

American Dietetic Association: Standards of Practice and Standards of Professional Performance for Registered Dietitians (Generalist, Specialty, and Advanced) in Oncology Nutrition Care

Kim Robien, PhD, RD, FADA; Rhone Levin, MEd, RD; Ellen Pritchett, RD; Maureen Otto, MS, RD

Web site exclusive!

Editor's note: *Figures 1-3 that accompany this article are available online at www.adajournal.org.*

The Oncology Nutrition Dietetic Practice Group (ON DPG) of the American Dietetic Association (ADA), under the guidance of the ADA Quality Management Committee, has developed Standards of Practice and Standards of Professional Performance for registered dietitians (RDs) in oncology nutrition practice settings (Figures 1, 2, and 3, available online at www.adajournal.org). These documents were developed as a component of the Scope of Dietetics Practice Framework (1) and build on the previously published Standards of Practice in Nutrition Care and Updated Standards of Professional Per-

formance (2) and Standards of Practice and Standards of Professional Performance for Registered Dietitians in Diabetes Care (3).

The ON DPG Executive Committee identified a lack of evaluation and benchmarking tools specific to oncology nutrition practice, and initiated the development of the Standards of Practice and Standards of Professional Performance in Oncology Nutrition Care. The Standards of Practice and Standards of Professional Performance in Oncology Nutrition Care are the first tools available for RDs in oncology nutrition practice to evaluate their practice, identify areas for professional development, and demonstrate competency in this specialty area. The ON DPG plans to use these documents to guide development of high-quality continuing education programs and materials, conduct needed outcomes research, and pursue certification in oncology nutrition.

ivors in coming years. The National Coalition of Cancer Survivors (www.canceradvocacy.org) defines a cancer survivor as anyone receiving a diagnosis of cancer from the time that diagnosis is received forward through the rest of life. The National Cancer Institute's Surveillance Epidemiology and End Results registry estimates that 10.1 million Americans were cancer survivors as of January 2002 (13), and the American Cancer Society estimated that 1.4 million Americans would be diagnosed with new cancers in 2005 (14).

RDs working in all cancer-related practice settings need to develop the appropriate skills, competencies, and knowledge to provide safe and effective care across the cancer continuum (prevention, treatment, and survivorship) to meet the growing demand for nutrition and lifestyle interventions for individuals affected by cancer. Although currently there are only a small number of published research reports, it seems that intervention by an RD can improve quality of life and functional outcomes among oncology patients. Bauer and Capra (15) reported that an 8-week nutrition intervention by a dietitian and prescription of a protein- and energy-dense oral nutritional supplement resulted in clinically significant changes in quality of life and Karnofsky Performance Status scores among individuals undergoing treatment for pancreatic adenocarcinoma or non-small cell lung cancer. Isenring and colleagues (16) found that among individuals undergoing fractionated radiotherapy for gastrointestinal or head and neck cancers, nutrition in-

K. Robien is an assistant professor, Division of Epidemiology and Community Health, University of Minnesota, and a member, University of Minnesota Cancer Center, Minneapolis. **R. Levin** is a clinical dietitian, Oncology Services, York Cancer Center, York, PA. **E. Pritchett** is director of Education/Certification, American Culinary Federation, St Augustine, FL, and is a former staff member at the American Dietetic Association, Chicago, IL. **M. Otto** is director, Quality Management, American Dietetic Association, Chicago, IL.
0002-8223/06/10606-0017\$32.00/0
doi: 10.1016/j.jada.2006.03.035

OVERVIEW

Recently, the National Cancer Institute announced its goal to eliminate suffering and death caused by cancer by 2015 (4). In addition to the goal of decreasing cancer incidence, the hope is that cancer will move from being an acute, life-threatening disease toward being a chronic, manageable disease state. As with other chronic diseases such as diabetes and cardiovascular disease, diet modification and lifestyle interventions have also been found to decrease the risk of cancer (5-7) and to improve long-term outcomes in cancer survivors (8-12). Advances in oncology screening and treatment are expected to result in an increase in the number of cancer sur-

Specialty RD ^a	Advanced Practice RD
<p>A specialty level dietetics professional is an RD who has acquired the proficient specialized knowledge base, complex decision-making skills, and clinical competencies for specialty level practice, the characteristics of which are shaped by the context in which an RD practices.</p>	<p>An advanced practice level dietetics professional is an RD who has acquired the expert knowledge base, complex decision-making skills, and clinical competencies for expanded practice, the characteristics of which are shaped by the context in which an RD practices.</p>
<p>Specialty RDs practice from both <i>expanded</i> and <i>specialized</i> knowledge, skills, competencies, and experience.</p> <p><i>Specialization</i> is concentrating or delimiting one's focus to part of the whole field of dietetics (eg, ambulatory care, long-term care, diabetes, renal, pediatric, private practice, community, nutrition support, research, sports nutrition).</p> <p><i>Expansion</i> refers to the acquisition of new practice knowledge and skills, including the knowledge and skills that legitimize role autonomy within areas of practice that may overlap traditional boundaries of dietetics practice.</p>	<p>Advanced practice RDs practice from both <i>expanded</i> and <i>specialized</i> knowledge, skills, competencies, and experience.</p> <p><i>Specialization</i> is concentrating or delimiting one's focus to part of the whole field of dietetics (eg, ambulatory care, long-term care, diabetes, renal, pediatric, private practice, community, nutrition support, research, sports nutrition).</p> <p><i>Expansion</i> refers to the acquisition of new practice knowledge and skills, including the knowledge and skills that legitimize role autonomy within areas of practice that may overlap traditional boundaries of dietetics practice.</p>
<p>Specialty level RDs are either certified or approved to practice in their expanded, specialized roles.</p> <p>Specialization does not always include an additional certification beyond RD certification.</p> <p>Specialty certification may or may not require evidence at master's level.</p> <p>CDR^b currently offers three specialty certifications:</p> <ul style="list-style-type: none"> ● Board Certified Specialist in Pediatric Nutrition (CSP) ● Board Certified Specialist in Renal Nutrition (CSR) ● Board Certified Specialist in Sports Dietetics (CSSD) <p>CDR will implement another new specialty certification in 2006:</p> <ul style="list-style-type: none"> ● Board Certified Specialist in Gerontological Nutrition 	<p>Advanced level practice is characterized by the integration of a broad range of unique theoretical, research-based, and practical knowledge that occurs as a part of training and experience beyond entry level. Advanced practice RDs are either certified or approved to practice in their expanded, specialized roles.</p> <p>Advanced practice does not always include an additional certification beyond RD certification. Certification may be one way of demonstrating advanced practice competency.</p> <p>Advanced practice certification typically implies a master's degree level.</p> <p>Advanced practice implies that the individual has the specialization knowledge, skills, competencies, and experience of the specialty RD, and the expanded knowledge, skills, competencies, and experience of advanced practice.</p> <p>Specialization Certification is not a prerequisite for advanced practice certification.</p> <p>CDR does not currently offer any advanced level certifications.</p>
<p>Example of other specialty certifications for the RD:</p> <ul style="list-style-type: none"> ● Certified Diabetes Educator (CDE) ● Certified Nutrition Support Dietitian (CNSD) <p>Educational preparation (one or more of the following characteristics):</p> <ul style="list-style-type: none"> ● Educational preparation at the specialty level ● May include a formal educational program preparing for specialty practice ● Dietetics practice roles accredited or approved ● May include a formal system of certification and credentialing 	<p>Example of other advanced level certifications for RD:</p> <ul style="list-style-type: none"> ● Board Certified in Advanced Diabetes Management (BC-ADM) <p>Educational preparation (one or more of the following characteristics):</p> <ul style="list-style-type: none"> ● Educational preparation at the advanced level ● May include a formal educational program preparing for advanced practice ● Dietetics practice roles accredited or approved ● May include a formal system of certification and credentialing
<p>Nature of Practice</p> <ul style="list-style-type: none"> ● Integrates research, education, practice, and management ● Moderate degree of professional autonomy and independent practice ● Specialized assessment skills, decision-making skills, and diagnostic reasoning skills ● May not include all characteristics for non-clinical specialty practice (eg, business and communications); however, the complexity of the nature of practice will be comparable 	<p>Nature of Practice</p> <ul style="list-style-type: none"> ● Integrates research, education, practice, and management ● High degree of professional autonomy and independent practice ● Case management/own case load ● Advanced health assessment skills, decision-making skills, and diagnostic reasoning skills ● May not include all characteristics for non-clinical advanced practice (eg, business, communications); however, the complexity of the nature of practice will be comparable ● Recognized advanced clinical competencies ● Provision of consultant services to health providers ● Plans, implements, and evaluates programs
<p>Experience</p> <p>Either require or recommend experience beyond entry level. Experience is required for specialty certification.</p>	<p>Experience</p> <p>Documented hours of experience beyond entry level. Experience is required for advanced practice certification.</p>

Figure 4. American Dietetic Association (ADA) definitions from the ADA Scope of Dietetics Practice Framework. ^aRD=registered dietitian. ^bCDR=Commission on Dietetic Registration.

How to Use the *Standards of Practice and Standards of Professional Performance for Registered Dietitians (Generalist, Specialty, and Advanced) in Oncology Nutrition Care* as part of the Professional Development Portfolio Process^a

1. Reflect	Assess your current level of practice and whether your goals are to expand your practice or maintain your current level of practice. Review the Standards of Practice and Standards of Professional Performance document to determine what you want your future practice to be, and assess your strengths and areas for improvement. These documents can help you set short- and long-term professional goals.
2. Conduct learning needs assessment	Once you've identified your future practice goals, you can review the Standards of Practice and Standards of Professional performance document to assess your current knowledge, skills, behaviors, and define what continuing professional education is required to achieve the desired level of practice.
3. Develop learning plan	Based on your review of the Standards of Practice and Standards of Professional Performance, you can develop a plan to address your learning needs as they relate to your desired level of practice.
4. Implement learning plan	As you implement your learning plan, keep reviewing the Standards of Practice and Standards of Professional Performance document to re-assess knowledge, skills, and behaviors and your desired level of practice.
5. Evaluate learning plan process	Once you achieve your goals and reach or maintain your desired level of practice, it's important to continue to review the Standards of Practice and Standards of Professional Performance document to re-assess knowledge, skills, and behaviors and your desired level of practice.

Figure 5. Application of the Commission on Dietetic Registration *Professional Development Portfolio* Process. ^aThe Commission on Dietetic Registration *Professional Development Portfolio* process is divided into five interdependent steps that build sequentially upon the previous step during each 5-year recertification cycle and succeeding cycles.

tervention by a dietitian resulted in less of a decline in quality of life scores than in individuals who received usual care. A pilot study by Extermann and colleagues (17) found that a multidisciplinary comprehensive geriatric assessment team, including an RD, resulted in improved coordination of cancer care and mean Functional Assessment of Cancer Therapy–Breast scores among elderly early breast cancer patients receiving care in an ambulatory oncology clinic. Additional outcomes research is needed to evaluate the effect of RD intervention in other oncology patient populations, especially with respect to the effect on treatment-related outcomes such as the ability to complete all scheduled therapy, risk of recurrence or secondary malignancies, and overall survival.

The Standards of Practice for Registered Dietitians in Oncology Nutrition Care document, based on the ADA's overall Nutrition Care Process and Model (18), is intended to serve as a professional evaluation resource, allowing individuals to assess their current level of practice and determine the training they would require to advance to a higher level of practice (Figure 4) (2). The document answers

the question, "What are the skills, competencies, and/or knowledge RDs need to provide safe and effective care in oncology nutrition?" This document also addresses quality and outcomes issues (if there is a negative outcome, was the outcome unavoidable?). For example, when using the Standards of Practice to provide nutrition care, the outcomes one would monitor and evaluate are the RD's outcomes related to each step of the Nutrition Care Process. Three levels of oncology nutrition practice are defined: generalist, specialty, and advanced.

The Standards of Professional Performance are authoritative statements that describe a competent level of behavior in the professional role, including activities related to quality of care and administrative practice, performance appraisal, education, professional environment, ethics, collaboration, research, and resource use. Categorized behaviors that correlate with professional practice are divided into six separate standards.

Another component of the Nutrition Care Process in Oncology Nutrition Care is the Medical Nutrition Therapy Protocols for Oncology Nutrition Care. Whereas the Standards

of Practice and Standards of Professional Performance are intended to serve as a profession evaluation resource, the Medical Nutrition Therapy Protocols are practice tools that provide the specific content to use with a client when providing nutrition care using the Nutrition Care Process and Model. The Standards of Practice and Standards of Professional Performance for Oncology Nutrition Care cover the continuum of care (acute care settings, ambulatory clinics, and cancer prevention/survivorship interventions), whereas the Medical Nutrition Therapy Protocols, which are currently under development, will focus solely on oncology nutrition services provided in ambulatory settings.

ADA STANDARDS OF PRACTICE FOR REGISTERED DIETITIANS (GENERALIST, SPECIALTY, AND ADVANCED) IN ONCOLOGY NUTRITION CARE

As previously reported (2,3), the RD will use the ADA Standards of Practice and Standards of Professional Performance (Generalist, Specialty, and Advanced) in Oncology Nutrition Care (Figures 2 and 3, available online at www.adajournal.org) to:

Role	<i>Examples of use of SOP and SOPP documents by RDs in different practice roles</i>
Clinical practitioner	The hospital employing an RD in general clinical practice has changed the coverage assignment for the RD to cover the oncology unit. After reviewing available resources on nutrition and oncology care, the RD recognizes the need for additional skills specific to the new duties. The RD then reviews the SOP and SOPP to evaluate his or her own skills and competencies for providing care to individuals undergoing cancer treatment and sets goals to improve competency in this area of practice as part of orientation to the oncology unit.
Manager	A manager who oversees numerous RDs providing care to individuals with oncology nutrition needs plans to use the SOP and SOPP to define job roles, competencies, and performance expectations, and to utilize them as the basis for identifying training needs and personal performance plans for staff. The manager also sees the SOP and SOPP as important tools for recognizing RDs at various levels of practice.
Individual not currently employed	After leaving clinical practice for several years, an RD decides to re-establish active practice. The RD plans to start a private practice and would like one of the focus areas to be working with people with cancer. Prior to accepting referrals, the RD uses the SOP and SOPP as an evaluation tool to determine what is needed to practice competently and provide quality nutrition care and education.
Public health practitioner	An RD working for a state Department of Health is asked to provide nutrition expertise for an educational program aimed at decreasing the cancer incidence and mortality in the state through promotion of healthful lifestyles. The RD uses the SOP and SOPP to evaluate the level of competence needed to provide quality nutrition guidance to this committee, or to determine what level of practitioner should be recruited to assist with the project if the first RD does not feel she or he has the appropriate level of expertise.
Researcher	An RD working in a research setting receives funding for a grant proposal to demonstrate the role of the RD and the impact of oncology nutrition care provided by RDs on treatment outcomes. The RD uses the SOP and SOPP to design the research protocol.
Educator of dietetics professionals	The educator designing continuing education materials for the RD in oncology nutrition develops tools to support implementation of the SOP and SOPP.
Non-Traditional health care practitioner	A health plan has Disease Management Certification for its oncology program through the National Committee for Quality Assurance (NCQA). The RD uses the SOP and SOPP for RDs in oncology nutrition as an evaluation tool to demonstrate that the oncology program uses a continuous quality improvement approach to assess the competence of RDs providing care.

Figure 6. Case examples of Standards of Practice (SOP) and Standards of Professional Performance (SOPP) for Registered Dietitians (RDs) (Generalist, Specialty, and Advanced) in Oncology Nutrition Care.

- identify the competencies needed to provide oncology nutrition care;
- self-assess whether they have the appropriate skill and knowledge base to provide safe and effective oncology nutrition care for their level of practice;
- identify the areas in which additional knowledge and skills are needed to practice at the generalist, specialty, or advanced level of oncology nutrition practice;
- provide a foundation for public and professional accountability in oncology nutrition care;
- assist management in the planning

- of oncology nutrition service and resources;
- enhance professional identity and communicate the nature of oncology nutrition dietetics; and
- guide the development of oncology nutrition-related dietetics education programs, job descriptions, and career pathways.

At the present time, there are no specialty practice certifications for RDs in oncology nutrition practice. Thus, there is a lack of other benchmarking tools to assist the practitioner in gauging his or her current level of practice. The Standards of Practice

and Standards of Professional Performance in Oncology Nutrition Care are a first step toward documenting skill levels in oncology nutrition practice, and will help to define the specialty practice area as the ON DPG moves forward with plans to develop specialty practice certification in oncology nutrition through the Commission on Dietetic Registration.

During development of these standards, several issues unique to nutrition intervention in the oncology setting were identified:

- The effects of both the disease process and the treatment plan may

need to be considered when applying the nutrition care process and standards.

- Cycling through the standards may happen more frequently in oncology than for other conditions/disease states, because it is common for patients to go through several treatment cycles.
- Quality-of-life issues may be the sole goal of nutrition interventions.
- Consideration is also given to nutrition interventions for cancer prevention.

These standards will be re-evaluated and revised on a regular basis to reflect advances in oncology nutrition practice.

APPLICATION TO PRACTICE

The Standards of Practice and Standards of Professional Performance that are specific to specialty areas, such as oncology nutrition, are developed with the understanding that RDs who are new to the specialty area (regardless of the number of years of experience in general dietetics practice) would be expected to meet the indicators marked as applying to the generalist level. RDs who have focused their practice on oncology nutrition for several years may be at the specialty or advanced level of practice for various indicators. The specialty practice stage has been defined as the proficiency stage in which the RD has developed a deeper understanding of the specialty area, and is able to apply these principles and modify practice according to the situation (3). An advanced level practitioner is an RD who has acquired the expert knowledge base, complex decision-making skills, and clinical competencies for expanded practice, the characteristics of which are shaped by the context in which she or he practices.

RDs working in oncology practice settings should begin by reviewing these documents and self-evaluating their current level of practice for each indicator. An individual may be at one level of practice for a certain indicator and at another level of practice for another indicator. Continuing education activities should be planned for areas in which the practitioner does not meet generalist practice levels or is practicing at a level that is below the individual's practice level for other indicators, as well as those

indicators that would help the individual to consistently achieve higher levels of practice. The self-evaluation, educational needs assessment, and implementation process should be repeated at regular intervals to enhance practice and professional performance. This process is consistent with the goal of the Commission on Dietetic Registration *Professional Development Portfolio* to show the continuing cycle of self-assessment, planning, improvement, and commitment to lifelong learning (Figure 5) (19).

Clinical managers can use the Standards of Practice and Standards of Professional Performance in Oncology Nutrition to define job requirements/skills, document an individual's career development, document continuous quality improvement in clinical nutrition services, and plan for staff education programs (Figure 6).

SUMMARY

The Standards of Practice and Standards of Professional Performance in Oncology Nutrition Care serve as a professional resource for self-evaluation and professional development for RDs specializing in oncology nutrition practice. Application of these documents in clinical practice presents the opportunity for quality improvement in oncology nutrition services provided by the RD. Just as the professional self-evaluation and continuing education process is an ongoing cycle, these standards are also a work in progress, and will be reviewed and updated on a regular basis. The Standards of Practice and Standards of Professional Performance are a quality initiative of the ADA and ON DPG that reflect a commitment to improving the quality of nutrition services provided by RDs in oncology settings.

The Standards of Practice and Standards of Professional Performance for Registered Dietitians (Generalist, Specialty, and Advanced) in Oncology Nutrition Care were developed by the authors of this article, as well as by **Diana Dyer, MS, RD**, a nutrition consultant, author, and speaker in Ann Arbor, MI; **Marianne Grandon, RD**, a consultant in Akron, OH; **Julie Meddles, RD**, an associate director, Nutrition Services, The Ohio State

University Medical Center, Columbus, OH; and **Shayne Small, RD**, a nutrition services coordinator, St Vincent's Comprehensive Cancer Center, New York, NY.

References

1. O'Sullivan-Maillet J, Skates J, Pritchett E. American Dietetic Association: Scope of dietetics practice framework. *J Am Diet Assoc.* 2005;105:634-640.
2. Kieselhorst KJ, Skates J, Pritchett E. American Dietetic Association: Standards of practice in nutrition care and updated standards of professional performance. *J Am Diet Assoc.* 2005; 105:641-645.
3. Kulkarni K, Boucher JL, Daly A, Shwide-Slavin C, Silvers BT, O'Sullivan Maillet J, Pritchett E. American Dietetic Association: Standards of practice and standards of professional performance for registered dietitians (generalist, specialty, and advanced) in diabetes care. *J Am Diet Assoc.* 2005;105:819-824.
4. vonEschenbach A. *Director's Message. The Nation's Progress in Cancer Research: An Annual Report for 2003.* Bethesda, MD: National Cancer Institute, National Institutes of Health, US Department of Health and Human Services; 2003:iii-iv.
5. World Cancer Research Fund, American Institute for Cancer Research. *Food, Nutrition and the Prevention of Cancer: A Global Perspective.* Washington, DC: American Institute for Cancer Research; 1997.
6. Willett WC. Balancing life-style and genomics research for disease prevention. *Science.* 2002;296:695-698.
7. Cerhan JR, Potter JD, Gilmore JM, Janney CA, Kushi LH, Lazovich D, Anderson KE, Sellers TA, Folsom AR. Adherence to the AICR cancer prevention recommendations and subsequent morbidity and mortality in the Iowa Women's Health Study cohort. *Cancer Epidemiol Biomarkers Prev.* 2004;13:1114-1120.
8. Brown J, Byers T, Thompson K, Eldridge B, Doyle C, Williams AM. Nutrition during and after cancer treatment: A guide for in-

- formed choices by cancer survivors. *CA Cancer J Clin*. 2001;51:153-187; quiz 189-192.
9. Rock CL, Demark-Wahnefried W. Nutrition and survival after the diagnosis of breast cancer: A review of the evidence. *J Clin Oncol*. 2002;20:3302-3316.
 10. Rock E, DeMichele A. Nutritional approaches to late toxicities of adjuvant chemotherapy in breast cancer survivors. *J Nutr*. 2003;133:3785S-3793S.
 11. Ravasco P, Monteiro-Grillo I, Vidal PM, Camilo ME. Dietary counseling improves patient outcomes: A prospective, randomized, controlled trial in colorectal cancer patients undergoing radiotherapy. *J Clin Oncol*. 2005;23:1431-1438. Epub 2005 Jan 31.
 12. Demark-Wahnefried W, Aziz NM, Rowland JH, Pinto BM. Riding the crest of the teachable moment: Promoting long-term health after the diagnosis of cancer. *J Clin Oncol*. 2005;23:5814-5830. Epub 2005 Jul 25.
 13. National Cancer Institute. Surveillance, Epidemiology and End Results (SEER) Program (www.seer.cancer.gov) SEER*Stat Database: Incidence-SEER 9 Regs Public Use, November 2004 sub (1973-2002). Bethesda, MD: National Cancer Institute, DCCPS, Surveillance Research Program, Cancer Statistics Branch; 2004.
 14. American Cancer Society. Cancer Facts and Figures 2005. Atlanta, GA: American Cancer Society; 2005.
 15. Bauer JD, Capra S. Nutrition intervention improves outcomes in patients with cancer cachexia receiving chemotherapy—A pilot study. *Support Care Cancer*. 2005;13:270-274. Epub 2004 Dec 4.
 16. Isenring EA, Capra S, Bauer JD. Nutrition intervention is beneficial in oncology outpatients receiving radiotherapy to the gastrointestinal or head and neck area. *Br J Cancer*. 2004;91:447-452.
 17. Extermann M, Meyer J, McGinnis M, Crocker TT, Corcoran MB, Yoder J, Haley WE, Chen H, Boulware D, Balducci L. A comprehensive geriatric intervention detects multiple problems in older breast cancer patients. *Crit Rev Oncol Hematol*. 2004;49:69-75.
 18. Lacey K, Pritchett E. Nutrition care process and model: ADA adopts road map to quality care and outcomes management. *J Am Diet Assoc*. 2003;103:1061-1072.
 19. Weddle DO, Himburg SP, Collins N, Lewis R. The professional development portfolio process: Setting goals for credentialing. *J Am Diet Assoc*. 2002;102:1439-1444.

Approved January 2006 by the Quality Management Committee of the American Dietetic Association House of Delegates and the Executive Committee of the Oncology Nutrition Dietetic Practice Group (ON DPG) of the American Dietetic Association. Scheduled review date: June 2008. The American Dietetic Association authorizes republication of this paper, in its entirety, provided full and proper credit is given.

Questions regarding the Standards of Practice and Standards of Professional Performance for Registered Dietitians in Oncology Nutrition Care may be addressed to Maureen Otto, MS, RD, Director of Quality Management at ADA, at motto@eatright.org.

Standards of Practice and Standards of Professional Performance for Registered Dietitians (Generalist, Specialty, and Advanced) in Oncology Nutrition Care

Standards of Practice are authoritative statements that describe a competent level of practice demonstrated through nutrition assessment, nutrition diagnosis (problem identification), nutrition intervention (planning, implementation), and outcomes monitoring and evaluation (four separate standards) describing the responsibilities for which registered dietitians are accountable. The Standards of Practice in Oncology Nutrition Care presuppose that the registered dietitian (RD) uses critical thinking skills, analytical abilities, theories, best available research findings, current accepted dietetics and medical knowledge, and the systematic holistic approach of the nutrition care process as they relate to the standards. Standards of Professional Performance in Oncology Nutrition Care are authoritative statements that describe a competent level of behavior in the professional role, including activities related to provision of services; application of research; communication and application of knowledge; utilization and management of resources; quality in practice; and continued competence and professional accountability (six separate standards).

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 with validity and reliability. The rationale statement describes the intent of the standard and defines its purpose and importance in greater detail. Indicators are measurable, quantifiable, concrete 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 American Dietetic Association Standards of Practice in Nutrition Care and Standards of Professional Performance are not altered for Oncology Nutrition Care. For Oncology Nutrition Care, the indicators are expanded upon to reflect the unique competence expectations of the RD in Oncology Nutrition Care. Indicators may not be applicable to an individual RD's practice. Likewise, each indicator may not be applicable to all situations.

The term client is used in this evaluation resource as a universal term. Client also implies: patient, resident, customer, participant, consumer, community, individual, or any group receiving food and nutrition services. These Standards of Practice and Standards of Professional Performance are not limited to the clinical setting. The term "appropriate" is used in the standards to mean: Selecting from a range of possibilities, one or more of which would give an acceptable result in the circumstances.

Standards of Practice and Standards of Professional Performance are complementary documents. One does not replace the other; rather both serve to more completely describe the practice and professional performance of registered dietitians and should be considered together.

Within the Standards of Practice and Standards of Professional Performance (Generalist, Specialty, and Advanced) in Oncology Nutrition Care there may be additional indicator(s) for a generalist (entry level RD or novice RD) in Oncology Nutrition Care, for an RD at the specialty level of practice and for an RD in advanced Oncology Nutrition practice for each standard.

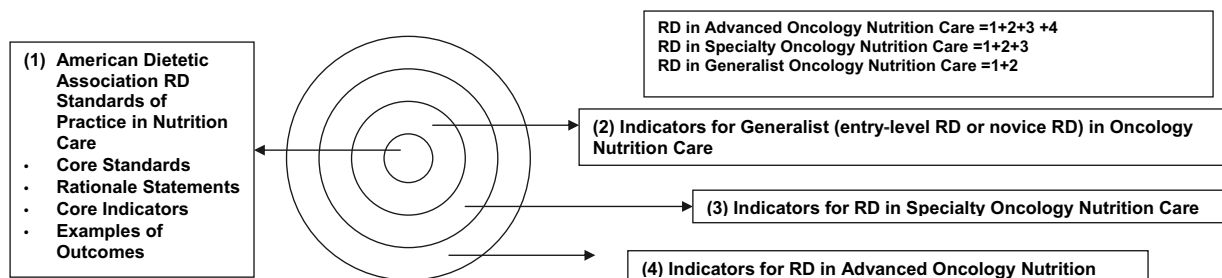


Figure 1. Standards of practice and standards of professional performance for registered dietitians (generalist, specialty, and advanced) in oncology nutrition care.

Standards of Practice for Registered Dietitians in Oncology Nutrition Care

STANDARD 1: NUTRITION ASSESSMENT

The registered dietitian obtains adequate information in order to identify nutrition-related problems.

Rationale: Nutrition assessment is a systematic process of obtaining, verifying and interpreting data in order to make decisions about the nature and cause of nutrition-related problems. It is initiated by referral and/or screening of individuals or groups for nutritional risk factors. Nutrition assessment is an ongoing, dynamic process that involves not only initial data collection, but also continual reassessment and analysis of client or community's needs assessment. Provides the foundation for the nutrition diagnosis at the next step of the Nutrition Care Process.

INDICATORS FOR STANDARD 1: NUTRITION ASSESSMENT				The "X" signifies the indicators for the level of practice		
Bold Font Indicators are ADA ^a Core RD ^b Standards of Practice Indicators				Generalist	Specialty	Advanced
1.1	Evaluates dietary intake for factors that affect health conditions including nutrition risk.			X	X	X
	Evaluates:					
1.1A	Adequacy and appropriateness of food and beverage intake (ie, macro- and micronutrients; meal patterns)			X	X	X
	1.1A1	Changes in appetite or usual dietary intake patterns (ie, as a result of the cancer process, treatment, or comorbid conditions)		X	X	X
1.2	Evaluates health and disease condition(s) for nutrition related consequences for all stages of cancer treatment (prevention, treatment, and survivorship)			X	X	X
	Evaluates:					
1.2A	Medical and family history and comorbidities			X	X	X
	1.2A1	Assesses primary tumor diagnosis and effect on ingestion, digestion, absorption, and utilization of nutrients			X	X
	1.2A2	History of treatment related side effects			X	X
	1.2A3	Cancer risk factors (eg, family history, smoking history, sun exposure, dietary factors)		X	X	X
1.2B	Physical findings (physical or clinical exams)			X	X	X
	1.2B1	Anthropometric data		X	X	X
	1.2B2	Nutrition focused physical examination that includes, but is not limited to: assessing for signs and symptoms of the cancer process and/or treatment (eg, oral mucosal breakdown, edema, ascites, lymphedema, cachexia, wasting), evaluating the access site for enteral feeding tubes or parenteral IV ^c lines			X	X
1.2C	Medication management (not including oncology treatment plan; ie, prescription, over-the-counter, and herbal medications; medication allergies; medication/food interaction and adherence)			X	X	X
	Evaluates:					
	1.2C1	The need to discuss additional medications to help in symptom management with the medical team			X	X
	1.2C2	Dose and timing of medication for impact on nutrition status			X	X

Figure 2. Standards of practice for registered dietitians in oncology nutrition care.

INDICATORS FOR STANDARD 1: NUTRITION ASSESSMENT Bold Font Indicators are ADA^a Core RD^b Standards of Practice Indicators				The “X” signifies the indicators for the level of practice		
				Generalist	Specialty	Advanced
		1.2C3	For food/nutrition interaction, including the vehicle used to administer the drug (eg, grapefruit juice, parenteral solutions containing glucose or sodium)			X
		1.2C4	The need to discuss certain medications with the medical team, in terms of impact on nutrition status, safety with treatment regimen and compatibility with enteral feedings		X	X
	1.2D	Complications and risks		X	X	X
		1.2D1	Reviews evidence-based nutrition indicators of oncology complications (eg, liver enzymes, prealbumin, hemoglobin, white blood counts, electrolytes, renal function labs, blood pressure)			X
		1.2D2	Acute issues (eg, neutropenia, anemia, protein depletion, calorie depletion, hyperglycemia)	X	X	X
		1.2D3	Chronic issues and late effects (eg, neuropathy, cardiac damage, treatment fatigue, anorexia, dysgeusia, dry mouth, recurrence of disease)		X	X
	1.2E	Diagnostic tests, procedures, and evaluations		X	X	X
		1.2E1	Utilizes laboratory data to evaluate nutritional status	X	X	X
		1.2E2	Evaluates nutrition implications of diagnostic tests (eg, glucose restriction prior PET ^d scans, bowel preparation for colonoscopy) and therapeutic procedures (eg, enteral tube placement, esophageal stent)	X	X	X
		1.2E3	Recommend additional evaluations with nutrition implications (eg, swallow evaluation)		X	X
	1.2F	Physical activity habits and restrictions		X	X	X
		1.2F2	Effect of planned treatment on usual activity level, ability to perform ADL ^e	X	X	X
		1.2F3	Assess ability of current physical activity level to facilitate recovery, prevent disease occurrence, or prevent disease recurrence		X	X
1.3	Evaluates psychosocial, socioeconomic, functional and behavioral factors related to food access, selection, preparation, and understanding of health condition			X	X	X
	1.3A	Using validated developmental, functional and mental status cultural, ethnic, and lifestyle assessments (eg, Karnofsky Performance Status, Pediatric Quality of Life Inventory, ADL)		X	X	X
1.4	Evaluates client knowledge, readiness to learn, and potential for behavior changes			X	X	X
	1.4A	History of previous nutrition care services/medical nutrition therapy		X	X	X
	1.4B	Patient’s own short-term and long-term goals for dietary intervention		X	X	X
	1.4C	Behavioral mediators (or antecedents) related to dietary intake (ie, attitudes, self-efficacy, knowledge, intentions, readiness and willingness to change, perceived social support)			X	X
	1.4D	Self-care skills and behaviors, feelings about living with cancer			X	X
	1.4E	Lifestyle factors for the prevention of cancer		X	X	X
	1.4F	Lifestyle factors for the prevention of cancer recurrence		X	X	X

Figure 2. Continued

INDICATORS FOR STANDARD 1: NUTRITION ASSESSMENT Bold Font Indicators are ADA^a Core RD^b Standards of Practice Indicators				The "X" signifies the indicators for the level of practice		
				Generalist	Specialty	Advanced
1.5	Evaluates the nutrition implications of the client's treatment plan (ie, chemotherapy, radiation, surgery)			X	X	X
	1.5A	Goal of treatment (curative vs palliative)			X	X
	1.5B	Type, frequency, duration of planned treatment			X	X
		1.5B1	Effect of planned treatment on the ingestion, digestion, absorption, and utilization of nutrients			X
1.6	Identifies standards by which data will be compared			X	X	X
1.7	Identifies possible problem areas for making nutrition diagnoses			X	X	X
1.8	Documents and communicates:			X	X	X
	1.8A	Date and time of assessment		X	X	X
	1.8B	Pertinent data collected and comparison with standards		X	X	X
	1.8C	Clients' perceptions, values and motivation related to presenting problems		X	X	X
	1.8D	Changes in client level of understanding, food-related behaviors, and other outcomes for appropriate follow-up		X	X	X
	1.8E	Reason for discharge/discontinuation or referral if appropriate		X	X	X

EXAMPLES OF OUTCOMES STANDARD 1: NUTRITION ASSESSMENT
<ul style="list-style-type: none"> ● Appropriate assessment tools and procedures (matching the assessment method to the situation) are implemented ● Assessment tools are applied in valid and reliable ways ● Appropriate data are collected ● Data are validated ● Data are organized and categorized in a meaningful framework that relates to nutrition problems ● Effective interviewing methods are utilized ● Problems that require consultation with or referral to another provider are recognized ● Documentation and communication of assessment are complete, relevant, accurate, and timely

Figure 2. Continued

Standards of Practice for Registered Dietitians in Oncology Nutrition Care

STANDARD 2: NUTRITION DIAGNOSIS

The registered dietitian identifies and describes an actual occurrence, risk of, or potential for developing a nutrition problem that dietetics professionals are responsible for treating independently.

Rationale: At the end of the assessment step, data are clustered, analyzed, and synthesized. This will reveal a nutrition diagnostic category from which to formulate a specific nutrition diagnostic statement. A nutrition diagnosis changes as the client's response changes, whereas a medical diagnosis does not change as long as the disease or condition exists. There is a firm distinction between a nutrition diagnosis and a medical diagnosis. The main difference between the two types of diagnoses is that the nutrition diagnosis does not make a final conclusion about the identity and cause of the underlying disease. A client may have the medical diagnosis of "colon cancer"; however, after performing a nutrition assessment, the RD may determine a nutrition diagnosis(es), for example, "undesirable weight loss" or "inadequate fluid intake." In the community or public health setting the nutrition diagnosis may relate to a population based condition (food safety and access) rather than to a medical diagnosis. An example of a nutrition diagnosis may then be "intake of unsafe food" or "limited access to food." The nutrition diagnosis(es) demonstrates a link to setting realistic and measurable expected outcomes, selecting appropriate interventions and tracking progress in attaining those expected outcomes.

INDICATORS FOR STANDARD 2: NUTRITION DIAGNOSIS Bold Font Indicators are ADA Core RD Standards of Practice Indicators		The "X" signifies the indicators for the level of practice		
		Generalist	Specialty	Advanced
2.1	Derives the nutrition diagnosis from the assessment data	X	X	X
	2.1A Identifies and labels the problem	X	X	X
	2.1B Determines etiology (cause/contributing risk factors)	X	X	X
	2.1C Clusters signs and symptoms (defining characteristics)	X	X	X
	2.1D Utilizes complex data and information obtained from assessment data (eg, recognize significant and adequate data base; organize and group data to give meaning)		X	X
	2.1E Systematically compares and contrasts findings in formulating a differential nutrition diagnosis			X
2.2	Ranks (classifies) the nutrition diagnoses	X	X	X
	2.1A Validates the nutrition diagnosis with clients, family members, or other health care professionals when possible and appropriate	X	X	X
	2.1B Uses specialty level clinical judgment skills (eg, significant client problems identified) when ranking of nutrition diagnoses in order of their importance and urgency for the client		X	X
	2.1C Uses advanced diagnostic reasoning and judgment (ie, reflect holistic focus) when ranking of nutrition diagnoses in order of their importance and urgency for the client			X
2.3	Documents the nutrition diagnosis(es) in a written statement(s) that includes the problem, etiology, and signs and symptoms (whenever possible). This may be referred to as the PES statement, which is the format commonly used: Problem (P), the Etiology (E) and the Signs and Symptoms (S)	X	X	X
2.4	Re-evaluates and revises nutrition diagnoses when additional assessment data becomes available	X	X	X

EXAMPLES OF OUTCOMES

STANDARD 2: NUTRITION DIAGNOSIS

- A Nutrition Diagnostic Statement that is:
 - Clear and concise
 - Specific—client centered
 - Accurate—relates to the etiology
 - Based on reliable and accurate assessment data
 - Includes date (all settings) and time (acute care)
- Documentation of nutrition diagnosis(es) is relevant, accurate, and timely
- Documentation of nutrition diagnosis(es) is revised and updated as more assessment data become available

Figure 2. Continued

Standards of Practice for Registered Dietitians in Oncology Nutrition Care

STANDARD 3: NUTRITION INTERVENTION

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

Rationale: Nutrition Intervention involves (a) selecting, (b) planning, and (c) implementing appropriate actions to meet clients' nutrition needs. The selection of nutrition interventions is driven by the nutrition diagnosis and provides the basis upon which outcomes are measured and evaluated. An intervention is a specific set of activities and associated materials used to address the problem. The RD may actually perform the interventions, or may delegate or coordinate the nutrition care that others provide. All interventions must be based on scientific principles and rationale and when available grounded in a high level of quality research (evidence-based interventions).

The RD works collaboratively with the client, family or caregiver to create a realistic plan that has a good probability of positively influencing the diagnosis/problem. This client-driven process is a key element in the success of this step, distinguishing it from previous planning steps that may or may not have involved the client to this degree of participation.

INDICATORS FOR STANDARD 3: NUTRITION INTERVENTION Bold Font Indicators are ADA Core RD Standards of Practice Indicators		The "X" signifies the indicators for the level of practice		
		Generalist	Specialty	Advanced
<i>Plans the nutrition intervention</i>				
3.1	Prioritizes the nutrition diagnoses based on severity of problem, likelihood that nutrition intervention will impact problem, and clients' perception of importance	X	X	X
	Prioritization considerations may include:			
3.1A	Immediacy of the issue	X	X	X
3.1B	Anticipation of delayed/late emerging (eg, diarrhea, weight loss) or late effects of treatments (eg, malabsorption due to chronic radiation enteritis)		X	X
3.1C	Comorbid diseases or conditions (eg, obesity, diabetes, CHF ^f , hypertension, dyslipidemia, depression, kidney disease, COPD ^g)		X	X
3.2	Consults nationally developed evidence based practice guidelines (eg, ADA's Oncology MNT^h Evidence-Based Guides for Practice, NCCNⁱ Clinical Practices in Oncology) for appropriate value(s) for control or improvement of the disease or conditions as defined and supported in the literature	X	X	X
3.3	Determines client-focused expected outcomes for each nutrition diagnosis	X	X	X
3.3A	Develops expected outcomes in observable and measurable terms that are clear and concise; client-centered, tailored to what is reasonable to the client's circumstances; and appropriate expectations for treatments and outcomes	X	X	X
3.4	Confers with client, caregivers or other health professionals, or policies and program standards as appropriate throughout planning step	X	X	X
3.5	Defines intervention plan (eg, write a nutrition prescription, develop an education plan or community program, create policies that influence nutrition programs and standards)	X	X	X
	Defining considerations of the intervention plan may expand but is not limited to include:			
3.5A	Intervention plan to address current issues (eg, nausea, vomiting, diarrhea)	X	X	X
3.5B	Anticipates future issues (eg, weight loss, malabsorption due to chronic radiation enteritis, decreased bone density)		X	X
3.5C	Anticipates how nutrition intervention may minimize treatment related side effects, treatment delays and the need for hospital admissions			X
3.6	Ensures intervention plan content is based on best available evidence (ie, nationally developed guidelines, published research, evidence-based libraries/databases)	X	X	X
3.6A	Selects specific intervention strategies that are focused on the etiology of the problem and that are known to be effective based on best current knowledge and evidence	X	X	X

Figure 2. Continued

INDICATORS FOR STANDARD 3: NUTRITION INTERVENTION Bold Font Indicators are ADA Core RD Standards of Practice Indicators		The "X" signifies the indicators for the level of practice		
		Generalist	Specialty	Advanced
3.7	Defines time and frequency of care including intensity, duration, and follow-up	X	X	X
3.8	Identifies resources and/or referrals needed	X	X	X
<i>Implements the nutrition intervention</i>				
3.9	Communicates the plan of nutrition and oncology-related care	X	X	X
3.10	Carries out the plan of nutrition and oncology-related care	X	X	X
	3.10A Utilizes appropriate behavior change theories (eg, motivational interviewing, behavior modification, modeling) to facilitate self-management self-care strategies	*	X	X
	3.10B Uses critical thinking and synthesis skills to guide decision-making in complicated, unpredictable, and dynamic situations			X
3.11	Continues data collection and modifies the plan of care as needed	X	X	X
3.12	Individualizes nutrition and oncology-related interventions to the setting and client	X	X	X
	3.12A Uses interpersonal, teaching, training, coaching, counseling, or technological approaches as appropriate	X	X	X
	3.12B Uses critical thinking and synthesis skills for combining multiple intervention approaches as appropriate	*	X	X
	3.12C Draws on experiential knowledge and current body of advanced knowledge about the client population to individualize the strategy for complex interventions			X
3.13	Collaborates with other colleagues and health care professionals	X	X	X
	3.13A Facilitates and fosters active communication, learning, partnerships, and collaboration with the oncology team		X	X
3.14	Follows up and verifies that implementation is occurring and needs are being met	X	X	X
3.15	Revises strategies as changes in condition/response occur	X	X	X
3.16	Documents	X	X	X
	3.16A Date and time	X	X	X
	3.16B Specific treatment goals and expected outcomes	X	X	X
	3.16C Recommended interventions	X	X	X
	3.16D Any adjustments of plan and justifications	X	X	X
	3.16E Client receptivity	X	X	X
	3.16F Referrals made and resources used	X	X	X
	3.16G Any other information relevant to providing care and monitoring progress over time	X	X	X
	3.16H Plans for follow-up and frequency of care	X	X	X
	3.16I Rationale for discharge if appropriate	X	X	X

*Indicates an area of special importance—may be an area of focus for generalist RDs wishing to advance to specialty- or advanced-level practice. Level of practice assignment should be re-evaluated with future revisions of this document.

EXAMPLES OF OUTCOMES STANDARD 3: NUTRITION INTERVENTION
<ul style="list-style-type: none"> ● Appropriate prioritizing and setting of goals/expected outcomes ● Appropriate nutrition diagnosis is identified ● Appropriate nutrition prescription or plan is developed ● Interdisciplinary connections are established ● Nutrition interventions are delivered and actions are carried out ● Documentation of nutrition intervention is relevant, accurate, and timely ● Documentation of nutrition interventions is revised and updated

Figure 2. Continued

Standards of Practice for Registered Dietitians in Oncology Nutrition Care

STANDARD 4: NUTRITION MONITORING AND EVALUATION

The registered dietitian in oncology care monitors and evaluates outcome(s) directly related to the nutrition diagnosis and the goals established in the intervention plan to determine the degree to which progress is being made and goals or desired outcomes of nutrition care are being met. Through monitoring and evaluation, the RD uses selected outcome indicators (markers) that are relevant to the client-defined needs, nutrition diagnosis, nutrition goals, and disease state/condition. Progress should be monitored, measured, and evaluated on a planned schedule until discharge. The RD uses data from this step to create an outcomes management system.

Rationale: Progress should be monitored, measured and evaluated on a planned schedule until discharge. Alterations in outcome indicators such as weight or quality of life are examples that trigger reactivation of the nutrition care process. Monitoring specifically refers to the review and measurement of the client’s status at a scheduled (preplanned) follow-up point with regard to the nutrition diagnosis, intervention plans/goals and outcomes, whereas evaluation is the systematic comparison of current findings with previous status, intervention goals, or a reference standard.

INDICATORS FOR STANDARD 4: NUTRITION MONITORING AND EVALUATION Bold Font Indicators are ADA Core RD Standards of Practice Indicators				The “X” signifies the indicators for the level of practice		
				Generalist	Specialty	Advanced
4.1	Monitors progress			X	X	X
	4.1A	Checks client understanding and adherence with plan		X	X	X
	4.1B	Determines if the intervention is being implemented as prescribed		X	X	X
	4.1C	Provides evidence that the plan/intervention strategy is or is not changing client behavior or status		X	X	X
	4.1D	Identifies other positive or negative outcomes		X	X	X
		4.1D1	Completes an in depth analysis of intended effects and potential adverse effects		X	X
		4.1D2	Completes an in depth analysis of intended effects and potential adverse effects related to complex problems and intervention			X
	4.1E	Gathers information indicating reasons for lack of progress		X	X	X
	4.1F	Supports conclusions with evidence		X	X	X
	4.1G	Evaluates patterns, trends, and unintended variation related to problems and intervention		X	X	X
4.2	Measures outcomes			X	X	X
	4.2A	Selects standardized evidence based outcome indicators that are relevant to the client and directly related to the nutrition diagnosis and the goals established in the intervention plan (ie, direct nutrition outcomes; clinical and health status outcomes; client-centered outcomes; healthcare utilization)		X	X	X
		4.2A1	Quality of life (eg, activities of daily living, avoidance of nausea, vomiting, diarrhea)		X	X
		4.2A2	Physical well-being (eg, weight maintenance; fluid and electrolyte balance; glucose control; maintenance of optimal bone density; decreasing risk of treatment-related side effects, disease recurrence, or secondary malignancy)		X	X
		4.2A3	Impact on treatment outcome (eg, minimize treatment delays or withdrawals, minimize treatment-related side effects, minimize need for hospital admissions)		X	X

Figure 2. Continued

INDICATORS FOR STANDARD 4: NUTRITION MONITORING AND EVALUATION Bold Font Indicators are ADA Core RD Standards of Practice Indicators		The "X" signifies the indicators for the level of practice		
		Generalist	Specialty	Advanced
4.3	Evaluates outcomes	X	X	X
	4.3A Uses standardized indicators to compare current findings with previous status, intervention goals, and/or reference standards (eg, serial use of the PG-SGA¹, Karnofsky Performance Status, Nutrition Quality of Life instruments)	X	X	X
4.4	Documents:	X	X	X
	4.4A Date and time	X	X	X
	4.4B Specific indicators measured and results	X	X	X
	4.4C Progress toward goals (incremental small change can be significant; therefore, use of a Likert type scale may be more descriptive than a "met" or "not met" goal evaluation tool)	X	X	X
	4.4D Factors facilitating or hampering progress	X	X	X
	4.4E Changes in client level of understanding and food-related behaviors	X	X	X
	4.4F Changes in clinical, health status, or functional outcomes assuring care/case management in the future	X	X	X
	4.4G Other positive or negative outcomes	X	X	X
	4.4H Future plans for nutrition care, monitoring, and follow-up or discharge	X	X	X

**EXAMPLES OF OUTCOMES
STANDARD 4: NUTRITION MONITORING AND EVALUATION**

- The client outcome(s) directly relate to the nutrition diagnosis and the goals established in the intervention plan. Examples include, but are not limited to:
 - Direct nutrition outcomes (eg, knowledge gained, behavior change, food or nutrient intake changes, improved nutrition status)
 - Clinical and health status outcomes (eg, laboratory values, weight, blood pressure, risk factor profile changes, signs and symptoms, clinical status, infections, complications)
 - Client-centered outcomes (eg, quality of life, satisfaction, self-efficacy, self-management, functional ability)
 - Health care utilization and cost outcomes (eg, medication changes, special procedures, planned/unplanned clinic visits, preventable hospitalizations, length of hospitalization, prevent or delay nursing home admission)
- Documentation of the monitoring and evaluation is relevant, accurate, and timely

^aADA=American Dietetic Association.

^bRD=registered dietitian.

^cIV=intravenous.

^dPET=positron emission tomography.

^eADL=activities of daily living.

^fCHF=congestive heart failure.

^gCOPD=chronic obstructive pulmonary disease.

^hMNT=medical nutrition therapy.

ⁱNCCN=National Comprehensive Cancer Network.

^jPG-SGA=patient-generated subjective global assessment.

Figure 2. Continued

Standards of Professional Performance for Registered Dietitians in Oncology Nutrition Care

STANDARD 1: PROVISION OF SERVICES

Provides quality service based on customer expectations and needs

Rationale: The registered dietitian in oncology nutrition care provides, facilitates, and promotes quality services based on client needs and expectations, current knowledge, and professional experience.

INDICATORS FOR STANDARD 1: PROVISION OF SERVICES		The "X" signifies the indicator for the level of practice.		
Bold Font Indicators are ADA^a Core RD^b Standards of Professional Performance		Generalist	Specialty	Advanced
Each RD in Oncology Nutrition Care:				
1.1	Provides input into the development of appropriate screening parameters to ensure that the screening process asks the right questions	X	X	X
	1.1A Utilizes evidence-based review process to determine screening parameters		X	X
	1.1B Evaluates the effectiveness of oncology screening tools		X	X
	1.1C Leads team on changes and process revisions as needed			X
1.2	Contributes to the development of a referral process to ensure that the public has an identifiable method of being linked to dietetic professionals who will ultimately provide services	X	X	X
	1.2A Evaluates the effectiveness of oncology referral tools	X	X	X
	1.2B Leads team on changes and referral tools and process revisions as needed		X	X
	1.2C Receives referrals for services from and makes referrals to other health care professionals	X	X	X
1.3	Collaborates with client to assess needs, background, and resources and to establish mutual goals	X	X	X
	1.3A Understands behavior change and counseling theories and is able to apply theories in practice	X	X	X
	1.3B Leads in using, evaluating, and communicating success in using different theoretical frameworks for intervention (eg, Health Belief Model, social cognitive theory/social learning theory, stages of change [transtheoretical theory], Enabling/ Access Enhancing [PRECEDE ^c model], Fishbein/Ajzen [theory of reasoned action])			X
	1.3C Recognizes the influences that culture, health literacy, and socioeconomic status have on health/illness experiences and the client's use of health care services	X	X	X
	1.3D Adapts practice to meet the needs of an ethnically and culturally diverse population (eg, selecting and using interpreters, conducting appropriate cultural assessments, selecting appropriate levels of intensity of cultural interventions, adapting oncology patient education/counseling approaches and materials, adapting content teaching modality)	X	X	X
	1.3E Establishes systematic process to identify, track and update resources available to individual with experiences and the client's use of health care services		X	X
1.4	Informs and involves clients and their families in decision making	X	X	X

Figure 3. Standards of professional performance for registered dietitians in oncology nutrition care.

INDICATORS FOR STANDARD 1: PROVISION OF SERVICES		The "X" signifies the indicator for the level of practice.		
Bold Font Indicators are ADA^a Core RD^b Standards of Professional Performance		Generalist	Specialty	Advanced
Each RD in Oncology Nutrition Care:				
1.5	Recognizes clients concepts of illness and their cultural beliefs	X	X	X
1.6	Applies knowledge and principles of disease prevention and behavioral change appropriate for diverse populations	X	X	X
1.7	Collaborates and coordinates with other professionals as appropriate	X	X	X
1.7A	Works within the traditional multidisciplinary team for education	X	X	X
1.7B	Reports in partnership with health care provider, clinical microsystem, and referral sources for treatment care services and education	X	X	X
1.7C	Serves in consultant role for medical management of cancer and comorbidities		X	X
1.7D	Plans and develops health promotion/prevention programs based on client needs, culture, evidence-based strategies, and available resources		X	X
1.7E	Plans, develops, and implements systems of care and services based on the chronic care model		X	X
1.8	Applies knowledge and skills to determine the most appropriate action plan	X	X	X
1.8A	Applies general oncology knowledge and skills	X	X	X
1.8B	Applies knowledge and skills at the specialty level (ie, functional working knowledge of specialty area demonstrated by an understanding and use of the general principle, theories, and practices pertinent to the oncology specialty) to determine the most appropriate action plan		X	X
1.8C	Applies knowledge and skills at the advanced level (ie, advanced and comprehensive knowledge of the oncology area demonstrated by an understanding and use of advanced principles, theories and practices of the oncology specialty) to determine the most appropriate action plan			X
1.9	Implements quality practice by following an evidence-based approach, policies, procedures, legislation, licensure, credentialing, competency, regulatory requirements, and practice guidelines	X	X	X
1.9A	Collects and documents nationally standardized and consensus-based oncology performance measures	X	X	X
1.9B	Participates as a committee member in the development and updating of policies and procedures and evidence-based practice tools in their work site	X	X	X
1.9C	Develops implementation strategies for quality improvement tailored to the needs of the organizations and their client populations, (eg, identification/adaptation of evidence-based practice guidelines/protocols, skills training/reinforcement, organizational incentives, and supports)		X	X
1.9D	Develops and manages oncology education programs in compliance with national guidelines and standards (eg, NCCN ^d Clinical Practice Guidelines in Oncology)		X	X
1.9E	Develops oncology-specific community/prevention programs incorporating behavior change theory, self-concept, lifestyle functions and systematic evaluation of learning		X	X
1.9F	Leads process of developing, monitoring, and evaluating the use of protocols/guidelines/practice tools; plans necessary changes			X

Figure 3. Continued

INDICATORS FOR STANDARD 1: PROVISION OF SERVICES		The "X" signifies the indicator for the level of practice.		
Bold Font Indicators are ADA^a Core RD^b Standards of Professional Performance		Generalist	Specialty	Advanced
Each RD in Oncology Nutrition Care:				
1.10	Fosters excellence and exhibits professionalism in practice	X	X	X
1.10A	Manages change effectively, demonstrating knowledge of the change process	X	X	X
1.10B	Demonstrates attributes, such as assertiveness, enhanced listening, and conflict resolution skills		X	X
1.10C	Demonstrates knowledge and skill in coalition building			X
1.11	Continuously evaluates processes and outcomes of both nutrition/health quality and service quality dimensions (eg, convenience, dignity, ease of access, privacy, comfort, client involvement in decision-making, promptness of care)	X	X	X
1.11A	Utilizes a continuous quality improvement approach to measure performance against desired outcomes	X	X	X
1.11B	Conducts data analysis, develops report of outcomes and improvement recommendations, and disseminates findings		X	X
1.11C	Develops tools for analyzing process and outcomes			X
1.12	Advocates for the provision of food and nutrition services as part of public policy	X	X	X
1.12A	Participates in the process of patient advocacy activities	X	X	X
1.12B	Assesses patient population for situations where advocacy is needed		X	X
1.12C	Advocates for health promotion at the policy level and promotes public policy related to health promotion by participating in legislative and policy-making activities that influence health services and practices		X	X
1.12D	Takes leadership role in advocacy activities/issues; authors articles and delivers presentations on topic; networks with other advocacy-interested parties			X

EXAMPLES OF OUTCOMES
STANDARD 1: PROVISION OF SERVICES
<ul style="list-style-type: none"> ● Clients actively participate in establishing goals and objectives ● Clients' needs are met ● Clients are satisfied with service and products provided ● Evaluation reflects expected outcomes ● Appropriate screening and referral systems are established ● Public has access to food and nutrition services

Figure 3. Continued

Standards of Professional Performance

STANDARD 2: APPLICATION OF RESEARCH

Effectively applies, participates in, or generates research to enhance practice.

Rationale: The effective application, support, and generation of dietetics research in practice encourages continuous quality improvement and provides documented support for the benefit of the client.

INDICATORS FOR STANDARD 2: APPLICATION OF RESEARCH		The "X" signifies the indicators for the level of practice.		
Bold Font Indicators are ADA Core RD Standards of Practice Indicators		Generalist	Specialty	Advanced
Each RD in Oncology Nutrition Care:				
2.1	Locates and reviews best available research findings for their application to dietetics practice	X	X	X
	2.1A Understands research design and methodology		X	X
	2.1B Understands study outcomes and how to interpret and apply the results to clinical practice		X	X
	2.1C Identifies key clinical and management questions and utilizes systematic methods to extract evidence-based research to answer questions		X	X
	2.1D Encourages the use of evidence-based tools as a basis for stimulating awareness and integration of current evidence		X	X
2.2	Bases practice on sound scientific principles, best available research and theory	X	X	X
	2.2A Demonstrates adherence to evidence-based practice at the specialty level (eg, considers the best available research on nutrition-related cancer prevention strategies)		X	X
	2.2B Demonstrates that adherence to evidence-based practice at the advanced practice level (ie, considers the best available research reflecting the holistic focus of cancer as a complex disease state)			X
2.3	Integrates best available research with clinical/managerial expertise and client values (evidence-based practice)	X	X	X
2.4	Promotes research through alliances and collaboration with dietetics and other professionals and organizations	X	X	X
	2.4A Designs or participates in and publishes studies related to outcomes of registered dietitians in oncology nutrition care (specialty) practice		X	X
	2.4B Designs or participates in and publishes studies related to outcomes of registered dietitians in oncology nutrition care (advanced) practice			X

Figure 3. Continued

INDICATORS FOR STANDARD 2: APPLICATION OF RESEARCH		The "X" signifies the indicators for the level of practice.		
Bold Font Indicators are ADA Core RD Standards of Practice Indicators		Generalist	Specialty	Advanced
Each RD in Oncology Nutrition Care:				
2.5	Contributes to the development of new knowledge and research in dietetics	X	X	X
2.5A	Participates in practice based research networks		X	X
2.5B	Identifies and initiates research relevant to oncology practice as the primary investigator or as a collaborator with other members of the health care team or community			X
2.6	Collects measurable data and documents outcomes within the practice setting	X	X	X
2.6A	Contributes to evidence-based research at the local level	X	X	X
2.6B	Develops systematic processes to collect and analyze the data		X	X
2.6C	Monitors and evaluates pooled/aggregate data against expected outcomes		X	X
2.6D	Utilizes collected data as part of a quality improvement process to improve outcomes and quality of care rendered in the future			X
2.7	Shares research data and activities through various media	X	X	X
2.7A	Presents information based on evidence-based oncology research at the local level (eg, community groups, colleagues)	X	X	X
2.7B	Presents at local, regional and national meetings and authors oncology-related publications		X	X
2.7C	Serves in a leadership role for oncology related publications and program planning of national meetings		X	X
2.7D	Translates research findings in the development of policies, procedures, and guidelines for care			X

EXAMPLES OF OUTCOMES
STANDARD 2: APPLICATION OF RESEARCH
<ul style="list-style-type: none"> ● Client receives appropriate services based on the effective application of research ● A foundation for performance measurement and improvement is provided ● Outcomes data supports reimbursement for the services of the RD in oncology care ● <i>Best available</i> research findings are used for the development and revision of practice tools and resources ● Benchmarking and knowledge of "best practices" used to improve performance

Figure 3. Continued

Standards of Professional Performance

STANDARD 3: COMMUNICATION AND APPLICATION OF KNOWLEDGE

Effectively applies knowledge and communicates with others.

Rationale: The registered dietitian in oncology nutrition care works with and through others while using their unique knowledge of food, human nutrition, and management as well as skills in providing services.

INDICATORS FOR STANDARD 3: COMMUNICATION AND APPLICATION OF KNOWLEDGE		The “X” signifies the indicators for the level of practice.		
		Generalist	Specialty	Advanced
Bold Font Indicators are ADA Core RD Standards of Practice Indicators				
Each RD in Oncology Nutrition Care:				
3.1	Has knowledge related to a specific area(s) of professional service	X	X	X
3.1A	Familiar with major oncology care and education publications	X	X	X
3.1B	Familiar with regulatory, accreditation, and reimbursement programs and standards for institutions and providers that are specific to oncology care and education (eg, NCI ^e , CoC ^f , NCCN, ACCC ^g , JCAHO ^h , NCQA ⁱ)	X	X	X
3.1C	Familiar with oncology-related public health trends and epidemiological reports related to cancer prevention and treatment	X	X	X
3.1D	Interprets public health trends and epidemiological data and applies to professional practice/organization		X	X
3.1E	Familiar with ongoing research in cancer prevention, oncology care, and education		X	X
3.1F	Contributes to the body of knowledge for the profession		X	X
3.2	Communicates sound scientific principles, research, and theory	X	X	X
3.2A	Demonstrates critical thinking, reflection, and problem-solving skills at the specialty level (eg, selects appropriate information and best method or format for presenting it in writing or verbally) when communicating information		X	X
3.2B	Demonstrates critical thinking, reflection, and problem-solving skills at the advanced practice level (eg, able to convey more than mere procedural understanding) when communicating information			X
3.3	Integrates knowledge of food and human nutrition with knowledge of health, social sciences, communication, and management theory	X	X	X
3.3A	Demonstrates ability to integrate new knowledge of oncology care	X	X	X
3.3B	Demonstrates ability to integrate new knowledge of oncology care at the specialty level (eg, in new and varied contexts)		X	X
3.3C	Demonstrates ability to apply new knowledge of oncology care in new and varied contexts at the advanced practice level (eg, for the most complex and exceptional problems)			X
3.4	Shares knowledge and information with clients	X	X	X
3.4A	Authors articles for consumers and other health care providers		X	X
3.4B	Serves as invited reviewer, author, and presenter at local and regional meetings and media outlets		X	X
3.4C	Serves as invited reviewer, author and presenter at national, international meetings and media outlets			X
3.4D	Serves in leadership role for publications (ie, editor, editorial advisory board) and on program planning committees		X	X
3.4E	Serves as national and international oncology media spokesperson			X
3.4F	Functions as an opinion leader			X

Figure 3. Continued

INDICATORS FOR STANDARD 3: COMMUNICATION AND APPLICATION OF KNOWLEDGE			The "X" signifies the indicators for the level of practice.		
Bold Font Indicators are ADA Core RD Standards of Practice Indicators			Generalist	Specialty	Advanced
Each RD in Oncology Nutrition Care:					
3.5	Helps students and clients apply knowledge and skills		X	X	X
	3.5A	Participates as a mentor or preceptor to health care provider within or outside of profession		X	X
	3.5B	Develops mentor and preceptorship programs that promote oncology care and education			X
3.6	Documents interpretation of relevant information and results of communication with professionals, personnel, students, or clients		X	X	X
	3.6A	Build relationships between researchers and decision makers so that effective knowledge transfer can take place		X	X
	3.6B	Provides commentary and analysis of relevant information			X
3.7	Contributes to the development of new knowledge		X	X	X
	3.7A	Serves on planning committees/task forces to develop continuing education programs	X	X	X
	3.7B	Serves as consultant to business, industry, and national oncology organizations regarding continuing education needs of consumers and health care providers		X	X
	3.7C	Uses clinical exemplars to generate new knowledge and develop new guidelines, programs, and policies in the advanced oncology practice area			X
3.8	Seeks out information to provide effective services		X	X	X
	3.8A	Presents information to establish collaborative practice at a systems level (eg, a disease-management program)		X	X
	3.8B	Negotiates and/or establishes privileges at systems level for new advances in practice			X
3.9	Communicate, manage knowledge, and support decision making using information technology		X	X	X
	3.9A	Utilizes (and participates in the development/revision of) electronic medical records within the work site	X	X	X
	3.9B	Identifies and/or develops Web-based oncology nutrition education tools		X	X
	3.9C	Identifies pertinent nutrition-related clinical trial information (eg, NCI resources)		X	X
	3.9D	Contributes nutrition-related expertise to national cancer-related bioinformatics projects as needed (eg, NCI's CaBIG ¹ project)			X

EXAMPLES OF OUTCOMES
STANDARD 3: COMMUNICATION AND APPLICATION OF KNOWLEDGE
<ul style="list-style-type: none"> ● Professional provides expertise in food, nutrition, and management information ● Client understands the information received ● Client receives current and appropriate information and knowledge ● Client knows how to obtain additional guidance

Figure 3. Continued

Standards of Professional Performance for Registered Dietitians in Oncology Care

STANDARD 4: UTILIZATION AND MANAGEMENT OF RESOURCES

Uses resources effectively and efficiently in practice.

Rationale: Appropriate use of time, money, facilities, and human resources facilitates delivery of quality services.

INDICATORS FOR STANDARD 4: UTILIZATION AND MANAGEMENT OF RESOURCES		The "X" signifies the indicators for the level of practice.		
		Generalist	Specialty	Advanced
Bold Font Indicators are ADA Core RD Standards of Practice Indicators				
Each RD in Oncology care:				
4.1	Uses a systematic approach to maintain and manage professional resources successfully	X	X	X
4.2	Uses measurable resources such as personnel, monies, equipment, guidelines, <i>guides for practice</i>, protocols, reference materials, and time in the protocols, reference materials, and time in the provision of dietetics services	X	X	X
4.2A	Participates in operational planning of oncology programs (ie, business planning)	X	X	X
4.2B	Manages effective delivery of oncology programs (ie, business planning)		X	X
4.2C	Leads in business and strategic planning			X
4.3	Analyzes safety, effectiveness, and cost in planning and delivering services and products	X	X	X
4.3A	Analyzes at the systems level; safety, effectiveness, cost in planning, and delivering services and products			X
4.4	Justifies use of resources by documenting consistency with plan, continuous quality improvement, and desired outcomes	X	X	X
4.4A	Proactively recognizes needs, anticipates outcomes and consequences of different approaches, and makes necessary modifications to plans to achieve desired outcomes		X	X
4.4B	Effects long-term thinking and planning, anticipates needs, fully understands strategic plans, and integrates justification into plans			X
4.5	Educates and helps clients and others to identify and secure appropriate and available resources and services	X	X	X
4.5A	Establishes administratively sound programs (eg, cancer prevention, oncology education and MNT ^k services)		X	X
4.5B	Demonstrates ability to exercise leadership to achieve desired outcomes using influence gained through advanced competence to identify and secure appropriate and available resources and services			X
4.6	Actively promotes the inclusion of oncology education and MNT service components in local, regional, and national oncology data registries (ie, National Cancer Database, SEER ^l registry)	X	X	X
4.6A	Assures that data on RD services provided are captured in databases	X	X	X
4.6B	Analyzes and utilizes information for long-range strategic planning (eg, program and service efficacy)			X

EXAMPLES OF OUTCOMES

STANDARD 4: UTILIZATION AND MANAGEMENT OF RESOURCES

- Use of resources according to plan and budget is documented
- Resources and services are measured and data are used to promote and validate the effectiveness of services
- Desired outcomes are achieved and documented
- Resources are managed and used cost-effectively

Figure 3. Continued

Standards of Professional Performance for Registered Dietitians in Oncology Care

STANDARD 5: QUALITY IN PRACTICE

Systematically evaluates the quality and effectiveness of practice and revises practice as needed to incorporate the results of evaluation.

Rationale: Quality practice requires regular performance evaluation and continuous improvement of services.

INDICATORS FOR STANDARD 5: QUALITY IN PRACTICE		The "X" signifies the indicators for the level of practice.		
Bold Font Indicators are ADA Core RD Standards of Practice Indicators		Generalist	Specialty	Advanced
Each RD in Oncology Care:				
5.1	Continually understands and measures quality of food and nutrition and services in terms of structure, process, and outcomes	X	X	X
5.2	Identifies performance improvement criteria to monitor effectiveness of services	X	X	X
5.3	Designs and tests interventions to change processes and systems of food and nutrition care and services with the objective of improving quality	X	X	X
5.4	Identifies errors and hazards in food and nutrition care and services	X	X	X
	5.4A Evaluates and ensures safe nutrition care delivery	X	X	X
	5.4B Maintains awareness of problematic product names and error prevention recommendations provided by ISMP ^m (www.ismp.org), FDA ⁿ (www.fda.gov), and USP ^o (www.usp.org)	X	X	X
	5.4C Maintains awareness of potential drug-nutrient interactions and potential interactions between scheduled treatments and alternative therapies	X	X	X
	5.4D Develops safety alert systems to monitor key indicators of oncology clients medical conditions			X
5.5	Recognizes and implements basic safety design principles, such as standardization and simplification	X	X	X
	5.5A Consistently provides care using the ADA standardized Nutrition Care Process and Model and nationally developed evidence-based nutrition guidelines/guides for practice	X	X	X
	5.5B Implements standardized protocol for education, prevention and treatment of treatment-related side effects with nutrition implications		X	X
	5.5C Designs and evaluates standardized protocols for education, prevention, and treatment of treatment-related side effects with nutrition implications			X

Figure 3. Continued

INDICATORS FOR STANDARD 5: QUALITY IN PRACTICE		The "X" signifies the indicators for the level of practice.		
Bold Font Indicators are ADA Core RD Standards of Practice Indicators		Generalist	Specialty	Advanced
Each RD in Oncology Care:				
5.6	Identifies expected outcomes	X	X	X
5.7	Documents outcomes of services provided	X	X	X
5.8	Compares actual performance to expected outcomes	X	X	X
5.9	Documents action taken when discrepancies exist between active performance and expected outcomes	X	X	X
5.10	Continuously evaluates and refines services based on measured outcomes	X	X	X
5.10A	Systematically improves the processes of care and services to improve outcomes reflecting understanding of variation		X	X
5.10B	Leads in creating and evaluating systems, processes, and programs that support institutional and oncology nutrition related core values and objectives			X
5.11	Implements an outcomes management system to evaluate the effectiveness and efficiency of practice	X	X	X
5.11A	Utilizes collected data as part of a quality improvement process to improve outcomes and quality of care and services rendered in the future		X	X
5.11B	Serves in leadership role to evaluate benchmarks of community/prevention program indicators to national, state and local public health and population based indicators (eg, Healthy People 2010 Leading Health Indicators, HEDIS ^p , and national oncology quality improvement measure sets) to positively impact program planning and development			X
5.11C	Advocates for and participates in the development of clinical, operational, and financial databases upon which oncology nutrition care-sensitive outcomes can be derived, reported, and used for improvement			X

EXAMPLES OF OUTCOMES STANDARD 5: QUALITY IN PRACTICE
<ul style="list-style-type: none"> ● Performance improvement criteria are measured ● Actual performance is evaluated ● Aggregate of <i>outcomes data</i> meet established criteria (objectives/goals) ● Results of quality improvement activities direct refinement of practice

Figure 3. Continued

Standards of Professional Performance for Registered Dietitians in Oncology Care

STANDARD 6: CONTINUED COMPETENCE AND PROFESSIONAL ACCOUNTABILITY

Engages in lifelong self-development to improve knowledge and enhance professional competence.

Rationale: Professional practice requires continuous acquisition of knowledge and skill development to maintain accountability to the public.

INDICATORS FOR STANDARD 6: CONTINUED COMPETENCE AND PROFESSIONAL ACCOUNTABILITY		The "X" signifies the indicators for the level of practice.		
Bold Font Indicators are ADA Core RD Standards of Practice Indicators		Generalist	Specialty	Advanced
Each RD in Oncology Care:				
6.1	Conducts self-assessment at regular intervals to identify professional strengths and weaknesses	X	X	X
	6.1A Evaluates current practice at the individual and systems levels in light of current research findings at the specialty practice level		X	X
	6.1B Evaluates current practice at the individual and systems levels in light of current research findings at the advanced practice level			X
6.2	Identifies needs for professional development and mentors others	X	X	X
	6.2A Seeks opportunities at the specialty practice level to develop mentor/protégé programs with health professionals of other disciplines		X	X
	6.2B Seeks opportunities at the advanced practice level to develop mentor/protégé programs with health professionals of other disciplines			X
6.3	Develops and implements a plan for professional growth	X	X	X
	6.3A Familiarizes self with oncology continuing education opportunities locally, regionally, and nationally	X	X	X
	6.3B Develops and implements a plan for specialty practice		X	X
	6.3C Develops and implements a plan for advanced practice			X
6.4	Documents professional development activities	X	X	X
	6.4A Documents in professional portfolio examples of oncology care clinical exemplars that capture and speak to the expanded professional responsibility in a specialty practice role		X	X
	6.4B Documents in professional portfolio examples of oncology care clinical exemplars that describe and demonstrate the expanded professional experience in an advanced practice role			X
6.5	Adheres to the Code of Ethics for the profession of dietetics and is accountable and responsible for actions and behavior	X	X	X

Figure 3. Continued

INDICATORS FOR STANDARD 6: CONTINUED COMPETENCE AND PROFESSIONAL ACCOUNTABILITY		The "X" signifies the indicators for the level of practice.		
Bold Font Indicators are ADA Core RD Standards of Practice Indicators		Generalist	Specialty	Advanced
Each RD in Oncology Care:				
6.6	Supports the application of research findings and best available evidence to professional practice	X	X	X
6.A	Familiarizes self with major oncology care and education publications	X	X	X
6.6B	Serves as an author of oncology related publications and oncology presenter for consumer and health care provider audiences on oncology topics		X	X
6.6C	Develops skill in accessing and critically analyzing research		X	X
6.6D	Uses planned change principles at the advanced level of practice to integrate research and practice			X
6.7	Takes active leadership roles	X	X	X
6.7A	Utilizes habits of good interfacing (communication, information gathering, and practices) to lead in this area	X	X	X
6.7B	Serves on local oncology planning committees/task forces for health professionals and industry	X	X	X
6.7C	Serves on regional and national oncology planning committee task force for health professionals and industry		X	X
6.7D	Develops innovative approaches to complex practice issues			X
6.7E	Proactively seeks opportunities at the local, regional, and national and international level to demonstrate the integration of their practices and programs with larger systems (eg, American Cancer Society, oncology-specific professional groups [ASCO ⁹ , ONS ⁷], CoC)			X

**Examples of Outcomes
STANDARD 6: CONTINUED COMPETENCE AND PROFESSIONAL ACCOUNTABILITY**

- Self-assessments are completed
- Development needs are identified and directed learning takes place
- Practice outcomes demonstrate adherence to the Code of Ethics, Standards of Practice, and Standards of Professional Performance
- Practice decisions reflect best available evidence
- Obtains appropriate certifications
- Meets Commission on Dietetic Registration recertification requirements
- Participates in oncology committees and task forces

⁹ADA=American Dietetic Association.

⁸RD=registered dietitian.

⁶PRECEDE=Predisposing, Reinforcing, and Enabling Constructs in Ecosystem Diagnosis and Evaluation.

⁴NCCN=National Comprehensive Cancer Network.

⁵NCI=National Cancer Institute.

¹CoC=Commission on Cancer, American College of Surgeons.

⁹ACCC=Association of Community Cancer Centers.

¹¹JCAHO=Joint Commission on Accreditation of Healthcare Organizations.

¹⁰NCQA=National Committee for Quality Assurance.

¹²CaBIG=Cancer Bioinformatics Grid.

⁸MNT=medical nutrition therapy.

¹SEER=Surveillance, Epidemiology, and End Results.

¹¹ISMP=Institute for Safe Medication Practices.

¹⁰FDA=Food and Drug Administration.

⁹USP=United States Pharmacopeia.

¹⁰HEDIS=Health Plan Employer Data Information Set.

⁹ASCO=American Society of Clinical Oncology.

⁷ONS=Oncology Nursing Society.

Figure 3. Continued