



College of  
Dietitians  
of Ontario

# résumé

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## How do you know you are communicating well?

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### CDO WORKSHOPS FALL 2015

## Conflict of Interest and Dietetic Practice: Personal Gains vs. Professional Obligations

Are you in a conflict of interest in your dietetic practice? Not sure?  
This workshop will explore the what, why, when and how's of conflict of interest  
and dietetic practice.

*See the back cover for details.*

## NOTICE

Mary Lou Gignac, Registrar & ED is retiring July 10th, 2015.

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# Mary Lou Gignac, Registrar and ED is Retiring



Barbara Major-McEwan, RD  
President

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.

Mary Lou Gignac will be retiring on July 10, 2015, having served the College as Registrar and Executive Director for over 13 years. Her journey began in January 2002. With decisive leadership and vast expertise in regulation, Mary Lou has led the College through some challenging times and made an outstanding contribution to its growth with her clear vision and passion for public safety. The College now stands on a solid foundation with strong and cohesive governance, a talented and productive staff and solid financial resources.

## **"THE BEST PUBLIC PROTECTION IS A COMPETENT DIETITIAN"**

Mary Lou's regulatory philosophy has transformed the perception of the College from a policing organization to one that supports members to be safe, competent and ethical. Keeping the public protection mandate at the forefront of all College activities, we have often heard her say, "The best way to protect the public is to make sure that dietitians offer safe, competent and ethical services to their clients." For her, the best public protection is a competent dietitian. And, the best way to achieve this is not only to monitor and regulate the profession, but to support dietitians to be the best that they can be in their practice.

## **GAME-CHANGING CONTRIBUTION**

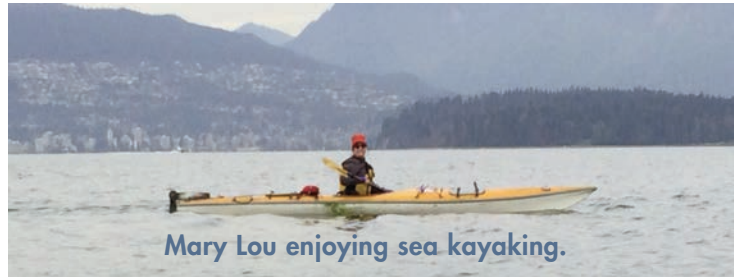
One of Mary Lou's significant contributions, and a game changer in providing support for the profession, was identifying the need and leading the development of the *Jurisprudence Handbook for Dietitians in Ontario*. The handbook was published in collaboration with Richard Steinecke, LLB, in 2004. This ground-breaking tool enables RDs to understand their professional obligations in keeping with the laws and regulations that govern dietetics. The *Jurisprudence Handbook* is a valuable reference for the College's Practice Advisory Service, the profession, educators and students alike. It also provides the foundation for the *Jurisprudence Knowledge and Assessment Tool*, which must be completed by members every 5 years.

## **TRANSFORMATIVE COMMUNICATIONS**

Another transformative contribution which occurred under Mary Lou's leadership was changing the tone of all College communications with members to be more open and inviting. The development and implementation of the Practice Advisory Service is an example of reaching out to support RDs so that they can offer client-centred services with competence and ethics. The result is a collaborative relationship with members who trust that while the College is focused on public protection, they can count on its support for ongoing learning and improvement in their practice.

## COLLABORATIVE RELATIONSHIPS

Mary Lou is recognized as a leader among her peers in other organizations in Ontario and across Canada. Her philosophy of public protection highlights the importance of collaboration with all dietetic sectors — regulation, education and professional association. Through her leadership, the College has strengthened relationships with the professional dietetic association, Dietitians of Canada; other regulatory bodies in Ontario through the Federation of Health Regulatory Colleges of Ontario; and across Canada with the Alliance of Canadian Dietetic Regulatory Bodies. The sharing of resources and collaboration around mutual goals and projects enabled the College to grow and to be enriched by the various perspectives and experiences of our partners in the regulatory and educational systems in Canada.



Although we celebrate with Mary Lou as she heads out to new horizons, her leadership will be missed at the College. While creating enduring cultures of accountability, continuous quality improvement, governance excellence, and enabling high achievement, she made working at the College fun and meaningful. We know that Mary Lou will bring the same abundant energy and capacity for renewal, creativity and fun to her new adventures with her family and friends and, of course, with her kayak.

**Thank you, Mary Lou. We wish you well.**

## Transition and Renewal



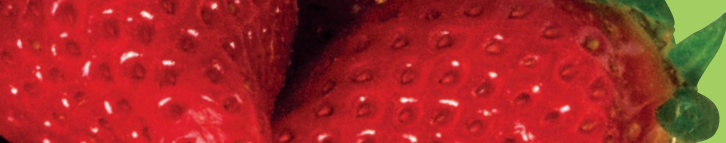
Mary Lou Gignac, MPA  
Registrar & Executive Director

On July 10, I will be retiring from the best job that I have ever had. Serving as the Registrar & Executive Director of College of Dietitians of Ontario has been wonderfully rewarding.

The College is not the organization that I came to over 13 years ago and I can't help but think about how the College and I have grown together through many cycles of renewal and finding our way through small and big challenges. Our success and achievements over these years have been inspired by a remarkable staff team and valued partnership with Council members who supported change and development. No leader, however strong and disciplined, can be successful without this support.

I have learned so much from the people and leaders who make up the profession of dietetics and the system of health professions regulation in Ontario and Canada. I thank them for challenging me and sharing their own successes and directions and for being open to stronger collaborations in support of dietetics and effective regulation. I also thank Registered Dietitians in Ontario who have been so responsive to the evolving College policy, program and service directions. Dietetics is a strong and truly exciting profession with so much to offer people in Ontario to develop and sustain their capacity to be healthier through nutrition.

My own renewal will give me more time with family, friends, community works and for the water-oriented activities at my new home on the Georgian Bay. This transition will be my new challenge as I learn to let go of so much that I value and enjoy.



## How do you know you are communicating well?

Carole Chatalalsingh, PhD, RD  
Practice Advisor & Policy Analyst

[practiceadvisor@collegeofdietitians.org](mailto:practiceadvisor@collegeofdietitians.org)

"The two words information and communication are often used interchangeably, but they signify quite different things. Information is giving out; communication is getting through."

*Sydney Harris*

In its broadest sense, communication is the deliberate or accidental transfer of meaning: One person does or says something, while others observe what was done or said and attribute meaning to it. Whenever you observe or give meaning to behaviour, communication is taking place.<sup>1</sup>

Communication is an essential dietetic practice competency. In the competency standard for Registered Dietitians in Canada, it is one of the five broad areas of dietetic practice required for entry-to-practice.<sup>2</sup> This applies to developing professional competency in both oral and written skills for communicating information, advice, education and professional opinion to individuals, groups and communities in all practice settings. However, it is important to constantly improve your communication skills through continuous learning and reflection.<sup>3</sup> Being an effective communicator means being acutely aware of whether your professional communication is done well. Are you getting through? It also means being aware of the various forms of communications — interpersonal, interprofessional and intrapersonal communication — and how they impact dietetic practice.

### INTERPERSONAL COMMUNICATION

Interpersonal communication is one person interacting with another person within a relationship, either face to face, through technology or any form of social media. Interpersonal communication involves the recognition of how words and actions (including touching) are used and

received by the other. The ability to adapt our communication style and methods to the needs of the other person in the relationship is essential for getting through to them and to create a positive communication environment.

The client-RD relationship is an example of interpersonal communication. Since the goal of the communication is a mutual understanding of client-centred nutrition services, RDs need interpersonal skills and techniques to communicate effectively with clients. These include establishing rapport, speaking clearly, listening, having empathy and knowing how to give and receive feedback and making sure clients understand treatment options for informed consent.

Interpersonal communication skills also means developing an awareness of how much information a client can handle. This requires identifying barriers in communication by listening to clients and carefully observing how they react. By listening, you can be responsive to clients by modifying your speech and tone to match different communication styles, language needs and literacy levels. You can also respond appropriately to non-verbal communication signals. To verify if a client has understood your message, ask for feedback and clarify or re-phrase your message if necessary.<sup>1</sup>

### INTERPROFESSIONAL COMMUNICATION

Interprofessional communication is when a professional interacts collaboratively with members from different

professions, either one-on-one or in groups. Effective communication is vital to the functioning of an interprofessional care (IPC) team. This applies to both oral and written communications. It also applies when using technology for team communications (email, Skype, intranets, social media or any other online group communications).

To communicate within an IPC environment, RDs need some of the same skills as those described above for interpersonal relationships: establishing rapport with team members individually or in groups (e.g., rounds, team events, lunches or learning together), speaking clearly, listening, and knowing how to give and receive feedback from others for the benefit of the team and for client-centred care.

Effective communication skills will allow a dietitian to contribute knowledge to the team in a collaborative way and also to draw on the expertise of others on the team. Interprofessional communications includes sharing knowledge with other members of the team, pooling information and participating in team discussions for shared decision-making. It also means informing your team about the nutrition treatment you are giving to clients. Where health records are shared with other professions, effective written communication skills ensure that the documentation is clear, well-written and relevant.

How the RDs perform their roles, follow protocols for communication or how good they are at sending and receiving information within the team depends on what they bring to the team relationship. Communication skills, dietetic knowledge and skills, how they feel about themselves, their attitudes, values, and goals, all contribute to the quality of their communications within the team. These elements influence how well a dietitian encodes thoughts, feelings, emotions, and attitudes by putting them into a form others can relate to, and how the receiver decodes the thoughts, feelings, emotions, and attitudes of the sender by interpreting them into messages.<sup>1</sup> The *IPC Ontario Charter*, states the importance of interprofessional communication to be understood, for seeking input and listening to others to foster a collaborative team culture.<sup>4</sup>

## INTRAPERSONAL COMMUNICATION

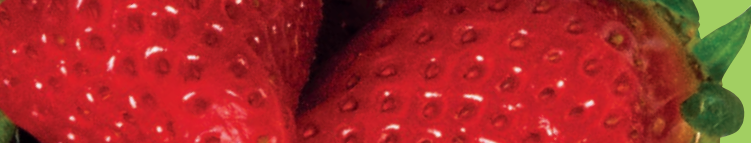
Intrapersonal communication is communication with oneself. Thinking, speaking to yourself and journaling are forms of intrapersonal communication. Reflective practice is also a form of intrapersonal communication. Reflective practitioners are encouraged from early on to reflect on their values, attitudes, how they think and learn, and to understand, appreciate and practice alternative ways of knowing and learning.<sup>5</sup> A competent reflective dietitian repeatedly reflects on experience and is capable of reflecting-in-action and reflection-on-action, continually learning from experience to the benefit of future actions.<sup>6</sup> They reflect on their interpersonal or interprofessional communications to gain awareness of how well they communicate by:

- Challenging and examining personal assumptions.
- Being mindful that the effective interpersonal communicator is guided by awareness and ability to adapt.
- Identifying what changes are needed during interpersonal and interprofessional relationships to improve communication outcomes.
- Not taking others for granted or allowing stereotyping to get in the way of communicating.
- Recognizing that without feedback and open-dialogue, there is a risk that reflection may be introspective. The reflective process requires different sources of feedback.

Competent reflective dietitians repeatedly reflect on their interpersonal or interprofessional communications to gain awareness of how well they communicate with clients and their team members.

## SEVEN KEY ELEMENTS OF COMMUNICATION<sup>1</sup>

How well we are able to exchange messages and negotiate or share meaning during professional encounters depends on how well we handle the essential elements active in the communication process. For example, depending on the situation, patting someone on the back may be perceived as friendly and supportive or it may also be felt as a form of



**Table 1: The Essential Elements of Communication<sup>1</sup>**

<b>PEOPLE</b>	Senders and receivers of communication messages.
<b>MESSAGES</b>	The content of communication.
<b>CHANNELS</b>	The media through which messages travel.
<b>NOISE</b>	Interference with the ability to send or receive messages.
<b>FEEDBACK</b>	Information received in exchange for messages.
<b>CONTEXT</b>	Environmental, situational, or cultural setting in which communication takes place.
<b>EFFECT</b>	Result of the communication episode.

sexual harassment. There are seven key elements that could influence how this action is interpreted. The better we understand these essential elements of communication, the more likely we are to improve and determine if we are communicating well. *Table 1*, above, provides a description of each of the elements of communication.

Developing strategies for enhanced interpersonal, interprofessional and intrapersonal communication can make a difference on how well you communicate with clients and with members from other professions in your practice. Communication represents the key to safe, competent, ethical dietetic practice, and involves not only professional competence but also developing collaborative professional and interprofessional relationships.

### **CASE SCENARIO ONE — INTERPERSONAL COMMUNICATIONS**

A diet technician has been assigned a task by the department manager. You observe that the diet technician is not competent to perform the task. You explain to the diet technician that he should ask the manager for training and that he should not be attempting to perform the task without the necessary skills. You also explain that you will discuss the matter with the department manager. In being a good communicator, what factors do you need to consider?

#### **Collaborative, Respectful Communications**

In this scenario, your interpersonal communication skills will be critical to protect the client from harm and to maintain collaborative relationships with the diet technician, the manager and any others on the team involved in the decision-making.<sup>7</sup> Refrain from using a reprimanding tone

and attitude in your communications; these might damage your professional relationships. Instead, approach everyone respectfully. Use tact and objectivity when talking to the diet technician and the manager.

Also, respect clients by not putting them in the middle of the discussion and lobbying them for your position on the matter. This situation can be appropriately handled without involving clients in a discussion or dispute that could break their trust in the care team.<sup>8</sup>

#### **Clear Client-Centred Message**

High-functioning professional relationships are the outcome of clear communication: how well information is communicated, received and processed by the parties involved. The main concern, here, is client safety. Your communication to the diet technician and to the manager should be clearly focussed on mitigating risk of harm to clients. You can use the College's *Framework for Managing Risks*<sup>7</sup> to help identify the degree of risk to the client and work together to find the proper protective factors to mitigate that risk. The appropriate protective factors could include education or training for the diet technician, altering the job description so that the diet technician is no longer responsible to perform the task, or that supervision is required to ensure clients are safe from harm. Using the *Framework* will help you state your message clearly and objectively to remain focused on safe client outcomes.<sup>7</sup>

What the diet technician or the manager thinks is important or harmful to clients may not necessarily be what you think is important or harmful to clients. An RD cannot expect to have full agreement in every case. Being a collaborative professional communicator means providing evidence-based

information, asking questions, listening to understand another's reasoning, clarifying intentions and expectations, and working on a resolution, if possible. It may also mean, that once you have done all you can to communicate your concerns about the diet technician and client safety, the manager can decide to handle the situation going forward without your input. And, you would have to accept that decision.

## CASE SCENARIO TWO — INTERPROFESSIONAL COMMUNICATIONS

An RD at a bariatrics assessment and treatment centre works in an interprofessional team. A non-RD team member has been giving nutrition advice to some clients. The RD suggested that this non-RD team member refer the clients to the RD. Further the non-RD team member was heard giving advice that was not based on evidence. In being a good communicator, what factors do you need to consider?

Sometimes communicating with our colleagues in other professions can be more difficult than speaking with clients. It all depends on the communication skills of the team members: how good they are at sending and receiving information and what they bring to the team relationship. Dietitians do not have the full responsibility for successful communication. All healthcare professionals have a mutual and shared duty to communicate effectively. Under the *Code of Ethics*, dietitians have a duty to be collegial. They also have the obligation, in serving their clients' interest, to make interprofessional relationships work. To support having the conversation with the other team member, the RD should be prepared by:<sup>8</sup>

- Knowing the facts, review the situation with an open mind.
- Approaching the health professional in a collaborative way: avoid criticizing and engage your colleague in a discussion of options that might best serve the client;
- Avoiding putting the clients in the middle or to 'lobbying' clients for your own position;
- Documenting the discussion and results;
- Adhering to organizational policies regarding this matter.

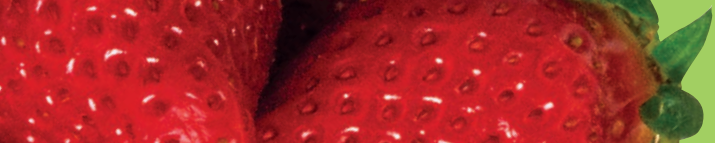
Consider this situation as an opportunity for program policy and planning, specifically around how professionals on the team can best use their knowledge and skills to serve clients.

It may be very appropriate for a qualified team member to support a diet plan by focusing on other matters, for example, behavioural issues that may impede adherence to nutrition plans. Such a discussion may give the RD an opportunity to share knowledge to optimize client outcomes and team functioning. In keeping with the objects given to health professions colleges in the *Regulated Health Professions Act*, the College promotes inter-professional collaboration.

Communication represents the key to safe, competent, ethical dietetic practice, and involves not only professional competence but also developing collaborative professional and interprofessional relationships.

## RESOURCES

- Ask yourself, "Am I a good communicator?" If you're not sure, take this online self-assessment: [www.mindtools.com/pages/article/newCS\\_99.htm](http://www.mindtools.com/pages/article/newCS_99.htm)
  - For an extensive list of communication skills resources see: [www.mindtools.com/page8.html](http://www.mindtools.com/page8.html)
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  2. Partnership for Dietetic Education and Practice (2013). *The Integrated Competencies for Dietetic Education and Practice*, p. 2.
  3. Canter, M. (2000). The assessment of key skills in the workplace. *Journal of Cooperative Education*, 35(2/3), 41-47.
  4. Oandasan, I., Robinson, J., Bosco, C., Carol, A., Casimiro, L., Dorschner, D., Gignac, M. L., McBride, J., Nicholson, I., Rukholm, E., & Schwartz, L. (2009). *Final Report of the IPC Core Competency Working Group to the Interprofessional Care Strategic Implementation Committee*. Toronto: University of Toronto.
  5. Miley, F. (2004). Peer Teaching for Life-Long Learning. *Academic Education Quarterly* 8(2): 254-259.
  6. Schon D.A. 1983. *The reflective practitioner: How professionals think in action*. New York: Basic Books.
  7. College of Dietitians of Ontario, *A Framework for Managing Risk in Dietetic Practice*, résumé, Fall 214, pp. 4-8. [http://www.collegeofdietitians.org/Resources/Publications-CDO/resume/resume-\(Fall-2014\).aspx](http://www.collegeofdietitians.org/Resources/Publications-CDO/resume/resume-(Fall-2014).aspx)
  8. Steinecke, Richard, LLB and the College of Dietitians of Ontario. *The Jurisprudence Handbook for Dietitians in Ontario*. Online version, 2014, pp 17-19.



# Ontario eHealth Electronic Medical Record Systems

The Ministry of Health and Long-Term Care established eHealth Ontario in 2008, to create an integrated system of electronic medical records (EMR) for health care providers in Ontario. The integrated repository of electronic client records, including diagnostic tests and results, would allow health practitioners to have access to all the relevant health information needed at the time of clinical decision-making. The goal was to create a more efficient access to updated and current health records from anywhere in the province for better and faster client care decisions. Ultimately, this would save time, money and lead to better health outcomes. This vision is now well on its way to becoming a reality.

There are currently more than 12,000 community-based providers enrolled in an EMR adoption program, representing coverage for more than 10 million Ontarians. Physician eHealth established a delivery partnership with the Association of Ontario Health Centres to roll out a modern EMR system across 75 community health centres, 10 Aboriginal health access centres, and five nurse practitioner-led clinics. eHealth Ontario is leading the implementation of the *Ontario Laboratories Information System* that connects hospitals, community laboratories, public health laboratories and practitioners. This linkage facilitates the secure electronic exchange of laboratory test orders and results.

## WHAT DOES THIS MEAN FOR DIETITIANS

The College of Dietitians of Ontario was one of six health regulatory colleges to participate in the pilot phase of the eHealth project. Since 2009, the College has spent a lot of time and effort working with eHealth Ontario to make sure

dietitians have access to the EMR database to facilitate the delivery of safe, client-centred nutrition services in Ontario.

To have access to the EMR database, there are two criteria that must be met:

1. You must first be included in eHealth's Provider Registry. To be eligible for the Provider Registry, you must be a member in good standing with an Ontario health regulatory college and authorized to practice. The College provides a weekly update to eHealth to ensure that the information in the Provider Registry is up-to-date. eHealth Ontario has issued a *Notice of Collection* in keeping with the *Freedom of Information and Protection of Privacy Act*, stating which information is being collected and the purpose for which it is being collected. To access this notice go to: [www.collegeofdietitians.org](http://www.collegeofdietitians.org), and enter "ehealth" in the search box.
2. The organization you work with — a hospital or community health center, etc. — must also register you to access the EMR database. Only registrants who require access to personal health information can have access to the EMR database. Dietitians can have access to the EMR system through the hospitals or community health care centres where they work. At this point, dietitians in private practice do not have a right of access to the EMR database.

For more information about the EMR systems see the eHealth website at: <http://www.ehealthontario.on.ca/en/about/>

# Certificates of Registration

## GENERAL CERTIFICATES OF REGISTRATION

Congratulations to all of our new dietitians registered from February 1, 2015 to March 31 2015.

Name	Reg. ID	Date
Andrea Booth RD	14070	17/03/2015
Meghan Burek RD	12542	25/03/2015
Angela Cook RD	10745	31/03/2015
Sheetal Desai RD	14045	11/03/2015
Sophie Desjardins RD	13952	05/02/2015
Christine Dziedzic RD	13964	05/02/2015
Anna Graham-Demello RD	13935	02/03/2015
Kathryn Holt RD	14074	25/03/2015
Kerri Lee LaBrecque RD	11363	24/02/2015
Daniel Morris RD	14060	26/02/2015
Sophie Parnel RD	14047	05/02/2015
Marilyne Petitclerc RD	14041	03/02/2015
Navreeti Sharma RD	13954	19/01/2015
Shannon Smith RD	13926	05/02/2015
Laura Vollet RD	14052	10/02/2015

## PROVISIONAL CERTIFICATE REGISTRATION

Parastoo Moghimi RD	11449	30/03/2015
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## TEMPORARY CERTIFICATES OF REGISTRATION

Name	Reg. ID	Date
Noura Abdulkader RD	14064	03/03/2015
Sarita Azzi RD	14062	25/02/2015
Alana Barry RD	14079	26/03/2015
Laurence Brouard-Trudel RD	14051	09/02/2015
Deanna Cook RD	14077	20/03/2015
Marie-Shanna Fleurantin RD	14078	13/03/2015
Cheri Ho RD	14057	11/03/2015
Henry Lee RD	14046	02/02/2015
Kaity McLaughlin RD	14056	12/02/2015
Charlotte Nutt RD	14054	12/02/2015
Kelvin Pang RD	14059	13/03/2015
Analy Perez RD	13004	17/03/2015
Alyssa Quon RD	14049	12/02/2015
Mohamed Rezk RD	14065	20/03/2015
Hymavathi Venkataramani RD	12544	17/03/2015
Jana Vinayagamoorthy RD	13998	20/03/2015

## RESIGNATION

Jenny Egilsson	13612	30/03/2015
Riley Fulkerson	12543	31/03/2015
Pam�la Marleau	13904	05/02/2015
Jessica Quigley	12078	31/03/2015

## RETIRED

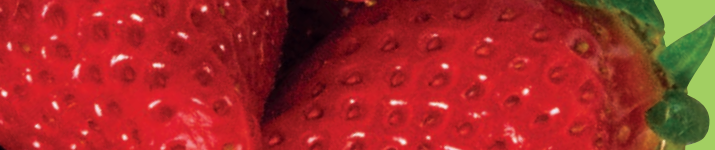
Emily Irvine-Thompson	2240	31/03/2015
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## UPDATING YOUR CONTACT INFORMATION IS A PROFESSIONAL OBLIGATION

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. Login to your member home page on the College website and see *Update my profile* on the left side of the page to make these updates: change of employer; employer address, employer phone number; home address, preferred mailing address and email.

Changes in name, immigration status and citizenship status must be made in writing with the appropriate documentation.





## Council Meeting Highlights - February and April 2015

### EXECUTIVE COMMITTEE

Barbara Major-McEwan RD,  
President

Susan Knowles RD, Vice  
President

Carol Wardall, Public  
Appointee

### COUNCIL MEMBERS

#### Elected Councillors

Alida Finnie, RD  
Susan Knowles, RD  
Abigail Langer, RD  
Barbara Major-McEwan, RD  
Suzanne Obiorah, RD  
Erica Sus, RD  
Krista Witherspoon, RD  
Erin Woodbeck, RD

#### Public Councillors

Najmudin Hassam  
Shelagh Kerr  
Elsie Petch  
Carole Wardell  
Allan Warren  
Claudine Wilson

### MEMBERS APPOINTED TO COMMITTEES

Edith Chesser, RD  
Dianne Gaffney, RD  
Susan Hui, RD  
Sobia Khan, RD  
Julie Kuorikoski, RD  
Léna Laberge, RD  
Grace Lee, RD  
Kerri Loney, RD  
Marie Trynor, RD

### REGISTRAR RETIREMENT

Council received the formal notice of retirement from Mary Lou Gignac, Registrar & Executive Director to be effective July 10, 2015. There was an in-camera discussion to articulate the direction Council would give to an executive recruitment firm about what the College would want in a new Registrar & Executive Director.

### MEMBER FEE INCREASE

Council agreed that it will proceed with the 2015 annual renewal fee increase as set out in the Fees By-Law. The increase is based on the change in the Ontario Consumer Price Index which is 1.3%. The new fee for 2015 will be \$600.

### PROPOSED CHANGES TO THE REGISTER OF DIETITIANS

Council approved in principle changes to College by-law provisions to make more information available on the on-line Register of Dietitians. The proposed amended by-laws provisions are being circulated to members and stakeholders for information and comment. The proposed changes have been informed by policy work being done across the health professions regulatory system. The additional information to be added to the register includes: new information; information already in the public domain; and information already collected by the College.

### COLLEGE RISK FRAMEWORK TO BE CREATED IN 2015/16

Council approved a plan to develop a risk register to more systematically identify, describe and ensure appropriate mitigation strategies for regulatory and operational risks for the organization. The work will be carried out by a committee of Councillors and management staff in 2015/16 with external expertise hired to facilitate and build capacity to work effectively and efficiently within this new risk framework.

### PROPOSED BUDGETS AND WORK PLANS

Council reviewed the proposed 2015/16 work plans and budgets at the February Council meeting and approved them at the April meeting once the Executive Committee had scrutinized the assumptions of each budget line.

### APPOINTMENT OF DISTRICT 7 COUNCILLOR

After two calls for nominations for the election of a Councillor from District 7, at the April meeting, Council appointed Nicole Osinga RD. Her three-year term will begin June 25.

### DYSPHAGIA ROLE STATEMENT

At the April meeting, Council endorsed the content of the paper entitled "Defining the Role of the Dietitian in Dysphagia Assessment & Management" (2015), developed by a Dietitians of Canada working group with participation from regulatory representatives. Council directed that the College *Dysphagia Policy* (2007) be updated accordingly. The next steps will be the development of advanced level dysphagia competencies. This work will be carried out by the Alliance of Canadian Dietetic Regulatory Bodies.

## Farewell and Thank You to Out-Going Councillors



**ELIZABETH WILFERT, COUNCILLOR & PUBLIC APPOINTEE, MARCH 1, 2006 TO FEBRUARY 28, 2015**

The College extends a heartfelt thank you to Elizabeth Wilfert for all her hard work and especially the commitment to public service and accountability that she brought to the College for the past nine years. Her vast experience on community boards helped sustain governance excellence at the College in her service as Vice-President from 2009-12 and as President from 2012-14. As a long-time member of Council, Elizabeth served diligently on many committees including the Executive Committee, Inquiries, Complaints and Reports Committee, Registration Committee, Patient Relations and the Quality Assurance Committees.

**CAROLE WARDELL, COUNCILLOR & PUBLIC APPOINTEE, MARCH 23, 2005 TO JUNE 15, 2015.**



Carole Wardell, also a long time member on Council, will be leaving the College in June 2015. She will have served as a public appointee on Council for over 10 years. We will miss the enthusiasm and passion for public protection and quality assurance that she brought to her Council and committee work. Carole has been a member of the Quality Assurance Committee since 2005 and has served as Chair since 2010. She has also served on the Executive Committee, the Inquiries, Complaints and Reports Committee and the Registration Committee. We would like to thank Carole for her conscientious work and her dedication to public service.



**ERICA SUS, RD  
COUNCILLOR FROM DISTRICT 5,  
JUNE 2009 TO JUNE 2015**

The College would like to thank Erica Sus for her six years of dedicated service to the College Council and committees.

Erica's contribution to Council is greatly appreciated by the College as she brought the profession-specific knowledge

and judgement that is essential for the development of effective regulations, programs and policies to support the delivery of safe, ethical and quality dietetic services to the people of Ontario. Erica made a significant contribution to the Inquiries, Complaints and Reports Committee, which she has co-chaired since 2012. She has also been a valued member of the Quality Assurance Committee for six years, and served briefly on the Patient Relations Committee.

## Warm Welcome to the College Council

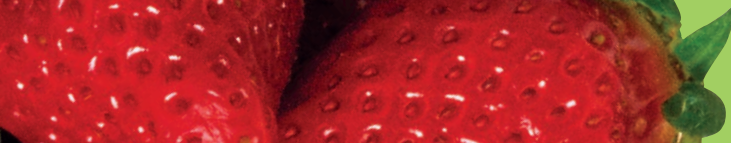


**SHELAGH KERR, PUBLIC APPOINTEE**

Shelagh Kerr is currently President and CEO of Electronics Product Stewardship Canada. She has extensive experience in association management, government and public affairs and has sat on many Boards associated with

the food, pharmaceutical and electronics industries. Shelagh graduated with a B.Sc (Dietetics) from the University of Ottawa and completed her internship at the Calgary General Hospital. She worked as a dietitian in the early years of her career before moving on to a career in business in the early 1980's across Canada, Africa and Europe.

Shelagh is one of Canada's pioneers in extended producer responsibility for product and packaging waste. In the late 1980's, she was instrumental in gaining the packaged goods industry support for Ontario's Blue Box while working as vice President, Technical for the Grocery Product Manufacturers of Canada. Ms. Kerr subsequently helped create recycling organizations across Canada for both the beverage and electronics industries. She sat on the original Board of the federal Environmental Choice Program. Working in Europe for the pharmaceutical industry, Ms Kerr helped achieve considerable regulatory harmonization to benefit patient access to new medicines.



## Fall 2015 CDO Workshop

### Conflict of Interest and Dietetic Practice: Personal Gains vs. Professional Obligations

Are you in a conflict of interest in your dietetic practice? Not sure? This year's workshop will explore the what, why, when and how's of conflict of interest and dietetic practice. Using a conflict of interest framework and real practice scenarios, participants will learn how to identify when they are in a real or perceived conflict of interest and how to manage competing interests in their dietetic practice.

We will also examine how trust empowers the RD-client relationship and explore how other actions of RDs, besides COI, can affect client trust and professional reputation.

#### WE NEED YOUR HELP!

By attending this year's workshop you will assist the College in identifying what conflicts and actions should be

prohibited by standards. Before the workshop, we will send a survey to collect your ideas, sticky situations and thoughts on COI and dietetics. Your input will help craft the future development of practice standards in this area.

#### WHO SHOULD ATTEND?

The workshop is applicable to all RDs regardless of their area of practice. We encourage RDs within public health, community, industry, sales, food services, and management, clinical as well as those who may consider themselves to be in 'non-traditional' roles to attend.

#### Register Online

Login to your [Member Home Page](#) and scroll down to [Events on the left](#).

Barrie	September 25, 1-4pm	Oshawa	November 2, 1-4pm
Belleville	September 29, 1-4pm	Ottawa	October 6, 12:30-3:30pm
Brampton	October 28, 1-4pm	Owen Sound	October 2, 1-4pm
Dryden	September 22, 1-4pm	Peterborough	September 30, 1-4pm 12 to 1pm (lunch/networking)
Guelph	October 27, 1-4pm	Sault Ste. Marie	October 1, 1-4pm
Hamilton	November 3, 1-4pm	Scarborough	November 11, 1-4pm
Kingston	September 28, 1-4pm	Sudbury	October 23, 1-4pm 12 to 1pm (lunch/networking)
Kitchener	October 21, 1-4pm	Timmins	October 23, 1-4pm via teleconference
London	October 14, 1-4pm 12-1pm (brown bag)	Thunder Bay	September 21, 1-4pm
Mississauga	October 20, 9am-12pm	Toronto - UHN	October 19, 1-4pm
Niagara/St Catharines	November 4, 1-4pm	Toronto - St. Michael's	October 29, 9am to noon
North Bay	October 22, 1-4pm	Toronto - Sunnybrook	November 12, 1-4pm
North York General Hospital	November 10, 1-4pm	Windsor	October 15, 6-9pm
Oakville	October 8, 1-4pm		