



- **Incapacity:** a physical or mental illness, or substance abuse that impairs the dietitian's judgment.

If the manager's decision for terminating Jane's employment was solely based on her personal use of the FHT's computers during work hours, then, in most circumstances, this would be an organizational matter, and the manager would not have to report the dismissal to the College.

If the manager determined that the reason for the termination was the RD's failure to keep health records according to acceptable professional standards, either as a result of willful conduct or incompetence, then the manager would be required to submit a written report within 30 days of the dismissal. At times, problematic behaviours that result in termination of employment may suggest that the RD is suffering from a mental condition that is interfering with an appropriate conduct. This, too, would require the submission of a report.

The mandatory report provides the College with an opportunity to assist a dietitian with mentoring, education

Need to Know

- Not all terminations of employment require a mandatory report. The reason for mandatory reporting is to ensure public safety.
- A written report to the College is mandatory only when the reason for terminating employment is based on professional misconduct, incompetence or incapacity.
- It is the responsibility of the employer, not the College, to make this determination.

and training or to obtain treatment to ensure competent practice in the future. In extreme circumstances, the College may consider limiting or removing an RD from practice until the public is assured of her ability to practise safely, ethically and competently.

Richard Steinecke & CDO. *Jurisprudence Handbook for Dietitians in Ontario*, (Online, 2011), Chapter 3: p. 29-33. <http://www.cdo.on.ca/en/pdf/Publications/Books/Jurisprudence%20Handbook.pdf>

www.cdo.on.ca > Employers > Employer Responsibilities

Special Diet Allowance (SDA) Update

ELIGIBILITY CRITERIA CLARIFIED FOR HYPERTENSION, OSTEOPOROSIS & DIABETES

Hypertension

According to the *Canadian Hypertension Education Program* an untreated person is defined as having hypertension if they have: 1) ≥ 160 systolic blood pressure or ≥ 100 diastolic blood pressure on three consecutive clinic visits; **or** 2) ≥ 140 systolic blood pressure or ≥ 90 diastolic blood pressure on four or more consecutive clinic visits.

Osteoporosis

Considering the World Health Organization definition of osteoporosis, a person is defined as having osteoporosis if they have: 1) T score < -2.5 on bone density studies; **and/or** 2) Clinical evidence of a fragility fracture.

The Special Diet Allowance for osteoporosis is the same amount whether the applicant has one or both clinical findings.

Diabetes

A person is defined as having diabetes if they meet the following World Health Organization criteria: 1) A fasting blood glucose level of 6.1 mm to 6.9 mm and a two hour glucose tolerance test of 7.8 mm to 11.0 mm (with a fasting blood glucose < 6.1 mm); **or** 2) A glycated haemoglobin (HbA1c) between 5.7 percent and 6.4 percent; **or** 3) Levels above these limits.

THE 'UNATTENDED CLIENT'

The 'unattended client' is someone an RD has not seen before and for whom the RD has no record of their medical conditions or history. The Ministry of Community and Social Services expects that RDs signing SDA forms have appropriately assessed and documented the need for the special diet. Therefore, RDs must ensure that

unattended clients meet the eligibility criterion for their condition at the time the form is filled out and that there are client health records documenting the need for special diet assistance. The Ministry has the authority to request medical records to verify the information provided on the SDA application form.

When there is insufficient documentation to confirm a client's medical diagnosis or condition, then the RD filling out the form could be considered falsifying a record or providing false and misleading information as outlined in the College's *Professional Misconduct Regulation*. If there is a lack of reliable documentation for completing the form, the RD can refer the client to a walk-in clinic or community health centre where an appropriate medical assessment

and diagnosis can be done. If there are any doubts about the documentation being presented, contact the MCSS directly.

Ministry of Community and Social Services (MCSS). *Information Bulletin Special Diet Allowance: Eligibility Requirements for Hypertension, Osteoporosis and Diabetes* (April 2012), at http://www.mcsc.gov.on.ca/en/mcss/programs/social/special_diet_health_care.aspx

Dietetics Act, O.Reg. 680/93, *Professional Misconduct Regulation* (1991).

CDO, *résumé*, at www.cdo.on.ca > Resources;

- Spring 2011, *Ethical and Professional Obligations for RDs When Completing SDA Forms*.

- *résumé*, Summer 2011, *Special Diet Allowance Update*.

SDL Tool Changes Coming in 2012

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SDL TOOL LEARNING GOALS

This year, the College randomly selected 10% of the Self-Directed Learning (SDL) Tools for review. Quality Assurance Program Staff and committee members reviewed the Tools for completeness and to make sure that the learning goals were S.M.A.R.T: specific, measurable, attainable, relevant and time-framed.

- 58% of members had S.M.A.R.T. learning goals and no further action was required..
- 42% of members submitted goals deemed not SMART. Some were given general recommendations to improve their goals in the future, and others were required to reformulate their goals and resubmit their Tool this year.

The main reason why RDs were asked to reformulate their goals was that they listed activities instead of goals. For example, "I would like to attend the CDA conference", is an activity. A S.M.A.R.T. goal would be: "By Aug 31, 2012, I will increase my knowledge of re-feeding syndrome to ensure that the nutritional care plan implemented is appropriate. I will attend 2 (specifically named) conferences, complete a literature search, and discuss the topic with colleagues experienced in this area."

Dietitians who are not practicing dietetics often struggle with writing goals appropriate to their learning needs, yet tied to dietetics. Leadership and communication goals, for example, are appropriate as long as the learning is defined. "Become a better manager" is not sufficient. A S.M.A.R.T. goal would read: "By Sept 30, 2012, improve my listening skills so that my staff feels respected and involved in decision-making. I will accomplish this by: 1) attending an "Active Listening" workshop and 2) conducting a survey with staff asking for feedback."

The SDL tool should be used to evaluate "where you are now" and "where you want to go".

2012 WILL BRING CHANGES TO THE SDL TOOL.

By the time you receive this issue of *résumé*, some RDs will already have participated in redesigning the SDL Tool for 2012. The changes will include making it shorter and concentrating more on reflection and goal setting. The sample goals will also be updated. In 2012, 5% of the Tools will be assessed for S.M.A.R.T. learning goals.