The Registered Dietitian Nutritionist (RDN) provides nutrition consultation and education for patients and their families who are screened at nutrition risk, identified with nutrition risk, and/or referred by physicians or other healthcare providers for nutrition-related problems, chronic disease management, management of nutrition support, to meet regulatory requirements, or for prevention and wellness. The RDN is an integral part of the multidisciplinary team who serves as the patient’s nutrition advocate. The RDN ensures that the patient’s nutrition needs are being met, including when nutrition support (enteral or parenteral) initiation and/or management is necessary, during patient care, clinic visits, and unit/clinic rounds. Primary responsibilities include application of the Nutrition Care Process (NCP) including completion of the nutrition assessment, determination of the nutrition diagnosis, developing and implementing evidence-based nutrition intervention(s), and monitoring and evaluating the patient’s progress, and communicating the nutrition care plan with other members of the care team by effective verbal and written communication. The nutrition assessment can include nutrition-focused physical exam, identification and documentation of malnutrition, and care plan development for patients with complex medical, surgical, and biochemical histories. The RDN provides evidence-based medical nutrition therapy to patients of varying acuity levels including management of enteral nutrition initiation and advancement when delegated authority by the primary service, per the nutrition related protocols.

The RDN works independently and performs business and supervisory functions, such as management of resources in a cost-effective manner, and participates in compliance and quality performance improvement efforts to ensure nutrition care is safe and effective, and oversees the experiences for dietetic interns. The RDN is an integral part of the multidisciplinary team, is involved in education of physicians, residents, medical students and other health professionals as requested via lectures and in-service opportunities and team conferences, and contributes to the development and revision of organizational policies and guidelines. The RDN maintains professional competency and skills required for professional practice.

**MAJOR RESPONSIBILITIES**

1. **Patient Care**
   A. **Nutrition Assessment**
      i. Conducts a nutrition assessment when warranted by a patient’s needs or conditions, or warranted by a regulatory requirement including those with dialysis, solid organ transplant, or who are transplant donors.
      ii. Selects assessment tools and procedures (matching the assessment method to the situation) and applies assessment tools in valid and reliable ways.
      iii. Reviews dietary intake for factors that affect health conditions and nutritional risk.
      iv. Utilizes medical history, laboratory data, drug profile, anthropometric measurements, and diet history to evaluate for nutrition-related consequences.
      v. Performs nutrition focused physical exam (NFPE) during assessments on patients to determine risk and/or degree of malnutrition when indicated.
      vi. Evaluates psychosocial, functional, and behavioral factors related to food access, selection, preparation; physical activity; and understanding of health condition.
      vii. Evaluates patient and family’s knowledge, readiness to learn, and potential for changing behaviors.
      viii. Observes patient and family for nonverbal and verbal cues that can guide and prompt effective interviewing methods.
      ix. Organizes and categorizes the data in a meaningful framework that is related to nutrition problems.
      x. Determines when a problem requires consultation or referral to another provider or service.

   B. **Nutrition Diagnosis**
      i. Finds patterns and relationships among the data and possible causes for the nutrition problem.
      ii. Prioritizes the relative importance of nutrition problems for optimal patient health, recovery from illness, management of chronic disease, or disease prevention.
      iii. Documents the nutrition diagnostic statement in PES (problem, etiology, and signs/symptom) and provides supporting evidence within the progress note.

   C. **Nutrition Intervention**
      i. Formulates and determines a plan of action that is focused on the etiology of the problem and known to be effective based on best current knowledge of evidence from Evidence-Based Nutrition Practice Guidelines.
ii. Provides specialized nutrition care/support to chronically ill, acutely ill, and/or critically ill patient populations and educates patients as appropriate.

iii. Assesses educational needs and provides nutrition counseling based on individual needs, including nutrient requirements, knowledge and abilities, and medical, economic, and social situation. Identifies services that can be completed by the dietetic technician if applicable to area of practice for the RDN

iv. Evaluates achievement of learning objectives by the patient and/or family. Provides appropriate follow-up in accordance with the patient's treatment goals, referring patients for community or home health services as appropriate.

v. As needed, delegates or coordinates nutrition plan of care with other healthcare professionals.

vi. Implements the nutrition intervention including communicating the plan of nutrition care to the patient and family, and the patient's care team.

vii. Attends and participates in multi-disciplinary rounds and meetings as the nutrition expert.

viii. Reviews and communicates drug-nutrient and drug-drug incompatibilities that impact a patient's nutrition status and/or nutrient utilization.

ix. Provides appropriate follow-up in accordance with the patient's treatment goals; transitions care, through referral, to other nutrition professionals when appropriate.

tax. Collects data and modifies the plan of care as needed.

D. Nutrition Monitoring and Evaluation

i. Utilizes monitoring and evaluation techniques that consider the patient's nutrition needs as well as cultural, religious, and ethnic concerns.

ii. Monitors patient's tolerance to treatment modalities and progress through checking patient understanding and compliance with plan; determines whether the intervention is being implemented as prescribed; provides evidence that the plan/intervention strategy is or is not changing patient behavior or status; identifies other positive or negative outcomes; gathers information indicating reasons for lack of progress; and supports conclusions with evidence.

iii. Measures outcomes through selecting outcome indicators relevant to the nutrition diagnosis, and outcomes and quality management goals and use of standardized indicators. Evaluates the effectiveness and measures progress toward outcomes of nutrition interventions.

iv. Evaluates outcomes by comparing current findings with previous status, intervention goals, and/or reference standards.

2. Documentation, Education, and Continuation of Care

A. Documents relevant, accurate, and timely information performed in steps in the Nutrition Care Process in the patient’s electronic medical record in accordance with department standards.

B. Determines continuation of care based on whether the patient has met intervention goals or is not at this time able/ready to make needed changes.

C. Participates in planning and education of home nutrition support when necessary.

D. Communicates and influences treatment interventions determined by the medical team through interdisciplinary meetings, rounds, medical conferences, and nutrition-related in-services.

E. Coordinates care with colleagues in a variety of medical and home settings to ensure appropriate transitions of care is addressed to meet patient’s needs.

F. Serves as an educator and resource to medical staff and allied health personnel on nutrition issues, including nutrition support therapy principles, content, and issues as needed for specific patient populations.

G. Functions as a clinical preceptor for the dietetic internship program and in a teaching role for other health care professionals, patients and the community, as assigned.

3. Compliance

A. Demonstrates accountability for proper use of patient’s protected health information imposed by regulatory requirements of the health Insurance Portability and Accountability Act (HIPPA) of 1996.

B. Ensures that care delivered to each patient is in accordance with the state form of dietetics regulations, licensing, certification, or registration.

C. Assists in achieving compliance with the Joint Commission, or other accrediting agency standards to continuously improve the safety and quality of care to the public and to the organization’s performance improvement.

D. Complies with federal requirements set forth under the Centers for Medicare and Medicaid Services (CMS) Conditions of Participation (COP) in order to receive Medicare/Medicaid payment. Ensures state and local certifications for health, safety, and quality standards are met.

E. The RDN uses the Scope of Dietetics Practice Framework (SODPF) to determine scope of practice, established Standards of Practice and Professional Performance (SOP/SOPP) in nutrition care and practice-specific dietetics,
and as available, evidence-based practice protocols/nutrition practice guidelines to help determine nutrition intervention(s).

4. Community Outreach
   A. Develops and teaches nutrition curriculum for community outreach programs and the clinical nutrition service line utilizing evidence-based information and multi-media technology when requested.
   B. Participates in community projects as needed/assigned.

5. Business/Supervisory Functions
   A. Participates in and completes activities/work projects individually, collaboratively with colleagues, or with other employees and critically evaluates accomplishments as directed.
   B. Maintains productivity standards and practices for effective time management and prioritizing of tasks.
   C. Maintains accurate documentation of time required for patient care activities.
   D. Maintains accurate record-keeping of appointments for scheduling and analysis of revenues from claims and billing reports for medical nutrition therapy services when working in the clinic setting.
   E. Manages resources (time, materials, and staff) in a cost-effective manner.
   F. Understands and complies with third-party payer’s policies and regulations for ambulatory medical nutrition therapy services when assigned to work in the clinic setting.
   G. Works with the Program Manager of the Dietetic Internship to direct workload and plan learning experiences for dietetic interns, while also teaching and evaluating performance.
   H. Participates in the orientation and training of new staff.
   I. Participates in the periodic review of enteral and parenteral nutrition practice and formularies to include best practice, new products, equipment review, and selection and applicable policies and procedures.
   J. Promotes cost effective solutions.

6. Performance Improvement
   A. Uses trends in patient satisfaction, effectiveness of therapy and education to implement change to improve personal and organizational performance.
   B. Participates in and/or initiates continuous quality improvement activities for nutrition service line.
   C. Participates in planning and developing nutrition-related policies, procedures, and goals.
   D. Conducts in-services and education presentations to the organization’s staff.
   E. Assists in developing and revising patient education materials, clinical practice guidelines and protocols.
   F. Supports and promotes the organization’s infection control, safety, risk management, and customer/guest relations programs.

7. Professional Development
   A. Acts as a resource for medical staff on the nutritional management of patients.
   B. Interprets and presents current clinical knowledge, standard of care, and research to improve patient care and the nutrition service line.
   C. Develops and maintains nutrition practice knowledge, motivational interviewing skills, RDN registration and continuing education requirements.
   D. Participates in nutrition research studies and communicates findings through reports, abstracts, presentations, and publication.
   E. Develops and implements an individualized portfolio plan for professional growth and development including participation in professional organizations and activities, workshops, seminars, and staff development programs.
   F. Participates in departmental and interdisciplinary meetings, committees, tasks forces, and projects.
   G. Consults with medical/clinical staff concerning staff learning opportunities, and works with them to maximize clinical staff comfort level and competencies in the care of patients with nutrition related diseases.

Performs other related duties as required.

ALL DUTIES AND REQUIREMENTS MUST BE PERFORMED CONSISTENT WITH THE UW HEALTH PERFORMANCE STANDARDS.

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<tr>
<th>JOB REQUIREMENTS</th>
<th>Minimum</th>
<th>Preferred</th>
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<tr>
<td>Education</td>
<td>Bachelor’s Degree in Nutrition</td>
<td>Master’s Degree in Nutrition</td>
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<td>or related field</td>
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<td>Work Experience</td>
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<td>nutrition related experience.</td>
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UW HEALTH JOB DESCRIPTION

Preferred Two (2) years of clinical and nutrition related experience.

Licenses & Certifications

Minimum
- Registered Dietitian Nutritionist as delineated by the Commission on Dietetic Registration
- Certification/Licensure as required by the State of Wisconsin.

Preferred
- Certified specialist as required for the position or ability to complete within the first two years of employment.
- Maintain CPR certification.

On Call Requirements
AFCH, Inpatient, and TAC: Participate in a required rotation for weekend and holiday coverage.

Required Skills, Knowledge, and Abilities
- Knowledge of the Nutrition Care Process and ability to apply all steps.
- Comprehensive knowledge, application of medical nutrition therapy, human behavior and techniques for effecting behavior change.
- Comprehensive knowledge and application of nutrition support services.
- Critical thinking to integrate facts, informed opinions, active listening, and observations.
- Decision making, problem solving and collaboration.
- Excellent counseling skills and ability to relate to a multi-ethnic community and varied learning levels.
- Strong interpersonal skills to establish productive working relationships with multidisciplinary team and support services.
- Ability to communicate effectively in both written and verbal form to patients, public, medical staff, and physicians.
- Ability to organize tasks and function independently.
- Ability to counsel and motivate others, as individuals and as a group.
- General knowledge of nutrient analysis, word processing, spreadsheet, and professional presentation software.

AGE SPECIFIC COMPETENCY (Clinical jobs only)
Identify age-specific competencies for direct and indirect patient care providers who regularly assess, manage and treat patients.

Instructions: Indicate the age groups of patients served either by direct or indirect patient care by checking the appropriate boxes below. Next,

X Infants (Birth – 11 months)
X Toddlers (1 – 3 years)
X Preschool (4 – 5 years)
X School Age (6 – 12 years)
X Adolescent (13 – 19 years)
X Young Adult (20 – 40 years)
X Middle Adult (41 – 65 years)
X Older Adult (Over 65 years)

JOB FUNCTIONS
Review the employee’s job description and identify each essential function that is performed differently based on the age group of the patient.

PHYSICAL REQUIREMENTS
Indicate the appropriate physical requirements of this job in the course of a shift. Note: reasonable accommodations may be made available for individuals with disabilities to perform the essential functions of this position.

Physical Demand Level

Sedentary: Ability to lift up to 10 pounds maximum and occasionally lifting and/or carrying such articles as dockets, ledgers and small tools. Although a sedentary job is defined as one, which involves sitting, a certain amount of walking and standing is often necessary in carrying out job duties. Jobs are sedentary if walking and standing are required only occasionally and other sedentary criteria are met.

Occasional Up to 33% of the time
Frequent 34%-66% of the time
Constant 67%-100% of the time

X Light: Ability to lift up to 20 pounds maximum with frequent lifting and/or carrying of objects weighing up to 10 pounds. Even though the weight lifted may only be a negligible amount, a job is in this category when it requires walking or standing to a significant degree.

Up to 10# Negligible
Up to 20# Up to 10# or requires significant walking or standing, or requires pushing/pulling of arm/leg controls
Negligible or constant push/pull of items of negligible weight

Medium: Ability to lift up to 50 pounds maximum with frequent lifting and/or carrying objects weighing up to 25 pounds.

20-50# 10-25# Negligible-10#
**UW HEALTH JOB DESCRIPTION**

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<tr>
<td><strong>Heavy:</strong> Ability to lift up to 100 pounds maximum with frequent lifting and/or carrying objects weighing up to 50 pounds.</td>
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<tr>
<td><strong>Very Heavy:</strong> Ability to lift over 100 pounds with frequent lifting and/or carrying objects weighing over 50 pounds.</td>
<td>Over 100#</td>
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List any other physical requirements or bona fide occupational qualifications:

Note: The purpose of this document is to describe the general nature and level of work performed by personnel so classified; it is not intended to serve as an inclusive list of all responsibilities associated with this position.