other disciplines according to the needs of the organization)
- Outcomes are measured, documented, and disseminated
- Identifies and tracks key performance indicators in alignment with organizational mission, vision, principles, and values

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

^b**Interprofessional:** The term *interprofessional* is used in this evaluation resource as a universal term. It includes a diverse group of team members (eg, physicians, nurses, dietitian nutritionists, physician assistants, pharmacists, behavioral health providers, exercise specialists, and occupational and physical therapists), depending on the needs of the customer. Interprofessional could also mean interdisciplinary or multidisciplinary.

^c**Medical staff:** A *medical staff* is composed of doctors of medicine or osteopathy and may in accordance with state law, including scope of practice laws, include other categories of physicians, and non-physician practitioners who are determined to be eligible for appointment by the governing body.⁷

^d**Non-physician practitioner:** A *non-physician practitioner* may include a physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, certified nurse-midwife, clinical social worker, clinical psychologist, anesthesiologist's assistant, qualified dietitian or qualified nutrition professional. Disciplines considered for privileging by a facility's governing body and medical staff must be in accordance with state law.^{7,8} The term *privileging* is not referenced in the Centers for Medicare and Medicaid Services long-term care (LTC) regulations. With publication of the Final Rule revising the Conditions of Participation for LTC facilities effective November 2016, post-acute care settings, such as skilled and LTC facilities, may now allow a resident's attending physician the option of delegating order writing for therapeutic diets, nutrition supplements or other nutrition-related services to the qualified dietitian or clinically qualified nutrition professional, if consistent with state law, and organization policies.^{10, 11}

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