



# Assigning Duties to Nutrition Support Personnel

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The College would like to thank Sarah Herd, RD, and Susan Tran, RD, for authoring this article. It is with sincere appreciation that we are able to incorporate their research<sup>1</sup> as Dietetic Interns at St. Michael's Hospital into tangible guidance for RDs when assigning tasks within dietetic practice.

## NUTRITION SUPPORT PERSONNEL

In many healthcare facilities, support personnel in “assistant” positions contribute to a number of health disciplines, such as physiotherapy, occupational therapy, speech language pathology, optometry, dentistry, and pharmacy. Diet technicians (DTs), dietitian assistants (DAs), and those with equivalent unregulated nutrition designations often support Registered Dietitians (RDs). These healthcare providers are essential members of the healthcare team, especially as human resource shortages demand increased efficiency.

Nutrition support personnel play a key role in interprofessional collaboration (IPC). IPC can provide clients with greater access to healthcare providers and improved client outcomes.<sup>2</sup> Clients may also be more satisfied with the enriched level of high-quality care that they receive.

## ROLE AND RESPONSIBILITIES OF NUTRITION SUPPORT PERSONNEL

In many facilities, RDs assign tasks to support personnel (e.g., DTs and DAs) to assist with nutritional care. The type of tasks assigned to nutrition support personnel depends on an employee's:

- level of education;
- training/qualifications;
- years of experience; and
- competence to perform assigned tasks.

Education qualifications required by institutions for nutrition support personnel vary. Some institutions require membership or eligibility for membership into the *Canadian Society of*

*Nutrition Management* (CSNM) to be hired as a DT or DA.

The role and responsibilities assigned to nutrition support personnel also depend on organizational factors, such as:

- the facility's RD human resource capacity;
- the roles, responsibilities and area of practice of the RD; and
- the facility's patient population and care delivery needs. (For example, nutrition support personnel in long-term care facilities often have different duties compared to those in urban hospitals and/or community settings.)

A survey of hospitals across Canada and the United States revealed that tasks carried out by DTs and DAs range from collecting and entering patient food preferences and menu selections to providing individual education to patients, conducting calorie counts, and screening.<sup>1</sup> Many of the organizations surveyed indicated that DTs/DAs typically interact with low-risk patients and occasionally dealt with moderate-risk patients while supervised by an RD. Generally, DTs/DAs were not directly involved in the nutritional care of high-risk patients.<sup>1</sup>

## ACCOUNTABILITY OF RDS IN ASSIGNING TASKS

As regulated health care professionals, RDs are accountable to their clients, colleagues, employers and to the College. Accountability consists of taking responsibility for decisions and actions, and ensuring practice is consistent with professional standards, guidelines and relevant legislation.<sup>3</sup> While support personnel are responsible for their own actions, RDs are accountable for assigning tasks to adequately trained and competent employees. As outlined in the *College's Professional Misconduct Regulation*, ([www.cdo.on.ca](http://www.cdo.on.ca) > Resources > Regulations) RDs may be found to be in misconduct if they are:

“17. Assigning members, dietetic interns, food service supervisors, dietetic technicians or other

health care providers to perform dietetic functions for which they are not adequately trained or that they are not competent to perform.”

Failure of RDs to ensure competence of an employee receiving a direct assignment may compromise client safety and negatively affect client outcomes.

### EVALUATING COMPETENCE

It is not enough to rely solely on the knowledge that support personnel have completed an appropriate education program. Both RDs and support personnel need to be aware of the competencies of the support workers to feel confident that they can perform the assigned tasks. Initially, an accurate assessment of the competencies and skills of support staff is critical. The verification of competency is normally specific to the facility and the assigned tasks. It may include asking support personnel to demonstrate the skills necessary to perform tasks and/or asking scenario-based questions. To ensure that tasks will be carried out appropriately, orientation to the facility and training on specific tasks should also be provided.

It is good dietetic practice to continually re-evaluate the competency of support personnel to ensure client safety. Ongoing open communication between the RDs and support personnel is necessary to maintain competency, clarify their roles and responsibilities, and foster IPC within the healthcare facility. Nutrition support workers should be encouraged to practice continual self-evaluation to determine whether they feel competent to perform new tasks assigned to them and to ask for help when needed. They should understand that client issues and outcomes need to be reported to the RD as appropriate.

### RESOURCES

In Ontario, various health disciplines have support personnel documentation including:

- 1) Decision tree models to help determine whether delegation of a task to support personnel is appropriate<sup>3,4</sup>
- 2) Standard guidelines or policies which help determine the

role of the regulated health professional in delegating and assigning tasks to support personnel.<sup>3-8</sup>

CDO will be examining the need for developing similar documents to support RDs to work collaboratively with nutrition support personnel and others while maintaining client safety and client-centred care. CDO will communicate the availability of additional resources to RDs as they become available. In the meantime, RDs can refer to the information contained in this article as well as the resources in the reference list ,below, that are available from other health regulatory colleges in Ontario.

- 1 Herd S., Tran S., Keith M., McLaughlin J., Fletcher H. (2010). *An internal and external examination of the responsibilities of a dietitian assistant*. Dietitians of Canada poster research presentation abstract. [http://www.fcrd.ca/downloads/2010\\_abstracts.pdf](http://www.fcrd.ca/downloads/2010_abstracts.pdf)
- 2 HealthForceOntario. (2010). *Implementing Professional Care in Ontario*. <http://www.healthforceontario.ca/upload/en/whatishfo/ipcproject/hfo%20ipcsic%20final%20reportengfinal.pdf>
- 3 College of Nurses of Ontario. (2010). *Working together: RNs, RPNs and UCPs*. Unpublished manuscript.
- 4 College of Occupational Therapists of Ontario. (2004). *Practice guideline – support personnel*. [http://www.coto.org/pdf/P\\_G\\_Eng.pdf](http://www.coto.org/pdf/P_G_Eng.pdf)
- 5 College of Physiotherapists of Ontario. (2010). *Physiotherapists working with physiotherapist support personnel: Guide to the standards for professional practice*. <http://www.collegept.org/LiteratureRetrieve.aspx?ID=61166>.
- 6 College of Audiologists and Speech-Language Pathologists of Ontario. (2007). *Use of support personnel by speech-language pathologists*. <http://www.caslpo.com/Portals/0/positionstatements/supportpersonelfinal.pdf>.
- 7 College of Optometrists of Ontario. (2005). *New policy on delegation and assignment*. <http://www.coptont.org/docs/Optom%20Delegation%20Policy%202005.pdf>
- 8 The College of Dental Hygienists of Ontario. (2009). *Dental Hygiene Standards of Practice for Delegation: Limited to clinical competency preparatory courses in schools accredited by the CDAC*. <http://www.cdho.org/PracticeGuidelines/StandardsofPracticeDelegation.pdf>