

## **PRACTICE TIPS: Competence in Practice**

Assessing competence is evaluating the staff member's skill set to perform the job. Assessment of competence is not education or validation of other training, but rather the actual assessment of performance of a skill by a qualified person. According to the Institute of Medicine (2001), "traditional methods of continuing education for health professionals, such as formal conferences and dissemination of educational materials, have been shown to have little effect by themselves on changing clinician behaviors or health outcomes."<sup>1</sup>

Education alone, through attendance at in-services or continuing education programs, is not a measure of competence, unless a validation method (i.e., case study, return demonstration) is incorporated into the class or program. Demonstration or verification of the knowledge or ability to perform the skill is the focus of competence assessment.<sup>2</sup>

### **Defining Competence**

Competence: A principle of professional practice, identifying the ability of the provider to administer safe and reliable services on a consistent basis.<sup>3,4</sup>

Key Considerations:

- "RDNs and NDTRs who exhibit competence typically share the following characteristics and practices: seek out current knowledge; make decisions based on appropriate data and evidence-based research; and communicate effectively with patients, clients, and other professionals."<sup>5</sup>
- A determination of an individual's capability to perform up to defined expectations.<sup>6</sup>
- "Professionals also must take responsibility to determine the limits of their competence; a professional who is considering entering a new area of practice or implementing a new treatment approach must become competent to practice in the new area".<sup>7</sup>
- Federal regulations and accreditation standards may have additional information pertaining to competence.

Principle 1 - Competence and professional development in practice (non-maleficence) of the Code of Ethics states "The nutrition and dietetics practitioner shall: (f) recognize and exercise professional judgment within the limits of individual qualifications and collaborate with others, seek counsel, and make referrals as appropriate, and (h) practice within the limits of their scope and collaborate with the interprofessional team".<sup>8</sup>

### **Steps for Application to Practice**

1. Ensure organization/facility policies and procedures regarding documentation of staff competence are in place (i.e., when and how often assessment of competence occurs).
2. Develop documentation forms with required organization/facility competencies defined and method of validation (i.e., direct observation, simulated return demonstration, verbal explanation, chart audit, test, and case study).
3. Ensure qualified individuals are completing assessments of competence; the qualified individual has the education, experience or knowledge related to the skills being assessed.
4. Complete assessments of competence in a timely manner, per organization/facility policies and procedures.
5. Maintain documentation to support completion of competence assessments in personnel files (e.g., chart audit forms, certificates of training, certifications, lecture/seminar sign-in sheets).

## **Regulations and Accreditation Standards Affecting Practice**

***CMS State Operations Manual for Hospitals: §482.28(a)(2): There must be a qualified dietitian, full-time, part-time or on a consultant basis.***

### Interpretive Guidelines

- A qualified dietitian must supervise the nutrition aspects of patient care.
- Qualification is determined based on education, experience, specialized training, state licensure or registration when applicable, and maintaining professional standards of practice.

### Survey Procedures

- Review the dietitian's personnel file to determine that he/she is qualified based on education, experience, specialized training, and, if required by State law, is licensed, certified, or registered by the state.

***CMS State Operations Manual for Hospitals: §482.28(a)(3): There must be administrative and technical personnel competent in their respective duties.***

### Interpretive Guidelines

- Administrative and technical personnel must be competent in their assigned duties. This competency is demonstrated through education, experience and specialized training appropriate to the task(s) assigned. Personnel files should include documentation that the staff member(s) is competent in their respective duties.

### Survey Procedures

- Review personnel files for administrative and technical staff to determine they have appropriate credentials as required and have received adequate training and are competent in their respective duties.

### ***The Joint Commission: HR.01.06.01***

- The organization defines the competencies it requires of its staff who provide patient or resident care, treatment, and services.
- The organization uses assessment methods to determine the individual's competence in the skills being assessed.
- An individual with the educational background, experience, or knowledge related to the skills being reviewed assesses competence.
- The organization conducts an initial assessment of staff competence as part of orientation. This assessment is documented.
- Staff competence is assessed and documented once every three years, or more frequently as required by organization policy or in accordance with law and regulation.
- The organization acts when a staff member's competence does not meet expectations.

**Accreditation Commission for Health Care (ACHC), formerly HFAP: 24.00.02 Food & Dietetic Services**

Explanation: The service director must demonstrate, through education, experience and/or specialized training, the qualifications necessary to manage the service, appropriate to the scope and complexity of the food service operations.

**ACHC: 24.00.03 Dietitian Services**

Explanations:

- A qualified dietitian must supervise the nutritional aspects of patient care.
- Qualification is determined on the basis of education, experience, specialized training, state licensure or registration when applicable, and maintaining professional standards of practice.

**Case Scenario for Reviewing Competence in Practice**

The case scenario reviews the competence of a clinical RDN\* as identified by an accreditation surveyor during a survey process. Consider the viewpoints of the surveyor, clinical RDN and Clinical Nutrition Manager and determine if you would find the clinical RDN competent based on the information provided by the clinical RDN and Clinical Nutrition Manager. Examine the Glossary and Acronyms and use it as a reference for accreditation organizations and related terms.

It is 7:45 AM on Wednesday morning at University Children’s Hospital and the Director of Food and Nutrition Services receives a text message from the Chief Quality Officer and Chief Nursing Officer- “Joint Commission Surveyors have just arrived in the building and will be conducting their survey of the facility”. The hospital has been anticipating the Joint Commission surveyors’ arrival for a year, and now the unannounced survey is finally here.

After a surveyor preliminary planning session, opening conference, and organization orientation, one surveyor conducts an individual tracer of a patient’s experience receiving care, treatment and services in the hospital. The majority of survey activity occurs during individual tracers. An “individual tracer” is the survey method used to evaluate the organization’s compliance with standards related to the care, treatment, and services provided to a patient. Most of this survey activity occurs at the point where care, treatment, or services are provided.

The surveyor arrives at the pulmonary unit on the 21<sup>st</sup> floor and reviews the medical record for a 2-year-old patient with Cystic Fibrosis, J. D., who was admitted through the emergency room 3 days ago. The surveyor begins to review the patient’s care, treatment, and services provided over the past 3 days and calls upon staff members involved in the patient’s care. The surveyor contacts the Registered Dietitian Nutritionist who provided a nutrition assessment and nutrition plan of care on day 2 of admission.

Surveyor - Joint Commission Surveyor

RDN - Registered Dietitian Nutritionist

CNM - Clinical Nutrition Manager

Surveyor: Good morning. How are you today?

RDN: I am well, thank you. How can I help you?

- Surveyor: I see that you have been involved in J.D.'s care here at the hospital. Can you tell me what prompted you to visit J.D. on May 20<sup>th</sup>?
- RDN: Sure, I received a consult from nursing. The patient was screened on admission by a nurse and was determined to be at nutrition risk.
- Surveyor: When did you receive the consult?
- RDN: On May 19<sup>th</sup>.
- Surveyor: What is your policy on completion of consults?
- RDN: The clinical dietitian must complete all consults within 48 hours.
- Surveyor: Why was the patient screened at nutrition risk?
- RDN: Well, because of his poor appetite, his weight for length is less than the 5<sup>th</sup> percentile and he receives g-tube feedings.
- Surveyor: And what did you do to complete the consult?
- RDN: I completed a nutrition assessment on the patient.
- Surveyor: What did you find from the nutrition assessment?
- RDN: Well, I found that the patient's appetite has been poor over the past 2 weeks. He has not been eating his normal snacks and meals. He was still getting nocturnal g-tube feedings to supplement his diet.
- Surveyor: So, what did you recommend as part of your nutrition assessment?
- RDN: I recommended that the patient consume high calorie/ high protein foods throughout the day and continue with his normal g-tube feedings at night. I also recommended that his nutrition enzymes and vitamin dosages be adjusted due to malabsorption. I also started a calorie count to monitor his intake.
- Surveyor: How long have you been working with children who have Cystic Fibrosis?
- RDN: Let's see, I joined the Cystic Fibrosis Team here at University Children's Hospital a year and a half ago. Before that, I worked as a pediatric dietitian at a different hospital, where I saw patients with many diseases and conditions, including Cystic Fibrosis.
- Surveyor: And when you started a year and a half ago, did your supervisor determine that you were competent to work with patients with Cystic Fibrosis?

- RDN: Well, I shadowed the RDN who was here before me for 2 weeks prior to her leaving. I also attended the required hospital orientations and have attended several Cystic Fibrosis continuing education sessions over the past year. These sessions helped me learn more about the disease process and its nutrition implications. Before that, I completed a pediatric rotation as part of my dietetic internship where I conducted a case study on a child with Cystic Fibrosis.
- Surveyor: That's great you've been able to attend continuing education sessions and have learned about cystic fibrosis patients through case studies, but how have you demonstrated that you are competent to perform nutrition care with this population?
- RDN: What do you mean by demonstrate?
- Surveyor: Well, the standards indicate that staff competencies must be defined by the hospital and staff competence must be assessed by someone who has the knowledge, the background and the experience related to the skills being assessed.
- RDN: Like I said, I did shadow the RDN who worked here prior to my assignment to the unit. She taught me what Cystic Fibrosis signs and symptoms to look for and allowed me to document a patient on the last day before she left. She also gave me resources and references on where to get further information.
- Surveyor: I think we need to speak with your supervisor regarding assessment of staff competence. What is your supervisor's name?
- RDN: My supervisor is the Clinical Nutrition Manager.
- The Clinical Nutrition Manager joins the RDN and Joint Commission Surveyor on the 21<sup>st</sup> floor.
- Surveyor: Hello. How are you today?
- CNM: I am well, thank you. How can I help you?
- Surveyor: I've asked you to join us today as the RDN and I have been discussing assessment of staff competence. Before we get to that, can you tell me about your position here at the hospital?
- CNM: I'm the Clinical Nutrition Manager, and I supervise 10 Clinical Dietitians who provide both inpatient and outpatient services here in the hospital.
- Surveyor: How long have you worked at University Children's Hospital and have been in the Clinical Nutrition Manager position?
- CNM: I've worked here at the hospital for 8 years; 6 years as a Clinical Dietitian and 2 years as the Clinical Nutrition Manager.

- Surveyor: And during your time here, have you ever gone through a Joint Commission survey?
- CNM: Yes, twice.
- Surveyor: Good, I just wanted to see if you were familiar with the process. I asked you to meet with us as the RDN and I were discussing the nutrition care provided to J.D. on May 20<sup>th</sup>. While it seems the process of providing nutrition assessments is accurate, I am having trouble determining how the RDN competence to provide nutrition care to this population was assessed. Can you tell me, how do you know that the RDN is competent to provide nutrition care to this specific patient population?
- CNM: She is a registered dietitian nutritionist and licensed to practice in the state of Texas who has earned 15 hours of continuing education over the past year, which meets the state licensure law's requirements and the department's policy on continuing education. All 15 hours of her continuing education were related to Cystic Fibrosis. I have records of the RDN's attendance at these programs in her department personnel file. In addition, the RDN documents her continuing education activities in her Professional Development Portfolio with the Commission on Dietetic Registration, the agency that credentials registered dietitian nutritionists.
- Surveyor: Are you aware of the Joint Commission's standards on staff competence, Standard HR 01.06.01? The standards indicate that the hospital defines the competencies required of its staff that provide care, treatment or services. The hospital uses assessment methods to determine the individual's competence in the skills being assessed. An individual with the educational background, experience or knowledge related to the skills being reviewed assesses competence.
- CNM: Yes, I have read them.
- Surveyor: Do you understand them?
- CNM: I thought I did. I was involved with developing the department's policy on continuing education.
- Surveyor: What is the department's continuing education policy?
- CNM: The department requires that RDNs obtain 15 continuing education units annually and maintain their License and Registration to practice nutrition and dietetics. The purpose of this policy is to ensure those that provide care are lifelong learners and maintain and improve knowledge and skills for competent practice.
- Surveyor: Again, truly, that's wonderful that the department has this policy, but how are you determining the competencies required of your staff RDNs in providing nutrition care to specific pediatric populations and how are the RDNs demonstrating these competencies?

CNM: I don't know if we are doing that. I thought we were being compliant with the standards by providing a hospital orientation and requiring continuing education related to the RDNs specific pediatric population.

Surveyor: I'm sorry, but this does not meet the Joint Commission standards for assessing staff competence. We can present ways to meet the standards in the Surveyor Report at the end of the survey process.

## **Glossary**

*Accreditation:* An evaluative process in which a healthcare organization undergoes an examination of its policies, procedures and performance by an external organization ("accrediting body") to ensure that it is meeting predetermined criteria. It usually involves both on- and off-site surveys. Based on American Hospital Association's 2008 Annual Survey, 80% of the 5,815 hospitals in the US are accredited by one of the following 3 organizations: The Joint Commission (TJC), the Accreditation Commission for Health Care (ACHC), formerly Healthcare Facilities Accreditation Program (HFAP), or Det Norske Verits (DNV).

*Regulations:* The CMS Conditions for Coverage (CfCs) and Conditions of Participation (CoPs) are federal regulations that health care organizations must meet to begin and continue participating in the Medicare and Medicaid programs. These health and safety standards are the foundation for improving quality and protecting the health and safety of beneficiaries. CMS Glossary. <sup>9</sup>

*Scope of Practice:* Scope of practice in nutrition and dietetics encompasses the range of roles, activities, and regulations within which nutrition and dietetics practitioners perform. For credentialed practitioners, scope of practice is typically established within the practice act and interpreted and controlled by the agency or board that regulates the practice of the profession in a given state. <sup>10</sup>

## **Acronyms**

*Accreditation Commission for Health Care (ACHC), formerly HFAP: Healthcare Facilities Accreditation Program of the American Osteopathic Association*

ACHC is a nationally recognized accreditation organization with deeming authority from CMS.

(<https://www.achc.org/>)

*CMS: Centers for Medicare & Medicaid Services*

The CMS is the federal agency that runs the Medicare program. In addition, CMS works with the States to run the Medicaid program. CMS works to make sure that the beneficiaries in these programs are able to get high quality health care. CMS also maintains the federal regulations in the State Operations Manual (SOM) Conditions of Participation (CoP) for hospitals and other facility/program types.

([www.cms.gov/](http://www.cms.gov/))

*CoC: Commission on Cancer*

The Commission on Cancer is a consortium of professional organizations dedicated to improving survival and quality of life for cancer patients through standard-setting, prevention, research, education, and the monitoring of comprehensive quality care. (<https://www.facs.org/quality-programs/cancer-programs/commission-on-cancer/>) Nutrition standards can be found at (<https://www.facs.org/quality-programs/cancer/coc/standards>).

*DNV: Det Norske Veritas*

National Integrated Accreditation for Healthcare Organizations (NIAHO) Produced by DNV Healthcare, Inc. DNV works with national healthcare authorities and healthcare providers around the world to effectively manage risk and improve healthcare delivery. Their team of healthcare and risk management specialists has an innovative, advanced approach to help healthcare providers globally in identifying, assessing and managing risk, enhancing patient safety and quality, while ensuring sustainable business practice. <https://www.dnv.com/healthcare/index.html>

*National Academies of Sciences, Engineering, and Medicine, Health and Nutrition Division (previously the Institute of Medicine)*

The Health and Medicine Division (HMD), is a division of the National Academies of Sciences, Engineering, and Medicine (the Academies). The Academies are private, nonprofit institutions that provide independent, objective analysis and advice to the nation and conduct other activities to solve complex problems and inform public policy decisions related to science, technology, and medicine.

( <https://www.nationalacademies.org/hmd/health-and-medicine-division> )

*PHAB: The Public Health Accreditation Board*

The Public Health Accreditation Board is a nonprofit organization dedicated to improving and protecting the health of the public by advancing the quality and performance of Tribal, state, local, and territorial public health departments. (<https://phaboard.org/>)

*SOP/SOPP: Standards of Practice/Standards of Professional Performance*

The standards and indicators found within the SOP and SOPP reflect the minimum competent level of nutrition and dietetics practice and professional performance for RDNs. The SOP in Nutrition Care is composed of four standards representing the four steps of the Nutrition Care Process as applied to the care of patients/clients. The SOPP for RDNs consists of standards representing six domains of professional behavior. <sup>11</sup>

*TJC: The Joint Commission*

An independent, not-for-profit organization, The Joint Commission accredits and certifies more than 20,000 healthcare organizations and programs in the United States. Joint Commission accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. TJC has deeming authority from CMS.

(<https://www.jointcommission.org/>)

*In this Practice Tips, the CDR has chosen to use the term RDN to refer to both registered dietitians (RD) and registered dietitian nutritionists (RDN) and to use the term NDTR to refer to both dietetic technician, registered (DTR) and nutrition and dietetics technician, registered (NDTR).*



## References

1. Institute of Medicine. *Crossing the Quality Chasm: A New Health System for the 21<sup>st</sup> Century*. National Academy Press; 2001: p. 211. Accessed August 11, 2023. <http://www.nap.edu/read/10027/chapter/11#211>
2. Wright, D. Chapter 1: The Goal of Competency Assessment. In *The Ultimate Guide to Competency Assessment in Health Care, 3<sup>rd</sup> Ed*. Creative Health Care Management; 2005: p. 6.
3. Miller-Keane, O'Toole HT. *Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health*, Revised Reprint. 7th ed. Elsevier Health Sciences; 2003.
4. Definition of terms. Commission on Dietetic Registration. Accessed August 7, 2023. [www.cdrnet.org/definitions](http://www.cdrnet.org/definitions).
5. Peregrin T. The ethics of competence, a self-assessment is key. *J Acad Nutr Diet*. 2022;122(5):1049-1052.
6. Human Resources. In: *Comprehensive Accreditation Manual for Hospitals*. Joint Commission Resources; 2020: HR 10-11.
7. Gates GE, Amaya L. Ethics opinion: Registered dietitian nutritionists and nutrition and dietetics technicians, registered are ethically obligated to maintain personal competence in practice. *J Acad Nutr Diet*. 2015;115(5):811-815.
8. 2018 Code of Ethics for the Nutrition and Dietetics Profession. Academy of Nutrition and Dietetics (Academy)/Commission on Dietetic Registration (CDR) Accessed August 7, 2023. [www.cdrnet.org/codeofethics](http://www.cdrnet.org/codeofethics)
9. Glossary. US Department of Health and Human Services. Centers for Medicare & Medicaid Services. Accessed August 7, 2023. <https://www.cms.gov/glossary>
10. Academy of Nutrition and Dietetics Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Scope of Practice for the Registered Dietitian Nutritionist. *J Acad Nutr Diet* 2018; 118(1): 141-165.
11. Academy of Nutrition and Dietetics Quality Management Committee. Academy of Nutrition and Dietetics: Revised 2017 Standards of Practice in Nutrition Care and Standards of Professional Performance for the Registered Dietitian Nutritionist. *J Acad Nutr Diet* 2018; 118(1): 132-140.e15.