JKAT
Answers to your questions

After the announcement of our new Jurisprudence Knowledge and Assessment Tool in the last résumé, we received many calls from members asking for clarification. Here are answers to frequently asked questions.

Does the Jurisprudence Knowledge and Assessment replace the Practice Assessment Program?

The short answer is no. It does not replace the Practice Assessment Program. The *Jurisprudence Knowledge and Assessment Tool* (JKAT) is an education and assessment tool designed to improve knowledge about the laws that affect the profession and assess application of the laws.

What is the relationship between the JKAT and the Stage One Practice Assessment?

The CDO *Practice Assessment Program* (2001 - 2006) consists of Stage One and Stage Two Practice Assessment. Based on our evaluation and your feedback, it will be modified. We will dispose of Stage One because it will become redundant with the implementation of the JKAT. Both assess a member's knowledge and application of jurisprudence and their ability to apply professional standards and competencies. JKAT will replace only part of the current Practice Assessment Program.

What will the new CDO Practice Assessment Program look like?

Presently, the Quality Assurance Committee is working with a group of stakeholders to develop the new model. As soon as it is developed we will give members an opportunity to provide us with feedback before we finalize it.

Why add another component to Quality Assurance when we already have the SDL Tool and Practice Assessment?

Registered Dietitians in Ontario do not have jurisprudence included uniformly in their academic program nor is it consistently included in their practicum training programs. The national entry-level competencies and the CDRE examination do not cover this area comprehensively. As this knowledge is fundamental to practice, there is a need for members to be educated about current issues related to jurisprudence.

Professional Practice Scenario

Communicating a Diagnosis

" *Are you telling me I have diabetes?"*

"Today a new client, Sarah, arrived at the clinic to see an RD but she really didn't know why she was at the diabetes clinic. Her file clearly stated that she had just been diagnosed with diabetes and will be starting on insulin in the next few days. The chart order requires me to start her on the appropriate diet and begin to teach a diet for diabetes, but this is hard to do when I cannot refer to Sarah's diabetes disease. What should I do?"

RDs often face similar dilemmas. What should they tell their client? In this situation, should this RD reveal the diabetes diagnosis to her client?

See answer next page

You are invited to participate

in the revision
of the Practice Assessment Program

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Should the RD reveal the diabetes diagnosis to her client?

The short answer is that the RD cannot communicate the diagnosis of diabetes if it is not already known to the client, unless she has a delegation to do so. However, she can discuss the assessment findings referring to the elevated blood sugar level, the function of the pancreas in regulating blood sugars and the nature of the treatment plan that combines insulin with diet and activity management.

What is communicating a diagnosis?

Communicating a diagnosis is one of thirteen controlled acts set out in Section 27 of the *Regulated Health Professions Act 1991* (RHPA). Unless given the authority to do so, it prohibits the "Communicating to the individual or his or her personal representative a diagnosis identifying a disease of disorder as the cause of symptoms of the individual in circumstances in which it is reasonably foreseeable that the individual of his or personal representative will rely on the diagnosis."

RDs may not perform any of the controlled acts except when legal authority to do so is obtained through delegation or unless one of the RHPA exemptions applies, for example, in an emergency. Only physicians and RNs in the Extended Class have the legal authority to communicate a medical diagnosis like diabetes. The dietetic scope of practice does not limit an RD's ability to assess and treat nutrition related disorders through nutritional means.

It can be expected that clients would rely on RDs as health professionals to provide a trusted diagnosis if one is given. To avoid communicating a diagnosis inappropriately, RDs need to ask themselves:

1. Am I giving the client a name or label for the disease or condition that is the root cause of the symptoms?
2. Is this the first time the client is being informed of the diagnosis?

These questions are important to determine the boundaries of the conversation an RD may have with clients. As a Registered Dietitian you must know that:

- **It is legal** for RDs to formulate a diagnosis or communicate a diagnosis to other health care providers, however, RDs cannot inform the client of the diagnosis unless they have a delegation to do so.
- **It is legal** for RDs to share the results of assessments with clients, e.g. changes in anthropometrics, elevated blood glucose levels and abnormal HbA1C - unless the result itself is confirmation and labelling of a disease or condition, e.g. a Hepatitis C Positive laboratory result.
- **It is <u>not</u> legal** for RDs to inform and discuss with clients a disease or medical condition that they do not know about. However, it is legal for RDs to discuss a formerly communicated diagnosis of a disease or medical condition with a client.

At times, a client may read between the lines and press an RD for a diagnosis. The RD must defer to the referring physician and may respond by saying, "Yes, your laboratory test and other information are consistent with that seen in other clients with diabetes. However, only your doctor can provide you with the diagnosis formally once s/he looks at your entire medical history. Consult with your doctor on this matter."

Communicating a formal diagnosis has a number of characteristics:

- It is a communication to a client or a client's representative;
- It is a formal, medical label of a disease, disorder or dysfunction. Describing or giving proper names to symptoms, e.g., weight loss, is not a diagnosis. Formal labels tend to come from orthodox, traditional western medicine;
- The medical label is a conclusion. A list of possible conditions under consideration is not usually considered a diagnosis;
- The medical label is not one previously given to the client. Repeating a diagnosis previously given to a client is permitted. Even expanding upon the nature and implications of a previously given diagnosis is permissible; and
- There must be a reasonable expectation that the client will be relying upon the communication to make health decisions.

From R. Steinecke and CDO, *Jurisprudence Handbook for Registered Dietitians in Ontario*. Toronto, 2003, p. 29.

Knowing if your client knows

In the scenario on page 11, the RD and the health care team know the diagnosis but it is not clear whether it was ever communicated to Sarah. It would be prudent to verify that the diagnosis has already been communicated to her. At the beginning of appointments, RDs often inquire, "What brings you here today?" or "Have you had your blood sugar tested before? What did you find out? Has there been any worry about your blood sugar before this?" These questions allow dietitians to

continued...

Communicating a diagnosis, continued...

assess a client's understanding of both their condition and why they have been referred for nutrition counselling.

If you discover that your client is not aware or denies their diagnosis, you must consider what information she needs in order to make an informed decision about nutrition counselling without communicating the diabetes diagnosis. The RHPA permits RDs to communicate the results of an assessment like elevated blood glucose levels. At this encounter, Sarah's decisions are to start nutrition counselling or to defer it until she has spoken with her doctor about the diagnosis. She must be assured that the choice to defer will not jeopardize her access to diet counselling later.

Obtaining informed consent requires a discussion of treatment options with their related benefits and risks. Your responsibility is to explain to Sarah that dietary changes are part of a many pronged approach and, together with the planned medication therapy, will lower her blood sugars. Sarah must be informed that there are advantages for her to work with you to develop a nutrition plan as soon as possible. You might also encourage her to discuss your assessment with their physician who would then clarify the diagnosis and its implications.

Delegation of Controlled Acts

Delegation is the provision within the RHPA that enables the transfer of authority to perform a controlled act to a person who has gained the knowledge and skills necessary to perform the act and manage the outcomes of doing so for the client. CDO does not limit RDs from accepting delegation. This means RDs may work with their client's physician to develop a delegation protocol defining when and for which clients the RD may communicate a diagnosis.

Controlled acts, medical directives and other authority mechanisms will be explored in the Fall 2006 Workshops. Online registration for the workshops throughout Ontario is now open (see back cover for more information).

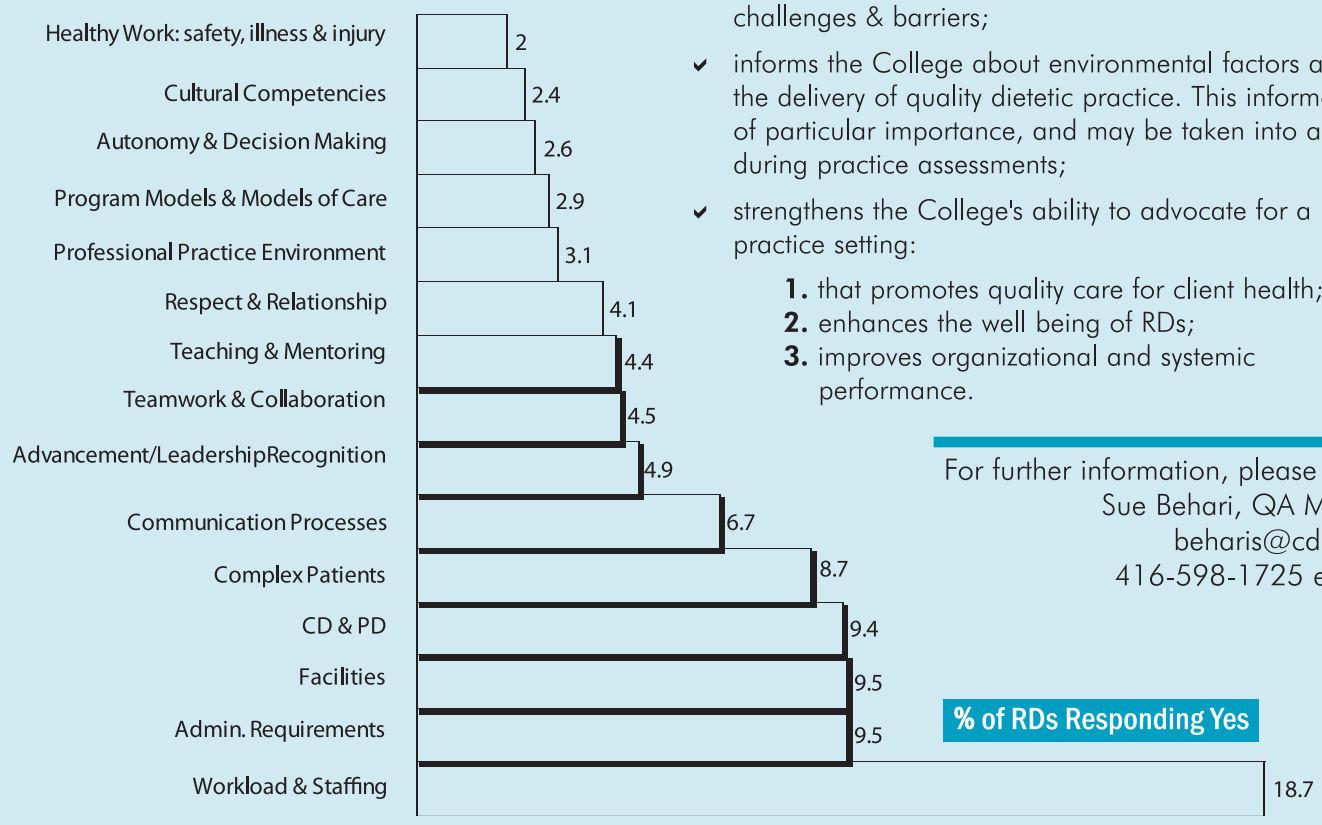
Work environment has an impact on quality practice.

A recent review of data in the 2005 *Self-Directed Learning (SDL) Tool* provided a critical snapshot about conditions faced by Registered Dietitians in today's work place. Findings show that work-related barriers and challenges have an impact on the quality of dietetic services delivered to clients. They also reveal that to promote ideal practice, attention must be given to the environment in which RDs work. Some challenges can be handled on a personal level but many are systemic and might be better handled through collaboration between employers & staff. These findings are consistent with reports published by other organizations.

This information is valuable for all stakeholders interested in quality practice because it:

- helps RDs reflect on their practice and formulate professional improvement plans to deal with challenges & barriers;
- informs the College about environmental factors affecting the delivery of quality dietetic practice. This information is of particular importance, and may be taken into account, during practice assessments;
- strengthens the College's ability to advocate for a practice setting:
  1. that promotes quality care for client health;
  2. enhances the well being of RDs;
  3. improves organizational and systemic performance.

Challenges & Barriers



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