**Revised Standards of Practice/Standards of Professional Performance (SOP-SOPP) for Nephrology Nutrition: Part One**

Maureen P. McCarthy, MPH, RD, CSR, LD
Transplant Dietitian
Oregon Health & Science University
Portland, OR
Email: mccarthm@ohsu.edu

**Key Words:** SOP-SOPP, nephrology nutrition practice standards

**Objectives**
To describe the Standards of Practice—Standards of Professional Performance (SOP-SOPP) for Nephrology Nutrition
- History of the SOP-SOPPs
- Changes between 2009 to 2014 SOP-SOPPs for Nephrology Nutrition
- How to access the SOP-SOPPs for Nephrology Nutrition

**Introduction**
The Scope of Dietetics Practice Framework (SODPF) was first presented by the Academy of Nutrition and Dietetics (Academy) in 2005 and has since been replaced with three Scope of Practice documents (1). The SODPF was the beginning of an on-going initiative by the Academy to describe the broad array of services that Registered Dietitian Nutritionists (RDNs) and Nutrition and Dietetics Technicians Registered (NDTRs) may perform (2).

The 2013 published Academy of Nutrition and Dietetics: Scope of Practice in Nutrition and Dietetics outlines the rationale for education preparation and credentialing as well as its components of practice standards, practice management and advancement, and practice resources (3). It also defines legal and individual scope of practice and discusses competence in practice. The Academy developed this Scope of Practice in Nutrition and Dietetics overview document, as well as other resources, such as the Scope of Practice for the RDN and the Scope of Practice for the NDTRs to aid them in assessing their individual scope of practice and, if applicable, statutory scope of practice, and also to support RDNs and NDTRs in providing safe, quality food and nutrition services (1,4).

The most recent revision of the original SOP-SOPP for RDNs appeared in 2013 (5). Since then, this document has served as the core for newly developed SOP-SOPPs and for updates of previously published SOP-SOPPs for many specialty areas in nutrition and dietetics.

**Nephrology Nutrition SOP-SOPP**
The original Nephrology Nutrition SOP-SOPP was published in 2009 and revised in 2014. Both works represent a collaboration of the Academy of Nutrition and Dietetics Renal Dietitians Practice Group (RPG) and the National Kidney Foundation’s Council on Renal Nutrition (NKF-CRN). Work group members were appointed by leadership in the Academy-RPG and NKF-CRN to represent the breadth of practice in nephrology nutrition and to provide geographic diversity.

The 2014 update is part of a routine five-year review of all SOP-SOPP documents. This allows comprehensive consideration of developments in healthcare and technology, as well as changes in public health priorities, policy updates, new research that affects evidence-based practice, best practices, regulatory changes, and emerging practices in nephrology (5). The 2009 version and the revised 2014 Nephrology Nutrition SOP-SOPP documents appeared jointly in the Journal of the Academy of Nutrition and Dietetics (JAND) and in the Journal of Renal Nutrition (JRN) (6,7).

**SOP and Nutrition Care Process**
In SOPs, roles and activities that an RDN might perform are presented in accordance with the four steps of the Nutrition Care Process (NCP) (8):
- **Assessment**
- **Diagnosis**
- **Intervention**
- **Monitoring and evaluation**

In addition, three levels of practice have been defined: competent, proficient, and expert (Figure 1) (7). Each described activity is designated in the SOP-SOPP tables as applying to RDNs in 1, 2 or all 3 of these levels. In this manner, the SOP-SOPP presents a model describing the minimum level of competence and defines a progression to higher levels of performance that may guide career ladders for RDNs.

**Figure 1. Competent, Proficient, and Expert Levels of Practice**

Indicators to “Develop the nutrition prescription” (Figure 2: Standard 3.6) is seen at all three levels of practice. Specifically, the activity 3.6D is defined at three different sub-levels, each of which shows increased complexity. As a result, 3.6D3 is identified only with the expert level of practice (7).
Figure 2 suggests that dietitians at all levels of practice should be able to develop a nutrition prescription, in collaboration with others on the health care team and with the patient and her/his support network. And, at all three practice levels, dietitians should be able to support the patient’s cultural preferences and make suggestions to enjoy meals away from home. When it comes to, however supporting the patient who is having excessive interdialytic weight gains, the proficient and expert dietitians, i.e.; those with more experience and better familiarity with dialysis technology and literature regarding fluid control, are more likely to develop a strategy with the patient to improve fluid control (9).

Figure 2. Standards of Practice, Standard 3: Nutrition Intervention

<table>
<thead>
<tr>
<th>Indicators for Standard 3: Nutrition Intervention</th>
<th>The “X” signifies the indicators for the level of practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bold Font Indicators are Academy Core RDN Standards of Practice Indicators</td>
<td>Each RDN:</td>
</tr>
<tr>
<td>3.6D Directs nutrition management of long-term complications within the context of integrated care (e.g., diabetes)</td>
<td>Competent</td>
</tr>
<tr>
<td>3.6 Develops the nutrition prescription</td>
<td>X</td>
</tr>
<tr>
<td>3.6A Collaborates with patient/client, family, caregivers, or designee to individualize the nutrition prescription</td>
<td>X</td>
</tr>
<tr>
<td>3.6B Considers nutrient/dietary intake to establish nutrition goals, including other factors (e.g., psychosocial, home situation, transportation, meals eaten away from home, cultural, or religious influences)</td>
<td>X</td>
</tr>
<tr>
<td>3.6C Considers physical activity, functional status, and psychomotor development</td>
<td>X</td>
</tr>
<tr>
<td>3.6D Considers pharmacotherapy</td>
<td>X</td>
</tr>
<tr>
<td>3.6D1 Reviews medications commonly used in CKD (e.g., mineral bone disorder, anemia management, growth failure)</td>
<td>X</td>
</tr>
<tr>
<td>3.6D2 Recognizes the impact and interactions of pharmacotherapy</td>
<td>X</td>
</tr>
<tr>
<td>3.6D3 Recognizes the need for adjustment of pharmacotherapy based on integration of nutrition, physical activity, treatment schedule, medication side effects, and ongoing laboratory monitoring and response, personal routine</td>
<td>X</td>
</tr>
</tbody>
</table>

Used with reprint permission from the Academy of Nutrition and Dietetics (4).

SOPPS and Professional Behavior Domains

The SOPSs are arranged in six domains of professional behavior:

• Quality in practice
• Competence and accountability
• Provision of services
• Application of research
• Communication and appreciation of knowledge
• Utilization and management of resources

Through lifelong training and a commitment to ethical practice, RDNs demonstrate accountability within these categories of professional activity. Figure 3 provides an example of a specific SOPP that develops increasing complexity as tasks move from competent to proficient and, ultimately, to the expert level of practice.

SOPP 4.4A in Figure 3 indicates that dietitians at competent, proficient and expert practice levels can take part in research, particularly within a network such as the Academy Dietitians Practice-Based Research Network (DPBRN).

As research activity advances to higher levels of activity, such as collaborating with other members of the health care team on a research project, SOPP 4.4D demonstrates performance at higher levels.

While dialysis facilities may be the most commonly perceived location for nephrology nutrition practice, dietitians provide services for individuals with chronic kidney disease in diverse settings. The Nephrology SOP-SOPP document can be applied to a broad range of settings. The research activities described in Figure 3, for example, could occur in acute care or hospital-based practice, in an undergraduate nutrition program at the college or university level, in a community health setting, in a dialysis facility, or in numerous other settings.

Figure 3 shows SOPP 4.4 indicator as: “Contributes to development of new knowledge and research in nephrology, nutrition, and dietetics.” Standards for nutrition and dietetics education, embodied in the Accreditation Standards for Dietitian Education Programs Leading to the RD Credential, suggest that students should conduct projects using appropriate research methods, ethical procedures and data analysis (CRD 1.5) (10). With this foundation, the RDN who is just entering the profession, and is identified as a competent practitioner, may make meaningful contributions as a member of a team investigating how dialysis patients manage fluid intake. The Academy DPBRN initiatives support dietitians at all levels in the pursuit of research opportunities (11).

At the other end of the practice continuum, the expert practitioner, described in SOPP 4.4F (seen in Figure 3), will be able to define and lead a research project on this and other important topics. And the expert clinician is also more likely to have the professional experience and the understanding of existing literature to offer evidence-based opinions and to contribute to pertinent position papers in the professional literature.

Of course, all practice must comply with state licensure laws and institutional policies and procedures. This means that any analysis of an individual’s practice based on the Nephrology SOP-SOPPs must also take into full consideration policies established by the institution as well as statutes that pertain to the practice of nutrition and dietetics, directly and indirectly. The fact that an activity is described in an SOP-SOPP document does not guarantee that it can be implemented by dietitians in every state. In each state, dietitians must consult state statute that describes the perceived location for nephrology nutrition practice, demonstrate performance at higher levels.
Figure 3. Standard of Professional Performance, Standard 4: Application of Research

<table>
<thead>
<tr>
<th>Indicators for Standard 4: Application of Research</th>
<th>The “X” signifies the indicators for the level of practice</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bold Font Indicators are Academy Core RDN Standards of Practice</strong></td>
<td></td>
</tr>
<tr>
<td>4.4 Contributed to development of new knowledge and research in nephrology, nutrition, and dietetics</td>
<td>Competent</td>
</tr>
<tr>
<td>4.4A Participants in practice-based research networks (eg, DPBRN, NKF-CRN)</td>
<td>X</td>
</tr>
<tr>
<td>4.4B Participants in research activities related to nephrology nutrition (eg, data collection and/or analysis, research design, publication)</td>
<td>X</td>
</tr>
<tr>
<td>4.4C Identifies, initiates, and participates in research, including pilot studies, to evaluate and improve practice and provide a foundation for future research</td>
<td>X</td>
</tr>
<tr>
<td>4.4D Functions as the primary investigator or as a collaborator with other members of the health care team to identify and initiate research studies relevant to practice</td>
<td>X</td>
</tr>
<tr>
<td>4.4E Functions as a co-author or co-investigator of research and position and/or practice papers</td>
<td>X</td>
</tr>
<tr>
<td>4.4F Serves as a primary or senior investigator in collaborative research team(s) that examine relationships related to nutrition and kidney disease</td>
<td>X</td>
</tr>
<tr>
<td>4.4G Functions as a primary or senior author of research and position and/or practice papers</td>
<td>X</td>
</tr>
</tbody>
</table>

Used with reprint permission from the Academy of Nutrition and Dietetics (4).

SOP/SOPP Resources

The September 2014 issues of JAND and JRN carried the full text of the Nephrology Nutrition SOP-SOPP (7). These articles include background discussions of the demographics, clinical features, and nutrition management of kidney disease, and detailed descriptions of the three levels of practice—competent, proficient, and expert. The Academy and NKF-CRN members can use on-line access to the professional journals to view comprehensive tables which list the tasks and activities that RDNs may perform, with each task designated as competent/proficient/expert. Figures 2 and 3 in this article provide brief examples of the level of detail that will be found on-line.

Upcoming issues of the Renal Nutrition Forum will feature parts 2 and 3 of this series on the Nephrology Nutrition SOP-SOPP. In the second article, readers will find practice-based examples of how to consult current literature to support advanced clinical practice, based on activities described in the SOP-SOPP. The final article of the series will demonstrate how one RDN, who is a clinical nutrition manager, has applied the Nephrology Nutrition SOP-SOPP to update performance evaluations for staff RDNs.

References