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Scope of Practice and Legal Issues in Nutrition-focused Physical Examination

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Abstract

Scope of practice for health care professionals, including registered dietitians (RDs), is a state-based legislative function, the outcome of which dictates the range and type of activities a health care professional can legally perform and the inherent responsibility and accountability of performance. For RDs practicing in the United States, a few states currently have defined practice acts. However, the lack of a state statute does not eliminate the professional responsibility and accountability of each RD to perform within his or her individual scope of practice. In addition, health care facilities and organizations seeking or maintaining accreditation for third-party payor reimbursement for services and care place significant emphasis on the demonstrated and documented competence of clinicians and hold the individual, as well as the facility, responsible and accountable for defining and verifying competence.

Scope of Practice

"What is my scope of practice? Why doesn't the American Dietetic Association (ADA) tell me and my employer what my scope of practice is? Why doesn't ADA publish a list of all the functions I can perform as an RD that I can show to my employer and my clients? After all, I went to college, survived a dietetic internship program, and passed the RD exam. I have RD after my name, and now it appears I can't do all those things I thought I could! It seems like everyone else can do what I want to do but I am told I *can't* do it!"

Questions and comments such as these are very common in the dietetics profession today and are being expressed with increased frequency and frustration by RDs. Today's RD must deal with ever-changing personal, professional, and legal aspects of the dietetics profession that are complicated by the varied employment environments in which they work and the services they provide and may seek to provide. Perhaps some of the confusion can be dispersed by first understanding the definition, intent, and composition of a "scope of practice."

Scope of practice is a legal term that is grounded, for the most part, in the statute process at the state level. Dower and associates explain: "Legal scopes of practice for the health care professions establish which professionals may provide which health care services, in which settings, and under which guidelines or parameters. With few exceptions, determining scopes of practice is a state-based activity. State legislatures consider and pass the practice acts, which become state statute or code. State regulatory agencies, such as medical and other health professions' boards, implement the laws by writing and enforcing rules and regulations detailing the acts" (1).

Although some frustration is expressed toward the ADA on this topic, it is important to remember that the ADA is neither a statute-making entity nor a regulatory agency that can enforce state-based rules and regulations derived from state-based practice acts. Rather, the ADA is a professional membership organization, similar to the American Medical Association and the American Society for Parenteral and Enteral Nutrition. However, within the ADA resides ADA Quality Management, the sector that addresses professional issues and concerns (2). As defined by the ADA, ADA Quality Management is a *systematic process* with identified leadership, accountability, and dedicated resources for the purpose of guiding and supporting practitioners in meeting or exceeding established professional standards. ADA Quality Management, through its quality-focused initiatives, promotes and supports RDs and Dietetic Technicians, Registered (DTRs) in all practice settings to provide, measure, and report quality of food and nutrition care services (2). Further, professional resources for health care practitioners, employers, administrators, and payors are available on the ADA Web site under the "For Health Professionals" tab (3). Included in those resources is the Scope of Dietetics Practice

Table. Scope of Practice Professional Resources

Resource	Internet Address
Promising Scopes of Practice Models for the Health Professions	http://www.futurehealth.ucsf.edu/pdf_files/Scope%20Models%20Fall%202007.pdf
Scope of Dietetics Practice Framework	http://www.eatright.org/scope/
Questions on Scope of Dietetics Practice Framework	http://www.eatright.org/scope/
RD Standards of Practice and Professional Performance	http://www.eatright.org/sop/
DTR Standards of Practice and Professional Performance	http://www.eatright.org/sop/
Diagram Implementing the SOP and SOPP for RDs and DTRs	http://www.eatright.org/scope/
Practice Tips: SOP-SOPP Highlights	http://www.eatright.org/scope/
Focus Area Standards of Practice and Professional Performance: • Revised SOP and SOPP for RDs in Diabetes Care (January 2011 *Journal* article) • SOP and SOPP for RDs in Oncology Nutrition Care (February 2010 *Journal* article) • SOP and SOPP for RDs in Nephrology Care (September 2009 *Journal* article) • SOP and SOPP for RDs in Pediatric Nutrition (August 2009 *Journal* article) • SOPP for RDs in Education of Dietetics Practitioners (April 2009 *Journal* article) • SOP and SOPP for RDs in Sports Dietetics (March 2009 *Journal* article) • SOPP for RDs in Management Food and Nutrition Systems (March 2009 *Journal* article) • SOP and SOPP for RDs in Nutrition Support (October 2007 *Journal* article) • SOP and SOPP for RDs in Behavioral Health Care (April 2006 *Journal article*)	http://www.eatright.org/sop/
To Cosign or Not to Cosign: What Managers Need to Consider (September 2006)	http://www.eatright.org/scope/
Practice Tips: What is Meant by "Under the Supervision of the RD"?	http://www.eatright.org/scope/
Practice Tips: RD-DTR Team – Steps to Preserve	http://www.eatright.org/scope/
Practice Tips: DTR Scope of Practice Nutrition Care Process	http://www.eatright.org/scope/

Framework, a valuable professional resource and guide for RDs, DTRs, and their managers (4). Each credentialed dietetics practitioner should become familiar with the Scope of Dietetics Practice Framework and incorporate its components into daily practice and professional development.

Because "scope of practice" is a legal term that is defined at the state level, and not all states have a defined scope of practice for RDs, it is imperative that each RD investigate the legal requirements, if any, for practice in the state in which he or she provides services. Should an adverse event occur that involves an RD, he or she should anticipate being questioned about knowledge, understanding, responsibility, and accountability of what he or she is legally permitted to do within that state. Ignorance of the law or the "everyone else does it" defense cannot be defended in court. It is also crucial for RDs to recognize that for states with licensure (practice act statutes), no two practice acts are identical, although some states may provide practice reciprocity. As of October 2010, four states have no licensure (Arizona, Colorado, New Jersey, Wyoming), 39 states have state licensure, and the remainder have certification or title protection (Connecticut, Indiana, New York, Utah, Vermont, Washington, Wisconsin). Certification or title protection statutes are not practice acts (licensure) and should not be interpreted as such.

To reiterate, RDs, regardless of area within dietetics practice, should be intimately familiar with applicable state statutes, regulations, directives, rules, and other appropriate directives that affect the individual's practice in the state in which he or she provides services. RDs who practice in more than one state may be able to provide a type of service in one state, such as enteral tube placement or a nutrition-focused physical examination, that is not legally permitted in another state. State practice acts of other health care professions, such as nursing or pharmacy, may contain content that precludes other health care professions from performing or engaging in certain activities. It is the responsibility of the credentialed dietetics practitioner to be fully aware of the constructs in which he/she can perform such direct client/patient care activities, including legal or other confines that may be of influence. Again, the ADA Quality Management Web site (2) provides information and links to a variety of resources (Practice, Regulatory, State, Licensure) to assist in this endeavor. Another excellent resource, and perhaps the best starting point, is the individual's state dietetic association, links to which can be found via the ADA Web site, if unknown.

Scope of Practice: Legal Versus Individual

In conjunction with, or to the absence of, a legal scope of practice, every RD and DTR has an *individual* scope of practice (refer to the Scope of Dietetics Practice Framework) (4). In other words, every RD must be competent to do what he or she is doing

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in practice. More precisely, when an RD is performing any aspect of dietetics practice, demonstrated competency to perform that act or service must supersede any legal permission to do it. For example, a state practice act may designate that the RD may perform certain aspects of client/patient assessment, such as measuring blood pressure or obtaining a finger-stick blood glucose assessment. Alternatively, there may be no legal scope of practice addressing placement of enteral feeding tubes by the RD, but the RD may demonstrate the ability to perform this procedure competently and be permitted to do so by the facility/institution. In both cases, an individual practitioner's *individual* scope of practice supersedes the legal, or lack of legal, parameters to perform these techniques appropriately and safely. Each RD is accountable and responsible for his or her safe, appropriate, and competent provision of service. Note also that the lack of a legal scope of practice for a dietetics practitioner does not infer that a service can be legally provided. Practice acts for other health care practitioners, such as physicians or registered nurses, may contain exclusionary language that prohibits other clinicians from performing a specific intervention or providing a particular service.

To assist RDs and their managers in identifying a practitioner's individual scope of practice, a good first step is to compare knowledge and skill with the criteria required to perform a specified intervention/skill legally, competently, and safely. The Decision Analysis Tree and the Decision Analysis Tool, derived from Block Three, Decision Aids, of the Scope of Dietetics Practice Framework (4), are excellent tools with which to start this process. However, a practitioner who may be safe and competent to perform a service may be legally prohibited from doing so, depending on practice acts within the state in which the service is to be provided.

Competence

As previously stated, competence in knowledge, skill, application, and performance of duties, tasks, assignments, and interactions is a major concern and focus for safe, effective, and cost-conscious health care delivery. Health care accreditation organizations that have received deeming authority from the Centers for Medicare & Medicaid Services, such as The Joint Commission, Healthcare Facilities Accreditation Program, and DNV Healthcare, Inc., have enhanced accreditation standards to promote competence, quality, and safety in delivery of services. In the dietetics profession, competence is defined by the Scope of Dietetics Practice Framework Subcommittee of the ADA Quality Management Committee in the Definitions of Terms. It is defined as the "ability to demonstrate appropriate professional behaviors with desirable outcomes. Professionals who are competent use up-to-date knowledge and skills; make sound decisions based on appropriate data; communicate effectively with patients, customers, and other professionals; critically evaluate their own practice; and improve performance based on self-awareness, applied practice, and feedback from others" (ADA Ethics Opinion, May 2003) (4–7). Further, *The American Dietetic Association/ Commission on Dietetic Registration Code of Ethics for the Profession of Dietetics and Process for Consideration of Ethics Issues* states that "The dietetics practitioner assumes a life-long responsibility and accountability for personal competence in practice, consistent with accepted professional standards, continually striving to increase professional knowledge and skills and to apply them in practice" (7). In other words, each credentialed dietetics practitioner (RD or DTR) is accountable and responsible for individual professional knowledge and skill, including safe and sanctioned application of that knowledge and skill and the growth and advancement of both in professional practice. This applies in all practice areas, regardless of setting, such as academia, food service systems, management, clinical, research, industry, business, communications, consultation, community and public health, and/or private entrepreneurial endeavors.

Standards of Practice and Standards of Professional Performance

Standards of practice (SOP) and standards of professional performance (SOPP) have been developed by the ADA Quality Management Committee against which the quality of practice and performance of RDs and DTRs can be evaluated (8). As part of ADA's Scope of Dietetics Practice Framework (4), the 2008 SOP in Nutrition Care for RDs and DTRs and SOPP for RDs and DTRs (8), along with the ADA's Code of Ethics (7), guide the practice and performance of RDs and DTRs in all settings. These standards and (indwelling) indicators reflect the *minimum* competent level of dietetics practice and professional performance for RDs and for DTRs (8). The 2008 SOP and SOPP were a revision of the previously published 2005 SOP and SOPP and supersede them in every respect.

The 2008 SOP in Nutrition Care consist of four standards, which are formatted on the four components of the Nutrition Care Process (NCP): nutrition assessment, nutrition diagnosis, nutrition intervention, and monitoring and evaluation. As such, the SOP are applicable to dietetics practitioners who provide direct client/patient services. The SOPP are constructed upon the six domains of professionalism (professional behavior): provision of services, application of research, communication and application of knowledge, use and management of resources, quality in practice, and competence and accountability. The SOPP apply to all credentialed dietetics practitioners, regardless of practice area.

A variety of dietetic practice groups, such as the Dietitians in Nutrition Support, have developed focus area SOP and SOPP. Currently, there are nine published SOP and 11 published SOPP (3). The difference in numbers between focus-area SOP and SOPP derives from the intent of each set of standards. The SOP that reflect the four steps in the NCP are relevant to those RDs providing direct patient/client care in a specified focus area. SOPP pertain to domains of professionalism and apply to all RDs in a specified focus area of practice. It is imperative to appreciate that the intent and use of these documents are complementary in a specified focus area for which there are published SOP and SOPP; the use of one document to the exclusion of the other is inappropriate and should be avoided.

The Joint Standards Task Force of A.S.P.E.N. and the ADA Dietitians in Nutrition Support

Dietetic Practice Group Standards of Practice and Standards of Professional Performance for Registered Dietitians (Generalist, Specialty, and Advanced) in Nutrition Support were published simultaneously in 2007 in the *Journal of the American Dietetic Association* (9) and *Nutrition in Clinical Practice* (10). A scheduled 5-year review and revision will be undertaken in the near future. A projected, but not confirmed, publication date for the revision is 2012. The revised SOP will differ from the initial publication in that they will be based on and reflective of the 2008 SOP and must be constructed upon the four components of the NCP. (The NCP format was not in existence in 2005 when the original SOP in nutrition support were constructed.) Similarly, the 2008 SOPP will be the core document upon which the current SOPP will be revised. The revised SOP and SOPP will be complementary and companion documents that should be used concomitantly in the self-assessment of an individual's practice and in concurrent and subsequent professional development. Should a legal issue arise, the most current SOP and SOPP for RDs in Nutrition Support will be the documents accessed, reviewed, and used, along with other pertinent and discoverable documents, as the basis against which to assess and compare an RD's knowledge, skill, competency, and performance. It is the individual practitioner's responsibility and accountability to ask, "Am I competent to do what I am doing?"

Nutrition-focused Physical Examination

As previously mentioned, the 2008 SOP are constructed and formatted upon the four components of the NCP. The first step in the NCP is nutrition assessment, an element of which is nutrition-focused physical examination (11). Dietetics education for future RDs, in both didactic and supervised practice components, does not provide for adequate or appropriate learning experiences in the elements and performance of nutrition-focused physical examination (12–14), although findings from such an assessment are an integral part of the NCP. The NCP and its fundamental components are addressed in both segments of preprofessional dietetics education, but a review of the Eligibility Requirements and Accreditation Standards (12-14) does not identify specific learning activities applicable to the performance of a nutrition-focused physical examination and the interpretation of findings from that examination. The definition of the NCP contained within these documents states that it is a systematic problem-solving method that RDs use to critically think and make decisions addressing nutrition-related problems and provide safe and effective quality nutrition care. It consists of four distinct, but interrelated and connected steps: nutrition assessment, nutrition diagnosis, nutrition intervention, and nutrition monitoring and evaluation (12–14).

This dichotomy has created, to some extent, a "catch-22" for RDs in that nutrition-focused physical examination procedures are unfamiliar to or unemployed by many who are responsible and accountable for performing nutrition assessments, deriving a nutrition diagnosis, and developing a nutrition intervention, followed by implementation and monitoring (15-19). Some identified reasons for not undertaking nutrition-focused physical examination activities have been lack of time, lack of confidence in being able to perform assessment procedures, inadequate or absent training, and the availability of other clinicians to perform such activities (18). This situation most likely will not change in the near future, but the current professional responsibility and accountability to perform a nutrition-focused physical examination as part of the NCP also will not change and possibly may be enhanced and strengthened by future directions in health care interventions and management. That scenario opens the door for RDs to become more aware of and familiar with their legal, if applicable, and individual scopes of practice. Other than legal scopes of practice for other health care professionals excluding this practice, there currently appears to be no legal impediment for RDs to acquire the skills to perform a hands-on nutrition-focused physical examination and to incorporate these skills, with demonstrated and documented competence, into their professional development and practice.

RDs must acknowledge their accountability and responsibility in nutrition assessment. In so doing, however, every credentialed practitioner must be acutely aware of his or her knowledge and application baseline and identify areas that require additional education in both the didactic and performance areas. Performing nutrition-focused physical examinations in employment settings would require development of appropriate curricula for skills training, including demonstration and documentation of appropriate and adequate knowledge and safe, proper application of procedures, with no less than annual review for competence. These steps may require medical staff approval of a training program or performance of a hands-on nutrition-focused physical examination in a specific practice setting. Such a program may need to be developed within the facility and may require review and approval by the human resources department, legal representatives, risk management department, or other entities. Organization policies and procedures or protocols and an individual employee's job description would require revision to incorporate performance of nutrition-focused physical examinations. Demonstration and documentation of assessment and performance knowledge and skills should be undertaken for each RD performing a hands-on nutrition-focused physical examination. It is suggested, if not required by the employer/institution, that such documentation be retained indefinitely in the practitioner's file or in accordance with the presiding applicable policies and procedures.

Accountability and Responsibility

The RD who seeks to perform a hands-on nutrition-focused physical examination must have and display appropriate knowledge and skills. Accreditation organizations, as previously mentioned, are focusing not only on practitioner competency, but also on the accountability and responsibility for providing safe, effective, and quality care. RDs are expected to practice only at the level at which they are competent, which varies, depending on education, training, and experience. RDs are encouraged to pursue additional knowledge and skills training, regardless of practice setting, to expand their scope of nutrition support therapy practice (9,10).

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Concomitantly with the individual practitioner's accountability and responsibility for knowledge and skill is the manager's accountability and responsibility that those under his or her direction are competent to perform the tasks and activities assigned to them. According to the Centers for Medicare & Medicaid Services *State Operations Manual, Appendix A - Survey Protocol, Regulations and Interpretive Guidelines for Hospitals*: (20)

§482.28(a)(3) – There must be administrative and technical personnel competent in their respective duties.

Interpretive Guidelines §482.28(a)(3) (stated): 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 (are) competent in their respective duties.

Managers are struggling with how to demonstrate to accreditation organization surveyors how the knowledge, skill, and competency of the employees whom they supervise is determined and documented. The questions to be asked, but which do not have easy answers are: "Am I competent to do what I am doing?" and "How is the competence of those whom I supervise assessed and documented?"

Conclusion

The array of possible solutions to the questions and challenges of scope of practice is beyond the extent of this article. However, attention and dedication to obtaining the desired and applicable knowledge and skills through adequate and appropriate training and subsequent demonstration of the hands-on performance is an essential component of this perpetually evolving process. The acquisition and expansion of knowledge and skills in performing and interpreting a nutrition-focused physical examination must begin with the individual practitioner. Performance of a nutrition-focused physical examination in any setting, from private practice to research to acute care, extended care, long-term acute care, and community or public health venues, must be critically reviewed and evaluated for each practitioner's legal and individual scope of practice. The individual professional responsibility in purposely or unintentionally overlooking either or both of these criteria is not an acceptable defense and is, in and of itself, an unprofessional act. RDs must become aware; stay informed; critically review and critique their knowledge, skills, and professional goals; and use the Professional Development Portfolio to structure the pathway to attaining competence.

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