

STUDENT HANDBOOK

Dietitian Education Program



Buffalo State, SUNY
April 2017

Table of Contents

History of Dietitian Education Program	3
Verification Statement	4
Health, Nutrition and Dietetics Department	4
Philosophy	5
DEP Mission Statement/Goals/Objectives	6
Description of DEP Experiences	7
Program Emphasis Competencies	9
Policy for Maintenance of Good Standing	10
Provisional Acceptance to the DEP	10
Attendance/Participation	11
Clinical Evaluation	11
Definition of Good Standing in the DEP	12
Appeal Procedure	12
Policy: Standards for Appearance	14
Malpractice Insurance	16
Health Requirements	16
Transportation/Travel	17
Pagers and Telephones	17
Access to Student's Files/Student Grievances	
Library Resources	18
Outside Employment	18
Scholarships	18
Additional Experiences	19
Memberships in Professional Organizations	19
Areas of Dietetics Practice	19
Resumes	20
Registration Process and RDN Exam	20
Professional Practice Guidelines	20
Code of Ethics	21
Standards of Professional Practice	25
Legal Implications of Charting Practice	26
Core Knowledge and Competencies of the RDN	29
Acknowledgement of Handbook Receipt	33

History of Dietitian Education Program (DEP) Program at Buffalo State

The Dietitian Education Program at Buffalo State, SUNY began in the Fall of 1971 and was named the Coordinated Undergraduate Program (CUP) in Dietetics. Funding had been obtained through a five-year grant from the Allied Health and Manpower Division, National Institutes of Health, for the program's implementation. Buffalo State was one of six Institutions of Higher Education nationally to develop such an educational endeavor. It was the first to utilize a variety of health care facilities within a community as key clinical sites for student learning.

Subsequent special improvement grants for the years 1975-77 and 1977-80 were obtained from NIH to support the on-going development and evaluation of the program. Initially eight students were admitted to the program. Over a five-year period a gradual increase to 16 students was accomplished.

The Accreditation Council for Education in Nutrition and Dietetics (ACEND) **changed the name of the Coordinated Program in Dietetics to the Dietitians Education Program (DEP)**. This name change was formally adopted by SUNY in Fall, 2014. The 2017 ACEND Standards changed the name of the DEP to Coordinated Program (CP). A program name change application for the DEP to CP is forthcoming.

The design of the DEP is built on the concept of an integrated curriculum where the educational environment is expanded and coordinated to include hospitals, long-term care facilities, community agencies, private counseling firms, and other sites in which nutrition services are delivered. The goal of the program is to provide the student with opportunities to apply knowledge and acquire the skills necessary for an entry level dietitian. To accomplish this program goal, there is a need for the coordination of learning opportunities and supervision and evaluation of student performance in a variety of clinical settings. Additional clinical sites are utilized for individualized student experiences throughout the program. In order to maximize student learning and make best use of clinical experiences available, program accreditation has restricted the number of students in the program, therefore, screening for admission is necessary. To facilitate learning, a staff of clinical instructors and a director teach courses, plan, supervise and evaluate the student learning experiences.

The Dietitian Education Program is currently granted accreditation by the Accreditation Council for Education in Nutrition and Dietetics (ACEND) of the Academy of Nutrition and Dietetics (AND) 120 South Riverside Plaza, Suite 2000, Chicago, IL 60606-6995, Phone: 800/877-1600.

Verification Statement

The signed verification statement documents that an individual has completed the **requirements** of a dietetics education program accredited or approved by ACEND and been cleared by the Registrar. Verification statements are essential to the ACEND dietetics education, Commission on Dietetic Registration (CDR) registration eligibility, and Academy of Nutrition and Dietetics (A.N.D.) active membership process.

For students earning their baccalaureate degree, verification statements should be issued when the student has completed ACEND-accredited DEP requirements (didactic and supervised practice) and the registrar has **cleared** the student for graduation, which indicates that all degree requirements also have been completed.

For students who have previously completed a baccalaureate degree, a verification statement can be given upon completion of DEP requirements (didactic and supervised practice).
<http://www.eatrightacend.org/ACEND/content.aspx?id=6442485467>.)

Upon successful completion of all academic and supervised practice requirements, DEP students are given multiple original signature verification statements for use in applying for jobs, A.N.D. membership, future certification or licensure applications, and personal record.

For more information about verification statements, visit the following ACEND website for a fact sheet on "Frequently Asked Questions about Verification Statements".
<http://www.eatrightacend.org/ACEND/content.aspx?id=6442485472>

Health, Nutrition, and Dietetics Department

In September 2015, the Dietetics and Nutrition Department merged with the Health and Wellness Department to form the new Health, Nutrition, and Dietetics (HND) Department. The DEP is currently housed within the HND Department.

Philosophy

Dietetics is a major component of comprehensive health care. The DEP is designed to promote a continuous learning process, permitting creative and critical participation by the student. A plan for progression of learning allows the student to build on knowledge, understanding and skills, as the individual demonstrates various levels of competency toward attainment of stated student outcomes.

The didactic and supervised practice experiences are integral parts of the educational environment. Guided supervised practice dovetails with theory to provide opportunity for applied learning. The student is encouraged to become self-evaluative and self-directive by completion of the program.

College faculty, clinical instructors and students share the responsibility for achieving the outcomes of the program.

Bachelor of Science Degree Granted

The DEP at Buffalo State has been an accredited dietetic program since 1973. It is the only coordinated program in the SUNY system. The DEP is currently granted accreditation by the Accreditation Council for Education in Nutrition and Dietetics (ACEND) of the Academy of Nutrition and Dietetics, 120 South Riverside Plaza, Suite 2000, Chicago, IL 60606-6995, 312/899-5400. acend@eatright.org.

DEP Mission, Goals and Program Objectives:

Approved DEP Clinical Faculty August 18, 2016
Approved by HND Faculty September 20, 2016

Mission Statement

The mission of the Dietitian Education Program, a coordinated program in dietetics, is to prepare entry-level registered dietitian nutritionists for competent practice-by providing a quality education-- in the context of academic excellence, experiential learning and community service-- that translates into an ongoing commitment to professional and leadership growth, community service, and a passion for life-long learning.

Goal 1: Graduates will attain the knowledge, skills, and professional characteristics needed for success as an entry level dietetics practitioner.

Objectives:

- a. Ninety-five percent of program graduates are expected to take the CDR credentialing exam for dietitian nutritionists within 12 months of program completion.
- b. At least 80% of graduates over a five-year period pass the CDR credentialing exam for dietitian nutritionists within one year following first attempt.
- c. Ninety percent of graduates who begin the DEP will complete the program within 3 years (normal length 2 years x 1.5).
- d. Seventy-five percent of graduates will have jobs in a dietetics-related field within one year of graduation.
- e. Ninety percent of first year graduates will meet or exceed employer expectations for entry-level RDs.

Goal 2: Graduates will demonstrate commitment to life-long learning, professional development, service and leadership in diverse professional and community endeavors.

Objectives:

- a. Seventy-five percent of respondents will report pursuing practice certification, or pursuing graduate credit or additional degrees when surveyed three years after graduation.
- b. Fifty percent of respondents will report active membership (committee member or leadership position) in a dietetics-related professional or volunteer organization when surveyed three years after graduation.

Description of the DEP Experience

Semester I

In the first semester the focus of Nutritional Care A is centered on introduction to acute and care, community nutrition, nutrition education, and food service experiences that apply the knowledge and skills learned in NFS 102 Introduction to Nutrition, NFS 401 Medical Nutritional Therapy I, NFS 315 and 316 Life Cycle/ Community I and II, and NFS 211 Applied Management in Dietetics II.

The experiences allow for the development of basic interviewing, nutrition education, presentation, food service management skills, introduction to electronic medical records, and use of medical nutritional therapy and nutrition care process knowledge, skills and tools. Individual and group teaching assignments allow the student to develop skills in applying nutrition knowledge to various age groups, food/project management and group skills. Students learn about various community agencies/organizations providing food and nutrition services. Professional development of the student is emphasized throughout the course.

Semester II

As the students learn more about medical nutritional therapy in the classroom, supervised practice at acute care settings two half-days per week often parallel and reinforce this knowledge. Reviewing medical records and visiting patients gives students first-hand experiences that case studies in a text cannot equal. Diet histories from patients are obtained in the hospitals and are used by students, along with information from electronic medical records, to assess patients and write nutritional care plans with specific goals. Although the plans do include ways of implementing the goals, as well as ways to evaluate the success of the care plan, the students do limited implementation until proficient skill levels are attained. The emphasis is on identifying and obtaining the necessary care rather than implementing the plan, this process allows students to gain experience while working with hospital patients (adults and children) and medical records. A small portion of the semester is spent in a clinic setting providing nutrition counseling to selected patients.

Summer (between Junior and Senior Year)

The student applies knowledge and principles of food systems management in a health care facility. Emphasis is on the operational aspects of food service production and clinical services, continuous quality improvement and food service management roles and responsibilities.

Semester III

This semester builds upon on knowledge and skills learned in previous semesters. The first semester in the senior year is divided into three rotations: 2 acute care rotations and 1 community/counseling rotation. Students are given responsibility for accomplishing the entire nutritional care process for selected patients/clients within the time allowed and facility policies. Students learn how to coordinate the implementation and evaluation of medical nutrition therapy (MNT) with other members of the health care team (i.e. nurses, physicians, social workers, etc.). While still under the supervision of their clinical instructor, the students often work closely with facility dietitians and diet technicians regarding specific patients. Their MNT notes are reviewed and co-signed by a dietitian in electronic medical record (EMR). The students deal with a wide variety of patients, instruct patients on all types of modified diets, and become familiar with resources available for referral. In addition, experiences in counseling, community nutrition, and specialty practice are provided in a variety of settings. Supervised practice takes place two days a week (16 hours/week).

Semester IV

The second semester in the senior year is divided into three rotations to complete the requirements in NFS 448 Nutritional Care D, NFS 449 Nutritional Care E, NFS 450 Senior Practicum in Dietetics, and NFS 451 Specialty Practice.

NFS 448 is focused on acute patient care. Students will be in the hospital 5 days a week for a minimum for 40 hours per week over a four - five week period. The purpose of this rotation is to provide total nutritional care for increasing numbers of patients, refining and developing clinical management skills, continued learning and application of medical nutrition therapy and assuming the responsibilities of an entry level dietitian. This is a staff relief rotation in which the student becomes the supervised dietitian on the floor. . An additional nutrition support rotation is planned at the end of the rotation.

NFS 450 Senior Practicum allows the student to function in a professional role for 40 hours a week, over a four - five week period. The student and a faculty select and develop goals for an area of dietetic practice to meet the student's learning needs and/or interest. The practicum provides an opportunity for students to gain a greater depth and breadth of experience and refine skills for independent functioning in dietetic practice. Students function under the supervision of a registered dietitian or facility staff designee who evaluates their professional performance. The course is writing intensive and requires an oral senior practicum report during senior seminar days.

The third rotation during this semester exposes students to nutritional care in a long-term facility (NFS 449). Students learn the differences between acute and chronic care, and how the various departments (i.e. physical therapy, occupational therapy) work together as a team in providing care.

A portion of the third rotation provides opportunities for students to work on skills and knowledge needed for areas of specialty practice. The major activities include completing the nutrition communication competencies (radio show, YouTube video) and a business plan for nutrition services. Students during this rotation also prepare a seminar for senior seminar days.

Program Emphasis (Concentration):

In accordance with the Standards of Education, all supervised practice programs are required to define a program emphasis (concentration). The program must include at least one concentration designed to begin development of the entry-level depth necessary for future proficiency in a particular area.

The College uses the term, concentration to designate focused areas of study within a department. In the HND Department, the DEP and the DPND are considered concentrations. This designation is reflected in the College's audit system and determines degree requirements. Therefore, we use program emphasis to indicate the area of practice that we have developed to support development from entry-level to future proficiency. The DEP program has developed a program emphasis in nutrition communication:

Nutrition Communication Emphasis

Goal: Communicate nutrition knowledge in a variety of settings at different levels from individuals to professionals to the general public utilizing traditional and mass media tools

Competencies:

- Demonstrate how to apply evidence-based practice in working with the media.
Outcome(s):
 - o NFS447-Create a media kit (media fact sheet/backgrounder, pitch letter for media, press release, public service announcement, and consumer information sheet
 - o NFS451 Create a script for either MNT related or food demonstration
 - o NFS 451Participate in a radio and/or TV program

- Create and launch a nutrition education piece to a mass media outlet.
Outcome(s):
 - o NFS445 Develop and upload blog entries related to nutrition issues
 - o NFS449 Develop "one minute" messages for a targeted audience
 - o NFS451 Develop a streaming video or YouTube presentation

- Write an article based on the critique of a health or nutrition related topic.
Outcome:
 - o Write an article on a nutrition or health related topic for the Department newsletter and/or College newspaper

Many health care institutions, food companies, internet resources and practitioners are expanding their presence on the internet to disseminate information for healthy living and prevention and treatment of medical and nutritional problems. As more individuals use technology to access information and self-treat, the more important it is for dietitians to make sure that accurate, practical information is available. Dietitians, who have nutrition communication skills, will have the skills needed in current and future jobs to provide targeted and individualized MNT and nutrition knowledge.

Policy for Maintenance of Good Standing in Dietitian Education Program

Policy

It is the policy of the DEP that students who are provisionally or fully admitted into the DEP maintain required academic and professional standards. Academic standards are set by the DEP in the DEP Handbook. Professional standards are set by the Academy of Nutrition and Dietetics/Commission on Dietetic Registration Code of Ethics for the Profession of Dietetics.

Procedures

A. Provisional Admission into the DEP

Admission to the DEP is provisional, i.e., selected candidates may enter the DEP in Fall if they earn a C or better in all prerequisite courses during Spring semester and Summer sessions, maintain a minimum 2.75 GPA, and conduct themselves in a manner that is consistent with the Academy of Nutrition and Dietetics (A.N.D.)/Commission on Dietetic Registration (CDR) Code of Ethics for the Profession of Dietetics. The Code's fundamental principle requires that an individual conduct himself/herself with honesty, integrity, and fairness. Additionally, the Code requires responsibility to demonstrate respect for the values, rights, knowledge, and skills of others. Failure to meet academic standards or a failure to exercise conduct consistent with the Code of Ethics will lead to a rescinding of an offer to be admitted to the DEP. If the reason for the rescinded offer is grades, the DEP Director will write the student notifying him/her of the decision. If the reason for the rescinded offer is a failure to exercise conduct consistent with the AND Code of Ethics:

1. The DEP Director will write a letter to the student stating concerns regarding failure to conduct themselves in a manner that is consistent with the A.N.D./CDR Code of Ethics.
2. Within one week of date of the letter, the student may either accept the decision or request a meeting to appeal the decision in writing. If a written response is not received by the DEP Director within one week, the decision to rescind will stand.
3. The meeting must be scheduled one week after receiving the student's response. The meeting will be between the DEP Director, the student and any other member of the faculty whom the HND Chair determines should attend.
4. After the meeting, the DEP Director will notify the student of the final decision in writing.

B. Attendance/Participation

When students are scheduled for supervised experiences off campus in the afternoon they will be required to take evening classes after 6:00 p.m. During the last semester of the senior year, evening classes should not be taken unless special permission is given by the program director.

Students have the responsibility to personally notify their clinical instructor(s) if they will be late or absent from the clinical area during their scheduled rotation. Any arrangements for changing clinical days, hours or assignments must be approved **in advance** by the clinical instructor. A student who is persistently late or absent from the clinical area may be dismissed from the program. Being persistently late is defined as arriving five minutes later than scheduled time more than once a week.

In both clinical and didactic courses any student who does not complete assignments on time, shows little effort to participate in classes, post-conferences or discussion groups and is absent more than two times from NFS classes/clinical experiences for reasons other than illness can be dismissed from the program. These absences and tardiness will negatively affect the course grade.

Students have the responsibility to complete clinical assignments within the time allotted at clinical sites. Students unable to complete their assignments on time will review their time management skills with the clinical instructor. If significant improvement by the student is not demonstrated within a time frame decided on by the clinical instructor and student, a warning will be issued to the student. After two warnings the DEP faculty will decide whether the student is given the option to continue in the program or will be required to repeat the course the following year.

Students found using supervised experience time for assignments other than those assigned for the supervised experience will be issued a warning. Further disciplinary action will be taken if this behavior is continued after the warning.

C. Clinical Evaluation

Each clinical course (Nutritional Care A, B, C, D, E, Specialty Practice, Senior Practicum, and NFS471) will be graded on an S (Satisfactory) and U (Unsatisfactory) basis. Nutritional Care B & C have multiple rotations which must be passed with an S to attain a final S grade for the course; any unsatisfactory or conditional evaluations on specific objectives must be changed to a satisfactory by the end of the semester. At the beginning of each rotation, the student may meet with the clinical instructor to discuss the evaluation of the previous clinical rotation and the student's written personal objectives. Each clinical instructor will provide on-going feedback regarding student performance on a continual basis during the clinical rotation. Students are expected to assume the responsibility for initiating opportunities to discuss their performance with the clinical instructor, or the program director, any time they feel it is necessary.

The student and the instructor at the end of each clinical rotation will complete a formal written and oral evaluation of a student's performance. Nutritional Care A and B may also contain a written and oral mid-term evaluation. If at any time during the clinical rotation a student's performance is deemed unsatisfactory, a warning will be issued and the student will be required to meet with the instructor and the program director. During this meeting, the faculty and the student will establish a plan of action to assist the student in the improvement of his/her performance. The student will be on probation until the end of the clinical rotation. If the student's performance remains unsatisfactory he/she may be given permission to repeat the clinical rotation upon the recommendation of the clinical faculty within the following academic year, or be dismissed from the program at the discretion of the DEP director.

D. Definition of Good Standing in the DEP

To remain in good standing and to continue in the program, a student is required to:

- a. Comply with attendance policies
- b. Attain satisfactory cumulative final evaluation in each clinical rotation/course
- c. Attain a minimum grade of "C" in each NFS didactic course
- d. Maintain a minimum cumulative average of 2.75.
- e. Demonstrate consistent improvement in professional development based on formative evaluation of professional characteristics in each clinical rotation.
- f. Conduct oneself in a manner that is consistent with the Academy of Nutrition and Dietetics/Commission on Dietetic Registration Code of Ethics for the Profession of Dietetics

Students who do not meet the stated attendance and grade criteria and professional conduct code may be:

1. dismissed from the Program or
2. placed on Program probation for one semester and allowed to continue if the conditions for the probation are met

Students dismissed from the Program may appeal the decision for reasons other than grade criteria. Students who are dismissed from the DEP may change to the Didactic Program in Nutrition and Dietetics (DPND) to complete their degree. Those students must then complete an accredited dietetic internship after graduation to complete eligibility requirements to take the national registration examination to attain the credential, Registered Dietitian Nutritionist.

E. Appeal Procedure

1. Appeals must be submitted in writing to the DEP Director. The DEP Director has broad discretion to determine how to proceed including, but not limited to, dismissing the appeal, assembling an appeals committee, requesting further information, resolving the

case through educational activities, or any other way deemed advisable.

2. When the DEP Director determines how to proceed, the DEP Director will recommend and consult with the HND Chair, for a final decision on how to proceed.

3. The DEP Director will notify the student of the appeal process. The student must respond in writing within one week if he/she chooses to proceed with the appeal. If the student fails to respond within one week, the appeal will be considered inactive.

4. Should it be determined that a department appeals committee hear the case, the DEP director will either assemble a physical meeting of the appeals committee (all full-time DEP faculty) or submit the student's written appeal electronically to DEP faculty.

5. Appeals committee may accept or reject the appeal or request more information.

6. When the appeals committee arrives at a majority decision, the student will be notified by the DEP Director in writing.

VI. References –

American Dietetic Association/Commission on Dietetic Registration Code of Ethics for the Profession of Dietetics and Process for Consideration of Ethics Issues. J Am Diet Assoc. 10(8):1461-1467.

Policy: Standards for Appearance

Introduction

The Standards of Appearance Policy provides a consistent expectation of the appearance for all DEP students. As professional students, DEP students must display the highest levels of professionalism at all times. The Standards of Appearance policy sets the DEP expectations for the professionalism in attire, hygiene and appearance that health professionals exhibit on a daily basis. Facilities have developed dress codes to promote safety, present a professional appearance to clients and staff, and meet regulations; therefore, the dress codes are to be followed.

General Provisions:

1. Generally accepted business norms will determine appropriate hair color, hairstyle and ornamentation. Hair color should be within naturally occurring color tones. Shoulder length or longer hair must be pulled back and off the collar.
2. Students are expected to maintain good hygiene at all times. Beards must be kept short, neat and clean (maximum beard length of 1 inch). Non-bearded men are required to be clean-shaven.
3. Jewelry should be conservative. In the patient care areas it is limited to: simple watches, wedding rings, necklaces worn inside uniform and stud or small hoop earrings (maximum two per ear). Body piercing jewelry must be limited to the ears.
4. Tattoos, which may be inappropriate in the workplace or offensive to patients, must be covered at work.
5. Opaque or dark shaded sunglasses may not be worn unless need is documented by a physician's order.
6. Cosmetics should be conservative.
7. Perfume, cologne, or aftershave fragrances must be light and non-offensive. Fragrances should not be worn in patient care areas.
8. Nails should be well groomed and not interfere with performance of duties and should be appropriate for business. No artificial nails or tips may be worn by direct patient care givers; and may be prohibited in other areas such as Food Service.
9. The official Buffalo State identification name badge must be worn at all times in affiliated sites and must be clearly visible.

B. General Provisions Regarding Clothing:

1. All footwear must be clean and appropriate for the work area and must be closed toe and closed heel. Beachwear, sandals, moccasins and slippers are not permitted. Sneakers are not acceptable unless part of a department uniform policy. Socks or stockings are required.
2. All skirts, culottes, and dresses must be of an appropriate business length and style. Slits in skirts and tops should be business appropriate (no revealing tops).
3. All pants should be properly fitted and pressed. Painter's pants, sweat pants, exercise attire (such as leggings, tight fitting stirrup pants, leg warmers and leotards) are not permitted. Jeans are not permitted. Halters, tube, tank or midriff tops are not permitted.

4. Individuals who are out of compliance with this policy will be may be sent home and required to make up the lost time. The DEP director must approve requests on an individual basis for accommodations due to disability, religion or national origin one month in advance of clinical placements.

5. Professional attire in the clinical area consists of a pressed, clean white lab coat worn over business attire. Lab coats are for clinic ware only, i.e., they should not be worn outside the assigned facility for infection control.

E. Malpractice Insurance

Students are required to purchase a one-year liability coverage plan for the junior and senior year clinical experiences effective the first day of classes of the fall semester each year. Proof of the policy (certificate of insurance) is to be submitted to the program director prior to the first clinic day of the junior and senior years. A photocopy of the policy cover page will satisfy the proof requirement.

F. Health Requirements

Prior to participating in the DEP each student must have a physical examination, a health history and immunization records on file at the Student Health Services. A copy of the health data summary is to be given to the program director as proof of this requirement. The health forms are distributed by the program director.

Immunizations required are Rubella, Measles, Mumps, and annual Tuberculin Testing (PPD). The Hepatitis B vaccine is required. Meningococcal meningitis immunization is determined by NYS law and College health policy. Documentation of annual flu shot will be required.

A health data summary form must be completed each year and show evidence that the student has had a physical examination within the last twelve months and a tuberculin test (PPD) in order to meet the current New York State Health Code.

Students enrolled full time are automatically enrolled in a mandatory student health insurance plan unless the student applies for and receives a waiver. Part time students are eligible to purchase the coverage but are not automatically enrolled. There is a specific health coverage that is required of all international students. Evidence of health insurance is required for some clinical sites.

Additional information about College immunization requirements and health insurance is available in the College Catalog.

G. Transportation/Travel

All students are responsible for arranging their travel to and from clinical sites. A minimum number of clinical hours are required each semester. Therefore, all absences from supervised practice will be rescheduled or alternate learning experiences arranged based on individual student needs, by the clinical instructor as needed during the semester.

Most of the facilities where the "Nutritional Care" (supervised practice) takes place are accessible by public transportation. Many students have shared rides with each other in the past; however, this neither commits those owning cars to provide rides for others nor guarantees those without cars a ride. Owners of cars are responsible for travel liability for themselves and riders in their car. Students using public transportation assume personal responsibility for their safety. Instructor and fellow students can usually provide advice about parking at different facilities. Sites vary as to fees for parking; some are free and others charge.

H. Pagers and Telephones

In order to maintain a learning atmosphere, protect individual privacy, and avoid disruption of classroom and clinical settings, pagers and telephones are not permitted unless they can be set to vibration mode only. Some clinical sites may completely prohibit cell phones. Students will be made aware of the site policy during orientation sessions. Any misuse of pagers and telephones will result in the pager and/or telephone being banned from the classroom and clinical site. Repeated misuse can result in disciplinary action affecting the course grade.

On campus, any pages or calls may be returned at designated breaks or after class. If someone needs to reach a student in case of emergency, the following is the established procedure: students can be reached through the College Public Safety Office or through the Department Office (878-5913).

Clinical Sites: any pages or calls may be returned at designated breaks, during lunch, or after clinic. If someone needs to reach a student in case of emergency, the following is the established procedure: students can be reached through the clinical instructor or a designated person on the clinical staff. Clinical instructors will make students aware of specific communication protocols that have been established to facilitate communication with students and clinical staff.

I. Access to Student's Files

The HND Department follows the procedures outlined under **FERPA (Federal Education Rights & Privacy Act)**. <http://registrar.buffalostate.edu/ferpa-faculty-and-staff>.

J. Student Grievances

If a student has a grievance or conflict with a didactic or supervised practice course the student should first consult the course instructor. If a solution cannot be found, the DEP program director should be consulted. If the problem resolution is unsatisfactory, the complaint should be submitted in writing to the Health, Nutrition and Dietetics Chair and Buffalo State College grievances procedures will be followed.

<http://catalog.buffalostate.edu/undergraduate/student-complaints-grievances-and-appeals.htm>

Library Resources

Most DEP students have found it necessary to explore resources other than Butler Library for papers, coursework and additional information while working in the various hospitals. They have found the Health Sciences Library at UB, public libraries, and the libraries located in hospitals to be helpful to them, as well as HUBNet. Buffalo State students can sign out books at UB or request particular books be sent to BSC for them to sign out through interlibrary loan. One must have a Buffalo and Erie County Library card to sign out books at the public libraries. Policies regarding DEP students' use of hospital libraries vary. Clinical Instructor will inform students of library policies during orientation to clinical site.

Outside Employment While in the Program

Some students have found it difficult to combine working part-time with their busy schedule in the DEP program, especially after the first semester of the junior year. Others have been able to coordinate the two with organizing and planning of their schedules. Students should consider their own abilities as well as financial needs in deciding whether or not they will be able to handle working while in the program. It is important to note that the student needs to arrange work hours around clinical hours, which cannot be altered. Students are strongly advised not to work during the last semester of the senior year when they have 40 hours a week schedules in health care facilities.

Working in food service operations has given some students a better understanding of the food production and management aspect of dietetics. Other students with jobs at local hospitals and nursing homes as diet clerks found that these experiences were helpful because they had more exposure to patient care, menu selection, use of special products, and different nutritional services departments. Whenever, possible work experience is encouraged during the summers.

Scholarships

In addition to the scholarships available to all students in college, students in Dietetics have several other scholarships for which they may apply. Many students from Buffalo State have received scholarships from the organizations listed below. The criteria for scholarships may be based on academic performance and financial need, but students should investigate eligibility requirements because qualifications and availability vary greatly. For more information, students should see their advisor and/or the Financial Aid Office.

Organizations awarding scholarships to students in the field of Dietetics:

Academy of Nutrition and Dietetics
Phi Upsilon Omicron

Additional Experiences

Opportunities for independent studies or special projects are available to students. Students can also participate in the College's Undergraduate Research Program. Often these experiences can be useful in exploring an area of special interest. If students are interested in either of these options, they are encouraged to discuss this matter with their academic advisor.

Memberships in Professional Organizations

ACADEMY OF NUTRITION AND DIETETICS (A.N.D.) Students may apply for student membership in the Academy of Nutrition and Dietetics (Special rate for students). This entitles the member to receive a copy of the Journal of the Academy of Nutrition and Dietetics (monthly) and access to member only benefits on the professional web site. Visit the Student Membership page to learn more about member benefits:

<http://www.eatrightpro.org/resources/membership/student-member-center>.

Membership is mandatory in the senior year. Call 1 800 877 1600 to become a member.

THE WESTERN NEW YORK DIETETIC ASSOCIATION (WNYDA): The WNYDA is a local affiliate of the New York State Academy of Nutrition and Dietetics (NYSAND) and A.N.D. At activities sponsored by the WNYDA (i.e. meetings, lectures, workshops, etc.), students have a chance to meet dietitians from various settings in the community. Programs are held to promote nutrition knowledge of both the general public as well as professionals in the field of nutrition. A special rate for annual membership is available for students. E-mail communication keep members informed of upcoming events, announcements, job openings, etc. Membership in WNYDA is strongly encouraged (\$15): <http://www.eatrightwnyda.org/membership-account/membership-levels/>.

ERIE/NIAGARA COUNTY NUTRITION COMMITTEE: Student membership in this group is available. The goal of this Committee is "to improve the nutritional status, interpret and promote understanding of nutritional needs of the people of Erie/Niagara County, New York. A special rate for annual membership is available for students.

Areas of Dietetic Practice

Registered dietitians practice in many different settings, such as, acute care hospitals, long-term care facilities, corporate food management systems, wellness centers and private practice. For a better understanding of the profession of dietetics the following is recommended:

Winterfeldt E, Bogle ML. and Ebro LL. *Dietetics: Practice and Future Trends, 3rd edition*. Sudbury, MA: Jones and Bartlett Publishers, Inc., 2011.

Additional resources about the dietetics profession can be found on the AND web site, through journal articles, Dietetic Practice Group (DPG) publications and other AND publications.

Resumes

Below are some suggestions that may be used when DEP students begin writing resumes:

- Attend a Resume Clinic on campus given by the Career Development Center in Grover Cleveland Hall.
- Consider using the Resume Referral Service offered by the Career Development Center. They will send a copy of your resume to employers calling for possible candidates with a degree in Dietetics.
- Utilize information provided in the "Student Portfolio Packet".
- Ask one of the clinical instructors to look over your resume and make any suggestions for improvement.
- Supervised Practice, if detailed, should be included under the Education category, rather than the Employment category.
- Supervised Practice amounts to a total of at least 1200 hours in the DEP program.

The Registration Process and RDN Exam

In order to become a Registered Dietitian Nutritionist (RDN), a student completing the DEP program must pay a registration fee and pass the registration examination. Specific information about registration will be given to seniors in the last semester of the program. The registration exam is computerized and offered year round at designated sites. Exam candidates must make their own appointment. Study guides for the exam and various review workshops are available.

After becoming a Registered Dietitian Nutritionist, one must design and complete a Commission on Dietetic Registration (CDR) "Professional Development Portfolio" every five years in order to maintain registration (as well as paying an annual registration fee). Explanation of this portfolio development process will be discussed during the senior year.

Professional Practice Guidelines

Professional practice is guided by the A.N.D Code of Ethics, Scope of Dietetic Practice Framework, Standards of Practice and Standards of Professional Performance. Specific information about these resources is included in coursework and discussed in senior. The A.N.D Code of Ethics and the Standards of Professional Practice are included in this handbook for reference. All of these guides can be accessed on the A.N.D website.

Academy of Nutrition and Dietetics/Commission on Dietetic Registration Code of Ethics for the Profession of Dietetics and Process for Consideration of Ethics Issues

PREAMBLE

The American Dietetic Association (ADA) NOW Academy of Nutrition and Dietetics (AND) and its credentialing agency, the Commission on Dietetic Registration (CDR), believe it is in the best interest of the profession and the public it serves to have a Code of Ethics in place that provides guidance to dietetics practitioners in their professional practice and contact. Dietetics practitioners have voluntarily adopted this Code of Ethics to reflect the values (Figure) and ethical principles guiding the dietetics profession and to set forth commitments and obligations of the dietetics practitioner to the *public, clients, the profession, colleagues, and other professionals*. The current Code of Ethics was approved on June 2, 2009, by the ADA (AND) Board of Directors, House of Delegates, and the Commission on Dietetic Registration.

APPLICATION

The Code of Ethics applies to the following practitioners:

- (a) In its entirety to members of ADA (AND) who are Registered Dietitians (RDs) or Dietetics Technicians, Registered (DTRs);
- (b) Except for sections dealing solely with the credential, to all members of ADA (AND) who are not RDs or DTRs; and
- (c) Except for aspects dealing solely with membership, to all RDs and DTRs who are not members of ADA (AND).

All individuals to whom the Code applies are referred to as “dietetics practitioners,” and all such individuals who are RDs and DTRs shall be known as “credentialed practitioners.” By accepting membership in ADA (AND) and/or accepting and maintaining CDR credentials, all members of ADA (AND) and credentialed dietetics practitioners agree to abide by the Code.

PRINCIPLES

FUNDAMENTAL PRINCIPLES

- 1. The dietetics practitioner conducts himself/herself with honesty, integrity, and fairness.**
- 2. The dietetics practitioner supports and promotes high standards of professional practice. The dietetics practitioner accepts the obligation to protect clients, the public, and the profession by upholding the Code of Ethics for the Profession of Dietetics and by reporting perceived violations of the Code through the processes established by ADA (AND) and its credentialing agency, CDR.**

RESPONSIBILITIES TO THE PUBLIC

- 3. The dietetics practitioner considers the health, safety, and welfare of the public at all times.**

The dietetic practitioner will report inappropriate behavior or treatment of a client by another dietetics practitioner or other professionals.

- 4. The dietetics practitioner complies with all laws and regulations applicable or related to the profession or to the practitioner’s ethical obligations as described in this Code.**
 - a. The dietetics practitioner must not be convicted of a crime under the laws of the United States, whether a felony or a misdemeanor, an essential element of which is dishonesty.

- b. The dietetics practitioner must not be disciplined by a state for conduct that would violate one or more of these principles.
 - c. The dietetics practitioner must not commit an act of misfeasance or malfeasance that is directly related to the practice of the profession as determined by a court of competent jurisdiction, a licensing board, or an agency of a governmental body.
- 5. The dietetics practitioner provides professional services with objectivity and with respect for the unique needs and values of individuals.**
- a. The dietetics practitioner does not, in professional practice, discriminate against others on the basis of race, ethnicity, creed, religion, disability, gender, age, gender identity, sexual orientation, national origin, economic status, or any other legally protected category.
 - b. The dietetics practitioner provides services in a manner that is sensitive to cultural differences.
 - c. The dietetics practitioner does not engage in sexual harassment in connection with professional practice.
- 6. The dietetics practitioner does not engage in false or misleading practices or communications.**
- a. The dietetics practitioner does not engage in false or deceptive advertising of his or her services.
 - b. The dietetics practitioner promotes or endorses specific goods or products only in a manner that is not false or misleading.
 - c. The dietetics practitioner provides accurate and truthful information in communicating with the public.
- 7. The dietetics practitioner withdraws from professional practice when unable to fulfill his or her professional duties and responsibilities to clients and others.**
- a. The dietetics practitioner withdraws from practice when he/she has engaged in abuse of a substance such that it could affect his or her practices.
 - b. The dietetics practitioner ceases practice when he or she has been adjudged by a court to be mentally incompetent.
 - c. The dietetics practitioner will not engage in practice when he or she has a condition that substantially impairs his or her ability to provide effective service to others.

RESPONSIBILITIES TO CLIENTS

- 8. The dietetics practitioner recognizes and exercises professional judgment within the limits of his or her qualifications and collaborates with others, seeks counsel, or makes referrals as appropriate.**
- 9. The dietetics practitioner treats clients and patients with respect and consideration.**
- a. The dietetics practitioner provides sufficient information to enable clients and others to make their informed decisions.
 - b. The dietetics practitioner respects the client's right to make decisions regarding the recommended plan of care, including consent, modification, or refusal.
- 10. The dietetics practitioner protects confidential information and makes full disclosure about any limitations on his or her ability to guarantee full confidentiality.**
- 11. The dietetics practitioner, in dealing with and providing services to clients and others, complies with the same principles set forth above in "Responsibilities to the Public" (Principles #3-7).**

RESPONSIBILITIES TO THE PROFESSION

12. **The dietetics practitioner practices dietetics based on evidence-based principles and current information.**
13. **The dietetics practitioner presents reliable and substantiated information and interprets controversial information without personal bias, recognizing that legitimate differences of opinion exist.**
14. **The dietetics practitioner assumes a life-long responsibility and accountability for personal competence in practice, consistent with accepted professional standards, continually striving to increase professional knowledge and skills and to apply them in practice.**
15. **The dietetics practitioner is alert to the occurrence of a real or potential conflict of interest and takes appropriate action whenever a conflict arises.**
 - a. The dietetics practitioner makes full disclosure of any real or perceived conflict of interest.
 - b. When a conflict of interest cannot be resolved by disclosure, the dietetics practitioner takes such other action as may be necessary to eliminate the conflict, including recusal from an office, position, or practice situation.
16. **The dietetics practitioner permits the use of his or her name for the purpose of certifying that dietetics services have been rendered only if he or she has provided or supervised the provision of those services.**
17. **The dietetics practitioner accurately presents professional qualifications and credentials.**
 - a. The dietetics practitioner, in seeking, maintaining, and using credentials provided by CDR, provides accurate information and complies with all requirements imposed by CDR. The dietetics practitioner uses CDR-awarded credentials (“RD” or “Registered Dietitian”; “DTR” or “Dietetic Technician, Registered”; “CS” or “Certified Specialist”; and “FADA” or “Fellow of the American Dietetic Association”) only when the credential is current and authorized by CDR.
 - b. The dietetics practitioner does not aid any other person in violating any CDR requirements, or in representing himself or herself as CDR-credentialed when he or she is not.
18. **The dietetics practitioner does not invite, accept, or offer gifts, monetary incentives, or other considerations that affect or reasonably give an appearance of affecting his/her professional judgment.**

Clarification of Principle:

- a. Whether a gift, incentive, or other item of consideration shall be viewed to affect, or give the appearance of affecting, a dietetics practitioner’s professional judgment is dependent on all factors relating to the transaction, including the amount or value of the consideration, the likelihood that the practitioner’s judgment will or is intended to be affected, the position held by the practitioner, and whether the consideration is offered or generally available to persons other than the practitioner.
- b. It shall not be a violation of this principle for a dietetics practitioner to accept compensation as a consultant or employee or as part of a research grant or corporate sponsorship program, provided the relationship is openly disclosed and the practitioner acts with integrity in performing the services or responsibilities.

- c. This principle shall not preclude a dietetics practitioner from accepting gifts of nominal value, attendance at educational programs, meals in connection with educational exchanges of information, free samples of products, or similar items, as long as such items are not offered in exchange for or with the expectation of, and do not result in, conduct or services that are contrary to the practitioner's professional judgment.
- d. The test for appearance of impropriety is whether the conduct would create in reasonable minds a perception that the dietetics practitioner's ability to carry out professional responsibilities with integrity, impartiality, and competence is impaired.

RESPONSIBILITIES TO COLLEAGUES AND OTHER PROFESSIONALS

19. The dietetics practitioner demonstrates respect for the values, rights, knowledge, and skills of colleagues and other professionals.

- a. The dietetics practitioner does not engage in dishonest, misleading, or inappropriate business practices that demonstrate a disregard for the rights or interests of others.
- b. The dietetics practitioner provides objective evaluations of performance for employees and coworkers, candidates for employment, students, professional association memberships, awards, or scholarships, making all reasonable efforts to avoid bias in the professional evaluation of others.

A.N.D STANDARDS OF PROFESSIONAL PRACTICE

Unlike regulatory standards, such as Joint Commission, the Standards of Professional Practice refer to the performance of individual dietetics professionals regardless of the setting, project, case, or situation. The Standards of Professional Practice are defined statements of a dietetics professional's responsibility for providing services in all areas of practice. They describe the minimum level of performance expected of dietetic technicians, registered, and registered dietitians. The Standards in their entirety including rationale, indicators, and examples of outcomes can be found in the AND Quality Management Committee



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The following are the six Standards of Professional Practice:

Standard 1: Provision of Services

Provides quality service based on client expectations and needs

Standard 2: Application of Research

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

Standard 3: Communication and Application of Knowledge

Effectively applies knowledge and communicates with others

Standard 4: Utilization and Management of Resources

Uses resources effectively and efficiently in education of dietetics practitioners.

Standard 5: Quality in Practice

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

Standard 6: Continued Competence and Professional Accountability

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

American Dietetic Association Revised 2008 Standards of Practice for Registered Dietitians in Nutrition Care; Standards of Professional Performance for Registered Dietitians; Standards of Practice for Dietetic Technicians, Registered, in Nutrition Care; and Standards of Professional Performance for Dietetic Technicians, Registered. *J Am Diet Assoc.* 2008; 108(9): 1538-1542.

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PRACTICE TIPS: When to Cosign

Step 1: Understand What It Means to Cosign

Medical Legal Aspects of Medical Records, states that cosigning implies that the registered dietitian nutritionist (RDN) instructor/staff has approved the care given and assumes responsibility for it. The staff RDN is responsible for the nutrition care provided by the individual (dietetic students, interns, unlicensed and/or unregistered dietitian). The individual works under the supervision of an RDN and this assigned RDN is ultimately responsible and accountable to the patient/client, employer/organization, and regulator for nutrition activities assigned to this individual.

Step 6: Understand Use of Credentials and Titles

Check: How should the notes be cosigned?

The Commission on Dietetic Registration (CDR) recognizes and certifies the terms RDN or RD and NDTR or DTR.

If an instructor is supervising the student or intern, the instructor should cosign the student or intern note with their name, credential and university name.

If staff RDN is supervising the student or intern, the staff RDN should cosign the student or intern note with their name and credentials.

Cosigner may add to the notes entered by the student or intern, but should not edit the notes. It is best practice to use the student status which best represents the individual, e.g.; student dietitian or dietetic intern.

Cosign the notes with the first initial, last name, Student Dietitian or Dietitian Intern, and university name (name can be abbreviated). After reviewing and verifying the notes, the staff RDN will sign the note with first initial, last name and credentials¹, e.g.; J. Smith, Student Dietitian, DU / R. Doe, RDN.

LEGAL IMPLICATIONS OF CHARTING PRACTICE (under review)

1. The patient's medical record is of critical importance to the patient, the caregivers and the facility. The medical record should be a shield for the caregiver as it is a comprehensive record of care given the patient. If a lawsuit or administrative hearing is commenced, the medical record will be the focus of the investigation. Often the medical record is on trial rather than the patient.
2. The medical record is made contemporaneously with the care given and therefore is considered reliable and objective. Lack of proper records implies poor judgment or poor practice and is very difficult to defend.

3. Form of medical record.
 - a. The medical record must be legible. Ask the attending physician to interpret if you cannot read his/her orders. A court will say it is not fair to allow the facility or professional to rely on the record if it is not readable. Most medical records are electronic and legibility is less of an issue. However, portions of the medical record may continue to be documented on paper, for example, parenteral nutrition orders and hemodialysis orders.
 - b. The medical record must be complete. Beware of things that are forgotten, any oversight, or incomplete use of checklists.
 - c. Rule of evidence: "If its not written, it wasn't done."
 - d. Use a checklist only where it lends itself to good record keeping. The checklist may be used as a shorthand, but not as a short cut. Assessments and evaluations cannot be done in a shorthand manner and need to be written in the record. If you looked at the record five years from now, could you learn what you need to know about the treatment given?
 - e. Think about screening the importance of the information put in the record.
 - f. Do not deliberately refrain from recording certain things on the medical record. Test for completeness, does the record actually present what took place?
 - g. In court, medical records must be consistent, clear, and legible. Lengthy notes are not necessarily preferable to succinct, objective statements. Sloppy, illegible, or sketchy notes may give a jury the impression that the patient care was also harried and cursory.
4. Content of the medical record. The medical record is a legal document.
 - (a) Comments should be objective, factual data with no opinions or conclusions. Record accurately what you see, hear, smell, and feel. Avoid generalizations unless backed up by specific factual statements.
 - (b) Record the reasoning process and/or use of judgment. This will help to understand how you get from A to B to C (it may be wrong, but was reasonable at the time).
 - (c) Specific things to chart include:
 - (i) document important conversations with the patient and/or family
 - (ii) document adult patient's refusal of treatment including medication and other treatment including diet education or nutrition supplementation.

- (iii) document patient's response to change in diet,
 - (iv) document patient teaching including what was taught, the patient's response and the patient's level of understanding,
 - (v) if a paper chart, document date and time of your entries (do not use 3 to 11 p.m. shift for a note that is written at 9:00 p.m.).
 - (vi) document the time a doctor is notified of a change in the patient's condition
 - (vii) always do your own charting and refuse to chart for anyone else,
 - (viii) avoiding writing in pencil,
 - (ix) timely charting is always important, but especially following an incident.
5. Do not participate in "chart wars". The medical chart is not the place to make derogatory comments about other professionals. Ex.: Reflect only the times telephone calls to doctor are made and what you told him/her.
 6. Do not chart opinions about the patient, his family or his life-style.
 7. Record keeping practices to avoid problems in court:
 - (a) never alter records even for a "good" reason
 - (b) to make a correction, do not erase or obliterate with whiteout or blackout. Draw a single line through the incorrect entry leaving the original entry legible. Above it write "error in charting" and initial. Procedures vary for making corrections in electronic medical records.
 8. In paper charts should be in chronological order. If you forget to write something, the information should be put on another piece of paper crossing out the rest of the sheet and insert in the chart as close as possible where it should be. Date to show when the insert was made. Corrections are always important since what is on the chart is the basis for decisions made at the time. Do not skip lines or leave blank spaces. Draw a line through unused space at the end of an entry.
 9. If you exercise poor judgment, changing the medical record will not change that fact. You can do more damage by an attempted cover up than recording factually and objectively what was done.
 10. Always question the doctor's prescription for diet if it appears to deviate from acceptable practice. Notify the doctor immediately and explain your reasons for questioning the order.

ACEND Knowledge Requirements and Competencies

b. The program's curriculum must prepare students with the following core knowledge and competencies:

1. Domain 1. Scientific and Evidence Base of Practice: Integration of scientific information and translation of research into practice.

Knowledge

Upon completion of the program, graduates are able to:

- KRDN 1.1 Demonstrate how to locate, interpret, evaluate and use professional literature to make ethical, evidence-based practice decisions.
- KRDN 1.2 Use current information technologies to locate and apply evidence-based guidelines and protocols.
- KRDN 1.3 Apply critical thinking skills.

Competencies

Upon completion of the program, graduates are able to:

- CRDN 1.1 Select indicators of program quality and/or customer service and measure achievement of objectives.
 - CRDN 1.2 Apply evidence-based guidelines, systematic reviews and scientific literature.
 - CRDN 1.3 Justify programs, products, services and care using appropriate evidence or data.
 - CRDN 1.4 Evaluate emerging research for application in nutrition and dietetics practice.
 - CRDN 1.5 Conduct projects using appropriate research methods, ethical procedures and data analysis.
 - CRDN 1.6 Incorporate critical-thinking skills in overall practice.
2. Domain 2. Professional Practice Expectations: Beliefs, values, attitudes and behaviors for the professional dietitian nutritionist level of practice.

Knowledge

Upon completion of the program, graduates are able to:

- KRDN 2.1 Demonstrate effective and professional oral and written communication and documentation.
- KRDN 2.2 Describe the governance of nutrition and dietetics practice, such as the Scope of Nutrition and Dietetics Practice and the Code of Ethics for the Profession of Nutrition and Dietetics; and describe interprofessional relationships in various practice settings.
- KRDN 2.3 Assess the impact of a public policy position on nutrition and dietetics practice.
- KRDN 2.4 Discuss the impact of health care policy and different health care delivery systems on food and nutrition services.
- KRDN 2.5 Identify and describe the work of interprofessional teams and the roles of others with whom the registered dietitian nutritionist collaborates in the delivery of food and nutrition services.
- KRDN 2.6 Demonstrate an understanding of cultural competence/sensitivity.
- KRDN 2.7 Demonstrate identification with the nutrition and dietetics profession through activities such as participation in professional organizations and defending a position on issues impacting the nutrition and dietetics profession.
- KRDN 2.8 Demonstrate an understanding of the importance and expectations of a professional in mentoring and precepting others.

Standard 5: cont.

Competencies

Upon completion of the program, graduates are able to:

- CRDN 2.1 Practice in compliance with current federal regulations and state statutes and rules, as applicable, and in accordance with accreditation standards and the Scope of Nutrition and Dietetics Practice and Code of Ethics for the Profession of Nutrition and Dietetics.
 - CRDN 2.2 Demonstrate professional writing skills in preparing professional communications.
 - CRDN 2.3 Demonstrate active participation, teamwork and contributions in group settings.
 - CRDN 2.4 Function as a member of interprofessional teams.
 - CRDN 2.5 Assign duties to NDTRs and/or support personnel as appropriate.
 - CRDN 2.6 Refer clients and patients to other professionals and services when needs are beyond individual scope of practice.
 - CRDN 2.7 Apply leadership skills to achieve desired outcomes.
 - CRDN 2.8 Demonstrate negotiation skills.
 - CRDN 2.9 Participate in professional and community organizations.
 - CRDN 2.10 Demonstrate professional attributes in all areas of practice.
 - CRDN 2.11 Show cultural competence/sensitivity in interactions with clients, colleagues and staff.
 - CRDN 2.12 Perform self-assessment and develop goals for self-improvement throughout the program.
 - CRDN 2.13 Prepare a plan for professional development according to Commission on Dietetic Registration guidelines.
 - CRDN 2.14 Demonstrate advocacy on local, state or national legislative and regulatory issues or policies impacting the nutrition and dietetics profession.
 - CRDN 2.15 Practice and/or role play mentoring and precepting others.
3. Domain 3. Clinical and Customer Services: Development and delivery of information, products and services to individuals, groups and populations.

Knowledge

Upon completion of the program, graduates are able to:

- KRDN 3.1 Use the Nutrition Care Process to make decisions, identify nutrition-related problems and determine and evaluate nutrition interventions.
- KRDN 3.2 Develop an educational session or program/educational strategy for a target population.
- KRDN 3.3 Demonstrate counseling and education methods to facilitate behavior change and enhance wellness for diverse individuals and groups.
- KRDN 3.4 Explain the processes involved in delivering quality food and nutrition services.
- KRDN 3.5 Describe basic concepts of nutritional genomics.

Competencies

Upon completion of the program, graduates are able to:

- CRDN 3.1 Perform the Nutrition Care Process and use standardized nutrition language for individuals, groups and populations of differing ages and health status, in a variety of settings.
- CRDN 3.2 Conduct nutrition focused physical exams.
- CRDN 3.3 Demonstrate effective communications skills for clinical and customer services in a variety of formats and settings.

Standard 5: cont.

- CRDN 3.4 Design, implement and evaluate presentations to a target audience.
- CRDN 3.5 Develop nutrition education materials that are culturally and age appropriate and designed for the literacy level of the audience.
- CRDN 3.6 Use effective education and counseling skills to facilitate behavior change.
- CRDN 3.7 Develop and deliver products, programs or services that promote consumer health, wellness and lifestyle management.
- CRDN 3.8 Deliver respectful, science-based answers to client questions concerning emerging trends.
- CRDN 3.9 Coordinate procurement, production, distribution and service of goods and services, demonstrating and promoting responsible use of resources.
- CRDN 3.10 Develop and evaluate recipes, formulas and menus for acceptability and affordability that accommodate the cultural diversity and health needs of various populations, groups and individuals.

4. Domain 4. Practice Management and Use of Resources: Strategic application of principles of management and systems in the provision of services to individuals and organizations.

Knowledge

Upon completion of the program, graduates are able to:

- KRDN 4.1 Apply management theories to the development of programs or services.
- KRDN 4.2 Evaluate a budget and interpret financial data.
- KRDN 4.3 Describe the regulation system related to billing and coding, what services are reimbursable by third party payers and how reimbursement may be obtained.
- KRDN 4.4 Apply the principles of human resource management to different situations.
- KRDN 4.5 Describe safety principles related to food, personnel and consumers.
- KRDN 4.6 Analyze data for assessment and evaluate data to be used in decision-making for continuous quality improvement.

Competencies

Upon completion of the program, graduates are able to:

- CRDN 4.1 Participate in management of human resources.
- CRDN 4.2 Perform management functions related to safety, security and sanitation that affect employees, customers, patients, facilities and food.
- CRDN 4.3 Conduct clinical and customer service quality management activities.
- CRDN 4.4 Apply current nutrition informatics to develop, store, retrieve and disseminate information and data.
- CRDN 4.5 Analyze quality, financial and productivity data for use in planning.
- CRDN 4.6 Propose and use procedures as appropriate to the practice setting to promote sustainability, reduce waste and protect the environment.
- CRDN 4.7 Conduct feasibility studies for products, programs or services with consideration of costs and benefits.
- CRDN 4.8 Develop a plan to provide or develop a product, program or service that includes a budget, staffing needs, equipment and supplies.
- CRDN 4.9 Explain the process for coding and billing for nutrition and dietetics services to obtain reimbursement from public or private payers, fee-for-service and value-based payment systems.
- CRDN 4.10 Analyze risk in nutrition and dietetics practice.

Standard 5: cont.

- c. The program's curriculum must include at least one program-defined concentration that builds on the core knowledge and competencies and develops additional depth necessary for future proficiency in a particular area. The concentration must include at least two program specific competencies with associated learning activities.
- 5.3 The program's curriculum must provide learning activities to attain the breadth and depth of the required curriculum components, core knowledge and competencies and program-defined concentration competencies. Syllabi for courses taught within the academic unit and supervised practice rotation descriptions must include these learning activities with the associated KRDN/CRDN.
- a. Learning activities must prepare students for professional practice with patients/clients with various conditions, including, but not limited to overweight and obesity; endocrine disorders; cancer; malnutrition and cardiovascular, gastrointestinal and renal diseases.
 - b. Learning activities must prepare students to implement the Nutrition Care Process with various populations and diverse cultures, including infants, children, adolescents, adults, pregnant/lactating females and older adults.
 - c. Learning activities must use a variety of educational approaches necessary for delivery of curriculum content, to meet learner needs and to facilitate learning objectives.

****Acknowledgement of Handbook Receipt Form**

I, _____ (printed name of student)
acknowledge that I have received a copy of the DEP handbook for my personal use/reference.

The contents of the handbook have been explained to me and I have been provided an opportunity to discuss and/or question the contents.

I understand that I am expected to be responsible for following the policies/guidelines as specified in the handbook and that failure to comply with them may result in program probation or dismissal.

Student signature:

Date: