

GROUP 1 – A Competencies**(Very Important, High Frequency)**

ASSESSMENT (2)	Competency #
<ul style="list-style-type: none"> identifies and confirms issues that have dietetic implications. 	(2-1)
<ul style="list-style-type: none"> recognizes factors affecting an issue (e.g., psychosocial, cultural, political, legal, ethical, religious, linguistic, environmental, social, economic, organizational, and biomedical factors). 	(2-3)
<ul style="list-style-type: none"> formulates conclusions based on the interpretation and integration of data. 	(2-7)
PLANNING (3)	
<ul style="list-style-type: none"> establishes, with the client and appropriate others, realistic goals consistent with the assessment, ethical considerations, legislation, and policies. 	(3-1)
<ul style="list-style-type: none"> determines, with the client and appropriate others, measurable objectives. 	(3-2)
<ul style="list-style-type: none"> formulates, with the client and appropriate others, strategies to meet the objectives. 	(3-4)
<ul style="list-style-type: none"> develops a specific plan of action with the client and appropriate others to meet the objectives for nutrition promotion and clinical nutrition by: <ol style="list-style-type: none"> defining framework. identifying the appropriate approach (e.g., program, advocacy, feeding route, dietary regimen). determining content. developing time lines. identifying the responsibilities and accountability of the client and appropriate others. identifying, accessing, managing and/or creating resources required to implement the plan of action. identifying collaborators and support services (e.g., self-help groups, community agencies, local businesses). determining monitoring parameters. determining monitoring methods. determining decision point criteria. establishing outcome measures. addressing the implications of the plan with the client and appropriate others. addressing constraints to implementing the plan. determining implementation strategies (e.g., media, lobbying, counselling strategies). establishing short and long-term plans. establishing evaluation procedures to measure the effectiveness of the plan. adjusting the plan of action as required. 	(3-6a)
	(3-6b)
	(3-6c)
	(3-6d)
	(3-6e)
	(3-6f)
	(3-6g)
	(3-6h)
	(3-6i)
	(3-6j)
	(3-6k)
	(3-6l)
	(3-6m)
	(3-6n)
	(3-6o)
	(3-6p)
	(3-6q)
IMPLEMENTATION (4)	
<ul style="list-style-type: none"> executes the plan by utilizing/developing resources (e.g., education materials, practice-based research, discussion with colleagues). 	(4-2d)
<ul style="list-style-type: none"> modifies the plan, as indicated through the monitoring process or as the result of unexpected circumstances. 	(4-4)
COMMUNICATION (6)	
<ul style="list-style-type: none"> collaborates with clients, colleagues, agencies, etc. during all phases of practice (i.e., assessment, planning, implementation, and evaluation). 	(6-1)
<ul style="list-style-type: none"> uses appropriate communication channels (e.g., formal, informal, focus groups, community action). 	(6-2)
<ul style="list-style-type: none"> applies principles of education (e.g., adult education, learning challenged). 	(6-4)
<ul style="list-style-type: none"> recognizes and responds to nonverbal communication (e.g., resistance to change, lack of understanding). 	(6-5)
<ul style="list-style-type: none"> provides information at the appropriate comprehension level. 	(6-10)
<ul style="list-style-type: none"> demonstrates effective oral and written communication skills. 	(6-12)
<ul style="list-style-type: none"> effectively demonstrates the following communication skills when appropriate: <ol style="list-style-type: none"> interviewing. counselling. 	(6-13d)
	(6-13f)
<ul style="list-style-type: none"> documents at each stage of the process according to policy, established time lines, and legal requirements. 	(6-14a)

GROUP 1 – B Competencies**(Very Important, Low Frequency)**

	Competency #
PROFESSIONAL PRACTICE (1)	
<ul style="list-style-type: none"> practices dietetics in accordance with the ethics of the profession by maintaining confidentiality. 	(1-1d)
<ul style="list-style-type: none"> practices within areas of competence. 	(1-7)
ASSESSMENT (2)	
<ul style="list-style-type: none"> uses effective data collection techniques (e.g., interviews, surveys, literature reviews, focus groups). 	(2-4)
<ul style="list-style-type: none"> translates raw data into interpretable data (e.g., height/weight to BMI, foods to nutrients, financial data to budget variance). 	(2-5)
<ul style="list-style-type: none"> integrates and interprets: <ol style="list-style-type: none"> needs assessment data dietary intake data (e.g., 24 hour recall, food frequency, and food record). health record data (e.g., anthropometric, biochemical, clinical, dietary, psychosocial). team/stakeholder meetings data (formal and informal). physical nutritional assessment data (e.g., height, weight, anthropometrics). operational parameters (e.g., physical layout, staffing levels, union contracts). financial data (e.g., enteral feeding product cost, socio-economic status of clients, monthly budget reports). quality management data (e.g., client satisfaction questionnaire, standards of practice audit). factors affecting learning. product data (e.g., product specifications). legal and contractual information. 	(2-6a)
	(2-6b)
	(2-6c)
	(2-6d)
	(2-6e)
	(2-6f)
	(2-6g)
	(2-6h)
	(2-6j)
	(2-6k)
	(2-6m)
PLANNING (3)	
<ul style="list-style-type: none"> priorizes, with the client and appropriate others, the objectives. 	(3-3)
<ul style="list-style-type: none"> develops, with client and appropriate others, plans of action for managing: <ol style="list-style-type: none"> human resources (e.g., recruiting, orienting, training, supervising, evaluating, scheduling). financial resources (e.g., inventory management). the quality of programs, products, and services. practice-based research. operations (e.g., schedules, safety, policies and procedures, emergency response, contractual agreements). technology (e.g., computer utilization). facilities and equipment. the safe provision of foods/nutrients (e.g., menu planning, production, distribution, choice of nutritional products). the marketing of programs, products, and services. 	(3-5a)
	(3-5b)
	(3-5c)
	(3-5g)
	(3-5h)
	(3-5i)
	(3-5j)
	(3-5k)
	(3-5l)
IMPLEMENTATION (4)	
<ul style="list-style-type: none"> activates the plan by confirming the responsibilities and accountability of the client and appropriate others. 	(4-1b)
<ul style="list-style-type: none"> executes the plan by: <ol style="list-style-type: none"> using a variety of strategies to meet client needs. managing human resources. 	(4-2b)
	(4-2e)
<ul style="list-style-type: none"> monitors the achievement of the plan's objectives according to: <ol style="list-style-type: none"> client acceptance/satisfaction. human resource utilization (e.g., supervision, performance evaluation, workload measurement). safe provision of foods/nutrients (e.g., intake assessment, product dating). behaviour/attitude change. 	(4-3a)
	(4-3c)
	(4-3h)
	(4-3i)

GROUP 1 – B Competencies (cont'd)

EVALUATION (5)	Competency #
<ul style="list-style-type: none"> • evaluates the achievement of the planned objectives with respect to outcomes. 	(5-1a)
<ul style="list-style-type: none"> • evaluates the process with respect to: <ul style="list-style-type: none"> a) effectiveness. 	(5-2a)
<ul style="list-style-type: none"> <ul style="list-style-type: none"> b) efficiency. 	(5-2b)
<ul style="list-style-type: none"> <ul style="list-style-type: none"> c) client satisfaction. 	(5-2c)
<ul style="list-style-type: none"> <ul style="list-style-type: none"> d) impact (e.g., financial, community, psychosocial and nutritional benefit). 	(5-2d)
<ul style="list-style-type: none"> • evaluates the outcomes with respect to: <ul style="list-style-type: none"> d) client satisfaction. 	(5-3d)
<ul style="list-style-type: none"> <ul style="list-style-type: none"> e) impact (e.g., financial, community, psychosocial and nutritional benefit). 	(5-3e)
COMMUNICATION (6)	
<ul style="list-style-type: none"> • communicates effectively considering the client's profile (e.g., positioning marketing strategies). 	(6-8)
<ul style="list-style-type: none"> • effectively demonstrates the following communication skills when appropriate: facilitating. 	(6-13g)

GROUP 2 – A Competencies**(Important, High Frequency)**

	Competency #
PROFESSIONAL PRACTICE (1)	
• practices dietetics in accordance with the ethics of the profession by:	
a) demonstrating integrity in professional practice.	(1-1a)
b) demonstrating empathy in professional practice.	(1-1b)
c) maintaining objectivity.	(1-1c)
f) working in the best interest of the client.	(1-1f)
• promotes a high standard of professional practice by disseminating nutrition knowledge and information.	(1-2d)
• commits to a high standard of professional competence through continuous learning and self-development by:	
a) assessing personal and professional strengths and limitations.	(1-3a)
b) identifying development needs in practicing dietetics.	(1-3b)
c) identifying development needs in practicing dietetics.	(1-3c)
d) monitoring a plan for self-development.	(1-3d)
• manages time efficiently.	(1-4)
• practices effectively to achieve desired outcomes.	(1-5)
• utilizes research to improve practice.	(1-8)
• applies a research approach to problem solving by:	
a) examining a problem.	(1-9a)
b) reviewing related literature/resources.	(1-9b)
c) applying research findings to the problem.	(1-9c)
d) evaluating the results of the solution.	(1-9d)
ASSESSMENT (2)	
• identifies/obtains relevant data including dietary intake data (e.g., 24 hour recall, food frequency, and food record).	(2-2b)
• integrates and interprets:	
i) marketing data.	(2-6i)
l) appropriate literature/resources (e.g., epidemiological, demographic, practical research).	(2-6l)
PLANNING (3)	
• develops, with client and appropriate others, plans of action for managing:	
d) communication.	(3-5d)
e) education.	(3-5e)
d) community action.	(3-5f)
IMPLEMENTATION (4)	
• activates the plan by communicating the plan to the client and appropriate others.	(4-1a)
• executes the plan by:	
a) managing the delivery of programs, products, and services (e.g., delegating when appropriate).	(4-2a)
c) creating an environment conducive to executing the plan.	(4-2c)
f) managing within the established budget.	(4-2f)
g) utilizing practice-based research approaches.	(4-2g)
h) applying pertinent legislation, standards, and contractual agreements.	(4-2h)
monitors the achievement of the plan's objectives according to:	
b) quality of products and services.	(4-3b)
d) financial performance (e.g., cost effectiveness, budget variance).	(4-3d)
f) operations (e.g., time plan, safety, and sanitation).	(4-3f)
g) facilities, equipment, and technology availability and utilization.	(4-3g)
j) other monitoring parameters as identified (e.g., laboratory results, cafeteria revenue).	(4-3j)
a) goals.	(5-3a)
b) effectiveness.	(5-3b)
• determines the need for further evaluation.	(5-4)
• determines the need for future action.	(5-5)

GROUP 2 - A Competencies (cont'd)

COMMUNICATION (6)	
• uses a variety of opportunities for teaching.	(6-3)
• seeks, recognizes, and responds appropriately to feedback.	(6-11)
• effectively demonstrates the following communication skills when appropriate:	
b) negotiation.	(6-13b)
e) teaching.	(6-13e)
• documents at each stage of the process in an appropriate format (e.g., concise and organized style).	(6-14b)

GROUP 2 – B Competencies**Important, Low Frequency**

	Competency #
PROFESSIONAL PRACTICE (1)	
<ul style="list-style-type: none"> practices dietetics in accordance with the ethics of the profession by: <ul style="list-style-type: none"> e) observing conflict of interest guidelines. (1-1e) g) identifying and acting appropriately in dealing with unethical or incompetent behaviour. (1-1g) promotes a high standard of professional practice by: <ul style="list-style-type: none"> a) supporting colleagues in the pursuit of their professional development. (1-2a) b) supporting the training and education of others. (1-2b) c) supporting the advancement of dietetic practice, research, and knowledge. (1-2c) accepts accountability in performing responsibilities. (1-6) 	
ASSESSMENT (2)	
<ul style="list-style-type: none"> identifies/obtains relevant data including: <ul style="list-style-type: none"> a) needs assessment data. (2-2a) c) health record data (e.g., anthropometric, biochemical, clinical, dietary, psychosocial). (2-2c) d) team/stakeholder meetings data (formal and informal). (2-2d) e) physical nutritional assessment data (e.g., height, weight, anthropometrics). (2-2e) f) operational parameters (e.g., physical layout, staffing levels, union contracts). (2-2f) g) financial data (e.g., enteral feeding product cost, socioeconomic status of clients, monthly budget reports). (2-2g) h) quality management data (e.g., client satisfaction questionnaire, standards of practice audit). (2-2h) i) marketing data. (2-2i) j) factors affecting learning (e.g., literacy, language comprehension, readiness to learn). (2-2j) k) product data (e.g., product specifications). (2-2k) l) appropriate literature/resources (e.g., epidemiological, demographic, practical research). (2-2l) m) legal and contractual information. (2-2m) 	
IMPLEMENTATION (4)	
<ul style="list-style-type: none"> monitors the achievement of the plan's objectives according to communications (e.g., feedback, response to the plan) (4-3c) 	
EVALUATION (5)	
<ul style="list-style-type: none"> evaluates the outcomes with respect to efficiency. (5-3c) 	
COMMUNICATION (6)	
<ul style="list-style-type: none"> uses appropriate terminology for the client, team members, and appropriate others (6-6) communicates using appropriate technology (e.g., television, slides, computers). (6-7) actively participates with individuals and groups. (6-9) effectively demonstrates the following communication skills when appropriate: <ul style="list-style-type: none"> a) advocacy. (6-13a) c) lobbying. (6-13c) 	

An IMPORTANT Word About the Competencies

The Competencies are divided into **four groups** (1-A, 1-B, 2-A, 2-B) according to their importance and how frequently the dietitian performs them. This will be reflected on the CDRE (exam) by the proportion of items based on each Group of competencies as shown below.

	1. Very/Extremely Important	2. Important
A. High Frequency	GROUP 1-A 40-50%	GROUP 2-A 15-25%
B. Low Frequency	GROUP 1-B 30-40%	GROUP 2-B 1-10%

