

ADVANCED CLINICAL DIETETICS, PROFESSIONAL PRACTICE AND STARTUP DEVELOPMENT

6 Month Virtual Course Outline

Designed for nutrition and dietetics students and graduates whose basic nutrition concepts are already clear and who now want to develop clinical competence, professional practice systems, and a structured pathway toward their own dietetic service or startup.

Entry Level

Participants are expected to understand basic nutrition science, macronutrients, micronutrients, digestion, metabolism, energy balance and general nutrition concepts. Prior knowledge of NCP, ADIME, IDNT or PES is not required.

Course Purpose

The course develops three areas together: clinical competence, organized professional practice, and startup readiness. NCP is the clinical backbone, but the course extends into patient systems, documentation, software use, service design and startup development.

Learning Approach

Participants move from clinical reasoning into structured patient management, then into complete practice systems. Each stage is taught through realistic examples, simulated cases and practical professional tasks.

End Goal

Participants should finish with a stronger ability to manage a simulated clinical case systematically and with a practical framework for organizing and beginning their own dietetic service within their professional scope and local requirements.

COURSE ROADMAP

Month

Primary Development Area

What the Participant Should Gain

Month 1

Clinical Dietetics and Clinical Reasoning

Understand how a dietitian approaches a patient, learn the complete Nutrition Care Process from the beginning and start organizing clinical decisions logically.

Month 2

Assessment, Nutrition Diagnosis, IDNT and PES

Learn to assess comprehensively, interpret findings, identify nutrition problems and document them using structured professional terminology.

Month 3

Nutrition Prescription, Intervention and MNT

Translate assessment findings and nutrition diagnoses into individualized nutrition prescriptions, interventions and practical patient care.

Month 4

Disease Based and Complex Clinical Application

Apply the complete clinical process to common conditions and begin managing competing nutrition priorities within more complex cases.

Month 5

Complete Patient Management, ADIME and Practice Systems

Learn the full patient journey, follow up, documentation, records, referrals and the use of professional software to organize practice.

Month 6

Dietetic Startup Development

Build a structured service model including target population, patient journey, consultation system, software workflow, packages, pricing, ethical marketing and launch planning.

MONTH 1: CLINICAL DIETETICS AND CLINICAL REASONING

Theme: You know nutrition. Now learn how to use it professionally.

Purpose: To bridge the gap between academic nutrition knowledge and structured clinical dietetic thinking.

Week

Focus

Learning Content

Practical Application

Week 1

Understanding Clinical Dietetics

Role of the clinical dietitian. Medical Nutrition Therapy. General nutrition advice and dietetic care. Professional scope. Professional boundaries. Multidisciplinary care. Referral. Ethics. Confidentiality.

Participants review patient scenarios and decide what belongs

within dietetic practice, what requires collaboration and what requires referral.

Week 2

Thinking Clinically About a Patient

Understanding the patient beyond the medical diagnosis. Relevant information. Irrelevant information. Missing information. Assumptions. Clinical priorities. Patient goals. Red flags.

Participants receive an incomplete patient case and identify what is known, what is missing and what needs to be clarified before recommendations are made.

Week 3

Introduction to the Nutrition Care Process

Purpose of the Nutrition Care Process. Nutrition Assessment. Nutrition Diagnosis. Nutrition Intervention. Nutrition Monitoring and Evaluation. Understanding why each step exists and how the steps connect.

Participants organize a simple patient case according to the four stages of the Nutrition Care Process.

Week 4

Clinical Reasoning Within the NCP

How assessment findings lead to nutrition problems. Why intervention should not be chosen before assessment and diagnosis. Introduction to ADIME as a documentation structure.

Participants trace one patient from initial information through assessment, diagnosis, intervention and follow up and explain the reasoning between each stage.

Month 1 Development Outcome: Participants should understand how a clinical dietitian thinks, what the Nutrition Care Process is

and why structured care is different from simply giving dietary recommendations.

MONTH 2: NUTRITION ASSESSMENT, DIAGNOSIS, IDNT AND PES

Theme: Identify the nutrition problem before treating it.

Purpose: To teach participants how to assess a patient comprehensively and translate assessment findings into a professional nutrition diagnosis.

Week

Focus

Learning Content

Practical Application

Week 5

Comprehensive Nutrition Assessment

Food and nutrition related history. Dietary intake. Meal patterns. Anthropometric information. Weight history. Biochemical findings. Medical history. Medications. Supplements. Clinical symptoms. Lifestyle. Social factors. Food access. Health literacy. Patient goals.

Participants complete a structured nutrition assessment using a simulated patient case and explain why each category of information matters.

Week 6

Interpreting Assessment Findings

Relevant and irrelevant findings. Anthropometric trends. Nutrition relevant laboratory findings. Medication and nutrient considerations. Symptoms. Missing information. Recognizing when

further assessment or referral is required.

Participants receive information rich cases and identify what actually contributes to the nutrition picture and what remains uncertain.

Week 7

Nutrition Diagnosis and IDNT

Medical diagnosis and nutrition diagnosis. Purpose of standardized terminology. Intake domain. Clinical domain. Behavioral and environmental domain. Selecting an appropriate nutrition diagnosis.

Participants classify nutrition problems into the appropriate diagnostic domains and compare several possible diagnoses for the same case.

Week 8

PES Statements and Problem Prioritization

Problem. Etiology. Signs and symptoms. Selecting a meaningful etiology. Supporting the diagnosis with evidence. Primary and secondary diagnoses. Clinical urgency. Patient priorities. Treatability.

Participants write PES statements, correct weak examples and defend which nutrition problem should be addressed first.

Month 2 Development Outcome: Participants should be able to move from patient information to relevant findings, then to a nutrition problem, PES statement and clear priority without jumping directly to a diet plan.

MONTH 3: NUTRITION PRESCRIPTION, INTERVENTION AND MNT

Theme: Every nutrition recommendation should have a reason.

Purpose: To teach participants how to translate nutrition diagnoses into individualized, evidence based interventions.

Week

Focus

Learning Content

Practical Application

Week 9

Nutrition Requirements and Prescription

Energy requirements. Protein. Carbohydrate distribution. Dietary fat. Fiber. Fluid. Electrolytes. Micronutrients. Disease related modifications. Individualizing requirements according to patient status.

Participants calculate nutrition requirements for different clinical cases and justify the method and target selected.

Week 10

Connecting PES to Intervention

How the problem identifies what needs improvement. How the etiology helps determine what should be addressed. How signs and symptoms later guide monitoring.

Participants compare interventions and identify which ones logically address the nutrition diagnosis and which ones do not.

Week 11

Nutrition Intervention and Counseling

Food and nutrient delivery. Nutrition education. Nutrition counseling. Behavior change support. Goal setting. Coordination of nutrition care. Referral. Patient centered decision making.

Participants develop a complete intervention for a simulated patient

instead of producing only a meal plan.

Week 12

Translating Clinical Prescription Into Food

Food exchanges. Portions. Meal distribution. Meal timing. Cultural foods. Food accessibility. Budget. Patient preferences. Lifestyle. Adherence.

Participants translate a clinical prescription into a realistic eating plan that fits the patient context and the identified nutrition problem.

Month 3 Development Outcome: Participants should be able to explain what they are recommending, why they are recommending it, which nutrition problem it addresses and how success will later be evaluated.

MONTH 4: MEDICAL NUTRITION THERAPY AND COMPLEX CASE APPLICATION

Theme: Do not memorize disease diets. Learn how to manage the patient.

Purpose: To apply the complete Nutrition Care Process across common clinical conditions and increasingly complex cases.

Week

Focus

Learning Content

Practical Application

Week 13

Diabetes, Metabolic Health and Weight Management

Prediabetes. Type 2 Diabetes. Insulin resistance. Metabolic syndrome. Obesity. Undernutrition. Glycemic patterns. Meal timing. Carbohydrate distribution. Weight related nutrition concerns.

Participants complete NCP based metabolic cases and justify assessment, diagnosis and intervention decisions.

Week 14

Gastrointestinal Nutrition

GERD. IBS. Constipation. Diarrhea. Celiac disease. Selected food intolerances and malabsorption concerns. Symptom assessment. Trigger identification. Red flags. Restriction risks.

Participants differentiate between justified dietary modification and unnecessary food restriction through case based reasoning.

Week 15

Renal, Cardiovascular and Liver Nutrition

CKD. Dialysis related considerations. Hypertension. Dyslipidemia. Cardiovascular risk. Fatty liver disease. Protein. Sodium. Potassium. Phosphorus. Fluid. Dietary fat. Fiber. Metabolic factors.

Participants interpret assessment findings and laboratory trends before deciding whether nutrient restriction or modification is actually required.

Week 16

Womens Health, Deficiencies and Multimorbidity

PCOS. Preconception. Selected pregnancy nutrition considerations. Iron deficiency. Iron deficiency anemia. Vitamin B12. Folate. Vitamin D. Diabetes with CKD. PCOS with obesity and insulin resistance. Multiple nutrition diagnoses.

Participants prioritize several nutrition problems within the same

patient and explain why one issue should be addressed before another.

Month 4 Development Outcome: Participants should stop asking what diet belongs to a disease and begin asking what the nutrition priorities are for this particular patient.

MONTH 5: COMPLETE PATIENT MANAGEMENT, ADIME AND PROFESSIONAL PRACTICE SYSTEMS

Theme: Learn how an actual dietetic practice functions.

Purpose: To take participants beyond clinical knowledge and teach them how to organize the complete patient journey professionally.

Week

Focus

Learning Content

Practical Application

Week 17

Complete Patient Journey

Patient inquiry. Booking. Pre consultation information. Consent. Initial consultation. Assessment. Nutrition diagnosis. Intervention. Patient education. Follow up. Reassessment.

Participants design the complete journey of a patient entering their future practice, from first contact to ongoing follow up.

Week 18

Monitoring, Evaluation and Follow Up

Dietary outcomes. Anthropometric outcomes. Biochemical

outcomes. Clinical outcomes. Behavioral outcomes. Patient reported outcomes. Follow up frequency. Intervention modification. Reassessment.

Participants create monitoring plans and decide when care should continue, change, be escalated or be referred.

Week 19

ADIME Documentation and Clinical Records

Assessment documentation. Nutrition diagnosis. PES. Intervention. Goals. Monitoring. Follow up notes. Case summaries. Referral communication. Patient confidentiality. Record management.

Participants complete professional ADIME documentation for an initial consultation and a follow up consultation.

Week 20

Professional Practice Software

Introduction to the software used to organize patient information and practice systems. Appointment workflow. Patient records. Clinical documentation. Relevant nutrition tools. Progress tracking. Follow up management.

Participants use the software as part of a complete practice workflow and learn how technology can support organization without replacing clinical judgment.

Month 5 Development Outcome: Participants should understand how to move from knowing how to manage a clinical case to managing that patient within an organized professional practice system.

MONTH 6: BUILD YOUR OWN DIETETIC STARTUP

Theme: Turn your professional skills into a structured service.

Purpose: To help participants develop a realistic framework for initiating their own dietetic practice or nutrition service.

Week

Focus

Learning Content

Practical Application

Week 21

Define Your Professional Direction

Identifying areas of interest. Target population. Scope of services. Understanding what problem the practice will solve. Identifying competencies that may still require further training.

Participants define the direction, intended population and boundaries of their future dietetic service.

Week 22

Build Your Services and Patient System

Initial consultation structure. Follow up consultation structure. Patient onboarding. Service packages. Clinical forms. Documentation system. Referral pathway. Practice workflow. Software integration.

Participants build their own consultation and patient care system and connect it with the professional software workflow.

Week 23

Pricing, Positioning and Ethical Marketing

Service pricing. Packages. Professional identity. Building credibility. Ethical social media communication. Avoiding exaggerated health claims. Professional collaborations. Responsible patient acquisition.

Participants create their service menu, initial pricing structure and

professional communication strategy.

Week 24

Startup Launch Plan and Final Presentation

Bringing together clinical workflow, software, patient journey, documentation, pricing, services, referral system and marketing. Identifying immediate and future launch steps.

Participants present a complete dietetic startup model together with a final simulated clinical case defense.

Month 6 Development Outcome: Participants should finish with more than an idea. They should have a structured model showing how their future practice could actually function.

FINAL COURSE PROJECT

Final Component

What the Participant Develops

Complete Clinical Case

A full simulated case from assessment through diagnosis, PES, prescription, intervention, counseling, monitoring and reassessment.

Clinical Case Defense

A structured explanation of why each major clinical decision was made and what evidence or patient information supports it.

ADIME Portfolio

Professionally structured initial and follow up documentation

showing continuity of nutrition care.

Patient Journey

A complete process from inquiry and booking to consultation, follow up and reassessment.

Practice Workflow

A defined system for consultation, clinical records, referrals, documentation and follow up.

Software Workflow

A practical plan showing how the introduced professional software will support appointments, patient records, documentation, tracking and follow up.

Professional Direction

A defined target population, scope and intended area of dietetic practice.

Service Structure

A clear description of consultation services and packages.

Pricing Model

An initial professional pricing structure aligned with the services being offered.

Ethical Marketing Plan

A responsible communication strategy focused on professional credibility without exaggerated health claims.

Startup Roadmap

A practical sequence of next steps for moving from preparation toward launching the dietetic service.

EXPECTED TRANSFORMATION

At Entry

At Completion

My nutrition basics are clear.

I know how to apply my nutrition knowledge clinically.

I do not understand NCP yet.

I understand how to use NCP, ADIME, IDNT and PES within structured patient care.

I am unsure how to manage a complete patient journey.

I understand the patient journey from consultation to follow up and reassessment.

I can give recommendations, but I may struggle to justify them.

I can explain the clinical rationale behind my decisions.

I do not know how professional dietetic documentation works.

I can structure clinical records and ADIME documentation professionally.

I do not know how to organize an independent practice.

I have a defined professional workflow and patient management system.

I am unsure which practice tools can support me.

I understand how professional software can support my clinical workflow.

I want to start something of my own, but I do not know how to structure it.

I have a practical dietetic startup model and a clear roadmap for moving forward.

Course 2 turns clear nutrition foundations into clinical competence, organized professional practice and a practical pathway toward building a dietetic startup.