Eligibility Requirements and Accreditation Standards for

Dietetic Internship Programs (DI)

Approved January 2008
Introduction to CADE Accreditation

Accreditation in the United States has a long history and has developed into a voluntary system that is unique in the world. Specialized accreditation is the public recognition awarded to academic programs that meet established criteria and educational standards. Accreditation decisions are based on evaluations whose purpose is to provide a professional judgment about the quality of an academic program and to promote institutional improvement. In other words, accreditation’s main goals are to assure and enhance quality.

The Commission on Accreditation for Dietetics Education (CADE) is the American Dietetic Association’s accrediting agency for education programs that are preparing students for careers as registered dietitians or dietetic technicians, registered. CADE serves and protects the public by assuring the quality and continued improvement of nutrition and dietetics education programs.

While the definition of accreditation may be stated simply, the activity is more complex and involves defining requirements necessary for a quality educational experience. These are the eligibility requirements and accreditation standards that are established by CADE through discussions with and contributions from the educational community, practitioners and others affected by the accreditation process.

The CADE eligibility requirements and accreditation standards serve as the foundation for each dietetics program’s evaluation. A program undergoing accreditation assesses its strengths and challenges based on CADE’s standards and describes its plans for improvement in a document called a “self-study report.” The report is reviewed by CADE volunteers and staff, and then the program is visited by a team of trained evaluators. The team engages in a series of focused interviews, meetings, observations and tours that provide information to validate the contents of the self-study report and further evaluate the program. The team writes its own report to document its findings and objectively address key areas of CADE’s standards based on evidence provided by the program and gathered by the team. The CADE Board of Directors reviews the team’s report and uses it to arrive at a final accreditation decision.

CADE is recognized by the United States Department of Education and the Council for Higher Education Accreditation. This affirms that CADE meets national standards and is a reliable authority on the quality of nutrition and dietetics education programs.

ACKNOWLEDGMENTS

Appreciation is given to the members of the Commission on Accreditation for Dietetics Education (CADE), the Accreditation Standards Committee and CADE staff; education program directors, faculty and administrators; and CADE reviewers, ADA member leaders, registered dietitians, dietetic technicians, registered and employers who participated in the 2005-2007 revision of the accreditation standards.

Note: The text of this document has been adapted with the author’s permission from the Guide to Accreditation at http://www.acpe-accredit.org/edcenter/sitevisits (January, 2009).
## Eligibility Requirements and Accreditation Standards for Dietetic Internship Programs

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**Eligibility Requirements**

All programs applying to the Commission on Accreditation for Dietetics Education (CADE) for accreditation must meet certain basic requirements, including sponsorship by an organization responsible for the program.

- The Dietetic Internship Program (DI) that currently has CADE accreditation status must submit documentation showing that the eligibility criteria are met *in conjunction with* the self-study application for accreditation.

- Organizations applying for CADE accreditation status to become a new DI must submit documentation showing that the eligibility criteria are met *before* submitting the self-study application for accreditation.

CADE will consider only applications from programs that meet specific DI eligibility criteria and are housed in organizations that meet sponsoring institution eligibility requirements.

**Program Structure and Finances**

1. The DI must be housed in a college or university, health care facility, federal or state agency, business or corporation.
   - Colleges and universities must be located in the U.S. or its territories and accredited in good standing by a U.S. regional institutional accrediting body for higher education.
   - Hospitals must be accredited by The Joint Commission or Healthcare Facilities Accreditation Program (HFAP).
   - Facilities for individuals with developmental disabilities must be accredited by the Council on Quality and Leadership in Support for People with Disabilities or by The Joint Commission or HFAP.
   - Other health-care-related facilities must be licensed by an agency of the state in which it is located or accredited by The Joint Commission.
   - Corporations must be publicly held. (Note: Privately-held corporations currently sponsoring DIs under the 2002 ERAS should contact CADE staff for direction.)

2. The DI must be integrated within the administrative structure of the sponsoring organization, as evidenced by an organization chart showing the relationship of the program to other programs/services.

The DI must have a budget to support the program.

**Required Program Characteristics**

The DI must

1. be a postbaccalaureate program that admits only individuals who have completed Didactic Program in Dietetics requirements and at least a bachelor’s degree,

2. schedule supervised practice experiences full-time, part-time, or both, to be completed within a two-year period.
Requirements for Supervised Practice

1. The DI must provide at least 1200 hours of supervised practice experiences to meet the Competencies defined in Appendix A for entry-level practice as a registered dietitian, and

2. The DI must include one, but not more than two, concentrations that builds on the Competencies defined in Appendix A. If the DI offers two concentrations, each intern must choose only one.

3. If the DI includes international supervised practice experiences, these experiences must not exceed 25 percent of the total planned hours.

Requirements for Program Directors

The DI must have a designated director who

1. has earned at least a master’s degree;

2. is credentialed as a registered dietitian by the Commission on Dietetic Registration (CDR);

3. has a minimum of three years professional experience post credentialing,

4. is a full-time employee of the sponsoring organization as defined by the organization, and

5. does not direct another CADE-accredited dietetics education program.

Title IV Compliance for Dietetic Internships

A DI certified by the USDE for eligibility for Title IV student financial aid must document compliance with Title IV responsibilities, including audits, program reviews, monitoring default rates, and other requirements. If the program’s default rate exceeds the federal threshold (currently 25 percent over a three-year period or 40% in one year), a default reduction plan, as required by USDE, must be provided. (This applies only to DIs not included in the Title IV (student aid) eligibility of the sponsoring college or university.)

Consortia

A DI consortium is two or more independent institutions or organizations combining to sponsor a DI. In addition to the eligibility criteria stated above, a DI consortium must meet the following criteria:

1. The consortium must consider itself a single education program.

2. A formal agreement must exist between the two or more organizations that jointly sponsor the program. The formal agreement among members of the consortium clearly defines financial and other resource contributions of each member to the total program.

3. One individual must serve as Consortium Program Director and have primary responsibility for the program and communications with CADE.

4. Each member organization in the consortium must designate a Coordinator for the program within that organization who is employed by the organization.

5. The organization chart clearly shows the relationship of each member of the consortium to the total program and the relationship of each Coordinator to the Consortium Program Director.

   a. Membership of committees reflects representation of each member institution or organization.

   b. Coordinators share responsibility for planning and assessment with the Consortium Program Director.
Standard One: Program Planning and Outcomes Assessment

The Dietetic Internship Program (DI) clearly states a mission, goals, expected program outcomes and assessment measures. The DI implements a systematic continuous evaluation process, including assessing expected versus actual program outcomes and achievement of goals; and uses the results to take action to maintain or improve program effectiveness.

Program Mission

1.1 The Dietetic Internship Program has a mission that distinguishes it from every other program in the organization, is compatible with the mission statement or philosophy of the sponsoring organization and is consistent with the preparation of entry-level registered dietitians.

Program Goals

1.2 The DI has goals that reflect the program’s mission and are accomplished through activities conducted by the faculty, preceptors and graduates.

Program Outcomes

1.3 The DI has established expected program outcomes with appropriate target measures to assess achievement of each of the program’s goals. Each outcome measure is aligned to one or more of the program goals. Expected program outcome measures must include, but are not limited to, the following:

1.3.1 Program completion

   Percentage of interns enrolled in the DI program that is expected to complete all program requirements within 150% of the time planned for completion

1.3.2 Graduate employment

   The Employment Rate for the program meets CADE’s national benchmarks for monitoring dietetic education programs.

1.3.3 Pass rate of first-time test takers on the registration examination

   The Pass Rate for graduates taking the registration exam meets CADE’s national benchmarks for monitoring dietetic education programs.

1.3.4 Other measures of graduate and program performance appropriate to assess the full intent of the program mission and goals (such as employer satisfaction, graduate school acceptance rates, contributions to the community, professional leadership)

Program Assessment

1.4 The DI has a written plan for ongoing assessment of the program’s mission, goals and expected outcomes that includes the following:

1.4.1 Each program goal and the outcome measures that will be used to assess achievement of the goal

1.4.2 Qualitative and/or quantitative data needed to determine if expected outcome measures have been achieved

1.4.3 Groups from which data will be obtained; internal stakeholders (such as interns, graduates, administrators, faculty, preceptors) and external/those not involved with the program (such as employers, practitioners, dietetics education program directors, faculty from other disciplines) must be represented

* Refer to CADE Policies and Procedures and Appendix B.
1.4.4 Assessment methods that will be used to collect the data
1.4.5 Individuals responsible for ensuring data are collected
1.4.6 Timeline for collecting the necessary data

1.5 The DI has implemented the assessment process on a continuous basis and provides evidence of the following.

1.5.1 Data on actual program outcomes for each track or option are collected, summarized and analyzed by comparing actual outcomes with expected outcomes according to the timeline in the assessment plan.

1.5.2 Data analysis is used to assess the extent that expected program outcomes and goals are being achieved.

On-going Program Improvement

1.6 Results of the assessment process are used to identify strengths and areas for improvement relative to components of the DI, including policies, procedures, curriculum, preceptors and resources based on achievement of expected program outcomes and goals.

1.6.1 Actions are taken to maintain program strengths and address areas for improvement identified through the assessment process.

1.6.2 Short- and long-term strategies are planned to maintain or improve program effectiveness and achievement of expected program outcomes and goals in future years.

1.6.2.1 If the program does not meet CADE’s national benchmarks for pass rates for dietetic education programs,* the DI implements and monitors a plan of action that addresses program components, including policies, procedures, curriculum and methods of assessing intern learning as they progress through the program, to improve graduate performance.

1.6.2.2 If other expected outcome measures are not achieved, the DI implements and monitors strategies to improve results.

1.6.3 Costs to accomplish short and long term strategies are included in the budgeting process.

1.7 Programmatic planning and outcomes assessment is integrated with institutional planning and assessment.

* Refer to CADE Policies and Procedures and Appendix B.
Standard Two: Curriculum and Student Learning Outcomes

The Dietetic Internship Program (DI) has a planned curriculum based on the program’s environment, mission, goals and expected outcomes. The curriculum supports achievement of student learning and expected competence of the graduate.

Learning Activities

2.1 The DI curriculum is planned to provide learning activities to attain all the Competencies (Appendix A) defined to enter practice as a registered dietitian.

2.1.1 Supervised practice and didactic learning activities prepare interns for professional practice with patients/clients with various conditions, including but not limited to weight management and obesity, diabetes, cancer; and cardiovascular, gastrointestinal and renal diseases

2.1.2 Supervised practice and didactic learning activities prepare interns to implement the nutrition care process with various populations and diverse cultures, including infants, children, adolescents, adults, pregnant/lactating females and the elderly

2.1.3 Supervised practice and didactic learning activities prepare interns to implement all nutrition interventions defined in the nutrition care process (food and/or nutrient delivery, nutrition education, nutrition counseling and coordination of nutrition care)

2.1.4 Supervised practice learning activities occur in various settings, including acute care and critical care, outpatient, long-term care, a wellness program, public health/community (schools and WIC or WIC-equivalent supervised-practice settings), and others determined by the program

Program Concentrations

2.2 In addition to the Competencies defined in Appendix A, the DI includes one, but not more than two, concentrations designed to begin development of the entry-level depth necessary for future proficiency in a particular area.

2.2.1 The concentration area(s) is chosen on the basis of mission, goals, resources and expected learning outcomes

2.2.2 Competencies and learning activities are developed by the DI for the concentration area(s) that build on the Competencies defined in Appendix A.

Curriculum Plan

2.3 The DI curriculum plan includes the following:

2.3.1 Identification of supervised practice rotations interns will complete to meet each of the Competencies defined in Appendix A and the program-defined competencies for the concentration area(s)

2.3.2 Organized, sequential supervised practice rotations that logically progress from introductory learning activities and build on previous experience to achieve the expected competency upon completion of the program

2.3.3 Culminating experiences (such as staff experience) to demonstrate entry-level competence

2.3.4 A variety of educational approaches (such as field trips, role-playing, simulations, problem-based learning, classroom instruction) necessary for delivery of curriculum content, to meet learner needs and to facilitate expected learning outcomes

2.3.5 Opportunities for interns to participate in interdisciplinary learning activities
2.3.6 Opportunities for interns to develop collaboration, teamwork, problem solving, critical thinking and self-assessment skills; and personal and professional attitudes and values, ethical practice, cultural competence, leadership and decision-making skills

2.3.7 Supervised practice rotation descriptions with clearly defined objectives reflecting the breadth and depth of supervised practice and expected intern performance

**Curriculum Length**

2.4 The DI program length, including planned number of supervised practice hours is based on the program mission and goals, conforms to commonly accepted practice in higher education and is consistent with intern learning outcomes.

**Learning Assessment**

2.5 The DI has a written plan for ongoing assessment that demonstrates the process by which interns are regularly evaluated on their acquisition of the abilities necessary to attain each Competency specified in Appendix A and the program-defined competencies for the concentration area(s). The plan must include:

- 2.5.1 Assessment methods that will be used
- 2.5.2 Supervised practice rotation(s) in which assessment occurs
- 2.5.3 Individuals responsible for ensuring assessment occurs
- 2.5.4 Timeline for collecting the formative and summative assessment data

2.6 The DI has implemented the process for assessing intern competencies/learning outcomes and provides evidence of the following:

- 2.6.1 Data on actual intern learning outcomes are collected, aggregated, and analyzed by comparing to expected competencies/outcomes according to the timeline in the assessment plan.
- 2.6.2 Analysis of aggregate data is used to evaluate the extent that expected intern competencies/learning outcomes are being achieved.

**On-going Curricular Improvement**

2.7 Ongoing, formal review of the DI curriculum including supervised practice rotation objectives and content, length and educational methods occurs to maintain or improve educational quality.

- 2.7.1 Curriculum review uses results of the intern learning and program outcomes assessment processes to determine strengths and areas for improvement
- 2.7.2 Curriculum review includes awareness and integration of new knowledge and technology impacting dietetics practice
- 2.7.3 Curriculum review includes assessment of comparability of educational experiences and consistency of learning outcomes when different delivery methods (such as distance education) or supervised practice sites are used to accomplish the same educational objectives
- 2.7.4 Curriculum review results in actions to maintain or improve intern learning
Standard Three: Program Management

Management of the Dietetic Internship Program (DI) and availability of program resources are evident in defined processes and procedures. Fair, equitable, and considerate treatment of both prospective interns and those enrolled in the DI program is incorporated into all aspects of the program.

Qualifications of the Program Director

3.1 The director of the DI is a full-time employee of the sponsoring organization and has the authority, responsibility and sufficient time allocated to manage the program. The DI director may have other responsibilities that do not compromise the ability to manage the program. Responsibilities and time allocation for program management are reflected in a formal position description for the DI director and approved by administration. DI director responsibilities include, but are not limited to the following:

Responsibilities of the Program Director

3.1.1 Development of policies and procedures for effectively managing the DI and to ensure fair, equitable and considerate treatment of prospective and enrolled interns (such as program admission, retention and completion policies)
3.1.2 Intern recruitment, advisement, evaluation and counseling
3.1.3 Maintenance of DI accreditation, including timely submission of fees, reports and requests for major program changes
3.1.4 Maintenance of DI intern records, including transcripts and DPD verification statements for admission, rotation schedules and verification statements at completion; DI verification statements must be kept indefinitely
3.1.5 Maintenance of complaints about the DI received from interns or others, including disposition of the complaint
3.1.6 Ongoing review of DI curriculum to meet the accreditation standards
3.1.7 Communication and coordination with DI faculty, preceptors and others involved with the program
3.1.8 Facilitation of processes for continuous assessment of DI and intern learning outcomes

Program Resources

3.2 The DI has the administrative and financial support, learning resources, physical facilities and support services needed to accomplish its goals. The annual budget for the DI or other financial information, such as percentage of department budget allocated to support the program, is sufficient to produce the desired outcomes.

Faculty

3.3 The DI has a sufficient number of qualified preceptors to provide the depth and breadth of learning activities required in the curriculum and exposure to the diversity of practice.
3.3.1 In addition to the DI director, other faculty are involved with the program, if the DI is sponsored by a university
3.3.2 DI faculty, including the program director, meets the college/university's criteria for appointment if the DI is sponsored by a university.
Preceptors

3.3.3 Primary preceptors are credentialed or licensed as appropriate to meet state and federal regulations for the area in which they are supervising interns and have a minimum of one year professional practice experience post credentialing.

3.3.4 Preceptors are provided orientation to the supervised practice rotation objectives and expected intern learning outcomes before assuming responsibilities; and ongoing training based on evaluation by the program director and feedback from interns.

Continuing Professional Development

3.3.5 The DI director and preceptors show evidence of continued competency appropriate to teaching responsibilities, through professional work experience, graduate education, continuing education, research or other activities leading to professional growth and the advancement of their profession.

Supervised-Practice Facilities

3.4 The DI program has a policy and procedures for selecting and periodically evaluating adequacy and appropriateness of facilities, to ensure facilities are able to provide supervised practice learning experiences compatible with the competencies interns are expected to achieve.

3.5 The DI has a policy and procedures to maintain written agreements with institutions, organizations and/or agencies providing supervised practice experiences to meet the competencies. The procedures are implemented to accomplish the following:

3.5.1 Agreements are signed by administrators with appropriate authority in advance of placing interns.

3.5.2 Agreements delineate the rights and responsibilities of both the sponsoring organization and affiliating institutions, organizations and/or agencies.

Program Information

3.6 The DI provides clear, consistent and accurate information about all program components to prospective interns and the public at large.

3.6.1 All information about the DI specified below is readily available to prospective interns and the public. If various print and electronic methods are used, such as a catalog, program bulletin, brochure and Web site, all of the information is in one place or each provides references to where the remaining information can be found.

3.6.2 Information about the DI includes at least the following:

3.6.2.1 Description of the program, including mission, goals and graduate outcomes that will be monitored for program effectiveness.

3.6.2.2 Description of how the DI fits into the credentialing process to be a registered dietitian and state certification/licensure for dietitians, if applicable.

3.6.2.3 Cost to intern, such as estimated expenses for travel, housing, books, liability insurance, medical exams, uniforms and other DI-specific costs, in addition to application fees and tuition.

3.6.2.4 Availability of financial aid and loan deferments (federal or private) scholarships and/or other monetary support.

3.6.2.5 Accreditation status, including the full name, address, and phone number of CADE.
3.6.2.6 Admission requirements for all options for which the DI is accredited; if the DI is combined with graduate coursework or a graduate degree, graduate school admissions information is provided
3.6.2.7 Academic and/or DI calendar or schedule
3.6.2.8 Graduation and/or DI completion requirements for all options for which the DI is accredited
3.6.2.9 Computer matching information

Policies and Procedures
3.7 DI program policies, procedures and practices related to intern recruitment and admission comply with state and federal laws and regulations to ensure nondiscrimination and equal opportunity.
3.8 The DI has written policies and procedures that protect the rights of enrolled interns and are consistent with current institutional practice. Policies and procedures are provided to interns and include, but are not limited to the following.
3.8.1 If the DI is sponsored by a university, policies and procedures required by institutional regional accreditation, ordinarily published in the university/college catalog or intern handbook
3.8.1.1 Withdrawal and refund of tuition and fees
3.8.1.2 Scheduling and program calendar, including vacation and holidays
3.8.1.3 Protection of privacy of intern information
3.8.1.4 Access to personal files
3.8.1.5 Access to intern support services, including health services, counseling and testing and financial aid resources
3.8.2 The non-university-based DI has its own policies and procedures to address the following and provides them to interns in a DI handbook
3.8.2.1 Withdrawal and refund of tuition and fees
3.8.2.2 Scheduling and program calendar, including vacation and holidays
3.8.2.3 Protection of privacy of intern information
3.8.2.4 Access to personal files
3.8.2.5 Ability to access intern support services, including health services, counseling and testing and financial aid resources

Program Handbook
3.8.3 Additional policies and procedures specific to the DI are provided in a DI handbook on a timely basis
3.8.3.1 Insurance requirements, including those for professional liability
3.8.3.2 Liability for safety in travel to or from assigned areas
3.8.3.3 Injury or illness while in a facility for supervised practice
3.8.3.4 Drug testing and criminal background checks if required by the supervised practice facilities
3.8.3.5 Educational purpose of supervised practice to prevent the use of interns to replace employees
3.8.3.6 Filing and handling complaints from interns and preceptors that includes recourse to an administrator other than the DI director and prevents retaliation
3.8.3.7 Assessment of prior learning and credit toward program requirements (coursework and/or experiential)
3.8.3.7.1 If the DI grants credit or supervised practice hours for prior learning, it must define procedures for evaluating equivalency of prior education
or experience to the knowledge and/or competencies covered by the courses or rotations for which the credit is granted.

3.8.3.8 Formal assessment of intern learning and regular reports of performance and progress at specified intervals throughout the DI, such as within and at the conclusion of any given course, unit, segment or rotation of a planned learning experience

3.8.3.9 DI retention and remediation procedures when intern performance does not meet criteria for progressing in the program

3.8.3.10 Disciplinary/termination procedures

3.8.3.11 Graduation and/or DI completion requirements for all options including maximum amount of time allowed to complete DI requirements

3.8.3.12 Verification statement procedures ensuring that all interns completing requirements as established by the DI receive verification statements and are submitted to CDR for eligibility for the RD examination
Appendix A - Competencies/Learning Outcomes for DI Programs

1. Scientific and Evidence Base of Practice: integration of scientific information and research into practice.

Upon completion of the DI, graduates are able to:

DI 1.1 Select appropriate indicators and measure achievement of clinical, programmatic, quality, productivity, economic or other outcomes

DI 1.2 Apply evidence-based guidelines, systematic reviews and scientific literature (such as the ADA Evidence Analysis Library, Cochrane Database of Systematic Reviews and the U.S. Department of Health and Human Services, Agency for Healthcare Research and Quality, National Guideline Clearinghouse Web sites) in the nutrition care process and model and other areas of dietetics practice

DI 1.3 Justify programs, products, services and care using appropriate evidence or data

DI 1.4 Evaluate emerging research for application in dietetics practice

DI 1.5 Conduct research projects using appropriate research methods, ethical procedures and statistical analysis
2. Professional Practice Expectations: beliefs, values, attitudes and behaviors for the professional dietitian level of practice.

Upon completion of the DI, graduates are able to:

DI 2.1 Practice in compliance with current federal regulations and state statutes and rules, as applicable and in accordance with accreditation standards and the ADA Scope of Dietetics Practice Framework, Standards of Professional Performance and Code of Ethics for the Profession of Dietetics

DI 2.2 Demonstrate professional writing skills in preparing professional communications (e.g. research manuscripts, project proposals, education materials, policies and procedures)

DI 2.3 Design, implement and evaluate presentations considering life experiences, cultural diversity and educational background of the target audience

DI 2.4 Use effective education and counseling skills to facilitate behavior change

DI 2.5 Demonstrate active participation, teamwork and contributions in group settings

DI 2.6 Assign appropriate patient care activities to DTRs and/or support personnel considering the needs of the patient/client or situation, the ability of support personnel, jurisdictional law, practice guidelines and policies within the facility

DI 2.7 Refer clients and patients to other professionals and services when needs are beyond individual scope of practice

DI 2.8 Demonstrate initiative by proactively developing solutions to problems

DI 2.9 Apply leadership principles effectively to achieve desired outcomes

DI 2.10 Serve in professional and community organizations

DI 2.11 Establish collaborative relationships with internal and external stakeholders, including patients, clients, care givers, physicians, nurses and other health professionals, administrative and support personnel to facilitate individual and organizational goals

DI 2.12 Demonstrate professional attributes such as advocacy, customer focus, risk taking, critical thinking, flexibility, time management, work prioritization and work ethic within various organizational cultures

DI 2.13 Perform self assessment, develop goals and objectives and prepare a draft portfolio for professional development as defined by the Commission on Dietetics Registration

DI 2.14 Demonstrate assertiveness and negotiation skills while respecting life experiences, cultural diversity and educational background
3. Clinical and Customer Services: development and delivery of information, products and services to individuals, groups and populations

Upon completion of the DI, graduates are able to:

DI 3.1 Perform the Nutrition Care Process (a through d below) and use standardized nutrition language for individuals, groups and populations of differing ages and health status, in a variety of settings

DI 3.1.a Assess the nutritional status of individuals, groups and populations in a variety of settings where nutrition care is or can be delivered

DI 3.1.b Diagnose nutrition problems and create problem, etiology, signs and symptoms (PES) statements

DI 3.1.c Plan and implement nutrition interventions to include prioritizing the nutrition diagnosis, formulating a nutrition prescription, establishing goals and selecting and managing intervention

DI 3.1.d Monitor and evaluate problems, etiologies, signs, symptoms and the impact of interventions on the nutrition diagnosis

DI 3.2 Develop and demonstrate effective communications skills using oral, print, visual, electronic and mass media methods for maximizing client education, employee training and marketing

DI 3.3 Demonstrate and promote responsible use of resources including employees, money, time, water, energy, food and disposable goods.

DI 3.4 Develop and deliver products, programs or services that promote consumer health, wellness and lifestyle management merging consumer desire for taste, convenience and economy with nutrition, food safety and health messages and interventions

DI 3.5 Deliver respectful, science-based answers to consumer questions concerning emerging trends

DI 3.6 Coordinate procurement, production, distribution and service of goods and services

DI 3.7 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. Practice Management and Use of Resources: strategic application of principles of management and systems in the provision of services to individuals and organizations.

Upon completion of the DI, graduates are able to:

DI 4.1 Use organizational processes and tools to manage human resources
DI 4.2 Perform management functions related to safety, security and sanitation that affect employees, customers, patients, facilities and food
DI 4.3 Apply systems theory and a process approach to make decisions and maximize outcomes
DI 4.4 Participate in public policy activities, including both legislative and regulatory initiatives
DI 4.5 Conduct clinical and customer service quality management activities
DI 4.6 Use current informatics technology to develop, store, retrieve and disseminate information and data
DI 4.7 Prepare and analyze quality, financial or productivity data and develops a plan for intervention
DI 4.8 Conduct feasibility studies for products, programs or services with consideration of costs and benefits
DI 4.9 Obtain and analyze financial data to assess budget controls and maximize fiscal outcomes
DI 4.10 Develop a business plan for a product, program or service including development of a budget, staffing needs, facility requirements, equipment and supplies
DI 4.11 Complete documentation that follows professional guidelines, guidelines required by health care systems and guidelines required by the practice setting
DI 4.12 Participate in coding and billing of dietetics/nutrition services to obtain reimbursement for services from public or private insurers
### Appendix B - National Benchmarks for Monitoring Dietetic Education Programs

Note: National benchmarks and the methods for determining them may be periodically revised and updated by the CADE board of directors. Please refer to CADE’s Policies and Procedures for current benchmarks.

<table>
<thead>
<tr>
<th>Employment Rate</th>
<th>Over a five-year period, 70% or more of program graduates who sought employment in dietetics will be employed within three months of program completion. (CP/ICP/DI/DI 1.3.2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervised Practice Application Rate</td>
<td>Over a five-year period, 60% of DPD graduates will apply to supervised practice programs the academic year they complete the program (DPD 1.3.2)</td>
</tr>
<tr>
<td>Supervised Practice Acceptance Rate</td>
<td>Over a 5-year period, 80% of those applying to supervised practice programs the academic year they complete the program will be accepted (DPD 1.3.2)</td>
</tr>
<tr>
<td>Pass Rate</td>
<td>Over a five-year period, the pass rate for program graduates taking the registration examination for the first time will be at least 80%. (CP/ICP/DI/DPD/DI 1.3.3)</td>
</tr>
</tbody>
</table>
Appendix C - Operational Definitions

**Accreditation:** process whereby a private, nongovernmental agency, organization or association grants public recognition to an institution or specialized program of study that meets certain established qualifications and periodic evaluations; provides a professional judgment as to the quality of the educational institution or program; and encourages continued improvement—thereby protecting the public against professional or occupational incompetence of graduates (see Institutional Accreditation and Programmatic Accreditation).

**Accreditation Standards:** statements of requirements that serve as the basis for both internal and external evaluation of dietetics education program quality (delineated in Section 2, pages 5-31).

**Affiliation Agreement:** see Written Agreement.

**Approval:** recognition granted to a Didactic Program in Dietetics that was in compliance with the standards of education before 2000. The review process was similar to the accreditation process, with the exception of the on-site evaluation.

**Assessment:** means of gathering information to be used for evaluating a program’s ability to accomplish its purposes.

**Assessment Methods:** evaluative techniques used to yield the necessary data to document a program’s ability to meet its stated goals and expectations for student learning, and the venues where those techniques will be applied.

**Certification:** process by which a nongovernmental agency or association grants recognition of competence to individuals meeting predetermined qualifications to enter and continue in the practice of a profession, discipline or occupation as a member of that entity.

**Code of Ethics for the Profession of Dietetics:** reflects the values and ethical principles guiding the dietetics profession and outlines commitments and obligations of the dietetics practitioner to client, society, self and the profession. (see Code of Ethics for the Profession of Dietetics. Available at: http://www.eatright.org/cps/rde/xchg/ada/hsxsl/home_779_ENU_HTML.htm. Accessed December 20, 2007.)

**Collaboration:** process by which several individuals or groups with shared concerns are united to address an identified problem or need, leading to the accomplishment of what each could not do separately.

**Competencies:** set of specific knowledge, abilities, skills, capabilities, judgment, attitudes and values that every entry-level practitioner is expected to know and do for employment in dietetics.

**Competency:** requisite knowledge, ability, capability, skills, judgment, attitudes and values; behavior expected of a beginning practitioner; minimum level of performance requiring some degree of speed and accuracy consistent with patient/client well-being (see Competency Statement and Foundation Knowledge).

**Competency Statement:** description of performance behavior of an entry-level practitioner, based on requisite knowledge, ability, capability, skills, judgment, attitudes and values.

**Concentration:** area of dietetics practice for which additional entry-level competency is developed.
Credentialing: formal recognition of professional or technical competence recognized by certification or licensure (see Certification and Licensure).

Credentialing Process for Dietetics Practitioners: registration by the Commission on Dietetic Registration includes (1) completion of minimum academic requirements, (2) completion of supervised practice requirements, (3) passage of the registration examination and (4) accrual of a specified number of approved continuing professional education hours every five years.

Critical Thinking: active and reflective reasoning that integrates facts, informed opinions and observations. Critical thinking transcends the boundaries of formal education to explore a problem and form a hypothesis and a defensible conclusion.

Curriculum: formally established body of courses and/or supervised practice rotations and learning experiences presenting the knowledge, principles, values and competencies that are intended consequences of the formal education offered by a program.

Didactic Instruction: knowledge or understanding presented through class experience or reading in which the student may observe or discuss practice-related activities.

Dietetics Practitioner: individual qualified to practice the profession of dietetics/nutrition as credentialed by the Commission on Dietetics Registration.

Dietetics Profession: professional practice of the art and science of dietetics and nutrition; 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. (see O’Sullivan-Maillet J, Skates J, Pritchett E. Scope of dietetics practice framework. J Am Diet Assoc. 2005;105:634-640.)

Dietetics Research: dynamic, collaborative and assimilative endeavor, broad in scope ranging from basic to applied practice research. (see Priorities for Research: Agenda to Support the Future of Dietetics. Chicago, IL: American Dietetic Association; 2007)

Distance Education Didactic Instruction: instruction provided when a teacher and student are separated by physical distance, and when technology (such as voice, video, data, and print) is used to bridge the instructional gap. When more than 30% of the professional level didactic courses are offered via distance education, it must be recognized by CADE within the program’s scope of accreditation.

Distance Education Supervised Practice: planned learning experiences in which knowledge, understanding and theory are applied to real-life situations with preceptors in settings geographically distant from the sponsoring institution or program. When 90 or more of the supervised practice hours is provided to at least one student/intern by preceptors identified by the student/intern within his/her geographic area distanced from the program’s base, it must be recognized by CADE within the program’s scope of accreditation.

Education Program: organized system designed to provide students with the opportunity to gain or improve the knowledge and skills needed for a particular discipline or to participate in a specific profession; includes the curriculum and the support systems required to implement the sequence of educational experiences.
Eligibility Requirements: specific fundamentals for dietetics education programs seeking accreditation from the Commission on Accreditation for Dietetics Education (delineated in Section I, pages 1-4).

Entry-Level: term used to specify performance expected of the dietetics practitioner at the beginning of the practice career (up to three years).

Environment: aggregate of social and cultural conditions that influence the life of an individual, professional community or educational program; the scope of factors that act on a professional community and ultimately determine its form and survival.

Evaluation: process of rating, judging or appraising achievement of a predetermined standard, set of values or goals.

Evidence-Based Dietetics Practice: use of systematically reviewed scientific evidence in making food and nutrition practice decisions by integrating best available evidence with professional expertise and client values to improve outcomes.

Evidence-Based Nutrition Practice Guidelines: series of guiding statements and treatment algorithms, which are developed using a systematic process for identifying, analyzing and synthesizing scientific evidence; designed to assist the registered dietitian and patient/client in making decisions about appropriate nutrition care for specific disease states or conditions in typical settings.

External: evaluation activities done by those not directly involved in program learning experiences—such as employers of graduates, other registered dietitians or dietetic technicians, registered, professionals from other disciplines and communities of interest.

Faculty: teaching staff for didactic instruction and supervised practice.

Foundation knowledge: cognitive performance in clinical, biomedical and behavioral sciences that supports competency for dietetics practice. (Also see Knowledge)

Goals: general statements of what the program must achieve in order to accomplish its mission; the ends toward which program efforts are directed. Dietetics education program goals are typically related to results of the educational process, the scholarly work or service activities of faculty, students and graduates and so on.

Informatics: see Nutrition Informatics

Institutional Accreditation: applies to the total institution and signifies that the institution as a whole is achieving satisfactory educational objectives.

Interdisciplinary: when individuals with knowledge from different disciplines work together to achieve a common goal.

Internal: evaluation activities done by those involved in program learning experiences, such as program director, program faculty, program administrators, preceptors, students and graduates.

Knowledge: accumulated facts, truths, principles and information to which the human mind has access.

Laboratory: organized activity involving experimentation or observation in a field of study or practice in a skill.
Licensure: process by which an agency or government grants permission to an individual to engage in a given occupation upon finding that the applicant has attained the minimal degree of competency necessary to ensure that the public health, safety and welfare are reasonably well protected.

Mission Statement: statement that describes why the dietetics education program exists and any unique features.

Multidisciplinary: relating to or making use of several disciplines at once.

Multiskilled: ability to perform several tasks or skills.

Nutrition Care Process: systematic problem-solving method that registered dietitians use to critically think and make decisions to address nutrition related problems and provide safe and effective quality nutrition care; consists of four distinct, but interrelated and connected steps: (a) Nutrition Assessment, (b) Nutrition Diagnosis, (c) Nutrition Intervention, and d) Nutrition Monitoring and Evaluation. (see Lacey K, Pritchett E. Nutrition Care Process and Model: ADA adopts road map to quality care and outcomes management. J Am Diet Assoc. 2003;103:1061-72.

Nutrition Informatics: effective retrieval, organization, storage and optimum use of information data and knowledge for food and nutrition-related problem solving and decision making. Informatics is supported by the use of information standards, information processes and information technology.

Outcome Measures: criteria for determining a program’s ability to meet its stated goals and the extent to which the program meets that criterion; measures of the result or change. Outcome measures for dietetics education programs are typically related to expectations for graduate success in relationship to program completion, pass rate on the registration examination, employment or advanced education and so on.

Outcomes Assessment: comprehensive process for evaluating the results of programmatic efforts and student learning.

Philosophy: see Mission Statement.

Postsecondary: beyond the high school (12th grade) level.

Practice Audit: empirical research designed to collect information about levels of involvement in activities performed by a profession in various settings. (see Rogers D, Fish JA. Entry-level dietetics practice today: Results from the 2005 Commission on Dietetic Registration entry-level dietetics practice audit. J Am Diet Assoc. 2006;06:957-971.)


Primary Preceptor: individual in the supervised practice facility who oversees the practical experience and training provided to a student/intern for a particular rotation(s), maintains appropriate contact with the program director and student/intern to coordinate planned learning experiences and assignments and conducts the student/intern evaluation. Contact with a preceptor with less than one year of professional or technical experience should be only for observation or times when specific learned activities identified by the primary preceptor are being practiced.

Professional Development: continuous process through which dietetics practitioners acquire and expand
competence to practice, renew motivation, advance the profession and provide improved service to society.

**Professional:** individual in a field such as dietetics, who has specialized knowledge, intensive academic preparation and a minimum baccalaureate degree, high standards of achievement and conduct and commitment to continued study, and who renders service to the public.

**Program:** see Education Program.

**Program Director:** individual who meets the criteria as stated in the Eligibility Requirements and Accreditation Standards and is designated to ensure program accountability and communication with the Commission on Accreditation for Dietetics Education (CADE).

**Program Evaluation:** systematic assessment of a program's ability to meet stated program goals.

**Program Goal:** see Goal.

**Program Mission:** see Mission Statement.

**Program Outcomes:** see Outcome Measures.

**Programmatic Accreditation:**

applies to a particular program or specialized study and signifies that the institution sponsoring the program, along with any necessary affiliates, provides the instructional resources and planned learning experiences specified in the educational standards.

**Research:** see Dietetics Research

**Risk Taking:** willingness to be innovative and try new approaches; expose oneself to the potential for error; advocate unconventional or unpopular positions; or tackle challenging problems without obvious solutions, such that one's personal growth and integrity and the institution's goals are enhanced.

**Role Delineation Study:** see Practice Audit.

**Rotation:** defined block of time with specific supervised practice learning experiences planned to develop competence.

**Sequential:** logical, progressive series of events.

**Skill:** ability to use one's knowledge effectively and readily in execution or performance of duties (see Competency).

**Sponsoring Institution:** the U.S. regionally accredited college or university, accredited or licensed health care facility, federal or state agency, business or corporation that is responsible for a dietetics program.

**Standards of Practice in Nutrition Care:**

describe in general terms a competent level of nutrition care practice as shown by the nutrition care process, the systematic problem-solving method that registered dietitians to think critically and make decisions to address nutrition-related problems and provide safe, effective, high-quality nutrition care. (see Kieselhorst KJ, Skates J, Pritchett, E. American Dietetic Association: Standards of practice in nutrition care and updated standards of professional performance. *J Am Diet Assoc.* 2005;105:641-5.)

**Standards of Professional Performance:**

describe in general terms a competent level of behavior in the professional and

**Strategies:** short- and long-term plans to accomplish the goals of the program.

**Student Learning Outcomes:** anticipated knowledge, performance or values students are expected to derive from the educational program.

**Supervised Practice:** planned learning experiences in which knowledge, understanding and theory are applied to real-life situations; may be augmented by role-playing, simulation, case studies and/or other experiences in which students/interns actually perform tasks that contribute to acquisition of the competencies.

**Systematic Approach:** ongoing strategy consistently used to guide program management, based on the conceptual framework of input, transformation, output, feedback loop and environment.

**Technician:** individual in a field such as dietetics who is skilled in techniques and practical application of science and works with the professional. (see Professional)

**Verification Statement:** form completed by the director of the accredited or approved dietetics education program, indicating that a student has successfully fulfilled the requirements for completion of the program in accordance with institutional policies.

**Written Agreement:** legally binding document between two parties/institutions that sets forth the activities and relationships of both parties/institutions.