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

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

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The Diabetes Care and Education Dietetic Practice Group (DCE DPG) of the American Dietetic Association (ADA) under the guidance of the ADA Quality Management Committee has developed new Standards of Practice and Standards of Professional Performance for registered dietitians in diabetes care. These new documents replace an outdated document, *Scope of Practice for Qualified Dietetic Professionals in Diabetes Care and Education,* published in 2000 (1), and build on the core Standards of Practice in Nutrition Care and Standards of Professional Performance found in the newly adopted ADA Scope of Dietetics Practice Framework (2). These standards are reflective of new insights about the main purpose for standards of practice and standards of professional performance, which is to serve as a guide for registered dietitians (RDs) to evaluate and improve practice and demonstrate competence in diabetes care. Three levels of diabetes care practice—generalist, specialty, and advanced—are defined. These standards, along with the Code of Ethics, answer the questions: "Why is an RD uniquely qualified to provide diabetes nutrition services?" and "What are the knowledge, skills, and competencies that an RD demonstrates to provide safe and effective quality diabetes care at the generalist, specialty, and advanced level?" The standards are also reflective of the Nutrition Care Process and Model (3) and cover the continuum of diabetes care (ie, inpatient, outpatient, and community nutrition).

OVERVIEW

More than 18.5 million Americans have diabetes, with 1.3 million new cases diagnosed annually. It is the sixth leading cause of death in the United States, with an estimated 200,000 deaths every year, according to federal statistics. Although an estimated 13.3 million people have been diagnosed with diabetes, 5.2 million people are unaware that they have the disease, and another 41 million Americans are estimated to have prediabetes (4).

Diabetes is a significant health challenge. RDs providing diabetes care recognize that effectively addressing the challenge requires specialized knowledge and skills. RDs in diabetes care work as members of multidisciplinary health care teams in a variety of work environments (eg, hospitals, community health settings, private practice). Nutrition education and counseling are integral components of high-quality diabetes care. Medical nutrition therapy (MNT) pertains to clinical management, and as such is conducted by RDs. MNT involves in-depth individualized nutrition assessment and a duration and frequency of care using the nutrition care process to manage disease. MNT services are defined in Medicare statutes as "nutritional diagnostic, therapy, and counseling services for the purpose of disease management which are furnished by a registered dietitian" (5) (Medicare MNT Benefit). Diabetes self-management training and community programs include

nutrition education (ie, instructional methods) that promote healthful behaviors by imparting information that individuals and groups can use to make informed decisions about food, dietary habits, and health (5).

The ADA defines dietetics as "the integration and application of principles derived from the sciences of food, nutrition, management, communication, and biological, physiological, behavioral, and social sciences to achieve and maintain optimal human health" with flexible scope of practice boundaries to capture the breadth of the profession (2). The Scope of Dietetics Practice Framework has been developed as a cornerstone for all members of the dietetics profession and was published in the April *Journal of the American Dietetic Association* (2).

This framework defines core evaluation resources, Standards of Practice in Nutrition Care, Standards of Professional Performance, and the Code of Ethics to be used by individual practitioners in conjunction with relevant state, federal, and licensure laws so that practitioners can determine whether a particular activity falls within their own legitimate scope of practice and evaluate their performance. The core Standards of Practice and Standards of Professional Performance were also published in the April *Journal of the American Dietetic Association.* Within this framework, the Standards of Practice in Nutrition Care and Standards of Professional Performance are designed as blueprints to accommodate the development of specialty and advanced level practice standards for RDs in specific areas (6). Figure 4 presents the basic definitions for specialty and advanced level dietetics practice.

The Standards of Practice and Standards of Professional Performance for Registered Dietitians (Generalist, Specialty, and Advanced) in Diabetes Care presented here are the first specialty and advanced practice standards to be developed under the new Scope of Practice Framework building on the core RD Standards of Practice in Nutrition care and Standards of Professional Performance.

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

The RD will use the ADA Standards of Practice and Standards of Professional Performance for Registered Dietitians (Generalist, Specialty and Advanced) in Diabetes Care (Figures 1, 2, and 3, available online at www.adajournal.org) to:

- identify the competencies needed to provide diabetes care inclusive of diabetes self-management training and MNT;
- self-assess whether they have the appropriate skill and knowledge base to provide safe and effective diabetes 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 diabetes practice;
- provide a foundation for public accountability;
- assist management in the planning of services and resources;
- enhance professional identity and communicate the nature of dietetics; and
- guide the development of diabetes-related dietetics education programs, job descriptions, and career pathways.

This approach to standards allows for recognition of the independent provider status for RDs resulting from the Medicare MNT statute that became effective January 1, 2001. Independent provider status recognizes the RD credential as indicating that an individual is qualified to provide and be reimbursed directly for MNT services (7,8). The standards are also reflective of the knowledge and skills required for additional certifications. Current certifications available to the RD in diabetes care are the Certified Diabetes Educator (CDE), a specialty certification, and the Board Certified–Advanced Diabetes Management (BC-ADM), an advanced practice certification. RDs with the demonstrated level of competence (ie, who meet the Standards of Practice and Standards of Professional Performance in Diabetes Care), along with the appropriate hours of practice, and who meet any additional requirement of the credentialing boards for the Certified Diabetes Educator or Board Certified–Advanced Diabetes Management certifications, can also choose to obtain the CDE or BC-ADM credentials. More information on obtaining these credentials is available from the National Certification Board for Diabetes Education (9-11).

APPLICATION TO PRACTICE

The Dreyfus model identifies levels of proficiency from novice to expert during the acquisition and development of knowledge and skills and is a helpful model for how to view the *level of practice* context for the Standards of Practice and Standards of Professional Performance in Diabetes Care (12). RDs new to the specialty of diabetes care experience a steep learning curve. Three stages of *Novice*, *Proficient*, and *Expert* reflect this development process. In the Standards of Practice and Standards of Professional Performance, these three stages are represented as the Generalist, Specialty, and Advanced Practice level (Figure 4).

In applying this concept to diabetes care is the recognition that even experienced RDs start at the Novice level when practicing in a new environment. At the Novice stage (Generalist level), the RD is new to diabetes care and is learning the principles that underpin practice. At the Proficient stage (Specialty level), the RD has developed a deeper understanding of diabetes care and is able to apply these principles and modify practice according to the situation. At the Expert stage (Advanced Practice level), the RD has developed a more intuitive understanding of diabetes care and practice reflects a range of highly developed clinical skills and judgments acquired through a combination of dietetics experience and education. Essentially, advanced dietetics practice requires the application of advanced dietetics knowledge, with practitioners drawing not only on their clinical experience, but also on the experience of the profession as a whole. Experts, with their extensive experience and ability to see the significance and meaning within a contextual whole, are fluid and flexible in practice.

This level of practice considerations supports taking a holistic

Specialty RD[a]	Advanced-Practice RD
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. Specialty RDs practice from both *expanded* and *specialized* knowledge, skills, competencies, and experience. *Specialization* 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). *Expansion* 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. Specialty-level RDs are either certified or approved to practice in their expanded, specialized roles. Specialization does not always include an additional certification beyond RD certification. Specialty certification may or may not require evidence at master's level. CDR[b] offers two specialty certifications: • Board-Certified Specialist in Pediatric Nutrition (CSP) • Board-Certified Specialist in Renal Nutrition (CSR) Example of other specialty certifications for the RD • Certified Diabetes Educator (CDE) • Certified Nutrition Support Dietitian (CNSD) Educational Preparation (one or more of the following characteristics) • 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 **Nature of Practice** Integrates research, education, practice, and management Moderate degree of professional autonomy and independent practice Specialized assessment skills, decision-making skills and diagnostic reasoning skills For nonclinical specialty practice (eg, business and communications), it may not include all characteristics; however, the complexity of the nature of practice will be comparable **Experience** Either require or recommend experience beyond entry level. Experience is required for specialty certification.	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. Advanced practice RDs practice from both *expanded* and *specialized* knowledge, skills, competencies, and experience. *Specialization* 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). *Expansion* 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. 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. Advanced practice does not always include an additional certification beyond RD certification. Certification may be one way of demonstrating advanced practice competency. Advanced-practice certification typically implies a master's level degree. Advanced practice implies that the individual has both the specialized knowledge, skills, competencies, and experience of the specialist as well as the expanded knowledge, skills, competencies, and experience of Advanced Practice. Specialization Certification is not a prerequisite for Advanced Practice Certification CDR does not currently offer any Advanced-level certifications. Example of other advanced-level certifications for RD: • Board Certified in Advanced Diabetes Management (BC-ADM) Educational Preparation (one or more of the following characteristics) • 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 **Nature of Practice** • 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 • For nonclinical advanced practice (eg, business and communications), it may not include all characteristics; 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 **Experience** Documented hours of experience beyond entry level; experience is required for Advanced-Practice certification.

[a]RD=registered dietitian.
[b]CDR=Commission on Dietetic Registration.

Figure 4. American Dietetic Association (ADA) definitions from the ADA Scope of Dietetics Practice Framework.

How to Use the *Standards of Practice and Standards of Professional Performance for Registered Dietitians (Generalist, Specialty, and Advanced) in Diabetes 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, and behaviors and define the type and amount of continuing professional education 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.

[a]The 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.

Figure 5. Application of the Commission on Dietetic Registration *Professional Development Portfolio* process.

view of the Standards of Practice and Standards of Professional Performance in Diabetes Care. It is the totality of practice that depicts the level of practice and not any one indicator or standard.

The RD should review the Standards of Practice and Standards of Professional Performance in Diabetes Care at regular intervals to evaluate their competency. Regular evaluation is important because it helps identify opportunities to improve and/or enhance practice and professional performance. It also helps RDs as they use the Commission on Dietetic Registration *Professional Development Portfolio* to demonstrate the process of self-assessment, planning, improvement, and commitment to lifelong learning (13). The Standards of Practice and Standards of Professional Performance in Diabetes Care can be used at each of the five steps in the process (Figure 5). RDs are encouraged to pursue additional training, regardless of practice setting, to expand their personal scope of diabetes practice. Individuals are expected to practice only at the level at which they are competent, which will vary depending on education, training, and experience (14). See Figure 6 for case examples of how RDs in different roles, at different levels of practice, may use the Standards of Practice and Standards of Professional Performance in Diabetes Care to guide their practice.

When the Standards of Practice in Diabetes Care do not have defined advanced level indicators that depict a differentiation in the level between specialty and advanced level practice, it is because this distinction between proficient (specialty) and expert (advanced) level is captured in the knowledge, experience, and intuition that is demonstrated in the context of actual advanced level practice. Combining dimensions of understanding, performance, and values as an integrated whole (15) is an area for future development in refinement of the Standards for Diabetes Care. A wealth of untapped knowledge is embedded in the practice and the know-how of advanced level (expert) dietetics practitioners. This knowledge will expand and fully develop to be captured in refined indicators as advanced practice RDs systematically record what they learn from their own experience of advanced level practice using clinical exemplars. Clinical exemplars describe outstanding examples of the actions of individuals in clinical settings or professional activities that have changed and enhanced patient care. They include a brief description of the need for action and the process used to change the outcome (16-18). Clinical events are observed by the experienced clinician, and analyzed to make new connections between things or ideas, thus producing a synthesized whole. As does any scholar, the clinical scholar seeks truths, explanations, and ever-increasing information about the phenomena of the discipline. The scholarliness of the clinical work is produced by the constant analysis of the work and the interpretation of the events to others. Clinical scholarship has its bases in the application of theory and research to practice. Knowledge is gained not just through theory and principles, but also through the embodiment of those principles in daily practice.

The Standards of Professional Performance in Diabetes Care account for this expectation. For example, for the Continued Competence and Professional Accountability standard (Figure 3), the indicator states: "Documents professional development ac-

Role	Examples of use of SOP and SOPP documents by RDs in different practice roles
Clinical practitioner	An RD in general clinical practice plans on becoming a Medicare medical nutrition therapy provider for clients with diabetes, part-time in private practice, and part-time employed at a diabetes outpatient clinic. The RD reviews the Nutrition Practice Guidelines for type 1 and type 2 diabetes mellitus for each aspect of the nutrition care process for gestational diabetes that has specific diabetes content; ie, the scientific evidence or consensus about what constitutes good diabetes care. The RD recognizes nutrition assessment and intervention topics that are not familiar. The RD then reviews the SOP and SOPP to evaluate their own skills and competencies for providing care to individuals with diabetes and set goals to improve competency in this area of practice before beginning to receive referrals.
Manager	A manager who oversees numerous RDs providing care to individuals with diabetes plans to use the SOP and SOPP to define job roles, competencies, and performance expectations and to utilize as the basis for identifying training needs and personal performance plans for staff. The manager also sees the SOP and SOPP as an important tool to recognize 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 diabetes. Prior to accepting referrals, the RD uses the SOP and SOPP as an evaluation tool to determine what is needed to practice competently to provide quality diabetes care and education.
Public health practitioner	An RD working in a Women, Infants, and Children program notices an increase in clients who develop gestational diabetes or who have diabetes prior to pregnancy. The RD uses the SOP and SOPP to evaluate the level of competence needed to provide quality diabetes care to these individuals and determine what level of practitioner to refer individuals to who need more help than she can competently provide.
Researcher	An RD working in a research setting gets a grant proposal funded to demonstrate the role of the RD and the impact of nutrition care provided by RDs on health outcomes. The RD uses the SOP and SOPP to design the research protocol.
Dietetics educator	The educator designing continuing education materials for the RD in diabetes care develops tools to support implementation of the SOP and SOPP.
Nontraditional health care practitioner	A health plan has Disease Management Certification for its diabetes program through the National Committee for Quality Assurance (NCQA). The RD uses the SOP and SOPP for RD in diabetes care as an evaluation tool to demonstrate that the certified diabetes disease management program uses a continuous quality improvement approach to continuing competence of the RD 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 diabetes care.

tivities" and the subindicators for specialty and advanced practice state:

> 6.4A Documents in professional portfolio examples of diabetes care clinical exemplars that capture and speak to the expanded professional responsibility in a specialty practice role.
>
> 6.4B Documents in professional portfolio examples of diabetes care clinical exemplars that describe and demonstrate the expanded professional experience in an advanced practice role.

SUMMARY

The Standards of Practice and Standards of Professional Performance for RDs in Diabetes Care is a key resource for RDs at all levels of practice so that in daily practice dietetics professionals can consistently show their success and value as providers of safe and effective diabetes care and services. The standards are very much works in progress and will be reviewed on a scheduled basis. As a quality initiative of the ADA and the DCE DPG, the standards themselves are an application of continuous quality improvement concepts reflecting a commitment to ongoing improvement. Diabetes care provided by RDs will continue to develop as a dynamic element within the health care delivery process as the number of RDs increases and their levels of knowledge, experience, and expertise advance.

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Questions regarding the Standards of Practice and Standards of Professional Performance for RDs in Diabetes Care may be addressed to Ellen Pritchett, RD, Director of Quality and Outcomes at ADA, at epritchett@eatright.org.

Standards of Practice are authoritative statements that describe a competent level of practice related to direct client care demonstrated through nutrition assessment, nutrition diagnosis (problem identification), nutrition intervention, and nutrition monitoring and evaluation (four separate standards) describing the responsibilities for which registered dietitians (RDs) are accountable. The Standards of Practice in Diabetes Care presuppose that the 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 Diabetes 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 may be applied in practice. They serve to identify the level of performance of competent practitioners and to encourage and recognize professional growth. Each standard definition, rationale statement, core indicator, and examples of outcomes found in American Dietetic Association Standards of Practice in Nutrition Care and Standards of Professional Performance are not altered for diabetes care. For diabetes care, the indicators are expanded on to reflect the unique competence expectations of the RD in diabetes care. Indicators may not be applicable to an individual RD's practice. Likewise, each indicator may not be applicable all the time.

The term "client" is used in this evaluation resource as a universal term. Client could also mean: patient, resident, customer, participant, consumer, community, individual, or any group who receives 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 dietetics and should be considered together. They are not inflexible rules or requirements of practice and are not intended, nor should they be used, to establish a legal standard of care.

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

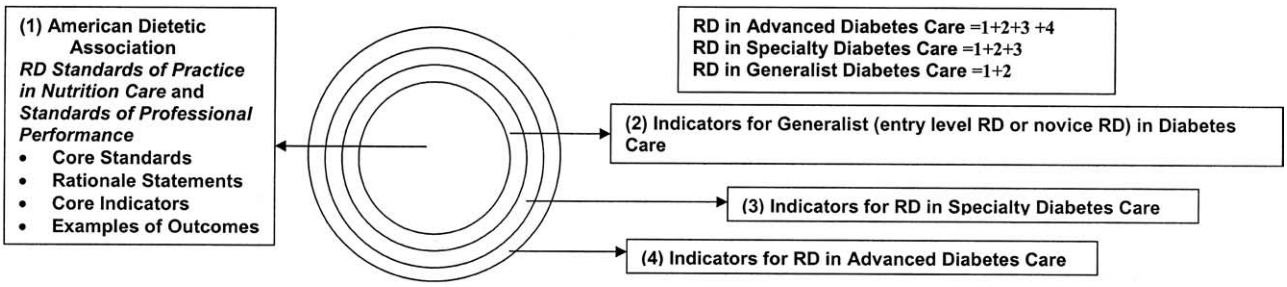

Figure 1. Overview: American Dietetic Association Standards of Practice and Standards of Professional Performance for Registered Dietitians (Generalist, Specialty, and Advanced) in Diabetes Care.

Figure E1.

Standards of Practice for the RD[a] in Diabetes Care

STANDARD 1: NUTRITION ASSESSMENT
The RD 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[b] Core RD 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	Appetite changes and associated gastrointestinal problems	X	X	X
	1.1A2	Evidence of flexible meal planning: type and distribution of macronutrient intake	X	X	X
1.2	**Evaluates health and disease condition(s) for nutrition-related consequences**		**X**	**X**	**X**
	Evaluates:				
	1.2A	**Medical and family history and comorbidities**	**X**	**X**	**X**
	1.2A1	Medical history of (eg, myocardial infarction, vascular bypass procedure, stroke or transient ischemic attack, claudication)	X	X	X
	1.2A2	Family history (eg, CHD[c] and kidney disease)	X	X	X
	1.2A3	Associated autoimmune comorbidities (eg, thyroid conditions, Addison's disease, celiac disease, pernicious anemia)	X	X	X
	1.2A4	Clients understanding of the most common precipitants of DKA[d] (eg, an increased requirement for insulin due to an increased physiologic stress such as seen with an infection, trauma, or omission of normal insulin)		X	X
	1.2A5	Behaviors leading to DKA			X
	1.2A6	Comorbid diseases or conditions (eg, obesity, CHF[e], HTN[f], dyslipidemia, depression, kidney disease, COPD[g])	X	X	X
	1.2A7	History of smoking cessation counseling	X	X	X
	1.2A8	History of preventive care (eg, annual influenza immunization)		X	X
	Evaluates:				
	1.2B	**Physical findings (physical or clinical exams)**	**X**	**X**	**X**
	1.2B1	**Anthropometric measurements**	**X**	**X**	**X**
	1.2B2	American Diabetes Association recommended examinations (eg, objective screening of sensory sensitivity/neuropathy using monofilament testing or other tools)		X	X
	1.2B3	Nutrition focused physical examination that includes but is not limited to: injection sites; feet for signs of irritation from shoes, or dry or cracked skin; other body areas for skin conditions related to diabetes (eg, acanthosis nigricans or vitiligo)		X	X

INDICATORS FOR STANDARD 1: NUTRITION ASSESSMENT			The "X" signifies the indicators for the level of practice		
Bold Font Indicators are ADA[b] Core RD Standards of Practice Indicators			**Generalist**	**Specialty**	**Advanced**
	Evaluates:				
	1.2C	**Medication management (ie, prescription, over-the-counter, and herbal medications; medication allergies; medication/food interaction and adherence)**	**X**	**X**	**X**
	1.2C1	Insulin and/or oral diabetes medication	X	X	X
	1.2C2	Types, effect, and duration for insulin	X	X	X
	1.2C3	Class, dosage, and duration of oral diabetes medication, and side effects	X	X	X
	1.2C2	Current insulin regimen in relation to carbohydrate intake		X	X
	1.2C4	Frequency and severity of hypoglycemia/hyperglycemia		X	X
	1.2C5	Other medications that may affect blood glucose level	X	X	X
	Evaluates:				
	1.2D	**Complications and risks**	**X**	**X**	**X**
	1.2D1	Using evidence-based indicators of diabetes-related complications (eg, lipids, microalbumin, blood pressure)	X	X	X
	1.2D2	Actual or risk of developing acute complications (eg, hypoglycemia, hyperglycemia, DKA)	X	X	X
	1.2D3	Actual or risk of developing chronic microvascular complications (eg, neuropathy, nephropathy, retinopathy)		X	X
	1.2D4	Actual or risk of developing chronic macrovascular complications (eg, ischemic heart disease, stroke, peripheral vascular disease)		X	X
	1.2D5	Appropriateness of client for intensive glycemic control to prevent or reduce the progression of chronic complications		X	X
	Evaluates:				
	1.2.E	**Diagnostic tests, procedures, and evaluations**	**X**	**X**	**X**
	1.2.E1	Recorded blood glucose levels and patterns	X	X	X
	1.2.E2	Recognizing two types of monitoring for glucose values	X	X	X
	1.2.E3	Using clinical practice recommendations for diagnostic test, procedures and evaluations (eg, nationally developed evidence based guidelines and standards)	X	X	X
	1.2.E4	Recognizing the types of glucose intolerance, screening recommendations, and diagnosis criteria	X	X	X
	1.2.E5	Blood glucose values during pregnancy; blood glucose values for pre-pregnancy with preexisting diabetes	X	X	X
	1.2.E6	Self management education (eg, evaluate injection techniques, selection and use of blood glucose monitoring equipment, appropriateness of insulin-administration equipment, self–foot-care skills, insulin sensitivity factor calculation, urine ketones testing when appropriate)		X	X
	Evaluates:				
	1.2F	**Physical activity habits and restrictions**	**X**	**X**	**X**
	1.2F1	In context of current diabetes treatment plan	X	X	X
	1.2F2	Atypical physical activities (eg, nonambulatory or athletes)		X	X
	1.2F3	Physical activity in light of intensive diabetes therapy			X

INDICATORS FOR STANDARD 1: NUTRITION ASSESSMENT			The "X" signifies the indicators for the level of practice		
Bold Font Indicators are ADA[b] Core RD Standards of Practice Indicators			**Generalist**	**Specialty**	**Advanced**
1.3	**Evaluates psychosocial, socioeconomic, functional, and behavioral factors related to food access, selection, preparation, and understanding of health condition**		**X**	**X**	**X**
	Evaluates:				
	1.3A	**Using validated developmental, functional, and mental status cultural, ethnic, and lifestyle assessments**	**X**	**X**	**X**
	1.3A1	Risk of depression	X	X	X
	1.3A2	Risk/history of disordered eating and related factors (eg, medication adjustments, food issues, physical activity)		X	X
	1.3A3	Substance abuse (eg, alcohol, tobacco, drugs)	X	X	X
1.4	**Evaluates client knowledge, readiness to learn, and potential for behavior changes**		**X**	**X**	**X**
	Evaluates:				
	1.4A	**History of previous nutrition care services/medical nutrition therapy**	**X**	**X**	**X**
	1.4A1	Behavioral mediators (or antecedents) related to dietary intake (ie, attitudes, self-efficacy, knowledge, intentions, readiness and willingness to change, perceived social support)		X	X
	1.4A2	Self-care skills and behaviors, feelings about living with diabetes and living with a chronic disease		X	X
	1.4A3	Lifestyle factors for the prevention of diabetes		X	X
1.5	**Identifies standards by which data will be compared**		**X**	**X**	**X**
1.6	**Identifies possible problem areas for making nutrition diagnoses**		**X**	**X**	**X**
1.7	**Documents and communicates:**		**X**	**X**	**X**
	1.7A	**Date and time of assessment**	**X**	**X**	**X**
	1.7B	**Pertinent data collected and comparison with standards**	**X**	**X**	**X**
	1.7C	**Clients' perceptions, values and motivation related to presenting problems**	**X**	**X**	**X**
	1.7D	**Changes in client level of understanding, food-related behaviors and other outcomes for appropriate follow-up**	**X**	**X**	**X**
	1.7E	**Reason for discharge/discontinuation or referral if appropriate**	**X**	**X**	**X**

EXAMPLES OF OUTCOMES
STANDARD 1: NUTRITION ASSESSMENT FOR RD IN DIABETES CARE

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

Standards of Practice for the RD in Diabetes Care

STANDARD 2: NUTRITION DIAGNOSIS
The RD 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 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 "type 2 diabetes mellitus"; however, after performing a nutrition assessment, the RD may determine a nutrition diagnosis(es), eg, "excessive energy intake" or "excessive carbohydrate intake." In the community or public health setting the nutrition diagnosis may relate to a population based condition (food safety and access) rather than 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			The "X" signifies the indicators for the level of practice		
Bold Font Indicators are ADA Core RD Standards of Practice Indicators			**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	Organizes and groups data consisting of physical, psychosocial, and environmental nutrition assessment findings to give meaning (eg, significant and adequate information to draw conclusion)		X	X
	2.1E	Systematically compares and contrasts findings in formulating a differential 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, selects from a range of possibilities with additional consideration of the prevention of micro- and macrovascular complications)		X	X
	2.1C	Uses advanced diagnostic reasoning and judgment (ie, reflecting the holistic focus of diabetes as a complex metabolic disorder)			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 become available**		**X**	**X**	**X**

EXAMPLES OF OUTCOMES
STANDARD 2: NUTRITION DIAGNOSIS FOR RD IN DIABETES CARE

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

Standards of Practice for the RD in Diabetes Care

STANDARD 3: NUTRITION INTERVENTION

The RD 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			The "X" signifies the indicators for the level of practice		
Bold Font Indicators are ADA Core RD Standards of Practice Indicators			**Generalist**	**Specialty**	**Advanced**
Plans the nutrition intervention					
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	Survival skill and DSMT[h] needs	X	X	X
	3.1B	Comorbid diseases or conditions (eg, obesity, CHF, HTN, dyslipidemia, depression, kidney disease, COPD)	X	X	X
	3.1C	Actual or risk for acute complications (eg, hypoglycemia, hyperglycemia, and diabetic ketoacidosis)	X	X	X
	3.1D	Actual or risk of micro- and macrovascular complications		X	X
	3.1E	Appropriateness of client for intensive glycemic control to prevent or reduce the progression of chronic complications.		X	X
3.2	**Consults nationally developed evidence-based practice guidelines (eg, American Diabetes Association Nutrition Principles and Recommendations, and Standards of Medical Care in Diabetes; and ADA MNT Evidence-Based Guides for Practice) 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, develops 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	Pharmacotherapy	X	X	X
	3.5A1	Review of insulin and oral diabetes medications (ie, effect on blood glucose level)	X	X	X
	3.5A2	Selection and initiation of pharmacotherapy, including instruction on medication delivery systems. (May include calculation of insulin-to-carbohydrate ratios; calculating and explaining the ISF[i]; use and application of ISF)		X	X

INDICATORS FOR STANDARD 3: NUTRITION INTERVENTION			The "X" signifies the indicators for the level of practice		
Bold Font Indicators are ADA Core RD Standards of Practice Indicators			**Generalist**	**Specialty**	**Advanced**
	3.5A3	Adjustment of pharmacotherapy, based on integration of nutrition, physical activity, medication, and blood glucose monitoring data		X	X
	3.5A4	Communicating about updated/alternative treatment strategies			X
	3.5A5	Insulin preparation and administration (ie, type, action, stability, storage, and compatibility; sharps disposal)		X	X
	3.5.B	Sick-day guidelines	X	X	X
	3.5B1	Review of basic information	X	X	X
	3.5B2	Providing information beyond food intake (eg, medication adjustment or urine ketone testing when appropriate)		X	X
	3.5C	Blood glucose monitoring	X	X	X
	3.5C1	Interpretation of blood glucose data in relation to adjustments of food	X	X	X
	3.5C2	Interpretation of blood glucose data and application to therapeutic approaches		X	X
	3.5C3	Selection and initiation of blood glucose monitoring equipment		X	X
	3.5C4	Basic trending of blood glucose; how to use tools for review and interpreting blood glucose patterns		X	X
	3.5D	Comprehensive foot exam		X	X
	3.5D1	Basic foot care that include the following six elements: awareness of personal risk factors, importance of at least annual inspection of feet by a health care professional, daily self inspection of feet, proper nail and skin care, injury prevention, and when to seek help or specialized referral		X	X
	3.5E	Diabetes specific community/prevention programs	X	X	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**
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**
	3.8A	Resources are identified to assist clients with diabetes in using health care and diabetes education services and community programs appropriately	X	X	X
Implements the nutrition intervention					
3.9	**Communicates the plan of nutrition and diabetes-related care**		**X**	**X**	**X**
3.10	**Carries out the plan of nutrition and diabetes-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	X
	3.10B	Uses critical thinking and synthesis skills to guide decision-making in complicated, unpredictable, and dynamic situations		**X**	**X**
3.11	**Continues data collection and modifies the plan of care as needed**		**X**	**X**	**X**
3.12	**Individualizes nutrition and diabetes-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

INDICATORS FOR STANDARD 3: NUTRITION INTERVENTION			The "X" signifies the indicators for the level of practice		
Bold Font Indicators are ADA Core RD Standards of Practice Indicators			**Generalist**	**Specialty**	**Advanced**
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 diabetes 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 occurs**		**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**

EXAMPLES OF OUTCOMES
STANDARD 3: NUTRITION INTERVENTION FOR RD IN DIABETES CARE

- **Appropriate prioritizing and setting of goals/expected outcomes**
- **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**

Standards of Practice for the RD in Diabetes Care

STANDARD 4: NUTRITION MONITORING AND EVALUATION

The RD in diabetes 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 A1C or weight 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			The "X" signifies the indicators for the level of practice		
Bold Font Indicators are ADA Core RD Standards of Practice Indicators			**Generalist**	**Specialty**	**Advanced**
4.1	**Monitors progress**				
	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**
	4.1E	**Gathers information indicating reasons for lack of progress**	**X**	**X**	**X**
	4.1F	**Supports conclusions with evidence**	**X**	**X**	**X**
	4.1G	Checks intended effects and potential adverse effects of pharmacological and nonpharmacological treatment	X	X	X
	4.1G1	Completes an in-depth analysis of intended effects and potential adverse effects		X	X
	4.1G2	Completes an in-depth analysis of intended effects and potential adverse effects related to complex problems and intervention			X
	4.1H	**Evaluates patterns, trends, and unintended variation related to problems and intervention**	**X**	**X**	**X**
	4.1H1	Reviews basic trending of blood glucose	X	X	X
	4.1H2	Applies tools to review and interpret blood glucose patterns		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, health care utilization)**	**X**	**X**	**X**

INDICATORS FOR STANDARD 4: NUTRITION MONITORING AND EVALUATION			The "X" signifies the indicators for the level of practice		
Bold Font Indicators are ADA Core RD Standards of Practice Indicators			**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**	**X**	**X**	**X**
	4.3A1	Completes a more detailed analysis of the indicators for each problem area (ie, using specialty level clinical judgment skills for additional consideration of the prevention of micro- and macrovascular complications)		X	X
	4.3A2	Completes a more detailed analysis of the indicators to evaluate the complexity of problems and correlate one problem to another (ie, using advanced clinical judgment skills reflecting on the holistic focus of diabetes as a complex metabolic disorder)			X
	4.3A3	Benchmarks individual participants (of community/prevention programs) data to national, state, and local public health and population-based data (eg, Healthy People 2010 Leading Health Indicators, HEDIS[j], DQuIP[k] measure sets)		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 FOR RD IN DIABETES CARE

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

[a]RD=registered dietitian.
[b]ADA=American Dietetic Association.
[c]CHD=coronary heart disease.
[d]DKA=diabetic ketoacidosis.
[e]CHF=congestive heart failure.
[f]HTN=hypertension.
[g]COPD=chronic obstructive pulmonary disease.
[h]DSMT=diabetes self-management training.
[i]ISF=insulin sensitivity factor.
[j]HEDIS=Health Plan Employer Data and Information Set.
[k]DQuIP=Diabetes Quality Improvement Plan.

Figure 2. Standards of practice for the registered dietitian in diabetes care.

Figure E2.

Standards of Professional Performance for RDs[a] in Diabetes Care

STANDARD 1: PROVISION OF SERVICES

Provides quality service based on customer expectations and needs

Rationale: The RD in diabetes 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[b] Core RD Standards of Professional Performance			**Generalist**	**Specialty**	**Advanced**
Each RD in Diabetes 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 diabetes 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 diabetes 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 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 diabetes 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

INDICATORS FOR STANDARD 1: PROVISION OF SERVICES			The "X" signifies the indicator for the level of practice.		
Bold Font Indicators are ADA[b] Core RD Standards of Professional Performance			**Generalist**	**Specialty**	**Advanced**
Each RD in Diabetes Care:					
1.4	**Informs and involves clients and their families in decision making**		**X**	**X**	**X**
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 primary health care provider and referral sources for treatment care services and education		X	X
	1.7C	Serves in consultant role for medical management of diabetes and comorbidities			X
	1.7D	Plan and develop health promotion/prevention programs based on client needs, culture, evidence-based strategies, and available resources		X	X
	1.7E	Plan, develop, and implement 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 diabetes 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 diabetes 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 diabetes area demonstrated by an understanding and use of advanced principles, theories, and practices of the diabetes 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 diabetes 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	X	X	X
	1.9C	Develops implementation strategies 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	Develop and manage diabetes education programs in compliance with the national standards for DSME[c]		X	X
	1.9E	Develops diabetes 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; plan necessary changes			X

INDICATORS FOR STANDARD 1: PROVISION OF SERVICES			The "X" signifies the indicator for the level of practice.		
Bold Font Indicators are ADA[b] Core RD Standards of Professional Performance			**Generalist**	**Specialty**	**Advanced**
Each RD in Diabetes 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, and 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	Develop 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	Participate in the process of patient advocacy activities	X	X	X
	1.12B	Assess patient population for situations where advocacy is needed		X	X
	1.12C	Advocate for health promotion at the policy level and promotes healthful public policy by participating in legislative and policy-making activities that influence health services and practices		X	X
	1.12D	Take leadership role in advocacy activities/issues; author articles and deliver presentations on topic; network with other advocacy interested parties			X

EXAMPLES OF OUTCOMES
STANDARD 1: PROVISION OF SERVICES

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

Standards of Professional Performance

STANDARD 2: APPLICATION OF RESEARCH

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

Rationale: 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 Diabetes 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
	1.2D	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, considering the best available research on nutrition related prevention of diabetes micro- and macrovascular complications) reduces inappropriate variation in practice patterns		X	X
	2.2B	Demonstrates that adherence to evidence-based practice at the advanced practice level (ie, considering the best available research reflecting the holistic focus of diabetes as a complex metabolic disorder) reduces inappropriate variation in practice patterns			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 RDs in diabetes care (specialty) practice		X	X
	2.4B	Designs or participates in and publishes studies related to outcomes of RDs in diabetes care (advanced) practice			X

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 Diabetes 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 diabetes 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	Presents 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 evidence-based diabetes research at the local level	X	X	X
	2.7B	Presents at local, regional, and national meetings and authors diabetes-related publications		X	X
	2.7C	Serves in a leadership role for diabetes-related publications and program planning of national meetings		X	X
	2.8D	Translates research findings in the development of policies, procedures, and guidelines for care			X

EXAMPLES OF OUTCOMES
STANDARD 2: APPLICATION OF RESEARCH

Client receives appropriate services based on the effective application of research
A foundation for performance measurement and improvement is provided
Outcomes data support reimbursement for the services of the RD in diabetes care
Best available research findings are used for the development and revision of practice tools and resources
Benchmarking and knowledge of "best practices" used to improve performance

Standards of Professional Performance

STANDARD 3: COMMUNICATION AND APPLICATION OF KNOWLEDGE

Effectively applies knowledge and communicates with others

Rationale: The RD in diabetes 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.		
Bold Font Indicators are ADA Core RD Standards of Practice Indicators			**Generalist**	**Specialty**	**Advanced**
Each RD in Diabetes Care:					
3.1	**Has knowledge related to a specific area(s) of professional service**		**X**	**X**	**X**
	3.1A	Familiar with major diabetes 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 diabetes care and education (eg, CMS[d], JCAHO[e], NCQA[f])	X	X	X
	3.1C	Familiar with diabetes-related public health trends and epidemiological reports related to public health trends	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 diabetes cure and education		X	X
	3.1F	Contribute 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 diabetes care	X	X	X
	3.3B	Demonstrates ability to integrate new knowledge of diabetes care at the specialty level (eg, in new and varied contexts)		X	X
	3.3C	Demonstrates ability to apply new knowledge of diabetes care in new and varied contexts at the advanced practice level (eg, for the most complex and exceptional problems)			X

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 Diabetes Care:					
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, regional, national, and international meetings and media outlets		X	X
	3.4C	Serves in leadership role for publications (ie, editor, editorial advisory board) and on program planning committees		X	X
	3.4D	Serves as national and international diabetes media spokesperson			X
	3.4E	Functions as an opinion leader			X
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 diabetes 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 diabetes 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 diabetes 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	Knowledge and use of local and national diabetes registries (see below for definition of registry)		X	X

EXAMPLES OF OUTCOMES
STANDARD 3: COMMUNICATION AND APPLICATION OF KNOWLEDGE

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

Standards of Professional Performance for Registered Dietitians in Diabetes 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.		
Bold Font Indicators are ADA Core RD Standards of Practice Indicators			**Generalist**	**Specialty**	**Advanced**
Each RD in Diabetes 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, *guides for practice,* 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 diabetes programs (ie, business planning)	X	X	X
	4.2B	Manages effective delivering of diabetes 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	Establish an administratively sound programs (eg, diabetes prevention, diabetes self-management education program, MNT[9] services)		X	X
	4.5B	Demonstrate 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	Assures that diabetes data registries contain diabetes education and MNT service components			X	X
	4.6A	Assures that data on RD service provides are captured in databases		X	X
	4.6B	Analyze and utilize information for long-range strategic planning (eg, program and service efficacy)			X

EXAMPLES OF OUTCOMES
STANDARD 4: UTILIZATION AND MANAGEMENT OF RESOURCES

The RD documents use of resources according to plan and budget
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

Standards of Professional Performance for Registered Dietitians in Diabetes 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 Diabetes 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 diabetes care delivery	**X**	**X**	**X**
	5.4B	Maintain awareness of problematic product names (eg, insulin products) and error prevention recommendations provided by ISMP[h] (www.ismp.org), FDA[i] (www.fda.gov), and USP[j] (www.usp.org)		X	X
	5.4C	Develops safety alert systems to monitor key indicators of diabetes clients medical conditions			X
5.5	**Recognizes and implements basic safety design principles, such as standardization and simplification**		**X**	**X**	**X**
	5.5A	Consistently provide 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	Implement standardized protocol for education, prevention, and treatment of hypo- and hyperglycemia		X	X
	5.5C	Design and evaluate standardized protocols for education, prevention and treatment of hypo- and hyperglycemia			X

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 Diabetes 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 improve 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 diabetes 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[k], DQuIP[l] 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 diabetes nutrition care–sensitive outcomes can be derived, reported, and used for improvement			X

EXAMPLES OF OUTCOMES
STANDARD 5: QUALITY IN PRACTICE

Performance improvement criteria are measured
Actual performance is evaluated
Aggregate of *outcomes data* meet established criteria (objectives/goals)
Results of quality improvement activities direct refinement of practice

Standards of Professional Performance for Registered Dietitians in Diabetes 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 Diabetes 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/protege programs with health professionals of other disciplines		X	X
	6.2B	Seeks opportunities at the advanced practice level to develop mentor/protege 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 diabetes continuing education opportunities locally, regionally, and nationally	X	X	X
	6.3B	Develop and implement 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 diabetes 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 diabetes care clinical exemplars that describe and demonstrate the expanded professional experience in an advanced practice role			X

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 Diabetes Care:					
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**
6.6	**Supports the application of research findings and best available evidence to professional practice**		**X**	**X**	**X**
	6.A	Familiarizes self with major diabetes care and education publications	X	X	X
	6.6B	Serves as an author of diabetes-related publications and diabetes presenter for consumer and health care provider audiences on diabetes 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	Utilize habits of good interfacing (communication, information gathering and practices) to lead in this area	X	X	X
	6.7B	Serves on local diabetes planning committees/task forces for health professionals and industry	X	X	X
	6.7C	Serves on regional and national diabetes planning committee task force for health professionals and industry		X	X
	6.7D	Develops innovative approaches to complex practice issues			X
	6.7E	Proactively seek opportunities at the local, regional, and national and international level to demonstrate the integration of their practices and programs with larger system (ie, state diabetes collaborative)			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
Participation in diabetes committees and task forces

[a]RD=registered dietitian.
[b]ADA=American Dietetic Association.
[c]DSME=diabetes self-management education.
[d]CMS=Center for Medicare & Medicaid Services.
[e]JCAHO=Joint Commission on Accreditation of Healthcare Organizations.
[f]NCQA=National Committee for Quality Assurance.
[g]MNT=medical nutrition therapy.
[h]ISMP=Institute for Safe Medical Practices.
[i]FDA=Food and Drug Administration.
[j]USP=United States Pharmacopeia.
[k]HEDIS=Health Plan Employer Data and Information Set.
[l]DQuIP=Diabetes Quality Improvement Plan.

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

Figure E3.