

NORTH CAROLINA BOARD OF DIETETICS/NUTRITION
BOARD MEETING
12:00 PM
1135 KILDAIRE FARM ROAD, SUITE 200
CARY, NC 27511

[ELECTRONIC ONLY MEETING]

OPEN MINUTES: September 20, 2021

Board Members Present: Ananya Sen, Amanda Holliday, Analia Camarasa

Director: Charla Burill, Executive Director

Ex-Officio: Marnie Jones, Administrative Specialist

Guests: Traci Hobson, ANA legislative representative,

Absent: Patricia Pitts

Call to Order

Dr. Sen read the following information for the Board, regarding holding electronic Board meetings.

Session Law 2020-3, entitled “An Act to Provide Aid to North Carolinians in Response to the Coronavirus Disease 2019 (Covid-19) Crisis,” sets forth, among other things, changes to the way boards may conduct meetings through simultaneous electronic means during the declaration of emergency. These changes will remain in effect until the declaration of emergency ends.

Since the Board has fully transitioned its operations to a virtual workspace, to ensure that the Board is complying with these new requirements and using best practices when meeting, please take note of the following guidelines:

1. Board members must identify themselves by name prior to speaking at any time during the meeting.
2. The Board Chair shall conduct all votes during the meeting by roll call; each voting Board member must identify himself or herself by name before casting a vote.
3. All documents to be reviewed by the Board will be distributed by electronic means in advance of the meeting.
4. Board members must announce themselves when joining or exiting the remote meeting because Board staff must accurately reflect attendance in the minutes and because the Board must maintain a quorum of participating members throughout the remote meeting.
5. All electronic chats, instant messages, texts, emails, etc. between Board members during the remote meeting are public records and must be provided to the Board’s Executive Director, as the Board’s custodian of records, at the conclusion of the remote meeting.
6. Please be mindful of your surroundings and background noise while participating in the remote meeting. When not speaking, please place your microphone on mute; and
7. Members of the public will be provided with the opportunity to watch or listen to open sessions of the remote meetings. However, Board members may continue to make motions to enter closed session, as allowed by law, to which members of the public will not have access.

To ensure a quorum, Dr. Sen asked members to recognize their presence when their name was read:

1. Amanda Holliday – Present
2. Analia Camarasa – Present
3. And I, Dr. Sen, am present.

Dr. Sen declared there was a quorum of the Rules Committee. Dr. Sen also asked if there were any existing conflicts. Hearing none, Analia made a motion to approve the agenda as presented. Amanda seconded the motion. No discussion. Roll call to approve motion: Amanda – Yes, Amy – Yes, Analia – Yes, and Dr. Sen – Yes.

Charla refreshed the committee on where the June meeting left off, noting the concerns raised regarding supervised practice. For reference, Charla had electronically provided the current/proposed bill language from licensure bills in North Dakota and Michigan.

21 NCAC 17. 0303

- In review of ND and MI language the Board liked the language that referred to a “planned” supervised practice experience. Amanda and Dr. Sen agreed that it would seem obvious that all would benefit from preceptors and students discussing the breadth of the experience and areas that would be covered, to set expectations for both parties. Analia agreed. Analia asked about how this would work, giving the example that if she is precepting, she may not know what disease states would present in her clinic, and therefore may not be able to guarantee certain disease states would be covered. The board discussed that this could be where the preceptor could indicate that they would work through “X” number of clinical patients/hours, what activities would be covered in those clinical hours, etc. without having to plan exact number of patients with specific disease states. One supervisor does not necessarily have to cover all disease states. The Board also discussed simulation and lab hours as tools to ensure exposure to various clinical conditions. Analia asked Amanda to describe the competency areas that Amanda’s students are required to cover. Amanda explained that preceptors are first screened to see what areas they can provide. Once on site, the student goes through orientation, and is evaluated at the midpoint to gauge how they are doing.
- In discussing .303(2), all felt that the language should just indicate that the student and preceptor need to be accessible to each other no matter what “type” of care is being provided (MNT vs. non-MNT). Dr. Sen pointed out that the provision/supervision of MNT should be more time sensitive. The Board discussed the various time frames that would be acceptable to have a supervisor sign off on MNT before/after it has been implemented.
- In discussion of .303(4), the Board reviewed what the definition of “authorizes” means; different people had different perceptions of the meaning. The goal is to address “timing” of when a care plan is implemented. Analia agreed with authorization before implementation of a care plan. Further discussion was had about possibly breaking out MNT into a separate line; using the words “in real-time.”
- In discussion of .303 (5), all were ok with the language as proposed on screen, however Dr. Sen questioned the term “appropriate aspects” and after review, then all agreed it was too hard to interpret what that would mean, so it should be removed.
- Current agreed upon edits the Committee may put forth for consideration:

21 NCAC 17 .0303 SUPERVISION

For purposes of G.S. 90-368(2), "direct supervision" means the supervising practitioner:

(1) ~~discusses and recommends, with the student or trainee, nutrition care services undertaken by the student or trainee, which are appropriate to the level of nutrition care; develop and carry out a program for advancing and optimizing the quality of care provided by a supervisee.~~ The supervisor and the supervisee shall identify and document competency goals for the supervised practice experience described in N.C. Gen. Stat. 90-357.5, the supervisee’s scope of practice, the assignment of clinical tasks as appropriate to the supervisee’s level of competence, the supervisee’s relationship and access to the supervisor, and an evaluation process for the supervisee’s performance.

(2) ~~is available for consultation on nutrition care services being performed by the student or trainee, either through on-site or through electronic communication; is physically onsite and present [or available for immediate physical intervention] where the student or trainee is providing nutrition care that requires physically touching the patient and is either physically onsite and present [or available for immediate physical intervention] or immediately and continuously available by means of two-way real-time audiovisual technology that allows for the direct, contemporaneous interaction by sight and sound between the qualified supervisor and the supervisee where the student or trainee is providing nutrition care services not requiring touching of the patient ;~~

- (3) shall be available to-render immediate assistance when requested by the student or trainee or the patient or client, or shall have arranged for another qualified practitioner to be immediately available in the absence of the supervising practitioner;
- (4) periodically observes the nutrition care services of the student or trainee supervised, and evaluates, authorizes, evaluates and approves all ~~nutrition care services~~ medical nutrition therapy provided by the student or trainee supervised, in real-time; and
- (5) maintains primary ~~shall maintain~~ responsibility for ~~the~~ and control over all nutrition care ~~activities~~ services performed by the student or ~~trainee-~~trainee, including clinical record keeping; and
- (6) ensures the student or trainee is designated throughout the supervised practice experience by a title that clearly indicates the individual's status as a student or trainee.

21 NCAC 17. 0104

- Charla reminded everyone that .303 only applies to direct supervision as required of persons providing supervision of students providing MNT in NC; .104 applies to the supervised practice experience required of all applicants.
- Board members discussed its concerns related to some LN applicants not appearing to truly be under the generally understood definition of supervision. Noting the concerns the Board has had Board members discussed bringing over some of the same language from .303 to .104 and distinguishing .303 as needed to address supervision of students providing MNT to citizens of NC and necessary to protect the citizens of NC.
- Analia asked if this means applicants will not be able to create their own supervised practice? The consensus was no, it doesn't, but rather that the supervisor needs to be much more involved than what the Board has seen from some applicants. Analia asked whether the spirit of the origin of the CNS credential and licensing them in NC was in part intended to help other healthcare practitioners (PT, etc.) to further their knowledge and use nutrition treatment in aiding their own clients. While this is in part true, Dr. Sen raised the concern that if all one sees are patients from one's own practice, one risks not obtaining exposure to a variety of conditions or populations, thus not equally setting a base level of knowledge for licensure.

The Board moved into discussion of the possibility of adding specific disease states and population requirements to the statute or rules. Amanda shared the disease states as noted in the ACEND competencies with the group via the chatbox [13:53:18 From Amanda Holliday to Everyone: Learning experiences must prepare students for professional practice with clients/patients with various conditions, including, but not limited to overweight and obesity; disordered eating; developmental, intellectual, behavioral health, neurological, and endocrine disorders; cancer; malnutrition; and cardiovascular, gastrointestinal and renal diseases.]

Further discussion of conditions and what is truly learned at each level of education (BS, MS, etc.). Charla asked if the Board felt it was necessary to include population groups and Amanda provided examples of that language from ACEND in the chatbox [14:01:38 From Amanda Holliday to Everyone: Learning experiences must prepare students to implement the Nutrition Care Process with various populations of diverse cultures, genders and across the life cycle including infants, children, adolescents, adults, pregnant/lactating females and older adults. 14:01:54 From Amanda Holliday to Everyone: Learning experiences must use a variety of educational approaches necessary for delivery of curriculum content to meet learner needs and competencies.]

Further discussion was had about the various body systems and what systems would be appropriate to cover all.

Current draft language that the Committee will continue discussing for 21 NCAC 17. 0104(j)(2) and (k) is:

- (j) Applicants providing evidence of completing a supervised practice experience in G.S. 90-357.5(a)(1)(b) shall either:

- (1) Submit a verification statement that includes the original signature of the Program Director of a documented, supervised practice experience that has been accredited by the ACEND as meeting the competency requirements of the most current edition of the Accreditation Standards for Nutrition and Dietetics Internship Programs; or
- (2) Submit documentation demonstrating at least 1000 hours of documented, supervised practice experience, meeting the competency requirements of the most current edition of the Accreditation Standards for Nutrition and Dietetics Internship Programs issued by ACEND. The scope of activities may include alternate supervised experiential learning such as simulation, case studies, and role playing, but must also include at least 750 hours in a professional work setting. The 1000 hours must be concurrent with or following completion of the academic requirements for licensure and need not be a paid experience. The following shall be necessary to determine and verify supervised practice experience:
 - (A) The supervisor shall:
 - (i) periodically observe the provision of nutrition care services by the student or trainee supervised, and evaluate, authorize, and approve all nutrition care services of the student or trainee supervised, in real-time.
 - (ii) maintain primary responsibility for and control over all nutrition care services performed by the student or trainee, including clinical record keeping; and
 - (iii) ensure the student or trainee is designated throughout the supervised practice experience by a title that clearly indicates the individual's status as a student or trainee.
~~The supervisor shall have access to all relevant patient/client records kept during the supervised practice experience. The supervisor shall review performance by periodic observation, either in real time, or by some recording of the nutrition service.~~
 - (B) If there shall be more than one supervisor or facility for different parts of the supervised practice experience, information and verification of each part is required.
 - (C) The applicant shall provide to the Board for each supervisor/facility:
 - (i) the name and address of the facility providing the supervised practice experience;
 - (ii) the name, address, phone, and title of the supervisor who supervised the supervised practice experience;
 - (iii) a summary of nutrition services performed, along with dates and hours spent performing ~~them; -them.~~ Learning experiences must prepare students for professional practice with clients/patients with various conditions, including, but not limited to underweight, overweight, and obesity; developmental, intellectual, behavioral health, neurological, and endocrine disorders; malnutrition; and cardiovascular, gastrointestinal, integumentary, musculoskeletal, and renal systems. And, such experiences must prepare students to work with various

populations of diverse cultures, genders, and across the life cycle including infants, children, adolescents, adults, pregnant/lactating females, and older adults.

- (iv) evidence that the supervisor met the requirements stated in G.S. 90-357.5(a)(1)(b) at the time of supervision; and
- (v) an attestation that the supervisor is not related to, married to, or domestic partners with the supervisee.

(D) Each supervisor ~~shall review the evidence provided by the applicant and verify that the information is true, including:~~ shall:

- (i) verify that the applicant participated in nutrition services under his or her supervision, stating the total number of hours;
- (ii) ~~providing~~ provide a summary of the nutrition services ~~provided~~ completed under his or her supervision; and
- (iii) ~~providing~~ provide an evaluation of the applicant for the Board to be able to assess the applicant's performance in completion of the competencies required by ACEND.

(k) Applicants providing evidence of completing a supervised practice experience in G.S. 90-357.5(c)(2) shall submit documentation demonstrating at least 1000 hours of documented, supervised practice experience, meeting the requirements as stated in G.S. 90-357.5(c)(2). The scope of activities may include alternate supervised experiential learning such as simulation, case studies, and role playing, but must also include at least 750 hours in a professional work setting. The 1000 hours must be concurrent with or following completion of the academic requirements for licensure and need not be a paid experience. The following shall be necessary for proof of completion of a Board-approved internship or a documented, supervised practice experience in nutrition services: ~~to determine and verify the supervised practice experience:~~

(1) The supervisor shall:

(A) periodically observe the provision of nutrition care services by the student or trainee supervised, and evaluate, authorize, and approve all nutrition care services of the student or trainee supervised, in real-time.

(B) maintain primary responsibility for and control over all nutrition care services performed by the student or trainee, including clinical record keeping; and

(C) ensure the student or trainee is designated throughout the supervised practice experience by a title that clearly indicates the individual's status as a student or trainee.

~~The supervisor shall have access to all relevant patient/client records kept during the supervised practice experience. The supervisor shall review performance by periodic observation, either in real-time or by some recording of the nutrition service.~~

(2) If there shall be more than one supervisor or facility for different parts of the supervised practice experience, information and verification of each part is required.

(3) The applicant shall provide to the Board for each supervisor/facility:

- (A) the name and address of the facility providing the supervised practice experience;
 - (B) the name, address, phone, and title of the supervisor who supervised the supervised practice experience;
 - (C) a summary of nutrition services performed, along with dates, and hours spent performing ~~them;~~ them. Learning experiences must prepare students for professional practice with clients/patients with various conditions, including, but not limited to underweight, overweight, and obesity; developmental, intellectual, behavioral health, neurological, and endocrine disorders; malnutrition; and cardiovascular, gastrointestinal, integumentary, musculoskeletal, and renal systems. And, such experiences must prepare students to work with various populations of diverse cultures, genders, and across the life cycle including infants, children, adolescents, adults, pregnant/lactating females, and older adults.
 - (D) evidence that the supervisor met the requirements as stated in G.S. 90-357.5(c)(2) at the time of supervision; and
 - (E) an attestation that the supervisor is not related to, married to, or domestic partners with the supervisee.
- (4) Each supervisor ~~shall review the evidence provided by the applicant and verify that the information is true, including:~~ shall:
- (A) verify that the applicant participated in nutrition services under his or her supervision, stating the total number of hours;
 - (B) ~~providing~~ provide a summary of the nutrition services ~~provided~~ completed under his or her supervision; and
 - (C) ~~providing~~ provide an evaluation of the applicant for the Board to be able to assess the applicant's performance in the areas of nutrition assessment; nutrition intervention, education, counseling, or management; and nutrition monitoring or evaluation.

The meeting was running over and the Board decided to set the next meeting date for 10/25/21 at 12:00 PM. Marnie will set up the logistics and post publicly.

Public Comment –Dr. Sen

Dr. Sen asked if there was any public comment. Traci Hobson indicated she had no comment at present but would likely be submitting written comments.

Analia motioned to adjourn the meeting. Dr. Sen agreed. No further discussion. All approved. Meeting adjourned at 2:19 PM.