



Canadian Dietetic Registration Examination (CDRE)

Preparation Guide[©]

For the November 2018 sitting of the CDRE

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Regulation of Dietetic Practice in Canada

The Alliance of Canadian Dietetic Regulatory Bodies (the Alliance) strives to maintain a uniform competency standard for entry into the dietetics profession. Therefore, members of the Alliance share common requirements for academic and practical training, and entry-level competencies¹ based on highly similar scopes of practice, professional standards, and codes of ethics and conduct.

The Canadian Dietetic Registration Examination (the Exam) is a requirement for registration as a dietitian in Canada in all provinces except Quebec.

This Preparation Guide[©] has been developed to help you understand the Exam process. To obtain more information, contact your provincial dietetic regulatory body (See: Appendix A).

¹The [Integrated Competencies for Dietetic Education and Practice](#) (Partnership for Dietetic Education and Practice, 2013) are referred to as the COMPETENCIES (See: Appendix B).

This is the only guide that has been approved for the
Canadian Dietetic Registration Examination.

No other examination guide has been authorized, reviewed for reliability, or in any way confirmed to be representative of the Exam questions in style, content or format. Adequate preparation is the responsibility of each candidate, and ultimately is confirmed when the COMPETENCIES have been met.

The Alliance assumes no responsibility for information about the Exam obtained from unauthorized sources.

The Guide is also available in French : [Examen d'admission à la profession de diététiste au Canada—Guide de préparation](#)

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Purpose of the Exam

Dietetic regulatory bodies (which may also be referred to as colleges, associations or boards) protect the public by ensuring that only qualified people who have demonstrated competence to practice dietetics become dietitians in Canada. This ensures safe and effective dietetic services in Canada. Successful completion of the Exam enables entry into the dietetic profession via registration with the dietetic regulatory body in the Canadian jurisdiction where you have chosen to practice. It is not an exit exam from an internship or practical training program. It is designed to confirm competence to practice dietetics – this means that your practice-based knowledge and your ability to employ critical thinking by analyzing, interpreting and applying knowledge are at the level of minimal competence and that you are safe to practice.

The Exam is the final step in the registration process to become a registered dietitian and it has one purpose only: **to distinguish between competent and non-competent practitioners.**

Who Can Write the Exam?

To be eligible to write the Exam, you must meet the academic and practical training, and any other registration requirements as designated by the regulatory body which issued you a temporary membership or which deemed you to be eligible to write the examination. You must have completed the required academic and practical training or completed any upgrading required by the regulatory body within three years of being deemed eligible to write the examination.

Normally, a candidate must successfully complete the examination within four years of being eligible to write the examination. The candidate may attempt the exam no more than three times.

These requirements include:

- completion of a four-year baccalaureate degree in an accredited program in foods and nutrition at a Canadian university or equivalent, and
- development and demonstration of the COMPETENCIES (Appendix B) through an accredited internship or equivalent

Refer to your regulatory body for any additional registration requirements.

Applying to Write the Exam

Refer to your provincial dietetic regulatory body's website to confirm the date of the next Exam and the deadline for submitting your application. A complete application consists of the application form, applicable fees, and all of the necessary supporting documents.

You will be informed of your eligibility to write the Exam once your regulatory body determines that you meet the registration requirements.

To receive information about the Exam, it is important to keep the regulatory body informed of any changes in your contact information including your email address, home address and telephone number.

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Temporary Registration

You may apply for temporary registration to practice while waiting to write the Exam. Temporary registration is granted for a limited time period and temporary members must write the next sitting of the Exam. Some regulatory bodies require candidates to be temporary members in order to write the CDRE, whereas some may not. Contact your regulatory body for more information.

Consent to Share Information

The CDRE will be administered by Yardstick Assessment Strategies Inc., Testing and Training Experts (Yardstick) and delivered in Pearson VUE's network of proctored test centres across Canada. On your application to the regulatory body, your consent will be requested for your regulatory body to share information with Yardstick and Pearson VUE. Information consists of where you completed your practicum, your name, email address, language, and temporary membership number, if applicable.

When setting up your web account through Pearson VUE, you will have the option to provide additional information. When creating your web account, you will need to provide an email address. Please do not use an institutional address, such as a university address. Gmail and hotmail addresses are acceptable.

Exam Fee

The exam fee is \$525.00. Contact your regulatory body for details on fee payments and due dates. The payment of \$525.00 includes payment for a voucher to schedule your exam. You will receive a voucher number from the provincial dietetic regulatory body before you schedule your exam. You will need the voucher number to schedule your exam. **DO NOT PURCHASE EXAM VOUCHER THROUGH PEARSON VUE SITE.** If you are experiencing problems with the voucher number, please contact your regulatory body.

Scheduling an Appointment to Take the Exam

Once your regulatory body determines your eligibility to write the CDRE and you have paid the exam fee, you will receive a voucher number from your regulatory body. You will then receive an 'Authorization to Test' email from Pearson VUE which provides information on how to schedule your appointment to take the Exam. You will choose the location, time and date from a selection of locations and times during the six-day testing window. If you have not received an Authorization to Test email from Pearson VUE, please check your spam folder. The website address to schedule an appointment to take the exam is www.pearsonvue.com/cdre.

Correspondence from Pearson VUE contains important information, including how to set up your web account, the date and time of your appointment, directions to the testing centre, how to reschedule or cancel your appointment, identification requirements, and test centre admission requirements. **Read correspondence from Pearson VUE carefully.**

Your first and last name in the Pearson VUE system MUST match the names on your two pieces of personal identification presented to the proctor on the day of the exam. One piece of identification must be government issued and have a photograph (e.g. valid driver's license, valid passport) and both must have your signature.

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Date and Frequency

The Exam is administered twice each year: May and November. All writing sites and times are available on a first come, first serve basis. The exam dates are posted on your regulatory body's website.

Site

The Exam can be written in any province in Canada. Advise your regulatory body if you plan to write in a province other than the province where you have registered to write the Exam. If you must reschedule your appointment to write in a different province, advise your regulatory body as soon as possible.

Language Options

On the day of the exam, you can choose to write the exam in English or French. You will also have the option to toggle between both languages throughout the exam. To learn about how to select an English or French exam, refer to the Yardstick Factsheet – Taking a Computer-Based Testing Examination (See: Appendix C)

Candidates requiring a French-speaking proctor at the exam site must request this by the application deadline.

Special Accommodations

If you have a disability, temporary disability or a special condition and wish to request a special accommodation, ***you must request this in writing by the examination application deadline.*** The request must be from a regulated health professional, who is specialized in assessing individuals with the type of disability or special condition.

A request for accommodation related to breastfeeding does not require documentation from a regulated health professional, but a written request outlining the accommodation is required.

Please refer to Appendix D 'CDRE Candidates Requiring Special Accommodation' for the complete procedure and process on requesting a special accommodation.

Your request for special accommodations must be made to your regulatory body using Request for Special Accommodations Form (see: Appendix E).

Your regulatory body will endeavour to provide mutually satisfactory accommodations. There is no additional fee for special accommodations. Wheelchair accessibility may vary per testing site. Contact the regulatory body for more information.

Religious Reasons

If your religious convictions prevent you from writing the Exam during the six-day testing window, you may request to write the Exam on an alternative date or at an alternative time. You may request additional time to accommodate prayer during the sitting of the exam.

To arrange an accommodation for religious reasons, you must submit the request for accommodation at the time of application. Include an original letter on letterhead from a religious institution official (i.e., minister, priest, mullah, rabbi or pastor). The letter must include the official's name, title, address, phone/fax number, be typed, signed and dated. The letter must state the recommendations for accommodations.

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There is no additional fee for this arrangement. Contact your regulatory body for more information.

Withdrawing from Writing the Exam and Refunds

To WITHDRAW your application you must request this in writing to your regulatory body and the request must be postmarked no later than 14 calendar days prior to the first day of the testing window.

If you do not withdraw your application as per the above timeline OR do not write the Exam, the Exam fee may be FORFEITED. Contact your regulatory body for details. Although you have the option to cancel your appointment to write the CDRE through your Pearson VUE web account. To WITHDRAW your application, you must request this in writing to your regulatory body

Exceptions – Compelling Reasons:

Please note that under some circumstances, candidates may withdraw from writing the exam on or near the scheduled exam date. If a candidate chooses to write the exam under circumstances that affect their ability to concentrate, the exam result cannot be annulled.

If you are unable to write the Exam due to compelling reasons beyond your control, you may apply to your regulatory body for:

- an extension of the Exam eligibility period
- a refund of the Exam fee
- withdrawal of candidacy
- an extension of your temporary registration (if applicable) in accordance with the regulations and policies of your regulatory body.

Consideration will be given, but is not limited, to:

- accidents
- bereavement
- illness
- weather or travel disruption
- family or other personal crisis

To be eligible for a refund, you or your designate must apply in writing to your regulatory body. Clearly state the circumstances of why you were unable to write the Exam. This must be RECEIVED within 30 calendar days following the Exam date. Please include any supporting documentation. The regulatory body will inform you of its decision within 14 business days of receipt of your request. If your request for a refund is approved, the Exam fee will be refunded and you will receive information regarding the next administration.

If you held temporary registration prior to the Exam date, check with your regulatory body for an extension.

**A REFUND OF THE EXAM FEE WILL NOT BE GIVEN TO
CANDIDATES WHO FAIL THE EXAM**

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Taking a Computer Based Testing (CBT) Examination – Demo Guide

'Factsheet – Taking a Computer-Based Testing Examination' (Appendix C) enables candidates to become familiar with the orientation and functionality of the online exam. The computer-based test demo guide is accessible on your regulatory body's website beside the CDRE Preparation Guide. It will provide you with instructions on how to access the online demo. You will be able to access the online demo one week prior to the exam date. Below is the link to the online demo. To access a password, use the "Create or forgot your password" function. Your username is your email address.

<https://asitest.canadatest.ca>

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Preparing to Write the Exam

The following information will help you to understand more about the Exam process and how questions are developed.

The EXAM	What this Means
<ul style="list-style-type: none"> is a CRITERION-REFERENCED exam 	<p>It compares all candidates to a single criterion, which is deemed to be MINIMAL COMPETENCE.</p> <p>This is how it differs from most of the other exams you have written which are norm-referenced, and compare each candidate's performance to an arbitrarily set pass score.</p>
<ul style="list-style-type: none"> reflects dietetic practice in Canada is based on the COMPETENCIES 	<p>There are five categories of COMPETENCIES: <i>Professional Practice, Communication and Collaboration, Nutrition Care, Population and Public Health, and Management.</i></p> <p>The COMPETENCIES were developed and validated using a national process in 2010-2013 through the Partnership for Dietetics Education and Practice.</p> <p>It is important to understand the COMPETENCIES as this will assist you to identify the competency category or specific competency or performance indicator that is being tested in an exam question (See: Appendix B).</p>
<ul style="list-style-type: none"> is NOT a diagnostic test of competence result is Pass/Fail 	<p>The Exam is designed only to confirm whether you have demonstrated minimal competence.</p> <p>It is not designed to measure HOW competent you may be.</p> <p>Therefore, the result is PASS (you demonstrated minimal competence) or FAIL (you did not demonstrate minimal competence).</p> <p>Should you fail the Exam, this is the only reliable information that can be provided to you.</p> <p>Following a failure, a thorough review of the COMPETENCIES (Appendix B) is indicated.</p>
<ul style="list-style-type: none"> undergoes thorough and multiple screenings and review this accounts for the cost of the Exam which is NOT profit-generating 	<p>A contracted testing agency with recognized expertise oversees the Exam development.</p> <p>The EXAM COMMITTEE, ITEM WRITERS, and the FRENCH EXAM VALIDATION COMMITTEE are comprised of REGISTERED DIETITIANS with experience and expertise representing all areas of practice; academic and practical programs and all provinces are also represented.</p> <p>Each question undergoes at least ten screenings to ensure the Exam tests:</p> <ul style="list-style-type: none"> the Competencies at the proficiency level of entry to practice realistic and practical aspects of dietetic practice that are national in scope

The EXAM	What this Means
Exam and Question Format	<ul style="list-style-type: none"> • written in four hours • 185 multiple-choice questions • Passage-based questions with 3-6 questions related to a single passage (case/scenario) • independent questions
Cognitive Category Each question tests one of three levels of cognitive ability: knowledge, comprehension and critical thinking.	<p>15% Demonstrate broad knowledge 35% Demonstrate comprehension of knowledge 50% Employ critical thinking by analyzing, interpreting and applying knowledge</p> <p>The verb contained in the PERFORMANCE INDICATOR determines the cognitive category. For example, the term ‘integrate’ is associated with a higher cognitive complexity level than the terms “identify” or “apply”</p>
Competency Category Each question targets a PRACTICE COMPETENCY	<p>Each question tests one of the PERFORMANCE INDICATORS associated with a PRACTICE COMPETENCY. The distribution of exam questions is as follows:</p> <ul style="list-style-type: none"> 15% Professional Practice 13% Communication and Collaboration 35% Nutrition Care 15% Population and Public Health 22% Management
<p>The percentage of questions on the exam for the Performance Indicators was based on the following considerations:</p> <ul style="list-style-type: none"> • Some COMPETENCIES have more PERFORMANCE INDICATORS than others • Some PERFORMANCE INDICATORS are multidimensional. For example, “development and modification of meal plans” (3.02g) may reflect cultural preferences as well as texture modification. • Some PERFROMANCE INDICATORS relate to activities that pose a risk of harm. For example, “demonstrate knowledge of principles of parenteral nutrition.” 3.02o) 	<ul style="list-style-type: none"> • The Exam Blueprint (see Appendix F) indicates the percentage of questions on the exam for each PRACTICE COMPETENCY. • The Exam Blueprint also indicates the PERFORMANCE INDICATORS for which the exam will include at least one question. It is not possible to test all PERFORMANCE INDICATORS in one exam.
The EXAM	What this Means

<p>Contextual Variables</p> <ul style="list-style-type: none"> • CLIENT AGE/GENDER • CULTURE • HEALTH CARE SETTING 	<ul style="list-style-type: none"> • Questions are designed to provide a cross-section of contextual variables representing entry-level dietetic practice in Canada • Cultural issues are integrated in the Exam without introducing stereotypes. • KNOWLEDGE TOPICS (See: Appendix G) provide a framework for question development
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Questions and Comments from Previous Candidates

Commonly Asked Questions and Comments	Exam Committee Responses
<i>“Can I take my calculator or other electronic device into the exam?”</i>	No. Security prohibits the use of calculators or other electronic devices in the exam room.
<i>“Will I have to do calculations and remember lab values?”</i>	You will be expected to be familiar with, and interpret the lab values an entry-level dietitian would deal with, but you will not have to calculate or remember lab values. Necessary conversions and normal lab value ranges are provided when they are needed to answer the question e.g. “The client weighs 99 kg, is 180 cm tall (BMI 30.6)..”
<i>“How is the French Exam developed?”</i>	<ul style="list-style-type: none"> • The English Exam is professionally translated into French • Each question is then reviewed by the FRENCH EXAM VALIDATION COMMITTEE (French Committee) composed of practicing francophone dietitians representing all areas of practice. • High quality and equivalence to the English version is the goal. • Content accuracy, technical terminology and consistency in language are scrutinized and verified with recognized French resources. • Expressions not common to all provinces are avoided. • Special consideration is given to word count to match the length of the English version.
<i>“I want to write the French exam. Can I have an English exam as well?”</i>	<ul style="list-style-type: none"> • Candidates can toggle (navigate) between French and English versions of the Exam. • It is recommended that candidates be mindful of time if they repeatedly toggle between language options.
<i>“How is the passing score set?”</i>	<ul style="list-style-type: none"> • A passing score is set for the Exam and is not released; the difficulty of each question is assessed and the degree of difficulty of the questions on the exam is considered in setting the passing score. This ensures the fairest score in setting the competence/non-competence line. • It is just as important NOT to fail a competent candidate, as it is to fail the candidate who has not demonstrated minimal competence.

Commonly Asked Questions and Comments	Exam Committee Responses
<i>“The exam was too long. You could have confirmed my competence with fewer questions.”</i>	<ul style="list-style-type: none"> • A statistically minimum number of questions is required since no exam can assess a total body of knowledge. • An exam of 185 questions ensures that the assessment is VALID and RELIABLE. • Training and experience vary and you may be above minimal competence.
<i>“There wasn’t enough information provided.”</i>	<ul style="list-style-type: none"> • Irrelevant information is excluded because it MISLEADS. • ALL information needed to answer correctly is provided. • If you think something is missing, read again - it is most likely you made an incorrect assumption.
<i>“I expected more knowledge-based questions.”</i>	<ul style="list-style-type: none"> • A dietitian’s work is DOING not just knowing. • Competent practice requires appropriate KNOWLEDGE, COMPREHENSION AND CRITICAL THINKING including application questions assessing that they also confirm KNOWLEDGE.
<i>“The exam should be essay format so I can explain my answers.”</i>	<ul style="list-style-type: none"> • Multiple choice format eliminates subjective marking. • Scientific methodology confirms the VALIDITY and RELIABILITY of the Exam.
<i>“Questions were repetitive and redundant.”</i>	<ul style="list-style-type: none"> • Some types of client situations occur more frequently than others in dietetic practice. • The Exam attempts to reflect current practice.
<i>“It was unfair because in my internship/setting... ..I didn’t have a rotation in pediatrics or ..health promotion.”</i>	<ul style="list-style-type: none"> • Remember that you are being tested on the knowledge, application of knowledge and critical thinking related to the PRACTICE COMPETENCIES, not settings. • You are expected to transfer your knowledge and skills from one setting to another.
<i>“Some questions have more than one correct answer.”</i>	<ul style="list-style-type: none"> • Each question has four options: one correct answer and three distracters. • Distractors are designed to be plausible with faulty reasoning, inadequate reading or inappropriate assumptions. <p data-bbox="560 1472 1117 1507"><i>See “How to Read and Exam Question” (next page)</i></p>
<i>“When will I get my exam results?”</i>	<ul style="list-style-type: none"> • Your regulatory body will release results to mid-January 2019.

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How to Read an Exam Question

Occasionally you may come across an aspect of a question's content that is not consistent with your own experience, or that may not seem plausible to you. Accept the scenario as presented. Remember, you are being tested on your ability to apply the PRACTICE COMPETENCIES in new settings. Internships, practical training and upgrading practicums differ across the country and what may seem unlikely to you has been judged REALISTIC and ENTRY-LEVEL in repeated screenings by experts.

STEP 1	
<p>Read the text of the question to first determine:</p> <p>a) competency category</p> <p>b) cognitive level</p>	<p>Relate the question to one of the five competency categories: Are you asked to demonstrate competence in...</p> <ul style="list-style-type: none"> • PROFESSIONAL PRACTICE? • COMMUNICATION AND COLLABORATION? • NUTRITION CARE? • POPULATION AND PUBLIC HEALTH? • MANAGEMENT? <p>Is the question simply asking for information? – Such questions are at the knowledge level.</p> <p>Is the question asking you to identify something about the information? – Such questions test comprehension of knowledge.</p> <p>Is the question asking you to analyze, interpret or apply knowledge? – Such questions test your ability to employ critical thinking.</p>
STEP 2	
<p>Re-read the text along with the options provided.</p>	<p>Determine if there is a temporal aspect (point in time) to the question. i.e. Are you being asked for an INITIAL step in a process or a concluding step?</p>
STEP 3	
<p>Choose the correct option of those provided.</p>	<ul style="list-style-type: none"> • Remember there are no trick questions. • Wrong options are there to act as distracters to reveal FAULTY knowledge, comprehension of knowledge or critical thinking. • Thinking there is not enough information is an indication that you need to go back to Step 1 and read more carefully. • All the information needed to answer questions correctly IS provided. • Irrelevant information is excluded because it wastes time and can mislead.
<p>Try this 3-step process in the exercise on the following page.</p>	

Exercise

1.

A public health dietitian in collaboration with community partners has developed an education program for grade 3 students on healthy snacks. The program was piloted with children in two different schools and is now ready for use in all city schools. What is the best strategy for the dietitian to take?

1. Contact the school board to have the information put onto the board's website
2. Send copies of the program to all grade 3 teachers and offer in-service classes
3. Write a newsletter outlining the program plan and send to all school principals
4. Present the program to the parent school council in each school

cognitive level _____ *competency category* _____ *temporal aspect* _____

2.

In a small community hospital, a new product has been purchased to thicken liquids for clients with dysphagia. A new recipe has been developed. What should the foodservice dietitian do next?

1. Add the recipe to the nourishment binder and flag it for staff
2. Have foodservice staff attend an in-service to learn about the product and recipe
3. Write a memo about the product and send to all foodservice staff with their pay stub
4. Ask the clinical dietitian to do a presentation on dysphagia to the foodservice staff

cognitive level _____ *competency category* _____ *temporal aspect* _____

3.

A 70-year-old inactive client with chronic constipation is referred for counselling following hip replacement surgery. The dietitian concludes that she is following Canada's Food Guide consuming a healthy diet meeting her nutritional needs and her diet, which contains at least 35g of fibre daily. What should the dietitian do next?

1. Document the assessment in the client's chart and refer her to the physiotherapist
2. Tell the client that she needs to exercise more frequently
3. Tell the client that she is eating well and does not need to change her diet
4. Discuss the client's activity needs with her and the physiotherapist

cognitive level _____ *competency category* _____ *temporal aspect* _____

Answers on next page

Exercise Answers and Rationales (correct option is **bolded**)

On first reading, you might mistakenly classify these as community, foodservice and clinical questions. These labels correctly apply to the settings, but not to the intent of the questions. In fact, all three questions target the same competency and the same performance indicator.

COMPETENCY: COMMUNICATION AND COLLABORATION

Performance indicator: d) Demonstrate knowledge of educational strategies relevant to practice, and their appropriate uses.

In addition, all 3 questions are of the same cognitive domain: Employ critical thinking by analyzing, interpreting and applying knowledge

Q1

- Option 1. Leaves communication up to the client, no active communication by the dietitian
- Option 2. The dietitian communicates the program to the clients (teachers) who will use it; thoroughness is demonstrated by offering an in-service**
- Option 3. Leaves it to principals to communicate with clients, no active communication by dietitian
- Option 4. Although it reaches some parents, it does not communicate with teachers and children

Q2

- Option 1. Leaves communication up to client, no active communication by the dietitian
- Option 2. The dietitian communicates the new product information to those using it**
- Option 3. Assigns a lesser priority to the initiative by putting it in with the pay stubs; does not communicate with the staff who will use the new product
- Option 4. The presentation is on dysphagia, not on the new product/recipe
As written, this option could be acceptable as a next step in the implementation process. This emphasizes the need to read the 'temporal' aspect of questions. Although not all small community hospitals employ both foodservice and clinical dietitians, you are asked to accept this scenario in this question.

Q3

- Option 1. No active communication with the client
- Option 2. Telling the client what to do is not effective implementation/communication
- Option 3. Eliminates any communication with the client about what the best plan is
- Option 4. The dietitian communicates the plan with the client and appropriate others**

Refer to appendices that support the candidates to prepare for the Exam: Sample Questions (See: Appendix H), Resources (See: Appendix I) and Knowledge Topics (See: Appendix G).

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On the Day of the Exam:

- Upon arrival, you will be asked to read and sign the Yardstick 'Candidate Rules Agreement' (See: Appendix J) and the 'Candidate Declaration to Maintain Confidentiality' (See: Appendix K).
- You **MUST** present two forms of identification at the testing centre. Both must be originals (no photocopies), valid (not expired) and signed. One must be a government-issued photo identification (e.g. passport, driver's license). The other may be a credit card or bank card. The first and last names on your identification **MUST** be the same that appear on your Authorization to Test email sent to you from Pearson VUE.
- Please arrive at the testing center **30 MINUTES BEFORE YOUR APPOINTMENT TIME**. Directions to the testing centre are stated on the confirmation email sent to you from Pearson VUE. Candidates more than 15 minutes late will be refused admission. Upon arrival, you will be asked to review and sign the Candidate Rules Agreement (See: Appendix J and Declaration to Maintain Confidentiality (Appendix K).
- No food or drink, notepaper, electronics or personal items will be permitted in the examination room. You will be offered a white board and marker for use during the exam.
- Please note that special accommodations for food and liquids will be made based on medical need at the discretion of the regulatory body. Please refer to the "Special Accommodation" information in Section 3 (Applying to Write the Exam).
- Special accommodations may be made for medical reasons at the discretion of the regulatory body based on appropriate documentation of the medical reasons.
- Comfort aids and minor modifications do not need to be pre-approved. Comfort aids are personal items that after being inspected are allowed into the testing room to provide comfort or relief to a test writer during the exam. Comfort aids include auto-injectors, bandages, braces, casts, cough drops, eye drops, eye patches, eyeglasses, glucose tablets (not candy), handheld (non-electronic) magnifying glass, hearing aids, inhaler, medical alert bracelet, medical device, face mask, nasal drops or spray, pillow/cushion, pills, and mobility devices.
- Follow all directions given by the invigilator(s)
- The Exam is offered in one 4-hour session. There is not a scheduled break. If you wish to take a break, raise your hand and an invigilator will escort you out of the testing centre. You can access food or water to drink from the storage area during an unscheduled break. You may not access any other personal items.
- At the testing centre, you may request ear plugs, a left-handed mouse, and adjustment of brightness/contrast of your computer screen.

Please note that you will not be admitted to the Exam if you arrive later than 15 minutes of your scheduled exam time.

The temperature of the exam room cannot be controlled to ensure the precise comfort needs of every writer. Bulky sweaters and long sleeves will be inspected upon arrival. You will be asked to turn out all pockets (pants, blazers, sweater pockets) and roll up long sleeves (if you are wearing long sleeves). If you are wearing a tie, you will be asked to lift the tie. If you have long hair that covers your ears, you will be asked to pull your hair back to show there is nothing attached to your ear (such as a Bluetooth device or audio device).

There will be storage boxes or lockers with locks available to store your personal items. Each locker or storage box is numbered and contains a key. When you lock the locker or storage box, you will take the key with you until after the exam.

Distractions in the Exam Room

Creating an environment that is conducive to Exam candidates being able to concentrate is important. Please note that the Exam invigilator has the right to direct a candidate to remove apparel and accessories, such as jewelry, that make distracting sounds.

Should there be a disruption during the examination, such as a fire alarm or bomb threat, the exam invigilators will provide all necessary instructions and determine if the exam candidates must leave the building. If the interruption is contained in terms of time, the exam may be resumed with additional time provided to write the exam to offset the interruption. Candidates are cautioned not to breach their confidentiality agreement by talking about the exam. Major disruptions during the exam and their effect on writers will be given consideration in any appeal of exam results.

Cheating and Disqualification

Cheating can include, but is not limited to, any one or more of the following:

- having a non-registered individual pose as a registered candidate
- bringing study materials to your desk
- referring to electronic devices during the exam
- attempting to observe another candidate's work
- seeking or giving aid to another candidate
- communication of any kind with another candidate
- attempting to remove Exam materials from the Exam site
- failure to follow an invigilator's direction

**CONTRAVENTION OF EXAM PROTOCOL (CHEATING) WILL RESULT IN IMMEDIATE
DISQUALIFICATION AND REMOVAL FROM THE EXAMINATION**

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Exam Scoring

The Exam is PASS/FAIL. The passing score is based on the degree of difficulty of each question, which determines the overall score required to pass the Exam. You will not receive a grade score. A percentage mark would imply your skills were being evaluated, which would be misleading.

Your answers will be computer-scored. Your regulatory body will send results to you electronically by mid January 2019. Your PASS/FAIL status is released only to you.

Appeals

Candidates who have a failing score on the Exam have the right to appeal their result based on irregularities in the Exam administration or extraordinary, unforeseen, personal, and not pre-existing circumstances that arise on the day of the Exam. The appeal decision is made by the regulatory body where the candidate registered to write the Exam.

The appeal procedure is to:

- send a written request by mail or email detailing the nature of your appeal to your regulatory body; this must be received within 20 calendar days of the date the regulatory body notified you of your Exam result
- include the \$75 + HST appeal fee with your appeal
- contact your regulatory body for more information on the appeal procedure

If your appeal is successful, you will be permitted to write the next Exam and the exam that was appealed will not be counted as a failed attempt. The appeal fee will be refunded for an administrative-related appeal. The candidate is permitted to re-write the next administration of the Exam at no additional cost for an administrative-related appeal.

If you experience irregularities in the exam administrative process that impact your ability to successfully complete the exam, communicate the issues to the exam invigilator on the day of the exam.

If you held temporary registration prior to writing the Exam, check with your provincial regulatory body for reinstatement.

Failure and Re-application

Candidates will be informed of the procedure for the next administration of the Exam at the time of notification of failure. A candidate who fails their first attempt will have two additional attempts to pass the Exam. Additional education and/or practical training is required AFTER A SECOND FAILURE, as determined by the regulatory body, before the applicant can make their final attempt at the exam. The exam fee is charged for each attempt.

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Appendix A: Canadian Dietetic Regulatory Bodies

Province	Contact Information
British Columbia College of Dietitians of British Columbia (CDBC)	Suite 409–1367 West Broadway Vancouver, BC V6H 4A7 Phone (604) 736-2016 Fax: (604) 736-2018 Toll free in BC: 1-877-736-2016 email: info@collegeofdietitiansbc.org
Alberta College of Dietitians of Alberta (CDA)	1320, 10123 99 Street Edmonton, AB T5J 3H1 Phone: (780) 448-0059 Fax: (780) 489-7759 Toll free: 1-866-493-4348 e-mail: office@collegeofdietitians.ab.ca
Saskatchewan Saskatchewan Dietitians Association (SDA)	17-2010 – 7 th Ave, Regina, SK S4R 1C2 Phone: (306) 359-3040 Fax: (306) 359-3046 e-mail: registrar@saskdietitians.org
Manitoba College of Dietitians of Manitoba (CDM)	36-1313 Border Street Winnipeg, MB R3H 0X4 Phone: (204) 694-0532 Fax: (204) 889-1755 Toll Free : 1-866-283-2823 e-mail: office.cdm@mts.net
Ontario College of Dietitians of Ontario (CDO)	1810—5775 Yonge Street, Box 30 Toronto, ON M2M 4J1 Phone: (416) 598-1725 Fax: (416) 598-0274 Toll free: 1-800-668-4990 Email: heena.vyas@collegeofdietitians.org
Quebec Ordre professionnel des diététistes du Québec (OPDQ)	55 Sherbrooke Street Ouest, Tour Ouest, bureau 1855 Montréal, QC H3H 1B9 Phone: (514) 393-3733 Fax: (514) 393-3582 e-mail: opdq@opdq.org
Nova Scotia Nova Scotia Dietetic Association (NSDA)	380 Bedford Highway, Suite 301 Halifax, NS B3M 2L4 Phone: (902) 493-3034 e-mail: info@nsdassoc.ca
New Brunswick New Brunswick Association of Dietitians (NBAD/ADNB)	PO Box 7022 Riverview NB E1B 4T8 Tel: (506) 386-5903 email: registrar@adnb-nbad.com
Newfoundland and Labrador Newfoundland and Labrador College of Dietitians (NLCD)	P.O. Box 1756, St. John's NL A1C 5P5 Phone:(709) 753-4040 Fax: (709) 753-1044 e-mail: registrar@nlcd.ca
Prince Edward Island College of Dietitians of Prince Edward Island (CDPEI)	Box 362 CTL Charlottetown, PEI C1A7K7 Phone: (902) 892-9234 e-mail: registrar@peidietitians.ca

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**Appendix B: Integrated Competencies for Dietetic Education and Practice
(Partnership for Dietetic Education and Practice, 2013)**

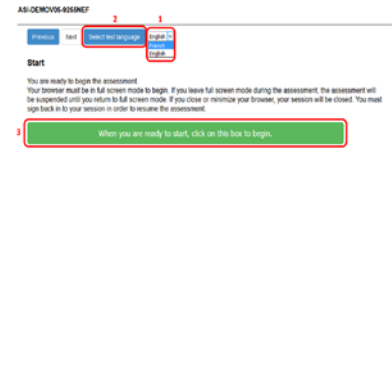

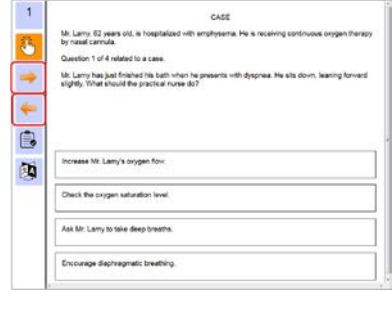
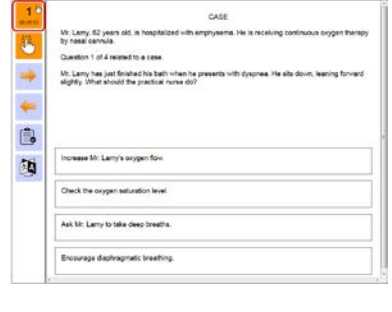
http://www.pdep.ca/files/Final_ICDEP_April_2013.pdf

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Appendix C: Yardstick Assessment Strategies Inc.

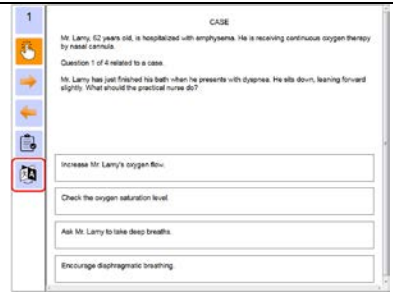
Fact Sheet – Taking a Computer-Based Testing Examination

Computer-based examinations will be delivered using Yardstick Assessment Strategies Inc. (Yardstick) test delivery system on secure servers hosted in Canada. Features of Yardstick test delivery system are described below.

<p>1. HOW DO I SELECT AN ENGLISH OR FRENCH EXAM?</p> <ul style="list-style-type: none"> You can select to write your exam in English or French. 	
<p>2. WHAT TYPES OF QUESTIONS ARE ON THE EXAM?</p> <ul style="list-style-type: none"> The exam consists of 185 multiple-choice questions. The number of questions is the same for all test writers. Each question has four possible options to choose from. <p>3. HOW DO I SELECT AN ANSWER?</p> <ul style="list-style-type: none"> Selecting an option will highlight the answer in yellow. <p>4. HOW DO I CHANGE AN ANSWER?</p> <ul style="list-style-type: none"> Selecting a different option will highlight the changed answer in yellow. 	
<p>5. HOW CAN I MOVE FORWARD AND BACKWARD?</p> <ul style="list-style-type: none"> The “next item” icon is used to go to next question. The “previous item” icon is used to go to previous question. You can skip a question and go back to it later. 	
<p>6. HOW DO I KNOW HOW MUCH TIME IS LEFT ON THE EXAM?</p> <ul style="list-style-type: none"> Hold cursor over the question number; time remaining is shown in hours, minutes and seconds. 	

7. HOW CAN I SEE AN ENGLISH QUESTION IN FRENCH?
or
HOW CAN I SEE A FRENCH QUESTION IN ENGLISH?

- A “language toggle” icon allows you to look at a question in the alternate language before you answer it.



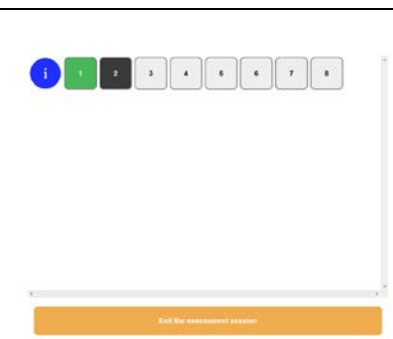
8. HOW CAN I REVIEW MY ANSWERS?

- A “review page” icon takes you to a review page that can be accessed at any time and tells you the questions:
 - answered (green);
 - viewed but not answered (black); and
 - not viewed (grey).
- Clicking any question number takes you to that question in the exam.



9. HOW DO I KNOW WHAT THE DIFFERENT BUTTONS AND ICONS ARE FOR?

- On the review page is an “information” button (blue) which you can click to get a description of each of the buttons and icons.



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Appendix D ‘CDRE: Candidates Requiring Special Accommodation’

INDEX NO: **CDRE EXAMINATION #6**

SUBJECT: **Candidates Requiring Special Accommodation**

APPROVAL BY ALLIANCE: August 2017

POLICY

A candidate who has a disability, a temporary disability or special condition that warrants accommodation may request special accommodations to take the examination. When considering a request for special accommodation, the regulatory body must balance the rights of the candidate with its mandate to protect the public interest through a fair, secure, valid and reliable licensing exam.¹

The regulatory body will provide reasonable accommodation at no additional cost to the candidate.

Disabilities, temporary disabilities or special conditions which warrant an accommodation may include: a learning disability, poor vision, exam anxiety, advanced pregnancy, lactation.

A reasonable testing accommodation is an adjustment or modification of the standard testing conditions that ameliorates the impact of the candidate’s disability/condition without:

- Altering the nature of the examination or the regulatory body’s ability to determine whether the candidate possess the essential knowledge, skills and abilities required to practice dietetics,
- Imposing an undue burden on the regulatory body or other candidates,
- Compromising the security, validity and the reliability of the examination.

Reasonable accommodations may include additional time to complete the exam, breaks, opportunity to write the exam in a private room with limited distractions, a reader, a recorder, writing the exam on two consecutive days, or providing access to food/drink/medicine during approved scheduled breaks.

PROCEDURE

1. With the exception of unplanned/unforeseen circumstances, written requests must be received by the exam application deadline set by the provincial regulatory body.

Request for accommodation for a learning disability:

2. A request from an applicant with a learning disability must have the following documentation forwarded directly to the Regulatory Body:

¹ Canadian Alliance of Physiotherapy Regulators
Exam Policies (January 2016)
http://www.alliancept.org/pdfs/2016_PCE_Exam_Policy_English_160127.pdf

a) A current evaluation (within five years of the application) of the candidate's disability by an assessor whose qualifications include being a registered/psychiatrist or psychologist with comprehensive training and expertise in diagnosing adult learning disabilities. The evaluation must include the following:

- i) official letterhead (name, title, professional credentials, address, phone/fax number of qualified assessor), typed, signed and dated by the assessor;
- ii) diagnosis specific to learning (i.e. DSM4 Classification);
- iii) objective evidence of a substantial limitation in cognitive or learning ability;
- iv) recommendations for appropriate accommodations;
- v) documentation that demonstrates the learning disability significantly interferes with writing the examination in the traditional way; and
- vi) a psycho-educational or neuro-psychological evaluation.

3. The Regulatory Body reserves the right to seek another expert opinion.

Request for accommodation in any other circumstance:

1. A regulated health professional specialized in assessing individuals with the type of disability/condition in question must forward the following directly to the regulatory body:
 - i) documentation of the disability, temporary disability or condition;
 - ii) a description of the accommodation requested;
 - iii) evidence of the need for the accommodation(s) requested and how they address the candidate's condition/disability or temporary disability.

The request for accommodation related to breastfeeding does not require documentation from a regulated health professional, but a written request outlining the accommodation is required.

4. The examination will be offered in a place that is wheelchair accessible.
5. The Preparation Guide and other examination materials shall be made available in such reasonable formats as necessary to meet the candidate's needs as per the assessor's report.
6. Requests for accommodations will be reviewed by the Registrar or Registration Committee (as applicable) of the provincial regulatory body to determine if they are reasonable and warrant accommodation.
7. The Alliance will maintain a record of accommodations and endeavour to maintain consistency when granting accommodations. The Project Manager will maintain the record of accommodations.

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Appendix E: Candidates Requiring Special Accommodations Form

Name:	
Date of Request:	
Phone Number:	
Address:	
Email Address:	
Date of Exam:	
<p><i>Arrange to have a regulated health professional send documentation directly to the College/Regulatory body. (see Appendix D, pages 24 and 25 of this preparation guide)</i></p>	
<p>Please describe required accommodations and why they are needed:</p> 	
<p>Was this need accommodated in university?</p> <p style="margin-left: 40px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>If yes, please describe.</p> 	

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Appendix F: Exam Blueprint

Weight (%)	Competency #	<i>Practice Competencies</i>	Minimum 1 item	Indicator #	<i>Performance Indicators</i>
27 (14.6%)	1. Professional Practice				
1-2	1.01	<i>Comply with federal and provincial/territorial requirements relevant to dietetic practice.</i>			
				a	Demonstration knowledge of federal legislation, regulations and policies applicable to practice.
			Y e s	b	Recognize non-compliance with federal legislation, regulations and policies
4-6	1.02	<i>Comply with regulatory requirements relevant to dietetic practice</i>			
			Y e s	c	Demonstrate knowledge of regulatory scope of practice, standards of practice and code of ethics.
				d	Recognize non-compliance with regulatory scope of practice, standards of practice, and code of ethics.
			Y e s	g	Demonstrate knowledge of principles of confidentiality and privacy.
				h	Demonstrate knowledge of scenarios where the expertise of other health care providers is a key element in dietetic practice.
				j	Demonstrate knowledge of principles of informed consent.
			Y s s	k	Demonstrate knowledge of methods to obtain informed consent
				m	Demonstrate knowledge of the elements of professional boundaries
				n	Recognize non-compliance with professional boundaries.

Weight (%)	Competency #	Practice Competencies	Minimum 1 item	Indicator #	Performance Indicators
1-2	1.03	<i>Practice according to organizational requirements</i>			
				a	Demonstrate knowledge of the role and features of job descriptions.
				c	Demonstrate knowledge of policies and directives specific to practice setting.
4	1.04	<i>Practice within limits of individual level of knowledge and skills</i>			
				a	Demonstrate knowledge of principles of reflective practice
			Y e s	c	Recognize situations which are beyond personal capacity
				d	Address situations beyond personal capacity by consultation, referral or further learning.
1-2	1.05	<i>Address professional development needs.</i>			
				a	Demonstrate knowledge of principles of self-assessment and learning plan development.
3-4	1.06	<i>Use a systematic approach to decision making</i>			
			Y e s	b	Demonstrate knowledge of ethical principles for decision making.
				c	Demonstrate knowledge of approaches to obtain and interpret evidence to inform decision making.
				d	Demonstrate knowledge of contextual factors that may influence decision making.
			Y e s	f	Apply ethical principles.

Weight (%)	Competency #	Practice Competencies	Minimum 1 item	Indicator #	Performance Indicators
4	1.07	<i>Maintain a client-centered focus.</i>			
			Y e s	a	Demonstrate knowledge of the legal and moral basis for respecting individual rights, dignity and uniqueness.
				c	Determine client perspectives and needs
				d	Integrate client perspectives and needs into practice activities
				e	Identify services and resources relevant to client needs.
1	1.08	<i>Maintain time and workload effectively</i>			
				a	Demonstrative knowledge of principles for managing time and workload.
1	1.09	<i>Use technologies to support practice.</i>			
				a	Demonstrate knowledge of communication technologies relevant to practice, and their appropriate uses.
1	1.10	<i>Ensure appropriate and secure documentation</i>			
				c	Demonstrate knowledge of principles of security and access.
1	1.11	<i>Assess and enhance approaches to dietetic practice.</i>			
				d	Recognize the importance of new knowledge to support or enhance practice.
2	1.12	<i>Contribute to advocacy efforts related to nutrition and health</i>			
			Y e s	a	Demonstrate knowledge of principles of advocacy.
				b	Identify advocacy opportunities and activities in dietetic practice.

Weight (%)	Competency #	<i>Practice Competencies</i>	Minimum 1 item	Indicator #	<i>Performance Indicators</i>
1	1.13	<i>Participate in practice-based research</i>			
				a	Demonstrate knowledge of research and evaluation principles.
24 (13%)	2. Communication and Collaboration <i>Communicate effectively and practice collaboratively</i>				
5	2.01	<i>Select appropriate communication and approaches</i>			
				a	Demonstrate knowledge of opportunities for and barriers to communicate
				c	Demonstrate knowledge of communication techniques, and their appropriate uses.
			Y e s	e	Demonstrate knowledge of medical and dietetics-related terminology.
				f	Demonstrate knowledge of practice-setting-related-terminology
2-3	2.02	<i>Use effective written communication skills</i>			
				a	Demonstrate knowledge of ways to determine written communication needs of the reader.
2-3	2.03	<i>Use effective oral communication skills</i>			
				a	Demonstrate knowledge of elements of effective oral communication.
5-6	2.04	<i>Use effective interpersonal skills</i>			
				a	Demonstrate knowledge of principles of active learning.
				c	Demonstrate knowledge of ways to engage in respectful communication.
				e	Demonstrate knowledge of ways to communicate empathically.

Weight (%)	Competency #	Practice Competencies	Minimum 1 item	Indicator #	Performance Indicators
				g	Demonstrate knowledge of ways to establish rapport in communication.
				i	Demonstrate knowledge of counselling principles.
				k	Demonstrate knowledge of principles of negotiation and conflict management.
5-6	2.05	<i>Contribute to the learning of others</i>			
				b	Demonstrate knowledge of ways to assess the prior knowledge and learning needs of others.
				d	Demonstrate knowledge of educational strategies relevant to practice and their appropriate uses.
				f	Demonstrate knowledge of learning resources, and their appropriate use in practice.
				l	Demonstrate knowledge of ways to develop and deliver effective group educational sessions.
4-6	2.06	<i>Contribute productively to teamwork and collaborative processes.</i>			
				b	Demonstrate knowledge of ways to effectively contribute dietetics knowledge in collaborative practice.
				d	Demonstrate knowledge of scenarios where the expertise of other health care providers is a key element in dietetic practice.
				h	Demonstrate knowledge of principles of teamwork and collaboration.
65 35.1%	3. Nutrition Care <i>Provide services to meet the nutrition-care of individuals.</i>				
28-29	3.01	<i>Assess nutrition-related risks and needs.</i>			
				a	Demonstrate knowledge of principles for selection and use of nutrition risk screening strategies.
			Y e s	c	Demonstrate knowledge of ways to identify relevant data to perform a nutrition assessment.

Weight (%)	Competency #	<i>Practice Competencies</i>	Minimum 1 item	Indicator #	<i>Performance Indicators</i>
				d	Identify relevant assessment data to collect.
				e	Demonstrate knowledge of methods to obtain perspective of client, family and/or relevant others.
				j	Demonstrate knowledge of ways to obtain and interpret demographic, psycho-social and health behaviour history.
				k	Demonstrate knowledge of principles for selection of relevant demographic, psycho-social and health behaviour data.
				m	Demonstrate knowledge of principles for obtaining and interpreting food and nutrient intake data.
				n	Obtain and interpret food and nutrient intake data.
				p	Identify client learning needs related to food and nutrition.
				q	Demonstrate knowledge of principles for obtaining and interpreting anthropometric data.
				r	Obtain and interpret anthropometric data.
			Y e S	s	Demonstrate knowledge of ways to obtain and interpret biochemical and medical test/procedure data.
				u	Obtain and interpret biochemical data and results from medical tests and procedures.
				v	Demonstrate knowledge of ways to obtain and interpret information from mealtime/feeding observations.
				w	Obtain and interpret information from mealtime/feeding observations.
				x	Identify signs and symptoms of nutrient deficiencies or excesses.
			Y e S	y	Demonstrate knowledge of ways to obtain and interpret nutrition-focused physical observation data.
			Y e S	aa	Identify signs and symptoms of dysphagia.
				bb	Demonstrate knowledge of principles for swallowing assessment.

Weight (%)	Competency #	<i>Practice Competencies</i>	Minimum 1 item	Indicator #	<i>Performance Indicators</i>
				dd	Demonstrate knowledge of selection and use of methods used to determine energy, protein, fluid, macronutrient, micronutrient, electrolyte and trace element requirements.
				ff	Determine client nutritional requirements
				hh	Integrate assessment findings to identify nutrition problem (s).
28-29	3.02	<i>Develop nutrition care plans</i>			
			Y e s	a	Demonstrate knowledge of principles for prioritization of nutrition care goals based on risk and available resources.
				c	Demonstrate knowledge of ways to identify and select appropriate nutrition interventions.
			Y e s	e	Demonstrate knowledge of ways to identify and select appropriate textural and therapeutic diet modifications.
				g	Demonstrate knowledge of principles for development and modification of meal plans.
				i	Demonstrate knowledge of principles for supplement selection and use.
			Y e s	j	Determine supplementation needs.
			Y e s	k	Demonstrate knowledge of principles of enteral nutrition.
			Y e s	o	Demonstrate knowledge of parenteral nutrition.
				s	Demonstrate knowledge of principles for development of a client support plan.
				u	Demonstrate knowledge of principles for development of a client education plan.
				w	Demonstrate knowledge of strategies for monitoring and assessment of nutrition care plan outcomes.

Weight (%)	Competency #	Practice Competencies	Minimum 1 item	Indicator #	Performance Indicators
3-4	3.03	<i>Manage implementation of nutrition care plans</i>			
				c	Identify the roles of team members in supporting the implementation of a care plan.
5-6	3.04	<i>Evaluate and modify nutrition care plan as appropriate.</i>			
				b	Identify factors impacting the achievement of outcomes.
				c	Identify necessary changes to nutrition care plan.
28 15.1%	4. Population and Public Health <i>Promote the nutrition health of groups, communities and populations.</i>				
14	4.01	<i>Assess food and nutrition related issues of groups, communities and populations</i>			
				a	Demonstrate knowledge of types and sources of information to assess food and nutrition-related issues of groups, communities and populations.
				b	Identify information needed to assess food and nutrition-related issues of a group, community or population.
				c	Demonstrate knowledge of ways to determine key stakeholders and obtain relevant information.
				e	Demonstrate knowledge of sources of and methods to obtain food and nutrition surveillance, monitoring and intake data.
				g	Demonstrate knowledge of sources of and methods to obtain health status data.
				h	Obtain and interpret health status data.
				i	Demonstrate knowledge of sources of and methods to obtain information relating to the determinants of health.
				k	Demonstrate knowledge of sources of and methods to obtain information related to food systems and food practices.

Weight (%)	Competency #	Practice Competencies	Minimum 1 item	Indicator #	Performance Indicators
				n	Identify relevant group, community or population assets and resources.
				o	Demonstrate knowledge of methods to integrate assessment data to establish priorities for population health approaches related to food and nutrition.
				p	Integrate assessment findings to identify priorities for population health approaches related to food and nutrition.
6	4.02	<i>Develop population health plan.</i>			
				b	Identify goals and objectives for population health related to food and nutrition.
				d	Identify appropriate strategies to meet goals and objectives for population health.
4-5	4.03	<i>Implement population health plan</i>			
				a	Demonstrate knowledge of ways to coordinate and deliver population health activities.
4	4.04	<i>Evaluate and modify population health plan as appropriate</i>			
				a	Demonstrate knowledge of processes and outcomes used to evaluate the effectiveness of population health activities.
41 22%	5. Management <i>Manage programs, projects and services related to dietetics.</i>				
11	<i>5.01 Assess strengths and needs of programs and services related to dietetics.</i>				
				a	Demonstrate knowledge of strategic and operational planning principles.
				d	Identify relevant assessment information.
				e	Demonstrate knowledge of ways to identify and obtain relevant information from key stakeholders.

Weight (%)	Competency #	Practice Competencies	Minimum 1 item	Indicator #	Performance Indicators
				g	Demonstrate knowledge of ways to report budgetary and financial management information.
				i	Demonstrate knowledge of sources of standards and compliance data.
				k	Demonstrate knowledge of sources of nutritional, cultural, physical and other demographic client information.
				m	Demonstrate knowledge of sources of stakeholder satisfaction information.
				o	Demonstrate knowledge of ways to report human resource management information.
				s	Demonstrate knowledge of principles to evaluate effectiveness in achieving goals and objectives.
11	5.02	<i>Manage programs and projects.</i>			
				b	Identify appropriate goals and objectives for a program or project.
				c	Identify strategies to meet goals and objectives for a program or project.
				d	Demonstrate knowledge of typical components of an action plan for a program or project.
				f	Demonstrate knowledge of ways to establish a program or project budget.
				h	Demonstrate knowledge of responsibilities of a program or project manager.
				k	Demonstrate knowledge of information needs and orientation strategies for staff and volunteers.
				m	Demonstrate knowledge of training and education needs of staff and volunteers.
				o	Demonstrate knowledge of staff recruitment activities.
				q	Demonstrate knowledge of staff development and performance management activities.
				u	Demonstrate knowledge of methods used to monitor expenditures and equipment and material usage.

Weight (%)	Competency #	<i>Practice Competencies</i>	Minimum 1 item	Indicator #	<i>Performance Indicators</i>
19	5.03	<i>Manage food services.</i>			
				a	Demonstrate knowledge of ways to determine food service needs of a client group.
				b	Identify the food service needs of a client group based upon their nutritional, cultural and physical characteristics.
				d	Identify human, financial, technical and equipment resources required for the provision of food services.
			Y e s	e	Demonstrate knowledge of menu development and modification principles.
			Y e s	g	Demonstrate knowledge of processes for purchasing, receiving, storage, inventory control and disposal activities in food services.
				i	Demonstrate knowledge of food production and distribution procedures in food services.
				m	Demonstrate knowledge of approaches to marketing food services.

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Appendix G: Knowledge Topics

The following list relates to questions that test knowledge and comprehension of knowledge. This is not considered an all-inclusive list. Please refer to the foundational knowledge section in the Integrated Competencies for Dietetic Education and Practice (See: Appendix B).

Topics can sometimes be applied to numerous settings including:

Public health units, home care agencies, community health centres, hospitals and other primary/tertiary institutional health care facilities, long-term care facilities, hospice and palliative care, business and industry, government and non-governmental agencies (i.e. not for profit associations), unionized/non-unionized, cafeterias, food banks, day care, restaurants, private practice, primary care settings, family practice, food and pharmaceutical companies.

Communication and Education Principles

- Communication: principles of counselling, formal/informal, direct/indirect, verbal/non-verbal, group/individual, written
- Education: implementation and evaluation, literacy, mass media, principles of education
- Factors Influencing Education: cultural, religious, holistic/spiritual, literacy, health and behaviour theory

Food and Nutritional Science

- Food Technology (e.g., chemical composition, effects of food preparation on physical and chemical properties of foods, food additives, functional foods, nutraceuticals)
- Fundamentals of Human Nutrition (e.g., chemistry, physiology, metabolism)
- Laboratory Assessment/Interpretation (e.g., function of indicators, significance/purpose of test, clinical implications for the following tests)
 - hemoglobin, electrolytes, minerals, glucose, lipoproteins, hematocrit, A1C (glycosylated hemoglobin), MCHC (Mean Corpuscular Hematocrit), MCV (Mean Corpuscular Volume), leukocytes, albumin, liver function tests, urea, creatinine, ferritin)
- Nutrition through the Life Cycle (e.g., adult, pregnancy, lactation, infant, toddler and pre-school, school age, adolescent, elderly)
- Nutrition Standards (e.g., indices to assess energy, protein, and fluid requirements, body composition, data collection techniques, conditions suggesting nutritional risk, diet assessment, computer-assisted assessment, anthropometric assessment, drug-nutrient interaction, biochemical assessment, subjective global assessment, physical assessment)
- Population Health, Food and Nutrition Surveillance (e.g., Canadian Community Health Study CCHS Cycle 2.2 – Nutrition, heart health surveys)

Food and Nutrition Systems

- Food Service Systems (e.g., organizational structure, facility layout, client relations, sanitation, satisfaction)
- Distribution and service (e.g., conventional vs cold plating, equipment selection, centralized vs decentralized)
- Menu planning (e.g., customer trends, selective vs non-selective, pilferage, cycle length, modified menus—special and therapeutic needs, ethnic and religious considerations)

APPENDIX G: Knowledge Topics continued

- Procurement (e.g., purchasing standards, purchasing groups/prime vendor, tenders)
- Production (e.g., flow, quantity preparation, recipe standardization, portion control, outsourcing,)
- Inventory Management (e.g., types, turnover ratios)
- Computer systems (e.g., diet office, menu management)

Health Promotion/Disease Prevention

- Community Development
- Disease Prevention (e.g., cancer, heart disease, eating disorders, HIV)
- Food Safety
- Food Security
- Principles of Health Promotion (e.g., coalition building, program planning, social marketing)
- Program Management: planning, implementation and evaluation

Management

- Financial Management (e.g., budgeting, revenue generation, cost-effectiveness, profit/loss)
- Human Resources (e.g., staffing, interviewing and selection, orientation and training, job analysis, Human Rights Code, Employment Standards, conflict resolution, labour relations, staff scheduling, employee evaluation, performance reviews, attendance management)
- Monitoring Controls (e.g., menu pricing, performance indicators, meal days, computer applications e.g., Point-of-Sale, spreadsheets)
- Sales Process (e.g., target development, sales analysis, account management, business development)

Nutrition Care

- For each disease/condition:
 - diagnostic criteria, if applicable
 - effect on nutrition
 - rationale for nutrition care
 - matching diet to condition and treatment
 - effect of treatment (nutritional/drug/medical therapy)
 - monitoring/evaluation of therapy
- Cardiovascular (CVD) (e.g., atherosclerosis, hyperlipidemia, coronary heart disease, hypertension)
- Diabetes Mellitus (e.g., type 1/type 2 diabetes mellitus, gestational diabetes)
- Eating Disorders (e.g., obesity, anorexia, bulimia)
- Food Allergies/Intolerances
- Gastrointestinal (GI) Tract Diseases and Disorders (e.g., swallowing disorders, reflux, peptic ulcer, irritable bowel, ulcerative colitis, dumping syndrome, Crohn's disease, celiac, pancreatitis, constipation/diarrhea)
- Hepatic Disease
- Hyper/Hypo Metabolism (e.g., starvation, metabolic response to starvation, trauma, stress, burns, thyroid conditions)
- Hypoglycemia/Hyperglycemia

APPENDIX G: Knowledge Topics continued

- Immunosuppression (HIV/AIDS)
- Lifestyle Nutrition (e.g., sports nutrition, vegetarianism, alternative/complementary care)
- Mental Health (e.g., food intake problems, drug/nutrient interaction)
- Micronutrient Malnutrition: indicators and effects
- Neurological Disorders and Injury (e.g., stroke, dysphagia, dementia, degenerative disease and immobility)
- Nutrition Support (e.g., TPN and enteral nutrition, product specification, routes of administration and monitoring, transitional feeding)
- Osteoporosis
- Obesity
- Oncology, Palliative Care
- Protein/Energy Malnutrition: indicators and effects (e.g., failure-to-thrive refeeding syndrome)
- Renal Disease (e.g., nephrotic syndrome, hemodialysis, continuous
- Ambulatory peritoneal dialysis, acute renal failure, end-stage renal disease, early renal insufficiency)
- Respiratory Disease (e.g., chronic obstructive pulmonary disease, cystic fibrosis)

Policies and Standards

- Dietitians of Canada's Code of Ethics
- Documentation
- Nutrition Education: nutrition policy and guidelines (e.g., refer to the Health Canada website)
- Nutrition Standards (e.g., DRIs, Canada's Food Guide)
- Practice Guidelines (e.g., ethical/legal issues, sharing information with colleagues, confidentiality)
- Professional Standards/Scope of Practice (e.g., feeding the terminally ill, consent issues, abuse prevention)
- Public Policy (e.g., nutrition labelling)
- Quality Assurance: tools, process, indicators, systems (e.g., HACCP [Hazard Assessment Critical Control Point], CQI [Continuous Quality Improvement]/TQM [Total Quality Management], Risk Management)

Research

- Consumer Research
- Market Research (e.g., client satisfaction, merchandising, 4Ps-product, price, place, promotion)
- Practice-based Research
- Research Process (e.g., critical appraisal of the literature, needs assessment, survey, sampling methods, study design, reliable and valid measures, analysis, interpretation)

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Appendix H: Example Exam Questions

PASSAGE 1 (Questions 1 to 4 refer to this case)

A dietitian has been consulted to review the puréed menu in a long-term care facility. The dietitian was also asked to provide recommendations on using outsourced products to address concerns with the puréed menu. The present non-selective puréed menu provides 30-35 g of protein and 6,800-9,200 kJ (1,600-2,200 kcal) per day. In addition, residents are offered three between-meal nourishments. The last audit indicated that 40% of the time, residents did not accept the nourishments offered.

1. What is the primary concern with the puréed menu?
 1. Inadequate energy
 2. Inadequate protein
 3. Inadequate number of meals
 4. Inadequate number of nourishments

2. What action should the dietitian take regarding the unaccepted nourishments?
 1. Arrange a taste test of different nourishments with residents
 2. Discuss possible solutions with the residence council
 3. Collaborate with the clients to identify the problem
 4. Eliminate the nourishments and increase meal portions

3. The dietitian recommends purchasing outsourced puréed entrées on a one-month trial. The entrées will be evaluated on many factors during the trial. When the dietitian makes a final recommendation, what should be the deciding factor?
 1. Cost savings in labour hours
 2. Refrigerator and freezer storage space
 3. Acceptance of the entrées by residents
 4. Cost of outsourced puréed entrées

4. What action should the dietitian recommend for initiating the trial?
 1. Approach the manufacturer's representative to coordinate the trial
 2. Meet with staff to discuss the new products and handling procedures
 3. Instruct a supervisor on how to test the new products
 4. Contact Public Health and speak to nursing staff to build consensus

END OF PASSAGE 1

Appendix H: Example Exam Questions continued

PASSAGE 2 (Questions 5 to 10 refer to this case)

A 25-year-old client with cerebral palsy (CP) lives in a group home. His motor, mental and communication functions are partly affected by his CP. He has recently been diagnosed with end-stage renal disease (ESRD). The dietitian has been consulted as the client is about to begin dialysis treatment.

5. How are diets for end-stage renal disease (ESRD) and dialysis different?
 1. The recommended amount of protein for ESRD is lower than that for dialysis
 2. The recommended amount of protein for ESRD is higher than that for dialysis
 3. The recommended amount of energy for ESRD is lower than that for dialysis
 4. The recommended amount of energy for ESRD is higher than that for dialysis

6. To decide on the type of dialysis for the client, who should be consulted, in addition to the renal team and the administrator of the group home?
 1. The client and the client's family
 2. A designated decision-maker for the client
 3. The client's family and the designated decision-maker for the client.
 4. The client and designated decision-maker for the hospital client

7. If the client goes on hemodialysis, which conditions should the dietitian consider in the long term?
 1. Hypokalemia and hyperphosphatemia
 2. Dyslipidemia and osteodystrophy
 3. Hyperkalemia and hypophosphatemia
 4. Hypotension and diabetes

8. The client is known to consume large amounts of fresh vegetables and fruits. Which condition will most likely result if he continues this diet?
 1. Hyperkalemia
 2. Hyperphosphatemia
 3. Hyponatremia
 4. Hypomagnesemia

9. The administrator of the home calls the dietitian to report that the client has been eating potato chips frequently. He has some edema and his blood pressure is rising. What action should the dietitian take?
 1. Remind the client about the importance of following the meal plan
 2. Explain to the administrator that the client has been advised about his diet already
 3. Ask the foodservice manager to monitor the client's health
 4. Meet with the client and the designated decision-maker to discuss the situation

APPENDIX H: Example Exam Questions continued

10. One month later, the client is on hemodialysis and arrives for dialysis with a weight gain of two kg over the prescribed limit. He has normal serum sodium. What is the most likely dietary cause of his weight gain?

1. Too much phosphorous and potassium
2. Too much fluid and potassium
3. Too much magnesium and chloride
4. Too much fluid and sodium

END OF PASSAGE 2

APPENDIX H: Example Exam Questions continued

PASSAGE 3 (QUESTIONS 11 to 14 refer to this case)

A 45-year-old woman is referred to the dietitian because of high serum cholesterol and triglycerides. Both her mother and sister died of heart failure. She is a smoker, 20 kg overweight and inactive. She has been on low-carbohydrate, high-protein diets several times in the last few years resulting in short-term weight loss.

11. During the initial interview when asked about her readiness for lifestyle change, the client's response is "I have tried many times to lose weight and it doesn't work. My lifestyle has nothing to do with heart problems. It is in my family." At what stage of change is the client?
 1. Precontemplation
 2. Contemplation
 3. Preparation
 4. Action

12. After several months, the client returns to see the dietitian. She has experienced angina and is clearly frightened. She says "I will do anything not to die like my sister and mom." What should the dietitian do first?
 1. Identify potential barriers to change
 2. Register her for heart health group sessions
 3. Help her establish goals for change
 4. Discuss coping strategies for relapse

13. Which anthropometric measure would best predict this client's risk for heart disease?
 1. Percent ideal body weight
 2. Percent usual body weight
 3. Waist circumference
 4. Multiple skinfold thicknesses

14. After one year, the client has reached her goals of lowering serum cholesterol and triglycerides through a combination of lifestyle changes. She reports that she has quit smoking, is walking daily and eating a healthy diet but is disappointed with a 5 kg weight loss. She wants to go back on a low-carbohydrate, high-protein diet to lose more weight. What would be the dietitian's best approach?
 1. Redesign her meal plan to limit carbohydrates to 60 g daily
 2. Reinforce her positive lifestyle changes
 3. Help her design an exercise program using weights
 4. Re-evaluate her nutrition care plan

END OF PASSAGE 3

APPENDIX H: Example Exam Questions continued

PASSAGE 4 (QUESTIONS 15 to 19 refer to this case)

A 45-year-old woman with a history of ovarian cancer is being treated with radiation. She is admitted to the hospital with a high-output distal gastrointestinal fistula. She has lost 15 kg in the last four months.

15. What nutrition intervention should the dietitian recommend?
1. Clear fluids to minimize residue
 2. Nasogastric enteral feed to meet estimated nutrition needs
 3. TPN to meet estimated nutrition needs
 4. Elemental enteral feed to minimize residue
16. The client is at risk for refeeding syndrome. Which electrolyte abnormalities are seen with refeeding syndrome?
1. Hyponatremia and hypophosphatemia
 2. Hyponatremia and hyperphosphatemia
 3. Hypophosphatemia and hypokalemia
 4. Hypophosphatemia and hyperkalemia
17. The dietitian notices that the client's serum sodium is above the normal range. What is the most likely cause?
1. Overhydration
 2. Diuretic use
 3. Inadequate sodium intake
 4. Dehydration
18. The fistula has healed and the physician asks the dietitian to reassess the client. What should the dietitian recommend?
1. Initiate nutrition support
 2. Initiate a regular meal plan
 3. Initiate clear fluids
 4. Initiate a low-fibre meal plan
19. The client is now on a regular meal plan and the dietitian wants to determine if she is meeting her nutrition needs. What method would the dietitian use to get an estimate of her usual intake?
1. Obtain a 3-day food intake record
 2. Observe the client at meal-time
 3. Complete a 24-hr food recall
 4. Request nursing comments on the client's intake

END OF PASSAGE 4

APPENDIX H: Example Exam Questions continued

INDEPENDENT QUESTIONS

20. An 83-year-old woman is admitted to hospital for shortness of breath, nausea, vomiting and ascites. She reports a recent rapid weight gain of 7 kg (height: 160 cm, present weight (67 kg). Upon admission, lab data reveal a low serum albumin and normal liver function tests. Her diet provides about 6,800 kJ (1,600 kcal) and 60 g protein. Which conclusion should the dietitian make based on this information?
1. Weight gain is a positive indicator of improved nutrition status
 2. Recent weight gain reflects an increased oral intake
 3. Serum albumin is low due to the intake of a low-protein diet
 4. Recent weight gain is related to low serum albumin
21. A client is referred to the dietitian for an initial visit about his lactose intolerance. The referral form indicates that he is apprehensive and reluctant to discuss his symptoms. Which action would be most effective when counselling him?
1. Ask him questions to assess his verbal and non-verbal responses
 2. Ask him to record his symptoms and email them before his next appointment
 3. Provide him with a list of lactose-free products
 4. Outline the changes he will have to make in his diet
22. An objective of a high school nutrition program is to increase the daily consumption of vegetables and fruit. Which tool will the dietitian use to assess behaviour change?
1. Food frequency questionnaire
 2. 3-day food record
 3. Pre- and post-program questionnaire
 4. Focus groups
23. Which manifestations are characteristic of bulimia nervosa?
1. Knuckle calluses, unwillingness to discuss food intake, amenorrhea
 2. Erosion of dental enamel, knuckle calluses, psychological distress
 3. Hypertension, low blood sugar, history of weight change
 4. Ketoacidosis, hypotension, edema

APPENDIX H: Example Exam Questions continued

The dietitian in a long-term care facility sees the cook place a tray of newly-made egg salad sandwiches on the counter. An hour later the sandwiches are still there. According to Hazard Analysis Critical Control Point (HACCP) guidelines, what should the dietitian do first?

1. Ask the cook when the sandwiches were prepared
 2. Take the temperature of the sandwiches
 3. Discard the sandwiches and substitute fresh sandwiches
 4. Refrigerate the sandwiches immediately until service
25. The dietitian is developing education materials to use in a pre-retirement worksite health promotion program. The dietitian wants to be sure the audience understands the messages. The participants include several ethnic groups with a range of literacy skills. Which strategy would be most effective for the dietitian to use?
1. Hold a focus group with a representative sample of participants to pilot the materials
 2. Distribute a questionnaire at the end of the program to assess understanding
 3. Use pictures, charts and diagrams to reinforce information presented in written form
 4. Assess readability to confirm all materials are written at grade 6 level
26. A 13-year-old girl is referred to the dietitian because she refuses to consume milk products believing they cause weight gain. What should the dietitian do first?
1. Suggest daily calcium and vitamin D supplement
 2. Review calorie and fat content of milk products
 3. Determine why she is concerned about weight gain
 4. Check her BMI to determine if it is in the healthy weight range
27. A group of people living independently in a senior citizens residence asks the community dietitian for information about shopping and cooking for one. What action should the dietitian take first?
1. Discuss with the residents their current food shopping and cooking practices.
 2. Organize a grocery store tour to point out the single serving foods available
 3. Conduct a written survey with the residents to determine food preferences and nutrition knowledge
 4. Organize cooking classes at the senior citizens' residence

APPENDIX H: Example Exam Questions continued

28. A 3-month-old breastfed infant is referred to the dietitian. His weight is at the 3rd percentile and his length is at the 40th percentile. No other medical problems are identified. His mother reports that he feeds frequently and requires four diaper changes per day. What should the dietitian do first?
1. Advise his mother to feed him more frequently
 2. Refer his mother to a breastfeeding support group
 3. Obtain more information about the number and duration of feeds per day
 4. Suggest his mother supplement breastfeeding with an infant formula
29. A community dietitian is starting to work with a Canada Prenatal Nutrition Program in a First Nations community. A goal of this program is to increase the breastfeeding rate. What initial step should the dietitian take?
1. Outline the health benefits of breastfeeding using visual aids
 2. Help the women compare the cost of formula feeding to breastfeeding
 3. Discuss with each woman which method of infant feeding she is considering
 4. Discuss how convenient breastfeeding can be for mothers
30. A client with bowel cancer is recovering from surgery, where much of the colon was removed. What is the dietitian's main concern for this patient?
1. Increased loss of calcium
 2. Decreased absorption of vitamin B₁₂
 3. Decreased absorption of fat soluble vitamins
 4. Increased loss of fluid and electrolytes
31. A 45-year-old woman on hemodialysis for chronic renal failure is referred to the dietitian for dietary assessment. She is sedentary, her weight is stable at 55 kg and her BMI is 20. She is consuming about 7,500 KJ (1,800 kcal) and 45g protein per day. What should the dietitian address first?
1. Activity level
 2. Protein intake
 3. Energy intake
 4. Body weight
32. A consulting dietitian has been hired by a 200-bed long-term care facility to provide clinical nutrition services. While charting in the foodservice department, the dietitian notes a 20 L mixer bowl of hot pudding being wheeled into the refrigerator for chilling. What should the dietitian do first?
1. Suggest to the foodservice supervisor that they use instant puddings that require no heating
 2. Document details of the incident and monitor staff food handling techniques
 3. Recommend more staff training in safe food handling
 4. Inform the foodservice supervisor to ensure the pudding is safely handled

APPENDIX H: Example Exam Questions continued

33. The dietitian launches a campaign to promote safe food handling practices during the barbecue season by distributing a pamphlet on this topic. The dietitian plans to evaluate the campaign by contacting a sample of people who receive the pamphlet. Which measure would best indicate that the campaign was successful?
1. A decrease in the number of people who experience food poisoning
 2. The number of people who report changing their food handling practices after reading the pamphlet
 3. An increase in the number of people who use safe food handling practices
 4. The number of people who report reading the pamphlet
34. The dietitian at a large health club wants to offer 'Heart-Health' classes on a pay-per-session basis. The manager is unsure if the demand exists with the club members. What is the best way for the dietitian to assess present demand?
1. Interview fitness instructors and personal trainers regarding members needs
 2. Hold a focus group with club members
 3. Offer an information session for interested club members
 4. Survey all club members by questionnaire
35. The consulting dietitian in a women's prison has been asked to implement a perpetual inventory system in the kitchen. What is the main advantage of this system?
1. It provides a running balance of all food items
 2. There is a separate card for all food items on hand
 3. Food items can be easily counted once a month
 4. Food items are listed in alphabetical order
36. A group of women who are trying to lose weight want to learn more about food composition and food labelling in order to buy lower energy foods. Which activity would be most useful for the dietitian to arrange for these clients?
1. A grocery store tour with discussion of their questions
 2. Direct them to Health Canada's website for information on food labelling
 3. A taste test of a variety of lower energy foods
 4. A presentation on healthy eating and exercise
37. The health team in a First Nations community health centre is in the initial stages of developing a plan to reduce the risk factors for type 2 diabetes among women 20 to 50 years of age. What is most important for the team to undertake now?
1. Screen high-risk women using blood glucose levels
 2. Work with a local group of women to identify issues
 3. Provide evening nutrition and fitness classes throughout the week
 4. Start a newsletter for distribution to women through the centre

APPENDIX H: Example Exam Questions continued

38. A client was referred to the dietitian to increase his weight. One of the goals set with the dietitian was for him to consume two servings of high-energy oral liquid supplement per day. Three weeks later he remains at his previous weight and states he did not take any of the supplements. Which action should the dietitian take first?
1. Review goals and gently remind him to take the supplement
 2. Reset goals in collaboration with the client
 3. Recommend a different flavoured supplement
 4. Recommend more enjoyable foods such as cookies and fruit
39. For a nutrition month project, a dietitian managing a high school cafeteria introduced a daily low-fat special. Discount pricing and attractive signs were unsuccessful in promoting sales. What action should the dietitian take?
1. Discontinue the low-fat menu special
 2. Review the pricing of all menu items
 3. Remove fried food choices from the menu
 4. Explore other low-fat menu items with students
40. The dietitian has been asked to develop a lesson plan on the importance of breakfast for grade 3 students. The lesson will be delivered by teachers. What should the dietitian do first?
1. Develop learning objectives after discussion with teachers
 2. Develop learning activities appropriate for children in grade 3
 3. Investigate computer games that appeal to children in grade 3
 4. Investigate breakfast-eating practices of the grade 3 teachers
41. A consulting dietitian works with a community centre that runs an afterschool program for girls aged 12–14 years. Many of the girls have recently decided to become vegetarian. The program coordinator is concerned that the girls may not have enough information about this choice and asks the dietitian to help address this situation. What approach should the dietitian take?
1. Provide vegetarian snacks for the girls
 2. Design interactive cooking sessions for the group
 3. Review high-iron meat substitutes with the coordinator
 4. Provide the coordinator with resources on the vegan diet
42. A client with hyperlipidemia has successfully implemented the dietitian's recommendation to increase his soluble fibre intake over the past three months. Which serum marker of hyperlipidemia should the dietitian expect to decrease the most?
1. Triglycerides
 2. LDL cholesterol
 3. HDL cholesterol
 4. Total cholesterol

APPENDIX H: Example Exam Questions continued

43. A dietitian is asked by a workplace wellness committee to help them promote healthy eating to the employees. What is the best approach to encourage long-term behavioural changes that will improve healthy eating in the workplace?
1. Provide an educational in-service on healthy eating for all employees
 2. Supply employees with fact sheets and pamphlets on healthy eating
 3. Develop workplace policies to enable healthy eating
 4. Provide managers with data that supports the benefits of healthy eating
44. A public health nurse returned from a school visit and informed the dietitian that the U.S. food guide is being used by a grade 6 teacher to teach healthy eating. What should the dietitian do?
1. Send a Canada's Food Guide poster to the teacher
 2. Contact the teacher to discuss Canada's Food Guide
 3. Develop a grade-specific educational kit promoting Canada's Food Guide
 4. Report the inappropriate practice to the school principal
45. The foodservice dietitian receives several complaints about an employee. He is a good employee but becomes unprofessional and defensive under stress. What should the dietitian do first?
1. Give him a written warning
 2. Decrease his workload
 3. Transfer him to another department
 4. Meet with him to determine a solution
46. A client recently admitted to a long-term care facility has refused to eat for three days but is otherwise healthy. His family is vocal about their concerns and insists the dietitian "do something". What is the first step the dietitian should take?
1. Discuss the refusal to eat with the client and team members
 2. Encourage the family to voice their concerns to the client
 3. Recommend that enteral feeding be initiated if refusal to eat continues
 4. Consult the physician for input on why this behaviour is occurring
47. The dietitian would like to determine if clients on long-term tube feeds require vitamin and mineral supplements. What would be the first step?
1. Compare nutrients provided by volume of formula to the DRIs
 2. Conduct anthropometrics measures
 3. Assess for clinical signs of deficiencies
 4. Monitor biochemical measures

APPENDIX H: Example Exam Questions continued

ANSWERS

PASSAGE 1

Q1 Competency: NUTRITION CARE

DEMONSTRATE COMPREHENSION OF KNOWLEDGE

3.01 hh – Integrate assessment findings to identify nutrition problem(s)

- Option 1. Energy is within recommended intake for an elderly person.
- Option 2. 30-35 g of protein is inadequate. Between 10-35% of daily calories from protein is recommended for an elderly person.**
- Option 3. Three meals a day is adequate especially when three between meal nourishments are also offered.
- Option 4. Three nourishments a day is acceptable, standard practice.

Q2 Competency: MANAGEMENT

DEMONSTRATE COMPREHENSION OF KNOWLEDGE

1.07 c – Determine client perspectives and needs

- Option 1. While this could be an appropriate action at a later stage, it does not identify the cause of the problem which would be the initial step.
- Option 2. The residence council may not be aware of all the reasons why nourishments are not accepted. Same as Option 1.
- Option 3. The most accurate data will be collected directly from the clients. Then the problem can be analyzed.**
- Option 4. Eliminating nourishments and increasing meal portions is not appropriate for long-term care. Residents can usually only eat small amounts at one time, so usually require smaller, more frequent meals.

Q3 Competency: PROFESSIONAL PRACTICE

EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE

1.07 D – Integrate client perspectives and needs into practice activities

- Option 1. Labour savings are important but there will not be savings or quality service if clients do not eat the product and/or request something else.
- Option 2. Storage space is not as important if residents do not accept the food product.
- Option 3. Clients' acceptance of the food product is the most important factor in selecting menu items. If clients aren't satisfied, all the other factors won't matter. The product will not be eaten and nutrition status may be impaired.**
- Option 4. Product cost is important but there won't be savings if the residents do not eat the product and/or request something else.

APPENDIX H: Example Exam Questions continued

**Q4 Competency: MANAGEMENT
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING
KNOWLEDGE**

5.01 e – Demonstrate knowledge of ways to identify and obtain relevant information from key stakeholders

Option 1. Staff members are more familiar with kitchen routines than a representative, less biased, and are more likely identify other relevant issues.

Option 2. The most appropriate method of initiating any trial is to discuss the trial products/changes in routine with the users (i.e. the staff preparing the product).

Option 3. The supervisor should be aware of the changes to tasks, but it is the staff who should work with the products during a trial to assess fully.

Option 4. These groups are neither the consumer nor the user. The dietitian could seek feedback from nursing staff about client acceptance during the trial has been initiated.

PASSAGE 2

**Q5 Competency: NUTRITION CARE
DEMONSTRATE BROAD KNOWLEDGE**

3.02 c – Demonstrate knowledge of ways to identify and select appropriate nutrition interventions

Option 1. ESRD diet is lower in protein because kidneys are unable to filter protein molecules. Dialysis helps this process allowing increased protein intake.

Option 2. See Option 1.

Option 3. Kidney function does not impact energy intake.

Option 4. See Option 3.

**Q6 Competency: NUTRITION CARE
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING
AND APPLYING KNOWLEDGE**

3.01 e – Demonstrate knowledge of methods to obtain perspective of client, family and/or relevant others

Option 1. The client might still be able to be involved in making the decision but my need a designated decision-maker to be present because his mental and communication functions are affected by CP. The client’s family may not be the designated decision-maker.

Option 2. The client might still be able to be involved in decisions concerning his condition but he was excluded.

Option 3. See Option 2.

Option 4. The client might still be able to be involved in decisions, but will need a designated decision maker to be present.

**Q7 Competency: NUTRITION CARE
DEMONSTRATE COMPREHENSION OF KNOWLEDGE**

3.02w – Demonstrate knowledge of strategies for monitoring and assessment of nutrition care plan outcomes

APPENDIX H: Example Exam Questions continued

Option 1. Hyperphosphatemia should be monitored, but hyperkalemia (not hypokalemia) should be considered in the long term.

Option 2. Atherosclerosis is the most frequent cause of death among patients maintained on long-term hemodialysis. Osteodystrophy can be caused by hyperphosphatemia which resorbs calcium from the bones.

Option 3. Hyperkalemia should be monitored, but hyperphosphatemia (not hypophosphatemia) should be monitored.

Option 4. Hypertension and diabetes should be monitored, not hypotension.

**Q8 Competency: NUTRITION CARE
DEMONSTRATE COMPREHENSION OF KNOWLEDGE
3.01n – Obtain and interpret food and nutrient intake data**

Option 1. Vegetables and fruits are high in potassium and could lead to hyperkalemia.

Option 2. Vegetables and fruits are not high in phosphorous.

Option 3. Vegetables and fruits are low in sodium but would not cause hyponatremia.

Option 4. Vegetables and fruit are a source of magnesium so would not cause hypomagnesemia.

**Q9 Competency: COMMUNICATION AND COLLABORATION
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING
AND APPLYING KNOWLEDGE
2.01 c– Demonstrate knowledge of communication techniques, and their appropriate uses**

Option 1. Dietitian needs to determine the reasons why the client has not been following the prescribed meal plan.

Option 2. Dietitian should not disregard the administrator's concerns, especially if the client's blood pressure is rising and he has edema.

Option 3. Dietitian should monitor the client's health, not ask the foodservice managers to do this.

Option 4. Dietitian should meet with the client to discuss his eating habits, and evaluate the situation. The client might not be able to fully understand because of his affected mental and communication functions so the dietitian should include the designated decision-maker in the discussion.

**Q10 Competency: NUTRITION CARE
DEMONSTRATE COMPREHENSION OF KNOWLEDGE
3.01 x – Identify signs and symptoms of nutrient deficiencies or excesses**

Option 1. Phosphorous and potassium will not affect weight.

Option 2. Fluid intake would affect weight, but potassium would not.

Option 3. Chloride helps maintain cellular fluid balance so too much chloride could cause water retention and weight gain but magnesium does not cause water retention or weight gain.

Option 4. Weight gain in renal disease is usually linked to edema and can be caused by too much sodium (retains water). Total fluid consumption is also crucial, because decline in renal function prevents elimination of excess fluids.

APPENDIX H: Example Exam Questions continued

PASSAGE 3

**Q11 Competency: NUTRITION CARE
DEMONSTRATE BROAD KNOWLEDGE
3.04 b – Identify factors impacting the achievement of outcomes**

- Option 1.** A client in precontemplation does not consider making any changes.
Option 2. A client in contemplation is thinking about making some changes.
Option 3. A client in preparation has read/thought about changes she could make and is ready to start making changes.
Option 4. A client in action has already made changes.

**Q12 Competency: PROFESSIONAL PRACTICE
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING
AND APPLYING KNOWLEDGE
1.07d – Integrate client perspectives and needs into practice activities**

- Option 1. Barriers are identified at a later stage of change. The client is not quite ready to discuss barriers.
Option 2. Registering for heart health group sessions is an action that may be appropriate once goals are established but would not be the first thing the dietitian would do.
Option 3. The first step is for the dietitian to work with the client to establish goals that the client will accept.
Option 4. Coping strategies are discussed when the person is in action.

**Q13 Competency: NUTRITION CARE
DEMONSTRATE COMPREHENSION OF KNOWLEDGE
3.01 d – Identify relevant assessment data to collect**

- Option 1. Percent ideal body does not assess heart disease risk.
Option 2. Percent usual body does not assess heart disease risk.
Option 3. Waist circumference is an appropriate anthropometric measure to assess client's risk of heart disease. Abdominal fat can put an individual at risk for high blood pressure, high blood cholesterol, and heart disease.
Option 4. Skinfold measurements are used to assess body fat and not a standard measure to assess heart disease risk.

APPENDIX H: Example Exam Questions continued

**Q14 Competency: NUTRITION CARE
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING
AND APPLYING KNOWLEDGE**

1.04 c - Identify necessary changes to nutrition care plan

- Option 1. This is not an appropriate amount of carbohydrate. The dietitian needs to re-evaluate the client's nutrition care plan.
- Option 2. Reinforcing lifestyle changes are not enough. The dietitian needs to re-evaluate the nutrition care plan.
- Option 3. The dietitian is not trained to provide a weight training program.
- Option 4. The dietitian should reassess the client's nutrition care plan before recommending any dietary changes**

PASSAGE 4

**Q15 Competency: NUTRITION CARE
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING
AND APPLYING KNOWLEDGE**

3.02 o – Demonstrate knowledge of principles of parenteral nutrition

- Option 1. When the fistula output is high and distal, discontinuation of oral intake is recommended because oral intake stimulates further loss of fluids, electrolytes and protein via the fistula.
- Option 2. In patients with a proximal fistula, if a nasojejunal tube can be introduced beyond the site of the fistula, then these patients can be supported with enteral nutrition, provided that there are at least 4-5 feet of small bowel distal to it and no distal obstruction. In this case it is a distal fistula so nasogastric feeding is not appropriate.
- Option 3. When the fistula output is high, discontinuation of oral intake is recommended because oral intake stimulates further loss of fluids, electrolytes and protein via the fistula. A decrease in fistula output frequently occurs with the initiation of TPN.**
- Option 4. It does not matter if an elemental formula is used. The recommendation is to not use the gut.

**Q16 Competency: NUTRITION CARE
DEMONSTRATE COMPREHENSION OF KNOWLEDGE**

3.01u –Obtain and interpret biochemical data and results from medical tests and procedures

- Option 1. Sodium levels are not affected by refeeding syndrome unless there is dehydration.
- Option 2. See Option 1 for sodium. When refeeding syndrome occurs, there is a state of hypophosphatemia, not hyperphosphatemia.
- Option 3. In refeeding syndrome, a rapid increase in insulin stimulates movement of extracellular potassium and phosphate into the cells causing a rapid fall in blood concentrations of these ions.**
- Option 4. When refeeding syndrome occurs, there is a state of hypokalemia, not hyperkalemia.

APPENDIX H: Example Exam Questions continued

Q17 Competency: NUTRITION CARE
DEMONSTRATE COMPREHENSION OF KNOWLEDGE
3.01 x –Identify signs and symptoms of nutrient deficiencies or excesses

- Option 1. Not likely since there is a high output fistula.
- Option 2. There is no mention in the case about diuretics nor would diuretics cause high serum sodium.
- Option 3. Even if sodium intake is high, it is unlikely that serum sodium will be high due to the high output fistula.
- Option 4. A high-output fistula is defined by fluid loss over 500 mL/day. A high-output fistula increases the possibility of fluid and electrolyte imbalance and puts the client at high risk of dehydration.**

Q18 Competency: NUTRITION CARE
DEMONSTRATE COMPREHENSION OF KNOWLEDGE
3.02o – Demonstrate knowledge of principles of parenteral nutrition

- Option 1. Nutrition support can be an adjuvant treatment with clear fluids at first in order to meet nutrition requirements if oral intake is not sufficient but should not be used as the only source of nutrition unless oral intake is impossible (e.g., intubation).
- Option 2. A regular meal plan is not appropriate initially as the gastrointestinal tract is not ready for regular foods and needs to slowly adapt to oral intake.
- Option 3. Oral feeding should be initiated as soon as the gastrointestinal tract is functional. Dilute liquids are taken first and then, as the bowel adapts, the patient begins the slow return to a regular diet.**
- Option 4. A low-fibre meal plan is not appropriate initially since the gastrointestinal tract is not yet accustomed to solid foods.

Q19 Competency: NUTRITION CARE
DEMONSTRATE COMPREHENSION OF KNOWLEDGE
3.01 m – Demonstrate knowledge of principles for obtaining and interpreting food and nutrient intake data

- Option 1. A 3-day food record would provide the best picture of usual intake as it allows the dietitian to average intake over a 3-day period.**
- Option 2. This will provide information only for the observed meals, not total food intake.
- Option 3. A 24-hr recall provides no information about day-to-day variation of food intake.
- Option 4. Information from nursing can be subject to interpretation depending on the person. Also, often the rotation of nursing staff can change every 8-12 hours and from day to day so observations may not be consistent.

APPENDIX H: Example Exam Questions continued

INDEPENDENT QUESTIONS

**Q20 Competency: NUTRITION CARE
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING
AND APPLYING KNOWLEDGE**

3.01 hh - Integrate assessment findings to identify nutrition problem(s)

- Option 1. Low serum albumin precludes an improved nutrition status.
- Option 2. An energy intake of only 6,800 kJ (1,600 kcal) could not be responsible for such a weight gain.
- Option 3. Protein intake is within the recommended amount for the client.
- Option 4. Rapid and significant weight gain is most likely due to a shift in fluid balance. This is supported by the low albumin level, which can result in edema, confirmed by her ascites.**

**Q21 Competency: COMMUNICATION AND COLLABORATION
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING
KNOWLEDGE**

2.04 g – Demonstrate knowledge of ways to establish rapport in communication

- Option 1. Drawing client out puts him at ease and establishes rapport. Non-verbal communication is a reliable indicator of client apprehension.**
- Option 2. The dietitian must first determine the reasons for the client's apprehensions and reluctance to discuss symptoms. Changing to another form of communication will not do this
- Option 3. The dietitian should not give client information before confirming his symptoms and condition. This disregards the referral information provided.
- Option 4. See Option 3.

**Q22 Competency: POPULATION AND PUBLIC HEALTH
DEMONSTRATE COMPREHENSION OF KNOWLEDGE**

4.04 a - Demonstrate knowledge of processes and outcomes used to evaluate the effectiveness of population health activities.

- Option 1. This approach looks at an individual's eating habits and does not assess behavior change.
- Option 2. This approach assesses an individual's eating habits for a 3-day period and does not assess behavior change.
- Option 3. This approach assesses whether the behavioral change goals of the program have been achieved.**
- Option 4. This approach is a guided discussion to provide feedback and would not assess behaviour change.

**Q23 Competency: NUTRITION CARE
DEMONSTRATE BROAD KNOWLEDGE**

3.01 y – Demonstrate knowledge of ways to obtain and interpret nutrition-focused physical observation data

- Option 1. Knuckle calluses and unwillingness to discuss food may be seen but amenorrhea seldom occurs in bulimic clients who are often of normal weight.

APPENDIX H: Example Exam Questions continued

- Option 2.** Repeated scraping of knuckles on teeth when purging results in calluses. Habitual vomiting erodes tooth enamel. Bulimic clients are often depressed/have mood swings.
- Option 3. Hypertension and history of weight change are common in bulimic clients, but not low blood sugar.
- Option 4. Hypotension and edema are common in bulimic clients, but ketoacidosis is not.

**Q24 Competency: MANAGEMENT
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING
AND APPLYING KNOWLEDGE**

5.03 g – Demonstrate knowledge of processes for purchasing, receiving, storage, inventory control and disposal activities in food services

- Option 1. The cook's information only becomes relevant after the temperature is taken.
- Option 2.** The temperature is the critical element that will determine whether the food is safe.
- Option 3. The sandwiches may not have to be discarded or substituted, once temperature is known.
- Option 4. Refrigeration at this point provides a potential for serving unsafe food.

**Q25 Competency: COMMUNICATION AND COLLABORATION
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING
AND APPLYING KNOWLEDGE**

2.05 1 – Demonstrate knowledge of ways to develop and deliver effective group educational sessions

- Option 1.** Pilot testing the materials in this way allows for revision as needed.
- Option 2. This would provide information for developing materials for the next program but would provide no information for planning the current program.
- Option 3. This may not suit participants' learning styles.
- Option 4. Participants may be above or below grade 6 reading level. Does not consider the various ethnic groups.

**Q26 Competency: PROFESSIONAL PRACTICE
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING
AND APPLYING KNOWLEDGE**

1.07 c – Determine client perspectives and needs

- Option 1. Before recommending supplements, alternate food sources should be considered.
- Option 2. This does not address the client's beliefs about milk products and weight gain.
- Option 3.** Before making any recommendations about food intake, the dietitian needs to understand the client's beliefs about weight gain.
- Option 4. While this would be an appropriate part of nutrition assessment, the dietitian needs to first understand the client's beliefs about weight gain.

APPENDIX H: Example Exam Questions continued

**Q27 Competency: POPULATION AND PUBLIC HEALTH
DEMONSTRATE COMPREHENSION OF KNOWLEDGE**

4.04 b – Identify information needed to assess food and nutrition-related issues of a group, community of population

- OPTION 1.** The dietitian cannot develop a plan of action without first learning what the residents are doing now.
- OPTION 2. The dietitian needs to confirm the residents' priorities first, before providing an intervention such as this.
- OPTION 3. Written surveys may limit the number of respondents due to barriers such as literacy or physical impairments to reading.
- OPTION 4. See Option 2.

**Q28 Competency: NUTRITION CARE
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING
AND APPLYING KNOWLEDGE**

3.01 c – Demonstrate knowledge of ways to identify relevant data to perform a nutrition assessment

- OPTION 1. It is the mother's perception that the infant feeds frequently. The dietitian needs to assess the situation first.
- OPTION 2. Immediate action is required for the infant, whose growth is poor. Support is useful but does not address the issue.
- OPTION 3.** More information is needed to identify the cause of poor growth before forming a plan of action.
- OPTION 4. This may be a possible solution, but initially, more information is needed to identify the cause of poor growth before forming a plan of action.

**Q29 Competency: POPULATION AND PUBLIC HEALTH
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING
AND APPLYING KNOWLEDGE**

4.02 d – Identify appropriate strategies to meet goals and objectives for population health.

- Option 1. This would not be the most effective approach in this population to increase breast feeding rates.
- Option 2. Calculating formula costs does not promote the benefits of breast feeding.
- Option 3.** The dietitian needs to determine the mothers chosen method of feeding in order to determine the next step.
- Option 4. This option does not take into consideration the mothers' informed decision about infant feeding practices

APPENDIX H: Example Exam Questions continued

**Q30 Competency: NUTRITION CARE
DEMONSTRATE BROAD KNOWLEDGE**

3.01 hh – Integrate assessment findings to identify nutrition problem(s)

- Option 1. This occurs more commonly with duodenum and jejunum resection.
- Option 2. This occurs more commonly with ileum resection.
- Option 3. This is most common with surgery of the duodenum and ileum.
- Option 4. This is most common with colon resection.**

**Q31 Competency: NUTRITION CARE
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING
AND APPLYING KNOWLEDGE**

3.01 hh – Integrate assessment findings to identify nutrition problem(s)

- OPTION 1. The client is sedentary and that is of concern but it is not the most important issue to address first.
- OPTION 2. Dietary protein needs are 1.2 g/kg, about 50% high biologic value protein, to make up losses through the dialysate. Her needs are 55kg x 1.2g/kg = 66 g/day and she is only consuming 45 g of protein.**
- OPTION 3. The client is sedentary and has a healthy BMI. There is no need to increase energy intake.
- OPTION 4. Weight is not an issue since it is stable and she has a healthy BMI.

**Q32 Competency PROFESSIONAL PRACTICE
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING
AND APPLYING KNOWLEDGE**

1.03 c – Demonstrate knowledge of policies and directives specific to practice setting

- OPTION 1. This does not solve the problem of improper cooling which may put residents at risk of foodborne illness.
- OPTION 2. Documentation is needed but alone, this is inadequate for the seriousness of the situation.
- OPTION 3. More staff training may be needed but the first step is to deal with the immediate concern about the pudding.
- OPTION 4. The dietitian is consulting and is not an employee of the facility but given the seriousness of the situation must act. It is the dietitian's responsibility to bring an occurrence that may cause harm to the residents to the immediate attention of the foodservice supervisor who has responsibility for food production to ensure that corrective action is taken promptly.**

APPENDIX H: Example Exam Questions continued

Q33 Competency POPULATION AND PUBLIC HEALTH DEMONSTRATE COMPREHENSION OF KNOWLEDGE

4.04a – Demonstrate knowledge of processes and outcomes used to evaluate the effectiveness of population health activities.

- Option 1. A decrease in the number of incidents of food poisoning may not be a direct result of the campaign.
- Option 2. This approach clearly assesses that the change in behaviour of the participants was a direct result of the campaign.**
- Option 3. An increase in the number of people who use safe food handling practices may not be a direct result of the campaign
- Option 4. Reading the pamphlet does not demonstrate a change in behaviour.

Q34 Competency POPULATION AND PUBLIC HEALTH EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE

4.01 c – Demonstrate knowledge of ways to determine key stakeholders and obtain relevant information

- OPTION 1. Fitness instructors and personal trainers cannot speak for the clients.
- OPTION 2. Focus groups are useful to gain insight and obtain advice/opinions. They involve a small number of people and would not necessarily provide information from the majority of club members needed to assess the demand adequately.
- OPTION 3. This might give some indication of demand but would not answer the question about how many of the total membership would be willing to pay.
- OPTION 4. This is a systematic and efficient way to gather information and allows all members to respond.**

Q35 Competency: MANAGEMENT DEMONSTRATE BROAD KNOWLEDGE

5.03 g – Demonstrate knowledge of processes for purchasing, receiving, storage, inventory control and disposal activities in food services

- OPTION 1. This is the essence of a perpetual inventory.**
- OPTION 2. This can be done with a perpetual inventory but is not a major advantage.
- OPTION 3. This is true for a physical inventory, not a perpetual inventory.
- OPTION 4. Most inventory systems create an alphabetical listing, which by itself is not of particular value.

APPENDIX H: Example Exam Questions continued

**Q36 Competency: POPULATION AND PUBLIC HEALTH
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING
AND APPLYING KNOWLEDGE**

4.03 a – Demonstrate knowledge of ways to coordinate and deliver population health activities

- OPTION 1.** A hands-on tour in the store addresses both labelling and purchasing and is likely to have the greatest impact on the women's future purchases of lower energy foods.
- OPTION 2. Passive learning, although it may increase the women's knowledge, is not as effective as application of that knowledge.
- OPTION 3. The women want information about food composition and buying lower energy foods, not just how they taste.
- OPTION 4. This does not address the women's needs.

**Q37 Competency: POPULATION AND PUBLIC HEALTH
DEMONSTRATE COMPREHENSION OF KNOWLEDGE**

4.01 c – Demonstrate knowledge of ways to determine key stakeholders and obtain relevant information.

- Option 1. Screening women's blood glucose level does not reduce the risk factors for diabetes.
- Option 2.** Conducting a needs assessment and collecting information from the priority group is the most effective strategy.
- Option 3. This strategy does not consider the specific needs of the population.
- Option 4 Prior to a newsletter being developed, priority issues need to be identified.

**Q38 Competency: PROFESSIONAL PRACTICE
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING
AND APPLYING KNOWLEDGE**

1.07 c – Determine client perspectives and needs

- OPTION 1. The dietitian would have to first determine why the client did not take the supplements to learn if this is a viable option to suggest.
- OPTION 2.** Goals should be determined in collaboration with the client.
- OPTION 3. See Option 1.
- OPTION 4. See Option 1.

**Q39 Competency: PROFESSIONAL PRACTICE
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING
AND APPLYING KNOWLEDGE**

1.07 d - Integrate client perspectives and needs into practice activities

- OPTION 1. Further investigation of the problem is needed before acting.
- OPTION 2. Pricing may not be the issue. See Option 1.
- OPTION 3. This is a reasonable thing to do but fried foods may not be related to the lack of sales.
- OPTION 4.** The dietitian needs to find solutions that the clients will accept.

APPENDIX H: Example Exam Questions continued

**Q40 Competency: POPULATION AND PUBLIC HEALTH
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING
AND APPLYING KNOWLEDGE**

4.02 b – Identify goals and objectives for population health related to food and nutrition

OPTION 1. Learning objectives must be defined before planning a program.

OPTION 2. Learning activities would be planned to meet the learning objectives so would come after Option 1.

OPTION 3. Computer games may be helpful but the learning objectives must be set first.

OPTION 4. This is not relevant as the lesson is for grade 3 students. This might be done as a way of engaging teachers who deliver the program, but would not be a first step.

**Q41 Competency: POPULATION AND PUBLIC HEALTH
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING
AND APPLYING KNOWLEDGE**

4.02d – Identify appropriate strategies to meet goals and objectives for population health.

Option 1. The girls need vegetarian information and the provision of snacks does not address this requirement.

Option 2. A hands-on interactive cooking session is the best approach that will have the greatest impact to address the situation.

Option 3. The coordinator is not the designated target group that requires the education.

Option 4. The dietitian is responsible to assess the needs of the girls and determine the priority needs of the audience not the coordinator.

**Q42 Competency: NUTRITION CARE
DEMONSTRATE COMPREHENSION OF KNOWLEDGE**

3.01 u – Obtain and interpret biochemical data and results from medical tests and procedures

Option 1. Having a healthy weight, limiting fats and sugars help decrease serum triglycerides.

Option 2. Eating more soluble fibre is a key dietary intervention to help decrease LDL cholesterol.

Option 3. Losing weight, increasing exercise and eating healthier fats (monounsaturates and polyunsaturates) help increase HDL.

Option 4. Increasing exercise, losing weight and eating healthier fats will help decrease total cholesterol.

**Q43 Competency: POPULATION AND PUBLIC HEALTH
DEMONSTRATE COMPREHENSION OF KNOWLEDGE**

4.02 b – Identify appropriate strategies to meet goals and objectives for population health

Option 1. Education sessions do not necessarily lead to behavioural changes.

Option 2. Handouts do not necessarily lead to behavioural changes.

Option 3. Policies can help change behaviours because they change the environment to enable healthy eating.

Option 4. This does not address the problem.

APPENDIX H: Example Exam Questions continued

**Q44 Competency: COMMUNICATION AND COLLABORATION
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING
AND APPLYING KNOWLEDGE
2.04 c – Demonstrate knowledge of ways to engage in respectful communication**

- Option 1. Sending material without discussion may not be helpful.
Option 2. It is best to discuss the issue on the telephone or in person to show support, not criticism.
Option 3. The dietitian would need to work with teachers and obtain their input when developing materials for their use.
Option 4. It is always best to talk to the teacher first to build a positive working relationship and address the situation.

**Q45 Competency: MANAGEMENT
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING
AND APPLYING KNOWLEDGE
5.02 q – Demonstrate knowledge of staff development and performance management activities**

- Option 1. This may have to need to be done later, but would not be a first step.
Option 2. This may be a solution later but a discussion with the employee needs to occur first.
Option 3. See Option 2.
Option 4. The first step is to meet with the employee and listen to his perspective; a solution/further action can follow.

**Q46 Competency: PROFESSIONAL PRACTICE
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING
AND APPLYING KNOWLEDGE
1.07 d – Integrate client perspectives and needs into practice activities**

- Option 1. Discussing the concern with the client and team members is the first step. Their perspectives must be understood first before actions/solutions are developed.**
Option 2. The dietitian has a responsibility to explore the family's concern. The dietitian cannot ignore this responsibility by putting it back on the family.
Option 3. It is too soon to decide on a solution before consulting with the client and the health care team and getting more information.
Option 4. It is the dietitian's responsibility to meet with the client and find out more about the problem before consulting with the physician.

APPENDIX H: Example Exam Questions continued

**Q47 Competency: NUTRITION CARE
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING
AND APPLYING KNOWLEDGE**

3.01 ff – Determine client nutritional requirements

- Option 1.** These comparisons will give the dietitian the information needed to decide if the tube feeds meet client requirements.
- Option 2. This assessment would not give the dietitian information about the need for vitamin/mineral supplements.
- Option 3. The dietitian would first determine if the standard tube feeding meet DRIs rather than wait for signs of deficiencies to appear (i.e., preventative/proactive approach).
- Option 4. This may be done later but the first step is to compare the formulae with the DRIs for vitamins and minerals.

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APPENDIX I:

Some References currently used in Canadian Programs

The following are some of the publications currently in common use throughout Canadian institutions providing accredited food and nutrition baccalaureate programs and internships/practicums. This list does not attempt to include all acceptable references nor is it suggested that the Exam is necessarily based on these references. This list is provided as general reference guidance only. Please note that URLs for web-based references may change.

In preparation for the Exam, it is recommended that you review the Entry-Level Competencies (Appendix D) to identify those areas you may need to strengthen. As a well-prepared candidate:

- You will have a firm understanding of basic sciences (e.g. human physiology, biochemistry) as related to competent dietetic practice.
- You should feel capable of fulfilling each of the Professional Practice, Communication and Collaboration, Nutrition Care, Population and Public Health, and Management competency statements in all areas of dietetic practice.
- You will have reviewed the competency statements and your own self-assessment to help identify references to consult.

Remember, the purpose of this Exam is to confirm minimal competence (entry-level ability), not to assess all of your dietetic knowledge or skill areas.

Government Publications/Nutrition Standards

Health Canada Publications (available at www.hc-sc.gc.ca).

Document examples:

- *Eating Well with Canada's Food Guide* (Canada's Food Guide)
- Nutrition Labelling
- Dietary Reference Intakes
- Prenatal Nutrition
- Infant Nutrition

Dietitians of Canada

- Dietitians of Canada Position Statements (www.dietitians.ca)
- *Code of Ethics for the Dietetic Profession in Canada*
- Practice-based Evidence in Nutrition® (www.pennutrition.com)
- Nutrition for optimal athletic performance
- School Nutrition Policy
- Food Fortification

Community Nutrition

- Boyle, M.A., Holben, D.H. *Community nutrition in action: An entrepreneurial approach* (7th Ed.). Belmont, CA: Wadsworth, 2017.
- Edelstein, S. *Nutrition in public health: A handbook for developing programs and services* (4th Ed.). Sudbury, MA: Jones & Bartlett Learning, 2018.
- McKenzie, J.F., Neiger, B.L., Thackeray R. *Planning, Implementing and Evaluating Health Promotion programs: A primer* (7th Ed.). Pearson Education Inc., 2017

APPENDIX I: References Used in Canadian Programs continued

Professional Standards (available at www.dietitians.ca and provincial regulatory body websites)

- Dietitians of Canada. The Principles of Professional Practice (Need to be a member to access this link) <http://www.dietitians.ca/Downloadable-Content/Members-Only/Principles-of-Prof-Practice---English.aspx>
- Dietitians of Canada. Professional Standards for Dietitians in Canada, 2000
- Provincial Regulations: Contact your Regulatory Body.

Clinical Nutrition

- Canadian Malnutrition Task Force. (available at <http://nutritioncareincanada.ca>)
- Diabetes Canada Clinical Practice Guidelines Expert Committee. Diabetes Canada 2018 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada. Can J Diabetes. 2018; 42(Suppl 1): S1:S325. (available at <http://guidelines.diabetes.ca/cpg>)
- Lutz, C.A., Mazur, E.E., Litch, N.A. Nutrition and diet therapy (6th Ed.) Philadelphia, PA: FA Davis Company 2015.
- Mahan, L.K., Escott-Stump, S, Krause, M.V. Krause's food & the nutrition care process (12th Ed.). St Louis, MO: Elsevier/Saunders, 2008.
- Rolfes, S.R., Pinna, K, Whitney, E. Understanding normal and clinical nutrition (10th Ed.). Belmont, CA: Wadsworth, 2015.

Communication

- Bauer, K.D., Liou D., Sokolik C.A. Nutrition Counseling and Education Skill Development (2nd Ed.). Belmont, CA: Wadsworth Cengage Learning, 2012.
- Contento, I.R. Nutrition Education Linking Research, Theory and Practice (3rd Ed.) Burlington, MA: Jones & Bartlett Learning, 2016.

Metabolism and Human Nutrition

- Brown, J.E. Nutrition through the lifecycle (6th Ed.). Belmont, CA: Wadsworth, 2017.
- Gropper, S.S., Smith, J.L., Carr, T.P. Advanced Nutrition and Human Metabolism (6th Ed.). Wadsworth Cengage Learning, USA, 2013.
- Nelms, M., Sucher, K.P., Lacey, K., Roth, S.L. Nutrition therapy and pathophysiology (3rd Ed.). Belmont, CA: Wadsworth, 2016.
- DeBruyne, L.K., Pinna, K., Whitney, E. Nutrition and diet therapy (9th Ed.). Cengage Learning: Boston, MA, 2016.

Research

- Bryman, A., Bell, E., Teevan, J. Social Research Methods (3rd Canadian Ed.) Don Mills, Canada: Oxford 2012.
- Palys, T., Atchison, C. Research Decisions –Quantitative, Qualitative, and Mixed Methods Approaches (5th Ed.). Canada: Nelson Education, 2014.

APPENDIX I: References Used in Canadian Programs continued

Foodservice Management

- Canadian Restaurant and Foodservice Association. Food Safety Code of Practice for Canada's Foodservice Industry. Toronto, ON, 2011.
 - Gregoire, M.B. Foodservice organizations: A managerial and systems approach (9th Ed.). Upper Saddle River, NJ: Prentice Hall, 2017.
 - Canadian Centre for Occupational Health and Safety. Foodservice Workers Safety Guide (6th Ed.). Hamilton, Ontario: 2011.
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APPENDIX J: Candidate Rules Agreement

Yardstick Assessment Strategies Inc. CANDIDATE rules agreement	
Please review the following exam rules agreement. Contact the TA if you have any questions. The term TA will be used in this document to mean test administrator, invigilator, and proctor.	
1.	No personal items, including but not limited to, mobile phones, hand-held computers/personal digital assistants (PDAs) or other electronic devices, pagers, watches, wallets, purses, firearms or other weapons, hats (and other non-religious head coverings), bags, coats, books, and/or notes, pens or pencils are allowed in the testing room. You must store all personal items in a secure area as indicated by the TA or return them to your vehicle. All electronic devices must be turned off before storing them in a locker. You will be asked to empty your pockets and ensure nothing is in them. The test center is not responsible for lost, stolen or misplaced personal items. Studying IS NOT allowed in the test center. Visitors, children, spouses, family or friends ARE NOT allowed in the test center.
2.	Upon entering and being seated in the testing room, the TA will provide you with materials to make notes or calculations and any other items specified by the exam sponsor. You may not remove these items from the testing room or write on your notepad until your exam has been started. If you need new or additional materials during the exam, you should raise your hand. You must return all materials to the TA immediately following the exam.
3.	The TA will log you into your assigned workstation. You will verify that you are taking the intended exam. You will remain in your assigned seat until escorted out of the testing room by a TA.
4.	Once you have entered the testing room, you may not communicate with other candidates. Any disruptive, threatening or fraudulent behavior may be grounds for termination of the exam.
5.	You understand that eating, drinking or chewing gum, smoking and/or making noise that creates a disturbance for other candidates is prohibited during the exam.
6.	To ensure a high level of security throughout the testing experience, you will be monitored at all times. Both audio and video may be recorded.
7.	Break policies are established by the exam sponsor. Some exams may include a mandatory scheduled break which is built into the exam time and can be taken any time at your discretion. If you take an unscheduled break at any other time, the exam time will not stop. In the case of either type of break, the TA will set your workstation to the break mode, and you will take your ID with you when you leave the room. The TA will check your ID before escorting you back to your seat and will then resume your exam.
8.	If you are taking any break, you are not permitted to access any personal items that have been stored (with the exception of comfort aids, medication, and food, which you may access without permission). Unless specifically permitted by the exam sponsor, personal items that cannot be accessed during any break include but are not limited to mobile phones, test notes, and study guides.
9.	You must leave the testing room for all breaks. You are not permitted to leave the building during breaks.
10.	You will need to show identification when leaving and re-entering the testing room. The TA will escort you to your assigned workstation and continue the exam when you return.
11.	If you wish to take a break, experience any problems, distractions or if you have other questions or concerns, you must raise your hand and the TA will assist you. The TA cannot answer questions related to exam functionality or content. If you have concerns about a test question or image, make a note of the item (question) number, if available, in order for the item to be reviewed.

12. You understand that a non-disclosure agreement or other security statement may be presented to you before the exam and if so, you must agree to its terms and conditions within the specified time limit, if applicable, in order to take the exam or you will not be permitted to proceed with the examination and may forfeit your exam fees.

13. You must follow the exam instructions to end your exam in the time allotted. After you finish the exam you will raise your hand and the TA will come to your workstation and ensure that your exam has ended properly. **You must return all materials supplied before the exam to the TA.** You will not leave these items at your testing workstation.

14. You may not remove copies of exam questions and answers from the testing center, and may not share or discuss the questions or answers seen in your exam with anyone. If you do not follow the above rules, tamper with the computer or if you are suspected of cheating, appropriate action will be taken.

Your Privacy: Your exam is securely transmitted from Pearson VUE to the exam sponsor. Pearson VUE and the test center do not retain any information other than when and where your exam was taken. The Pearson VUE Privacy Policy Statement provides additional information regarding this which you can obtain by visiting the Pearson VUE website (www.pearsonvue.com) or by contacting the reservation call center.

Candidate Statement: By providing a digital signature, I give Pearson VUE my explicit consent to retain and transmit my personal data to Pearson VUE and to the exam sponsor (either of which may be outside of the country in which I am testing). I understand the information provided above and agree to follow those rules in addition to any other program rules I may have agreed to during registration for this exam. If I do not follow the rules, or I am suspected of cheating or tampering with the computer, this will be reported to Pearson VUE and the exam sponsor, my exam may be invalidated, and the exam sponsor may take other action.

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APPENDIX K: Candidate Declaration to Maintain Confidentiality

All questions are confidential and the property of the **Alliance of Canadian Dietetic Regulatory Bodies**.

Candidates taking the **Canadian Dietetic Registration Examination** are prohibited from divulging content and must not, under any circumstances, share examination information with any person at any time.

Any **disclosures** or **discussion** of examination content is prohibited. Candidates who disclose examination content, **prior to, or at any time following** the examination, will be subject to penalty.

Candidates will be observed throughout the examination and contravention of examination protocol (cheating) will result in immediate disqualification and removal from the examination.

Each candidate is responsible for protecting the integrity of his or her answers. If cheating is detected at any time before, during or after the examination, those involved will be disqualified.

DECLARATION

I acknowledge that I have read and understood the above notice regarding disclosure of examination content and cheating, and that I agree to abide with the provisions contained in it.

Name (please print)

Signature

Date

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