



# Practice Scenario: Beyond Personal Scope of Practice

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Courtney is a new RD working in a family health team in a rural setting. She recently saw a 19 year-old male client with an eating disorder for an initial nutrition assessment. He was nutritionally unstable, had a low BMI and had tests to indicate heart trouble. Courtney was concerned for the well-being of this client and recognized that nutrition counselling would not address the full array of issues that affected him. After the assessment, Courtney felt that continuing to treat this client was beyond her personal knowledge, skills and competence. She was a new dietitian and wasn't sure of what to do. She contacted the College for direction.

## STRATEGIES TO MANAGE THE SITUATION

With safe client-centred service in mind, Courtney did the right thing in calling the College for direction. Although she felt that treating this client was beyond her personal level of competence, Courtney had a duty to this client because she had already accepted him into her service and completed the initial visit when she called the College. She knew that it is professional misconduct to discontinue necessary professional dietetic services unless the client requested it, alternative services are arranged or that the client has been given ample notice to arrange alternate services. She also knew that treating or attempting to treat a condition that was beyond her competence is also professional misconduct. (Professional Misconduct Regulation, O.Reg. 302/01:1.9.). Calling the College for advice was one of the options open for Courtney that demonstrated good professional judgement.

This article suggests several strategies that Courtney might consider in managing this situation to make sure that her client received the nutrition and health care necessary.

## Be Transparent, Open and Honest

Courtney did not feel that she had the knowledge, skills and competence necessary to treat this client's nutritional and other health issues safely. She would need to be transparent in admitting this to the client and seek help from her supervisor and the rest of the health care team to ensure safe and competent care for the client.

## Check Organizational Policies

The organization Courtney works for may have a policy for dealing with high risk clients. If so, it would be advisable for Courtney to follow those procedures. If none are in place, perhaps she could advocate for a policy to be developed for future situations.

## Refer to a Treatment Centre or Medical Service

Courtney, her supervisor and/or the team would need to identify areas of care they could address and areas that they were not able to handle. Courtney thought that the client might need a referral to a treatment centre for medical and psychological help. Members of the health care team or another RD, competent in the area of eating disorders, might be asked to help with this decision. Courtney, or another team member, would need to explain to the client the seriousness of the situation and the need not only for ongoing dietetic services, but also medical and psychological help.

## Acquire New Knowledge

Another option is to consider a collaborative, inter-professional approach to providing services for this client. Courtney might ask to be coached by another health professional on the team who has more experience caring for clients with eating disorders. This coaching could be given by another RD, a nurse or any other health professional with the appropriate skills and knowledge. Inter-professional teams share a team vision and have established

roles and processes to ensure the continuity and consistency of services. There may be opportunities here for Courtney to acquire new knowledge from the team that will benefit her clients.

### Refer to another RD

Given the client's high risk health condition, the client may be better managed by an RD with more experience in treating clients with eating disorders. The client must consent before his care is transferred to another RD or program.

### Continue to See the Client

The client felt comfortable with Courtney after their initial visit and wished to continue seeing her, even though he knew that she was not very experienced in eating disorders. An option for Courtney would be to provide the service component within her competence and to contact an RD who works in the area of eating disorders to discuss the client's condition and determine a safe and viable approach for his care. She could also consult with the team (as outlined earlier) and use this case as an opportunity to grow her knowledge, skills and competence in the area of eating disorders.

## REFLECTING AND CONTINUING TO LEARN

RDs can be faced with unusual and complex situations which may be beyond their personal scope of practice. In these circumstances, they may seek consultation, supervision or mentorship, review research literature, or make a referral to a more appropriate health professional.

A basic principle of the *Code of Ethics for the Dietetic Profession* in Canada is to maintain a high standard of personal competence through continuing education. Recognizing that Courtney is new to the practice, and in keeping with the *Code of Ethics*, she has an obligation to continue growing her knowledge, skill, and judgment to effectively provide dietetic services. She can use this opportunity to learn. She can seek guidance and support from other team members and consult resources to expand her knowledge about eating disorders. This is also a good example of reflecting in practice to continue to learn and increase dietetic skills.

## USE THE COLLEGE'S RD ROLE & TASK DECISION FRAMEWORK FOR GUIDANCE

Whenever RDs are asked to take on tasks in their dietetic practice they can use our *RD Role & Task Decision Framework* for guidance (available on the College website). In this case, Courtney, would use the framework questions below to determine whether the client's condition was within the dietetic scope of practice and what, if anything, was outside of her own competence level.

### 1. Is the task or treatment within the dietetic scope of practice or reasonably related to it?

The RD scope of practice statement in the *Dietetics Act, 1991* and CDO's *Definition of Practising Dietetics* enables a very broad spectrum of activities, as the scope relates to using the knowledge of food and nutrition, and working in areas related to nutritional conditions and disorders and the prevention and treatment of these. Nutrition counselling for eating disorders is well within the dietetic scope of practice. However, the supporting psychological counselling and medical treatment necessary for this client would be considered outside of the dietetic scope of practice. Courtney would need to refer the client to other members of the health care team for psychological counselling and medical treatment to address health issues not within her scope of practice.

### 2. Are there any legal barriers?

RDs need to consider whether there are any legal restrictions in adopting a new task. Where legal restrictions occur (e.g. performing a controlled act), RDs can explore the required authority mechanisms (e.g., medical directives/delegations) to carry out the task. In this scenario, there are no legal barriers to provide nutritional counselling to a client with an eating disorder.

### 3. Do RDs have the appropriate skills and competence to perform the task? If not, how can they become competent?

RDs have a professional obligation to ensure they have the appropriate knowledge, skills & judgment to perform a particular role or task in their dietetic practice. Continued learning and education are essential in order to be able to provide up-to-date information and advice. RDs should always practice within their personal scope of practice so

they can provide safe, ethical and competent nutrition services. Courtney has recognized the limits to her competence and is taking the steps to improve her knowledge and skills in the area of eating disorders to best serve her client.

#### **4. Who is the most appropriate person to perform the task?**

It would be up to the family health team to assess the client's overall health care needs. Due to the complexity of the client's condition, the client would be best served by a team of health care providers, including the RD. Courtney could provide the nutrition care for eating disorders within her personal scope of practice and competence level and ask for support where she needed it.

#### **PROFESSIONAL JUDGEMENT AND CLIENT-CENTRED CARE**

In this scenario, Courtney recognized the limits to her competence, was transparent with her client and health care team, and explored options for nutrition and health services that would be best for her client. Courtney displayed professionalism by being open to seeking out ways to continue safe nutrition services to the client at his request. She also embraced the opportunity for continuing education to enhance her knowledge, skills and competence in the area of eating disorders and facilitated effective interprofessional collaboration and communication with the team to best serve the client's health care needs.