

**CNS Practice Experience Plan
For the CNS Candidate's Internal Use Only - Not Required for Submission**

This is a document we provide to help you plan your Supervised Practice Experience. It is not required, nor necessary for you to submit it to the BCNS upon completion of your 1,000 hours. We suggest that you share and discuss your plan with your BCNS-approved supervisor(s).

Please note: It may be necessary for you to work with multiple supervisors in multiple settings to cover all competencies. All Supervisors must be approved by BCNS.

Supervisor #1 _____ Date approved by BCNS: _____

Supervisor #2 _____ Date approved by BCNS: _____

Supervisor #3 _____ Date approved by BCNS: _____

- Work with each supervisor to determine which competencies she/he covers and note in the appendix below.
- Schedule regular meetings with each supervisor to review cases, competencies covered, etc. BCNS requires that you meet with each supervisor for one hour per every 40 hours you work.
- Use the SPE CNS Tracking Tool (or comparable document) to record the competencies you cover and the number of hours you work in each category A, B, C each day and month. Note: use one spreadsheet for each supervisor with whom you work.

Please check the box(es) that apply:

- A. I plan to work exclusively with my own clients
- B. I plan to work exclusively with my supervisors' clients
- C. I plan to work with both my own clients and my supervisors' clients

If you checked C, what percentage with:

_____ % your own clients

_____ % your supervisors' clients

Describe How You Plan to Meet the Competencies

How do you plan to practice? For example, think about where you will be working, what community events you would like to conduct, what type(s) of clients you'll be working with, what health condition(s) you might specialize in, etc. Consider a variety of practices so that you can meet all of the required competencies. Provide as much detail as needed to make your practice experience a success.



- iv. Evaluate eating patterns, stress eating tendencies and disordered eating behaviors
- v. Identify dietary avoidance behaviors
- vi. Identify allergies and sensitivities to foods and dietary supplement ingredients based on history and symptoms reports
- vii. Physical activity, identifying frequency, intensity, type and limitations to exercise
- viii. Identify stages of change for making dietary and other lifestyle modifications
- ix. For each life cycle stage, understand its impact on nutrient requirements, including nutrient absorption, metabolism, and transport
- c. Biochemical and laboratory assessment
- i. Evaluate signs of vitamin and mineral deficiencies or toxicities
- ii. Interpret laboratory data as it applies to nutrition-related conditions and systemic imbalances
- iii. Monitor growth, weight and BMI
- iv. Identify hormonal and neurotransmitter imbalances based on laboratory assessment
- v. Identify personalized and biochemical laboratory value ranges as compared to normal reference value ranges
- d. Genetic/genomic factors
- i. Demonstrate understanding of the basics of gene expression, transcription and translation
- ii. Demonstrate understanding of genetic disorders in nutrient metabolism
- iii. Evaluate family health history as it relates to current health status and risk factors
- e. Anthropometrics
- i. Be familiar with the following anthropometric measurements: mid-arm circumference, triceps skin-fold and mid-arm muscle circumference
- ii. Be familiar with bioelectric impedance
- iii. Be familiar with waist to hip ratio measurements
- iv. Be familiar with emerging tools of anthropometrics (ultrasound, DEXA, MRI, CT scanning, and air displacement plethysmography)
- f. Assessment of diet impact on health status
- i. Be familiar with computerized analysis of food intake
- ii. Determine individual micro- and macro-nutrient requirements using guidelines and recommendations customizing them according to the individual's age, sex, body type, reproductive status, activity level and metabolism

iii. Identify appropriate nutritional assessment for each life cycle stage

g. Identification of clinical status

i. Identify symptoms that require medical referral

ii. Correlate constellations of symptoms for the most effective and efficient treatment protocol

2. Category B: Nutrition Intervention, Education, Counseling or Management (Min. 200 hours Required)

Definition: A nutrition intervention consists of planned actions designed to change nutrition related or lifestyle-related behaviors for the purpose of resolving health issues or optimizing health. It may involve any of the following activities: research related to treatment plan, development of medical nutrition therapy interventions, client education, counseling and management of individuals or groups, food preparation instruction, shopping, sustainability practices, and behavioral/motivational counseling.

Competencies:

a. Nutrition relationship to disease or system (Medical Nutrition Therapy) Formulate applicable dietary and nutraceutical interventions for prevention, modulation, and management for the following chronic, systemic disorders such as:

i. Obesity

ii. Cardiovascular disease, dyslipidemias, and hypertension

iii. Insulin resistance and non-insulin dependent diabetes

iv. Endocrine disorders

v. Autoimmune disorders

vi. Gastrointestinal disorders (gastroesophageal reflux disease, peptic ulcer disease, dumping syndrome, irritable bowel syndrome, inflammatory bowel disease, short bowel syndrome, diverticulosis, and colorectal cancer.)

vii. Hematologic disorders

viii. Bone disorders, such as osteopenia and osteoporosis

ix. Hepatic disorders

x. Pulmonary disorders

xi. Renal disorders

xii. Cognitive/neurological disorders

xiii. Food allergies and intolerances

xiv. Apply nutritional therapy in compromised individuals (those undergoing chemotherapy, radiation, surgical procedures, dialysis, bariatric surgery, or those who cannot masticate, swallow, or absorb nutrients due to medical interventional procedures or treatments)

xv. Apply specific dietary and nutraceutical modifications as adjuvant therapy in immunocompromised individuals (those with HIV-AIDS, cancer, tuberculosis)

xvi. Identify the unique nutritional therapy for each life cycle stage



b. Drug-nutrient/ drug-herb interactions

- i. Identify common drug-nutrient and drug-herb-interactions affecting glucoregulation, coagulation, and metabolism
- ii. Identify drug/herb action, duration of action, indication and dose of a patient's current therapeutic regimen
- iii. Identify dietary factors that affect the actions of common drugs and the underlying mechanisms of action
- iv. Identify nutrient depletions which can occur related to commonly used drugs
- v. Identify interactions between drugs and foods (including herbs) and their constituents
- vi. Assess the interaction of nutrients with alcohol

c. Interactions between nutrients

- i. Assess the synergistic effects and antagonistic interactions of nutrients in foods and supplements and how they may impact the health status of an individual

d. Dietary therapeutics and behavior optimization

- i. Assess the advantages and limitations of popular diets
- ii. Identify the therapeutic usefulness of specific foods
- iii. Apply scientific evidence and methods when developing specific dietary recommendations
- iv. Assess the link between behaviors learned in childhood and their impact on obesity and other chronic health issues in adulthood
- v. Apply psychological and motivational skills to enhance clinical outcomes
- vi. Gauge and optimize compliance with recommendations

e. Nutraceutical and supplement therapeutics

- i. Apply evidence-based dose and duration of use of nutraceuticals for common conditions
- ii. Develop working knowledge of good manufacturing practices and other markers of quality end-products

f. Eating behaviors and eating disorders

- i. Assess the effects of disordered eating patterns on nutritional status, body composition and function

g. Data comprehension and translation

- i. Assess individual patient data and compare with other data (national guidelines, policies, consensus statements, expert opinions and previous outcome experience) to develop nutritional therapeutic interventions

h. Botanical and related therapeutics

i. Develop working knowledge of the effects of common botanical supplements and their indication for health promotion

ii. Assess the safe use and potential toxicity of botanical supplements

3. Category C: Nutrition Monitoring or Evaluation (min 200 hours required)

Definition: Regular re-evaluation of treatment plan and goals in accordance with evaluation of improvements made based on symptoms and overall health status. Includes review of clinical research, standards of care, and other indirect contact.

Competencies: Included in Categories A and B above.

4. Professional Issues, Epidemiology and Biostatistics

The following competencies are to be addressed within Categories A, B and C above.

a. Professional Issues

i. Food quality and safety

1. Develop working knowledge of the causes and preventive measures for the most common food borne illnesses

2. Monitor current developments and outbreaks of food borne illnesses and translate media information into science-based evidence and patient recommendations

3. Assess populations at risk for food safety issues

4. Assess factors that may negatively affect food quality (pesticides, xenobiotics, GMO's, hormones, food additives, PCB, heavy metals)

ii. Cultural issues, ethical standards and boundaries

1. Apply all HIPAA compliance requirements

2. Refer clients to appropriate healthcare providers when their care requires services outside the scope of practice of a CNS

3. Assess the impact of personal and cultural beliefs on dietary and lifestyle patterns and be able to address these beliefs when developing nutrition intervention plans

b. Epidemiology and biostatistics

i. Apply the knowledge of basic epidemiology of nutrition into practice

ii. Utilize knowledge from research studies to compare outcomes and translate them into science-based therapies for clients

Provide any additional information you'd like to include in your plan (use additional sheets if necessary):

