College of Dietitians of Ontario

résumé

Enhancing Capacity for Interprofessional Team Learning

As dietitians, we are applying specialized knowledge, skills and attitudes to everyday work within our interprofessional teams. How can we help create synergetic teams that learn, grow and innovate together for the benefit of clients?

Page 4

CDO WORKSHOPS FALL 2012

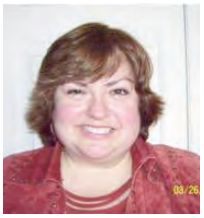
Evidence-Based Practice: What are your Professional Obligations?

See the back cover.

Integrated Competencies for Dietetic Education and Practice

Page 2

Integrated Competencies for Dietetic Education and Practice



Lesia Kicak, RD, M.Sc.
President

Click here to view the new Integrated Competencies for Dietetic Education and Practice or visit the College's website www.cdo.on.ca > News

The College of Dietitians of Ontario exists to regulate and support all Registered Dietitians in the interest of the public of Ontario.

We are dedicated to the ongoing enhancement of safe, ethical and competent nutrition services provided by Registered Dietitians in their fields of practice.

At the March Council meeting, the College Council approved the adoption of the *Practice Competencies and Performance Indicators,* which form part of the *Integrated Competencies for Dietetic Education and Practice* (ICDEP). Once the ICDEP has been fully developed by the Partnership on Dietetic Education and Practice and approved by all provincial regulatory bodies, it will provide a single, unified presentation of entry-to-practice competencies to replace the three existing documents currently used in Canada:

- *Knowledge Statements for the Comprehensive Approach to Dietetic Education* (1997) – developed by Dietitians of Canada and used by undergraduate programs.
- *Competencies for the Entry-Level Dietitian* (1997) – developed by Dietitians of Canada and used by internship/practicum programs.
- *Essential Competencies for the Practice of Dietetics* (2006) – developed by the Alliance of Canadian Dietetic Regulatory Bodies to provide a framework for regulators to evaluate the competence of dietitians in the interest of public safety.

FOUNDATIONS OF THE PROFESSION

The ICDEP will be one of the most important foundational documents for the dietetics profession in Canada as it defines Canadian dietetic practice through the articulation of practice competencies. Providing a sense of "one-stop shopping", the one ICDEP document will form the foundation for education, the accreditation of educational programs, registration with provincial regulatory bodies, and will help inform the quality assurance programs developed by regulators.

SOUND PROCESS

I believe that the strength of the ICDEP lies in the sound process that was used to develop the competencies. The multi-year project involved multiple partners and stakeholders, including regulatory bodies, educators, and Dietitians of Canada. Other stakeholders and front line dietitians were consulted throughout the development and validation processes.

ICDEP CAPTURES THE EVOLUTION OF THE PROFESSION

ICDEP captures the evolution of the profession and provides clearer definitions of practice in population health, food services management and management settings, in addition to clinical settings. The document clarifies what is meant by "entry-level" practice. From the clinical perspective, the competencies also provide a clearer definition of competence with respect to some areas of high risk, like enteral and parenteral nutrition and swallowing assessments. In the past, these areas of practice were not explicitly expressed as entry level where dietetic practice has evolved to include them as entry level practices. Their inclusion in the new ICDEP acknowledges the fact that more and more new dietitians are expected to perform these tasks in their practice.

Should RDs Sell and Promote Products to End Users?

Mary Lou Gignac, MPA
Registrar & Executive Director

The College is receiving increasingly more calls from members about the appropriateness of RDs promoting single brands, selling supplements and other products directly to their clients and on the internet. It is not illegal for RDs to sell supplements, and it is certainly within scope of practice of the profession to recommend supplements and other nutrition products to their clients. So what is the concern?

The concern is the conflict of interest created when the RD receives a personal benefit from promoting and selling a product to a client. In other words, if an RD recommends that a client take supplements and then sells the supplements at a profit, there is a risk that the motivation to make money from the sale of the supplements would influence the professional judgment of the RD. The conflict is between making money and making professional recommendations that are based solely on client need and client-centred principles of practice.

The College offers guidance for managing this type of conflict in the *Jurisprudence Handbook for Dietitians in Ontario* (Online edition, 2011, Conflict of Interest, Chap. 9, www.cdo.on.ca > Resources), but has not yet defined in absolute terms what conflicts RDs must avoid altogether and what conflicts can be managed. The College Council has directed that this work begin and the appropriate professional standards and or professional misconduct provisions be developed. As always, the College would appreciate hearing your views.

Practicing Dietetics Less Than 500 Hours Over Three Years

Currently, the best advice the College has for RDs not practicing dietetics is to keep a log of activities that they consider practicing dietetics, including all learning and professional development activities related to the broad spectrum of dietetic competencies.

In the last *résumé*, I had invited members to share their view about the College's proposed new process to identify and assess RDs who had not practiced 500 hours over three years. I very much enjoyed the conversations and the emails exchanged with RDs. Their personal situations varied but their commitment to safe and competent dietetic practice did not. They all appreciated that it does take deliberate effort to maintain practice competencies and that education and training is needed after a lengthy absence from dietetic practice. RDs who do not intend to return to dietetic practice favoured the approached of entering into an undertaking (agreement) with the College not to practice dietetics unless they completed the upgrading indicated through a College assessment. They accepted that the undertaking would be on the public Register of RDs.

The College will continue to explore how it will assess RDs who have not practiced 500 hours over three years and who are not willing to enter into an undertaking as above. Currently, the best advice the College has for RDs not practicing dietetics is to keep a log of activities that they consider practicing dietetics, including all learning and professional development activities related to the broad spectrum of dietetic competencies. (See the definition of practicing dietetics, *Jurisprudence Handbook for Dietitians in Ontario,* Online Edition, 2011, Figure 4.1, p. 38, at www.cdo.on.ca > Resources). Assessments will consider both practice as well as professional development activities.

ENHANCING CAPACITY FOR INTERPROFESSIONAL TEAM LEARNING

Carole Chatalalsingh, PhD, RD
Practice Advisor &
Policy Analyst

Interprofessional team learning is a social learning activity that benefits the individual, the team, and most importantly, the client. As dietitians, we are applying specialized knowledge, skills and attitudes to everyday work within our interprofessional (IPC) teams. In addition, how can we help create synergetic teams that learn, grow and innovate together for the benefit of clients?

RDs can enhance team practice by paying close attention to how they use, share, create and seek knowledge within the IPC team. The *Use of Knowledge Framework (Figure 1, next page)* shows the three general categories of knowledge use within the "circle-of-care", the IPC team.[i] The framework illustrates how knowledge is **shared** within the team, how knowledge is **created** by the team; and how knowledge is **sought** outside of the team. This article explains how IPC teams learn together, and how RDs can apply the *Use of Knowledge Framework* to manage information and knowledge to enhance capacity in IPC team learning.

KNOWLEDGE SHARED WITHIN THE TEAM

Knowledge shared within the team describes circumstances when some members have a "self-sufficient" piece of information and others are lacking this information so the information is shared or pooled. Importantly, no new knowledge is inserted into the team as a function of this sharing.[ii] Rather, pre-existing knowledge is simply disseminated more broadly and information is spread across the team such that a greater number of team members now have the information.

This form of knowledge sharing emerges through circle-of-care informal conversations, daily dialogue and social interactions of IPC team members, as well as more formal activities such as education, care rounds or team meetings. Pooling information is an important component of providing services to clients.

Examples of knowledge shared within the team are:

Unidirectional Passing of Information

A student asks, "What is the turnaround time on lab results?" to which a team member responds, "We could do a rapid response and get results right away on this unit."

A dietitian reports in a team meeting that the new food service computer system can now be interfaced to capture client's food allergies.

Collective Pooling of Information

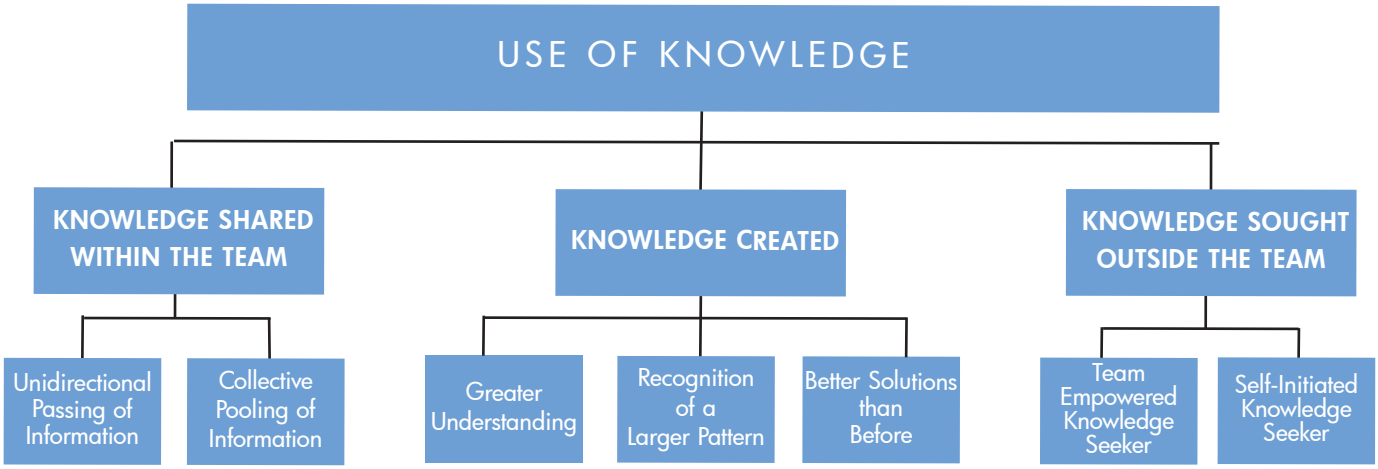
A dietitian describes that the case managers for each individual client on social assistance have the *Special Diet Allowance* forms and will distribute them to clients as appropriate. The clients are required to have the forms completed by an eligible health care provider (MD, Nurse Practitioner, RD, or Midwife).

i. The 'Circle of Care' includes the interprofessional care team, the health information custodians and their authorized agents, who are permitted to rely on an individual's implied consent when collecting, using, disclosing or handling personal health information for the purpose of providing direct health care. See R. Steinecke and CDO, *The Jurisprudence Handbook for Dietitians in Ontario*, Web Edition, 2011, p. 67.

ii. We recognize that knowledge is always altered, even if only slightly, in each new person's incorporation of the information into their own perspective and understanding. For these purposes, however, we have chosen to ignore this issue in order to distinguish the phenomenon described here from the category in the next section entitled "knowledge-created".

Figure 1 "Use of Knowledge" Framework[1, 2]

How interprofessional team members learn within the circle-of-care, developing team processes and functions to enhance knowledge sharing, knowledge creation and knowledge seeking activities within the team for safe, ethical and competent client-centred services.



KNOWLEDGE CREATED BY THE TEAM

In situations where knowledge is created by the team, no member of the team possesses the complete information needed to address a situation. When the knowledge is pooled, new knowledge emerges because:

1) a greater understanding than the team had before was achieved;
2) a pattern not previously noticed was recognized by the team; or
3) a better solution not previously known was discovered by the members of the team.

Here are three examples of knowledge created by the team:

Greater Understanding of a Situation

During team meetings, a dietitian reported the client loss of appetite, another team member noted the client wanted to sleep all day, another professional team member recalled the client's report of loss of his sexual function, and yet another professional team member indicated the client's concern about losing his job. This pooling of information led the team to consider that the client may be suffering from depression.

Recognition of a Larger Pattern

A dietitian reported that a client was worried about hair falling out. A nurse reported that she also had a patient with the same complaint. Collectively the group realized that there were a few other patients on a particular drug that mentioned the same symptoms in the past. This led to a new concern regarding hair loss as a consistent side effect of this drug.

Better Solution Than Before

Team members were being asked to see clients in satellite offices away from the main office. One member asked about timing of making client's records or expressed a concern about the theft of information. Another team member indicated that it would be ideal to document directly into the client's health record upon completion of the services, or shortly after. The manger reports that all team members will be given access to the electronic documentation system. Another member indicated that personal passwords could be used to access the electronic documentation system and that the records could be encrypted while at satellite. The team together decides that the best solution to ensure the privacy and confidentiality of client health information

when accessing and recording off-site is for everyone to use passwords and encrypted documents, and that the laptop or other mobile devices be kept with them at all times to avoid theft.

KNOWLEDGE SOUGHT OUTSIDE OF THE TEAM

This category of knowledge happens in circumstances where the team, as a collective, was not able to find solutions within the team and is required to seek knowledge outside the team through:

1. a team empowered knowledge seeker, or
2. a self-initiated knowledge seeker.

The *team empowered knowledge seeker* is a team member empowered by the group to seek knowledge outside on behalf of the team. Empowered team members are given responsibility for feeding the information back to the team.

The other form of knowledge seeking is the *self-initiated knowledge seeker*. This team member is not sanctioned by the team to seek knowledge; however knowledge sought is directly related to team activity. These team members go outside the team to find new knowledge on behalf of the team; however, they also seem emotionally motivated to seek information on behalf of their clients, and for the practice of client-centered care.

Examples of knowledge sought outside the team include:

Team Empowered Knowledge Seeker

A dietitian is empowered to research new protein supplements on the market for the team.

The team noticed an increased number of amputations in the dialysis population and empowered a nurse to collect data on the frequency and incidence, and to compare this to other centres in terms of how they manage the amputation rates, then report back.

Self Initiated Knowledge Seeker

The team is unclear of how one is trained as an evaluator to assess capacity. Team members volunteer to review resources available on their college's website and share their findings with the team. A dietitian further volunteers to explore the workplace training involved in acquiring the skills to act as an evaluator in assessing capacity in addition to search the College website for resources.

INTERPROFESSIONAL TEAM LEARNING

Effective team learning is as an integral aspect of synergetic teams allowing team members to clarify practice expectations, optimize roles, set accountabilities and determine services for fulfilling client needs across the circle of care. Learning to provide services in collaboration involves team members from many backgrounds such as dietitians, physicians, nurses, social workers, therapists, and other healthcare professionals, all of whom are collectively managing obstacles and coordinating efforts. Some team members' professional scope of practice, regulations and discipline-specific values are not explicit to other team members.

The *Use of Knowledge Framework* can be applied to solve team-related problems, improve team-related functions, and promote the delivery of safe, ethical and competent dietetic services. By applying the *Framework,* RDs can further anticipate, recognize and manage situations that enhance interprofessional team learning and client safety.

In the Fall *résumé*, I will focus on the role of teams in aligning processes, structures and resources to foster learning in an IPC culture.

1. Chatalalsingh, C., & Regehr, G. (2006). "Understanding teamlearning in a healthcare science center." In L. English & J. Groen (Eds.), *Proceedings of the Canadian Society for the Study of Adult Education* (CASAE) 25th Annual Conference (pp. 31 – 36). Toronto, Ontario, Canada: York University.
2. Chatalalsingh, C. (2007). *Understanding team learning in a multiprofessional healthcare setting*. Master's thesis, Ontario Institute for Studies in Education, University of Toronto, Toronto, Ontario, Canada.
3. McMurtry, A. (2007). "Reinterpreting Interdisciplinary Health Teams from a Complexity Science Perspective". Faculty of Education, *University of Alberta Newsletter*, Volume 4, Issue 1.

Professional Practice Questions

In an emergency, can I administer Glucagon?

Terri Grad, MSc, RD
Practice Advisor & Policy Analyst

I am a RD working in a diabetes education centre and understand that administrating a substance by injection is a controlled act. However, I was wondering if in an emergency situation, such as an unconscious hypoglycemic client, RDs are allowed to administer Glucagon? Or, is a delegation needed to perform this procedure?

Yes, in an emergency, a dietitian can perform the controlled act of administering glucagon by injection to a client who is unconscious due to hypoglycemia. Under normal conditions, a delegation would be needed to perform this controlled act. In an emergency, however, anyone can perform a controlled act.

RDs should know the organizational procedures for handling an emergency. To ensure RDs are safe and competent in performing the necessary procedures, the College fully supports any organizational training, such as, glucagon injection, applying a defibrillator and cardiopulmonary resuscitation (CPR).

Need to Know

Controlled acts are health care actions that are potentially harmful if performed by an unqualified person. There are 13 controlled acts (soon to be 14) under the *Regulated Health Professions Act*. Under the *Dietetics Act*, RDs have the legal authority to perform only one — taking blood samples by skin pricking for the purpose of monitoring capillary blood readings — which falls within the controlled act of performing a procedure below the dermis.

The *Regulated Health Professions Act,* s29 (1) stipulates that anyone can perform a controlled act when:

(a) rendering first aid or temporary assistance in an emergency;

(b) fulfilling the requirements to become a member of a health profession and the act is within the scope of practice of the profession and is done under the supervision or direction of a member of the profession;

(c) treating a person by prayer or spiritual means in accordance with the tenets of the religion of the person giving the treatment;

(d) treating a member of the person's household and the act is a controlled act set out in paragraph 1, 5 or 6 of subsection 27 (2); or

(e) assisting a person with his or her routine activities of living and the act is a controlled act set out in paragraph 5 or 6 of subsection 27 (2).

Not all Terminations of Employment Require a Report

Jane has been struggling with her work at a Family Health Team (FHT) unit for the past few months. Often, her client records are incomplete and, sometimes, vital information is missing. Moreover, referring doctors have not been receiving follow-up letters on their clients. Also, Jane spends too much time on the facility's computer for personal use.

The FHT manager has worked on these issues with Jane over several months, but there has been no substantial change. The Manager felt that she had no choice but to terminate Jane's employment. Does the manager need to report this termination to the College?

It is the responsibility of the employer, not the College, to determine whether the dismissal must be reported to the College. Not all terminations of employment require a report. A report is mandatory only for reasons of professional misconduct, incompetence or incapacity, defined as follows:

- Professional misconduct: a breach of honesty or trust, or failure to comply with fundamental standards of practice.
- Incompetence: a significant demonstration of a lack of skill, knowledge or judgment towards a client.

- **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 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.

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.

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.

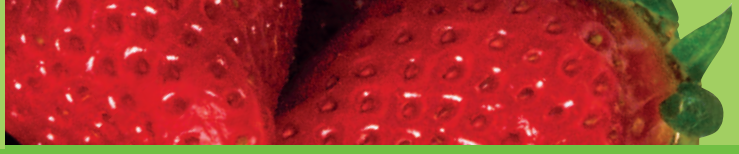
The Special Diet Allowance for osteoporosis is the same amount whether the applicant has one or both clinical findings.

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 < 6.1mm); **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.mcss.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

Barbara McIntyre, RD
Quality Assurance Manager

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.

Certificates of Registration

GENERAL CATEGORY OF REGISTRATION

Congratulations to all of our new dietitians registered from February 18 to May 8, 2012.

Name	Reg. No.	Date
Jay Baum RD	12629	13/03/2012
Samira Bou Raad RD	12635	26/03/2012
Amanda Burton RD	11623	30/03/2012
Laura Coleman RD	12639	27/03/2012
Janice De Boer RD	11510	27/03/2012
Tanya James RD	12643	05/04/2012
Alison Lieberman RD	12619	07/03/2012
Christopher Marinangeli RD	12622	02/04/2012
Heather McIver RD	12054	21/03/2012
Rose Peacock RD	2108	21/03/2012
Marie-Lyne Plouffe RD	12618	06/03/2012
Caroline Wang RD	12658	05/08/2012

RESIGNATION

Sherry Buckingham	2916	14/03/2012

RETIRED

Joanne Jaquith	2612	13/04/2012
Marnie Tuira	1799	21/02/2012
Gillian Villeneuve	2611	30/04/2012

SUSPENSION LIFTED (REINSTATED)

The previously suspended Certificates of Registration issue to the following individual has been reinstated.

Sarah Winterton RD	3469	05/04/2012

TEMPORARY CLASS OF REGISTRATION

Name	Reg. No.	Date
Simen Atwal RD	12641	03/05/2012
Jenny Boutilier RD	12636	22/03/2012
Hiu Tung Chan RD	12519	15/03/2012
Kristina Chandler RD	12637	03/05/2012
Judy Chodirker RD	2904	05/03/2012
Lisa Cianfrini RD	12648	07/05/2012
Laura Davis RD	12580	24/02/2012
Mita Dutta RD	12625	21/03/2012
Laura Francis RD	12644	03/05/2012
Yolanda Fung RD	12651	03/05/2012
Jabeen Fyazi RD	11689	05/03/2012
Wendy Madarasz RD	12521	05/03/2012
Kimberley McComb RD	12657	03/05/2012
Krista McLellan RD	12623	24/02/2012
Rachel Morgan RD	12621	03/05/2012
Bob Moulson RD	12652	07/05/2012
Lauren Peters RD	12649	03/05/2012
Julia Pilliar RD	12647	03/05/2012
Emily Quenneville RD	12642	03/05/2012
Shannon Richter RD	12626	03/05/2012
Nayla Salameh RD	12027	28/03/2012
Maxine Silberg RD	12655	03/05/2012
Mark Smith RD	12653	03/05/2012
Michele Szeto RD	12633	16/03/2012

UPDATING YOUR CONTACT INFORMATION IS A PROFESSIONAL OBLIGATION

As regulated professionals, RDs have a duty to update their profile within 30 days of any change in the information required for the College's *Register of Dietitians*. Failing to do so is considered professional misconduct (*Professional Misconduct Regulation*, s. 35.2).

NOTE RECEIVING INFORMATION IS NOT A VALID EXCUSE

Not receiving correspondence from the College is not an acceptable excuse for missing a deadline or for not complying with a College requirement. All important notices are sent to members in several formats well ahead of deadlines, and critical information is also communicated in *résumé* and on our website.

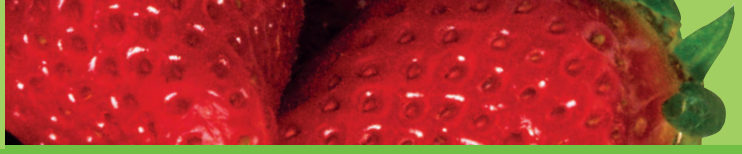
MAKE THESE CHANGES ON THE COLLEGE'S WEBSITE

Login to your member home page and see *Update My Profile* on the left).

- Change of employer
- Employer Address
- Employer Phone Number
- Preferred mailing address and email

REQUEST THESE CHANGES IN WRITING ONLY (A COPY OF OFFICIAL PAPERS MUST BE ATTACHED TO DOCUMENT CHANGE IN NAME OR STATUS)

- Name
- Change in immigration and citizenship status



Council Meeting Highlights

March 29, 2012

EXECUTIVE COMMITTEE

Lesia Kicak, RD, President

Elizabeth Wilfert, Public Appointee, Vice President

Terry Koivula, RD

COUNCIL MEMBERS

Professional Members

Cynthia Colapinto, RD
Lesia Kicak, RD
Susan Knowles, RD
Terry Koivula, RD
Barbara Major-McEwan, RD
Nancy Polsinelli, RD
Erica Sus, RD
Deion Weir, RD

Public Appointees

Edith Brown
Francis Omoruyi
Elsie Petch
Jeannine Roy-Poirier
Carole Wardell
Elizabeth Wilfert

NON-COUNCIL/ APPOINTED MEMBERS

Susan Campisi, RD
Edith Chesser, RD
Angela Clark, RD
Claire Cronier, RD
Alicia Garcia, RD
Susan Hui, RD
Laura Hoard, RD
Julie Kuorikoski, RD
Léna Laberge, RD
Grace Lee, RD
Kerri Loney, RD
Jill Pikul, RD
Krista Witherspoon, RD

PROPOSED WORK PLANS & BUDGETS

Council approved the work plans and budgets for 2012/13.

FEES BY-LAW AMENDMENT FOR THE NEW EXTENDED TEMPORARY AND PROVISIONAL CERTIFICATES OF REGISTRATION

Council reconsidered a proposal to amend the Fees By-Law that was approved in principle at the February 2012 meeting. Council amended its proposal to approve, in principle, that the fees for both the Extended Temporary and Provisional Certificates of Registration be based on the annual registration fee of $500.

MEDIA POLICY

Council approved a new Media Policy relating to inquiries about College business from the media as well as to conversations with people who are not involved with media outlets. The policy states that the Registrar & Executive Director, or designate, is the official spokesperson for the College and that comments and information will be provided to media in writing only.

INTEGRATED COMPETENCIES FOR DIETETIC EDUCATION & PRACTICE

Council approved the *Practice Competencies and Performance Indicators*, which are part of the *Integrated Competencies for Dietetic Education and Practice (ICDEP)*, dated March 2012. ICDEP includes the *Practice Competencies* (job tasks performed by entry level Dietitians) and the *Performance Indicators* (specific behaviours related to the practice competencies which can be observed or evaluated).

RD'S SELLING/PROMOTING PRODUCTS TO END-USERS

Council directed the Registrar & ED to develop standards and eventual regulations related to the conflicts of interest specific to RDs selling and promoting products to end users.

COUNCIL ELECTION RESULTS 2012

DISTRICT 5

Erica Sus, RD, elected

DISTRICT 6

Erin Woodbeck, RD, appointed

DISTRICT 7

Krista Witherspoon, RD, elected

JUNE 2012 MEETINGS

Annual Meeting

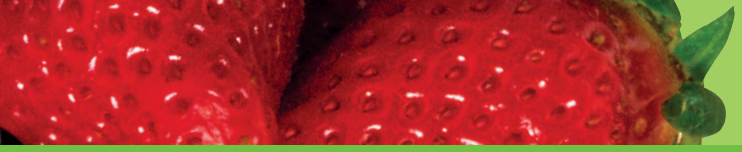
June 20, 3 - 4pm

Council Meeting

June 20, 4 - 6pm &

June 21, 9am - 4pm

These meetings are open to the public. If you wish to attend the Annual Meeting or any Council meeting, please call the College to reserve a seat.



Fall 2012 CDO Workshop

Evidence-Based Practice: What are your Professional Obligations?

The 2012 CDO workshop series will focus on interpreting the professional obligations for evidence-based practice to provide effective, safe, quality client-centred services. Small group sessions will focus on an RD's regulatory obligations, the challenges and successes that RDs experience when implementing evidence-based collaborative practice for client-centred services within all areas of dietetic practice.

Register Online

Login to your Member Home Page and scroll down to Events on the left.

Barrie	**September 13, 1-4pm**	**Oakville**	**November 14, 1-4pm**
Belleville	**November 5, 1-4pm**	**Oshawa**	**October 2, 1-4pm**
Brampton	**November 19, 1-4pm**	**Ottawa**	**October 3, 1-4pm**
Dryden	**September 25, 1-4pm**	**Owen Sound**	**October 10, 1:30-4pm**
Guelph	**October 24, 1-4pm**	**Peterborough**	**November 6, 1-4pm**
Hamilton	**October 23, 1-4pm**	**Sault Ste. Marie**	**September 14, 1-4pm**
Kingston	**November 7, 1-4pm**	**Scarborough**	**October 26, 1-4pm**
Kitchener	**September 19, 1-4pm**	**Sudbury**	**October 18, 1-4pm (with video conference option)**
London	**October 25, 12-1pm (brown bag) 1-4pm (workshop)**	**Sunnybrook**	**October 11, 1-4pm**
Mississauga	**October 4, 1-4 pm**	**Thunder Bay**	**September 26, 1-4pm**
Niagara	**November 2, 1-4 pm**	**Toronto - St. Michael's**	**October 29, 9am to noon**
North Bay	**TBA (see updated events online)**	**Toronto - Downtown**	**September 11, 1-4pm**
North York General Hospital	**November 20, 1-4 pm**	**Windsor**	**September 20, 5-9pm**

COLLEGE OF DIETITIANS OF ONTARIO
noprab@cdo.on.ca

1810- 5775 YONGE STREET BOX 30 TORONTO ON M2M 4J1
416-598-1725 / 800-668-4990 / FAX: 416-598-0274