

I.Code of Ethics, Standards of Practice, Registration & State Licensure

<p>I adhere to The Academy of Nutrition and Dietetics Code of Ethics, acknowledging & assuming responsibility and accountability for personal competence in practice, continually striving to increase professional knowledge and skills and to apply them in practice.</p>	<p>Click here to enter text.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Click here to enter text.</p>
<p>I integrate The Academy of Nutrition and Dietetics Standards of Professional Performance, acknowledging & assuming responsibility for continuing competence by participating in self-development to improve knowledge and skills as evidenced by the maintenance of my PDP & Dietetics Registration.</p>	<p>(attach copy of CDR card)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Click here to enter text.</p>
<p>I conduct periodic informal self-assessments of my professional strengths & weaknesses... identifying areas for professional development and implement a plan for professional growth.</p>	<p>Click here to enter text.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Click here to enter text.</p>
<p>I maintain my Licensure &/or Certification with the State(s)</p>	<p>(attach copy of State License)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Click here to enter text.</p>
<p>I maintain membership in Dietetics Practice Group(s)</p>	<p>Click here to enter text.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Click here to enter text.</p>
<p>I understand DMA Scope of Practice and application of the Dietary Manager Clinical Nutrition Competency Review Tool</p>	<p>Click here to enter text.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Click here to enter text.</p>

I understand HIPAA requirements related to clinical nutrition information.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click here to enter text.
I have obtained a background check and have provided copies to my facilities.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click here to enter text.
I have received Abuse/Neglect training and have can provide proof of the education I have received.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Click here to enter text.

Competency	Notes	Performance @ Competency Level:			Knowledge or skills to develop or strengthen
		1 †	2 *	3 °	
<p>Competent: To apply up-to-date knowledge & skills; make sound decisions based on available information; display positive attitudes, communicate effectively, and judge the delivery of appropriate nutrition services in accordance with scope of practice, with desirable outcomes...</p> <p>† Level 1: Little or no prior knowledge or ability. * Level 2: General knowledge & ability. ° Level 3: Thorough knowledge & ability.</p>					
II.Provider Regulations & Survey Management		1 †	2 *	3 °	

Competency	Notes	Performance @ Competency Level:			Knowledge or skills to develop or strengthen
		1 †	2 *	3 °	
Within my area of practice as a Consultant Dietitian in Health Care Facilities I know, understand, & practice within the CMS, State, & local regulations.	Click here to enter text.				Click here to enter text.
Ability to measure the quality of nutrition services through application of S & S audit tools at the recommended intervals. <input type="checkbox"/> Sanitation/safety; <input type="checkbox"/> Test tray; <input type="checkbox"/> Dining room; <input type="checkbox"/> Trayline; <input type="checkbox"/> Quarterly audit <input type="checkbox"/> Diet card; <input type="checkbox"/> Tube feeding; <input type="checkbox"/> Management review; and <input type="checkbox"/> RAI.	Click here to enter text.				Click here to enter text.
My knowledge of how to use facility audits to monitor/improve nutrition services: <input type="checkbox"/> Quality indicators	Click here to enter text.				Click here to enter text.
My knowledge and comfort level with participating in State, Federal and Local Surveys and Inspections.	Click here to enter text.				Click here to enter text.
My knowledge & ability to assist with the writing of a plan of correction [POC] for a survey citation.	Click here to enter text.				Click here to enter text.

Competency	Notes	Performance @ Competency Level:			Knowledge or skills to develop or strengthen
		1 †	2 *	3 °	
III. Communication		1 †	2 *	3 °	
Utilize effective interviewing methods.	Click here to enter text.				Click here to enter text.
My contribution to the multidisciplinary approach.	Click here to enter text.				Click here to enter text.
Establish credibility as a nutrition resource within the multidisciplinary team.	Click here to enter text.				Click here to enter text.
Assume a leadership role in "Nutrition Risk" meetings.	Click here to enter text.				Click here to enter text.
Share knowledge & experiences with colleagues.	Click here to enter text.				Click here to enter text.

Competency	Notes	Performance @ Competency Level:			Knowledge or skills to develop or strengthen
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<p>Document information in the medical record in compliance with the facility's policies & procedures and accepted standards of practice:</p> <ul style="list-style-type: none"> <input type="checkbox"/> using standardized forms for recording assessment data. <input type="checkbox"/> All medical records are legal documents; entries in the medical record are in black ink, dated, signed with full name and title, and never backdated or erased. <input type="checkbox"/> All entries are concise, timely, and reflective of the resident's current condition. <input type="checkbox"/> Knowledge commonly used symbols & use only acceptable abbreviations in documentation. <input type="checkbox"/> Chart errors are corrected by a one-line strike out, initialed, dated, and labeled "error" OR as facility policy dictates. 	Click here to enter text.				Click here to enter text.

Competency	Notes	Performance @ Competency Level:			Knowledge or skills to develop or strengthen
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<p>As a member of the health care team I:</p> <ul style="list-style-type: none"> <input type="checkbox"/> accept responsibility to promote use of advanced directives; <input type="checkbox"/> identify the nutrition and hydration needs of each individual resident; <input type="checkbox"/> take an active and responsible professional role in the ethical deliberation around the decision; <input type="checkbox"/> promote the rights of the resident; <input type="checkbox"/> explain what is known about the duration of time between cessation of feeding & death; <input type="checkbox"/> help the health care team implement appropriate therapy. 					
<p>Provide timely written reports to the Administrator, DNS, Dietary Manager, as appropriate, at the end of each visit and at month end.</p>	<p>Click here to enter text.</p>				<p>Click here to enter text.</p>
<p>Communication with S & S Nutrition Network:</p> <ul style="list-style-type: none"> <input type="checkbox"/> End-of-the-month <i>Consulting Dietitian's Report</i> <input type="checkbox"/> End-of-the-month <i>Report of Hours</i> <input type="checkbox"/> any irresolvable concerns re: quality of care 	<p>Click here to enter text.</p>				<p>Click here to enter text.</p>

Competency	Notes	Performance @ Competency Level:			Knowledge or skills to develop or strengthen
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IV.Nutrition Assessment		1 †	2 *	3 °	
Evaluate dietary intake for factors that affect health & conditions including nutrition risk.	Click here to enter text.				Click here to enter text.
Evaluate adequacy & appropriateness of food, beverage & nutrient intake.	Click here to enter text.				Click here to enter text.
Evaluate adequacy & appropriateness of current diet order.	Click here to enter text.				Click here to enter text.
Evaluate health & disease conditions for nutrition-related consequences.	Click here to enter text.				Click here to enter text.
Identify possible physical indicators of poor nutrition.	Click here to enter text.				Click here to enter text.
Evaluate anthropometric measurements	Click here to enter text.				Click here to enter text.
Review medications for drug-nutrient interactions, including herbal medications.	Click here to enter text.				Click here to enter text.
Evaluate diagnostic tests.	Click here to enter text.				Click here to enter text.
Evaluate psychosocial, functional, & behavioral factors r/t food.	Click here to enter text.				Click here to enter text.
Evaluate resident knowledge & readiness to learn.	Click here to enter text.				Click here to enter text.

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Utilize weight loss reports	Click here to enter text.				Click here to enter text.
Utilize skin reports & complete Wound Assessments	Click here to enter text.				Click here to enter text.
Complete Enteral Feeding Assessments	Click here to enter text.				Click here to enter text.
Complete Adult TPN Calculations	Click here to enter text.				Click here to enter text.
Understand & accurately complete MDS, CAA's, Care Plans	Click here to enter text.				Click here to enter text.
V.Nutrition Diagnosis		1 †	2 *	3 °	
Identifies the nutrition diagnosis(es) from the assessment data.	Click here to enter text.				Click here to enter text.
Determines etiology.	Click here to enter text.				Click here to enter text.
Identifies signs/symptoms.	Click here to enter text.				Click here to enter text.
Validates the nutrition diagnosis(es).	Click here to enter text.				Click here to enter text.
Documents the nutrition diagnosis(es) in clear, concise, standardized language, in PES statements.	Click here to enter text.				Click here to enter text.
Re-evaluates and revises nutrition diagnosis(es) when additional data becomes available.	Click here to enter text.				Click here to enter text.
VI.Nutrition Intervention		1 †	2 *	3 °	

Competency	Notes	Performance @ Competency Level:			Knowledge or skills to develop or strengthen
		1 †	2 *	3 °	
Prioritizes nutrition diagnosis based on severity, safety, resident needs, likelihood the nutrition intervention will influence the problem, & resident perception of importance.	Click here to enter text.				Click here to enter text.
Intervention plan is based on best available evidence.	Click here to enter text.				Click here to enter text.
Confers with resident & caregivers.	Click here to enter text.				Click here to enter text.
Determines resident-focused goals & expected outcomes.	Click here to enter text.				Click here to enter text.
Nutrition care plan is clear, concise, details the nutrition prescription	Click here to enter text.				Click here to enter text.
Communicates the plan of care	Click here to enter text.				Click here to enter text.
Follows up and verifies the interventions are occurring, adjusting strategies as needed.	Click here to enter text.				Click here to enter text.
Hydration Care plan developed as needed.	Click here to enter text.				Click here to enter text.
Identifies resources & referrals needed.	Click here to enter text.				Click here to enter text.
Accurately defines & addresses nutrition interventions r/t "Comfort Measures"	Click here to enter text.				Click here to enter text.
Apply critical thinking skills in problem-solving and decision making.	Click here to enter text.				Click here to enter text.

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VII. Nutrition Monitoring/Evaluation		1 †	2 *	3 °	
Monitors progress and measures outcomes.	Click here to enter text.				Click here to enter text.
Checks resident understanding and compliance with nutrition interventions.	Click here to enter text.				Click here to enter text.
Determines if nutrition interventions are implemented as prescribed.	Click here to enter text.				Click here to enter text.
Identifies positive or negative outcomes.	Click here to enter text.				Click here to enter text.
Identifies information to indicate progress or reason for lack of progress.	Click here to enter text.				Click here to enter text.
Evaluates outcomes (i.e., lab values, body weight, risk factors, etc.)	Click here to enter text.				Click here to enter text.
Documentation of monitoring & evaluation is: comprehensive, specific, accurate, relevant & timely.	Click here to enter text.				Click here to enter text.
VIII. Miscellaneous		1 †	2 *	3 °	
Seasonal Menu Approval: Comprehensive review to assure compliance with the regulations, comment, & approval of facility's menus.	Click here to enter text.				Click here to enter text.

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Reviews each visit, that menu substitutions are nutritionally comparable and properly extended across all therapeutic diets.	Click here to enter text.				Click here to enter text.
<p>Enhance success in providing regularly scheduled in-service education sessions by incorporating teaching techniques for the adult learner:</p> <ul style="list-style-type: none"> <input type="checkbox"/> being prepared w/training outline ahead of time, know the material, be enthusiastic; <input type="checkbox"/> arranging room so participants can see each other; <input type="checkbox"/> speaking slowly & distinctly; <input type="checkbox"/> using humor; <input type="checkbox"/> relating the training content to the job (transfer of learning); <input type="checkbox"/> having participants take an active part in training activities; <input type="checkbox"/> using visual aids effectively; <input type="checkbox"/> assessing own training efforts; and <input type="checkbox"/> documenting in-service. 	Click here to enter text.				Click here to enter text.