College of Dietitians of Ontario

# résumé



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# "To Zero" Sexual Abuse Task Force Report

Erin Woodbeck, 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 changing practice environments.*

On September 9, 2016, the Ministry of Health and Long Term Care (the Ministry) released the *Task Force Report on the Prevention of Sexual Abuse of Patients* and the *Regulated Health Professions Act (RHPA), 1991*. The Task Force was appointed by the Ministry of Health and Long-Term Care in 2014 to provide recommendations to reinforce its zero tolerance policy on sexual abuse of patients by regulated health professionals. The report contains 34 recommendations, a number of which are directed at how regulated health colleges handle sexual abuse complaints reports. The Report recommendations include but are not limited to:

- Amending the RHPA to define "patient";
- Amending the RHPA to add specific sexual acts which trigger mandatory revocation of registration;
- Amending the RHPA to eliminate the ability of colleges to place gender-based restrictions on practice when a member has committed or is alleged to have sexually abused of a patient;
- Establishing a separate body to investigate complaints and conduct discipline hearings of allegations of sexual abuse of patients by college members;
- Appointing independent expert witnesses to present evidence related to the dynamics and impact of sexual abuse by health care professionals; and
- Expanding the time when sexual abuse complainants can access funding from colleges for therapy and counselling.

The College of Dietitians of Ontario recognizes the importance of robust prevention and response strategies regarding sexual abuse of patients. Appreciating the seriousness of the risk of sexual abuse of patients by healthcare professionals, we are eager to participate in any and all efforts to fortify current systems to further support a zero tolerance policy consistent with our mandate of protecting the public of Ontario.

# Clinic Regulation Submission to the Ministry

Melisse L. Willems, MA, LLB
Registrar & ED

As many of you know, the College participated in a working group that was looking at whether, and how, clinics should be regulated to ensure public protection. As part of its work, the group created a "straw dog" model of clinic regulation for stakeholder consultation.

Last year, we invited you to participate in a series of webinars and town hall meetings and to complete a detailed survey to collect feedback on the concept of clinic regulation and the "straw dog". Although 1221 responses to the survey were received from 26 different regulated health professions, dietitians made up over 30% of the responses. That was impressive. Thank you for your participation.

The feedback was carefully considered by the working group. As a result, the focus of the group shifted from considering a submission advocating for a particular model of clinic regulation to a submission that brings awareness to the gap in public protection that currently exists. The submission offers alternative solutions and calls on the Ministry of Health and Long-Term Care to take action to address the gap.

In the submission that was sent to the Ministry in September, no specific model of clinic regulation is proposed. Why the change? In large part, it is because we heard you. We heard the 374 dietitians who responded to the survey and the other 1500 people who provided feedback in various formats.

Full details about the initiative and the consultation can be found at www.ontarioclinicregulation.com.

# Council Meeting Highlights: September 30, 2016

### MEDICAL ASSISTANCE IN DYING (MAID)

Council approved the College's *Position Statement - Medical Assistance in Dying for Registered Dietitians in Ontario*. The Statement gives a history and definition on MAID. Most important, it defines the RD role for clients who are potential candidates for MAID. See page 4.

### CLINIC REGULATION WORKING GROUP UPDATE

M. Willems presented an update surrounding the progress of the Clinic Regulation Working Group. See article above.

### QUALITY ASSURANCE CHANGES TO PEER AND PRACTICE ASSESSMENT: STEP 2 UPDATE

Barb McIntryre, QA Program Manager, provided an update on the program's Peer and Practice Assessment. The QA committee makes decisions about how RDs move to PPA Step 2 based on their Z (standard) score. If an average is below the standard score, the RD will be asked to complete PPA Step 2.

# Expanded Mandatory Reporting Obligations for RDs

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In August 2016, section 85.5(2) of the *Health Professions Procedural Code* under the *Regulated Health Professions Act, 1991* was amended to include additional mandatory reporting obligations for employers, those who offer privileges to members and those who associate in partnership or otherwise with members. This requires RDs who meet the above description (including but not limited to RDs who are employers) to file a written report within 30 days to the College of a regulated health professional who resigns, or voluntarily relinquishes or restricts their privileges or practice if:

1. The RD has reasonable grounds to believe that the resignation, relinquishment or restriction, as the case may be, is related to the member's professional misconduct, incompetence or incapacity; and/or
2. The resignation, relinquishment or restriction, as the case may be, takes place during the course of an investigation conducted by or on behalf of the RD into allegations related to the professional misconduct, incompetence or incapacity on the part of the member. In these cases, the report must include the nature of the allegations being investigated.

If you think that you may have a mandatory reporting obligation but are not sure, contact the College for assistance. Mandatory reporting obligations are an important part of ensuring that clients are protected and that members get the help they may need in the appropriate circumstances.

# The Role of RDs in Medical Assistance in Dying

On June 17, 2016, the federal government amended the *Criminal Code* to allow medical assistance in dying in Canada.[1] As medical assistance in dying (MAID) is still very new to the Canadian landscape, the roles and obligations of health care professionals relative to medically assisted death are still being developed. The College has published its *Position Statement: Medical Assistance in Dying for Registered Dietitians in Ontario* (2016) to help RDs understand their role and responsibilities for MAID. The RD roles and responsibilities are summarized in this article.

## WHO DETERMINES ELIGIBILITY FOR MAID

This law permits only physicians and nurse practitioners (NPs) to assess patients for MAID. It allows other healthcare providers to aid a physician or NP in MAID, provided they follow the federal legislation, applicable provincial requirements and their professional practice standards.

## ROLE OF RDS IN MAID

Dietitians have a limited role to play in MAID. Familiarize yourself with organizational policies regarding MAID to determine what role RDs may have in your organization, if any, and to understand organizational expectations for health care professionals in relation to MAID.

If a client requests information about MAID, refer them to a physician or NP for further information and discussion, in accordance with applicable organizational policy. RDs must not undertake an assessment for MAID eligibility.[2]

RDs may provide nutrition information and expertise (e.g., dysphagia assessment and management) to assist a physician or NP in determining a client's eligibility for MAID.

### SCENARIO: CONSCIENTIOUS OBJECTION

Maia is an RD who works in home care. One of her clients is undergoing the process of determining eligibility for MAID. The physician who is conducting the eligibility assessment has asked Maia for her expertise regarding the swallowing function of the client. The information Maia provides will assist the physician to determine the client's eligibility to self-administer a substance to cause their own death.

For personal and religious reasons, Maia feels very strongly against MAID. She is uncomfortable discussing the swallowing function of the client with the physician as she knows the information will potentially be used for MAID. What are Maia's professional obligations in this scenario?

An RD that consciously objects to MAID can refuse to provide nutrition expertise that will be used to determine a client's eligibility for MAID. However, it is not acceptable for that RD to discriminate against the client and discontinue nutrition care not related to MAID.

In this case, as Maia conscientiously objected to MAID, she could refuse to provide the information needed for a MAID determination but it would be unacceptable for her to discontinue the nutrition treatment that was not related to MAID. She could:

- respectfully communicate her objections to conducting a swallowing assessment for a MAID determination to the physician or the appropriate facility personnel; and
- refer the client to another RD or alternate health care provider (as applicable) to conduct the swallowing assessment for a MAID determination, in accordance with organizational policy and College standards.

Regardless of her personal beliefs and values, Maia would continue to treat her client for the aspects of the nutrition care not related to MAID. She would remain client-centred and treat her client with respect and dignity. She would never express personal beliefs, values or her objections to MAID directly to the client. Client values, preferences and needs must always be an RDs top priority.

Regardless of their personal beliefs and values regarding MAID, RDs must always remain client-centred and treat clients with respect and dignity.

### FOR MORE INFORMATION

For more details about MAID, refer to the College's *Position Statement: Medical Assistance in Dying for Registered Dietitians in Ontario* (2016) and to the Government of Canada resources in the reference list below. If you have further questions, we invite you to contact the College's Practice Advisory Service:

practiceadvisor@collegeofdietitians.org

416-598-1725 / 1-800-668- 4990 ext. 397


1. Government of Canada. (2016). *An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)*. Available from: http://laws-lois.justice.gc.ca/PDF/2016_3.pdf
2. Government of Canada. (2016). *Medical Assistance in Dying*. Available from: http://www.healthycanadians.gc.ca/health-system-systeme-sante/services/end-life-care-soins-fin-vie/medical-assistance-dying-aide-medicale-mourir-eng.php


# Practice Scenario: Beyond Personal Scope of Practice

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Courtney is a new RD working in a family health team in a rural setting. She recently saw a 19 year-old male client with an eating disorder for an initial nutrition assessment. He was nutritionally unstable, had a low BMI and had tests to indicate heart trouble. Courtney was concerned for the well-being of this client and recognized that nutrition counselling would not address the full array of issues that affected him. After the assessment, Courtney felt that continuing to treat this client was beyond her personal knowledge, skills and competence. She was a new dietitian and wasn't sure of what to do. She contacted the College for direction.

## STRATEGIES TO MANAGE THE SITUATION

With safe client-centred service in mind, Courtney did the right thing in calling the College for direction. Although she felt that treating this client was beyond her personal level of competence, Courtney had a duty to this client because she had already accepted him into her service and completed the initial visit when she called the College. She knew that it is professional misconduct to discontinue necessary professional dietetic services unless the client requested it, alternative services are arranged or that the client was been given ample notice to arrange alternate services. She also knew that treating or attempting to treat a condition that was beyond her competence is also professional misconduct. (Professional Misconduct Regulation, O.Reg. 302/01:1.9.). Calling the College for advice was one of the options open for Courtney that demonstrated good professional judgement.

This article suggests several strategies that Courtney might consider in managing this situation to make sure that her client received the nutrition and health care necessary.

### Be Transparent, Open and Honest

Courtney did not feel that she had the knowledge, skills and competence necessary to treat this client's nutritional and other health issues safely. She would need to be transparent in admitting this to the client and seek help from her supervisor and the rest of the health care team to ensure safe and competent care for the client.

### Check Organizational Policies

The organization Courtney works for may have a policy for dealing with high risk clients. If so, it would be advisable for Courtney to follow those procedures. If none are in place, perhaps she could advocate for a policy to be developed for future situations.

### Refer to a Treatment Centre or Medical Service

Courtney, her supervisor and/or the team would need to identify areas of care they could address and areas that they were not able to handle. Courtney thought that the client might need a referral to a treatment centre for medical and psychological help. Members of the health care team or another RD, competent in the area of eating disorders, might be asked to help with this decision. Courtney, or another team member, would need to explain to the client the seriousness of the situation and the need not only for ongoing dietetic services, but also medical and psychological help.

### Acquire New Knowledge

Another option is to consider a collaborative, inter-professional approach to providing services for this client. Courtney might ask to be coached by another health professional on the team who has more experience caring for clients with eating disorders. This coaching could be given by another RD, a nurse or any other health professional with the appropriate skills and knowledge. Inter-professional teams share a team vision and have established

roles and processes to ensure the continuity and consistency of services. There may be opportunities here for Courtney to acquire new knowledge from the team that will benefit her clients.

### Refer to another RD

Given the client's high risk health condition, the client may be better managed by an RD with more experience in treating clients with eating disorders. The client must consent before his care is transferred to another RD or program.

### Continue to See the Client

The client felt comfortable with Courtney after their initial visit and wished to continue seeing her, even though he knew that she was not very experienced in eating disorders. An option for Courtney would be to provide the service component within her competence and to contact an RD who works in the area of eating disorders to discuss the client's condition and determine a safe and viable approach for his care. She could also consult with the team (as outlined earlier) and use this case as an opportunity to grow her knowledge, skills and competence in the area of eating disorders.

## REFLECTING AND CONTINUING TO LEARN

RDs can be faced with unusual and complex situations which may be beyond their personal scope of practice. In these circumstances, they may seek consultation, supervision or mentorship, review research literature, or make a referral to a more appropriate health professional.

A basic principle of the *Code of Ethics for the Dietetic Profession* in Canada is to maintain a high standard of personal competence through continuing education. Recognizing that Courtney is new to the practice, and in keeping with the *Code of Ethics,* she has an obligation to continue growing her knowledge, skill, and judgment to effectively provide dietetic services. She can use this opportunity to learn. She can seek guidance and support from other team members and consult resources to expand her knowledge about eating disorders. This is also a good example of reflecting in practice to continue to learn and increase dietetic skills.

## USE THE COLLEGE'S RD ROLE & TASK DECISION FRAMEWORK FOR GUIDANCE

Whenever RDs are asked to take on tasks in their dietetic practice they can use our *RD Role & Task Decision Framework* for guidance (available on the College website). In this case, Courtney, would use the framework questions below to determine whether the client's condition was within the dietetic scope of practice and what, if anything, was outside of her own competence level.

### 1. Is the task or treatment within the dietetic scope of practice or reasonably related to it?

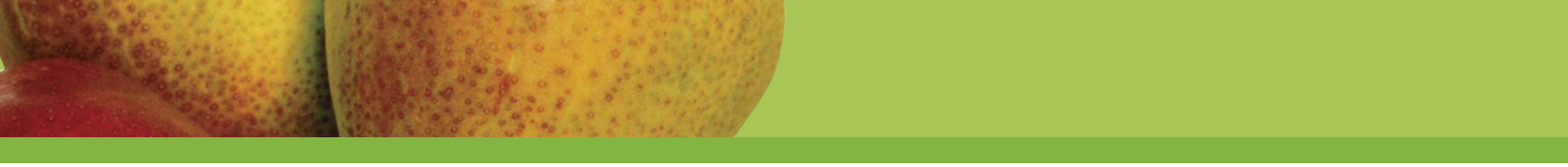
The RD scope of practice statement in the *Dietetics Act, 1991* and CDO's *Definition of Practising Dietetics* enables a very broad spectrum of activities, as the scope relates to using the knowledge of food and nutrition, and working in areas related to nutritional conditions and disorders and the prevention and treatment of these. Nutrition counselling for eating disorders is well within the dietetic scope of practice. However, the supporting psychological counselling and medical treatment necessary for this client would be considered outside of the dietetic scope of practice. Courtney would need to refer the client to other members of the health care team for psychological counselling and medical treatment to address health issues not within her scope of practice.

### 2. Are there any legal barriers?

RDs need to consider whether there are any legal restrictions in adopting a new task. Where legal restrictions occur (e.g. performing a controlled act), RDs can explore the required authority mechanisms (e.g., medical directives/delegations) to carry out the task. In this scenario, there are no legal barriers to provide nutritional counselling to a client with an eating disorder.

### 3. Do RDs have the appropriate skills and competence to perform the task? If not, how can they become competent?

RDs have a professional obligation to ensure they have the appropriate knowledge, skills & judgment to perform a particular role or task in their dietetic practice. Continued learning and education are essential in order to be able to provide up-to-date information and advice. RDs should always practice within their personal scope of practice so



they can provide safe, ethical and competent nutrition services. Courtney has recognized the limits to her competence and is taking the steps to improve her knowledge and skills in the area of eating disorders to best serve her client.

**4. Who is the most appropriate person to perform the task?**

It would be up to the family health team to assess the client's overall health care needs. Due to the complexity of the client's condition, the client would be best served by a team of health care providers, including the RD. Courtney could provide the nutrition care for eating disorders within her personal scope of practice and competence level and ask for support where she needed it.

### PROFESSIONAL JUDGEMENT AND CLIENT-CENTRED CARE

In this scenario, Courtney recognized the limits to her competence, was transparent with her client and health care team, and explored options for nutrition and health services that would be best for her client. Courtney displayed professionalism by being open to seeking out ways to continue safe nutrition services to the client at his request. She also embraced the opportunity for continuing education to enhance her knowledge, skills and competence in the area of eating disorders and facilitated effective interprofessional collaboration and communication with the team to best serve the client's health care needs.

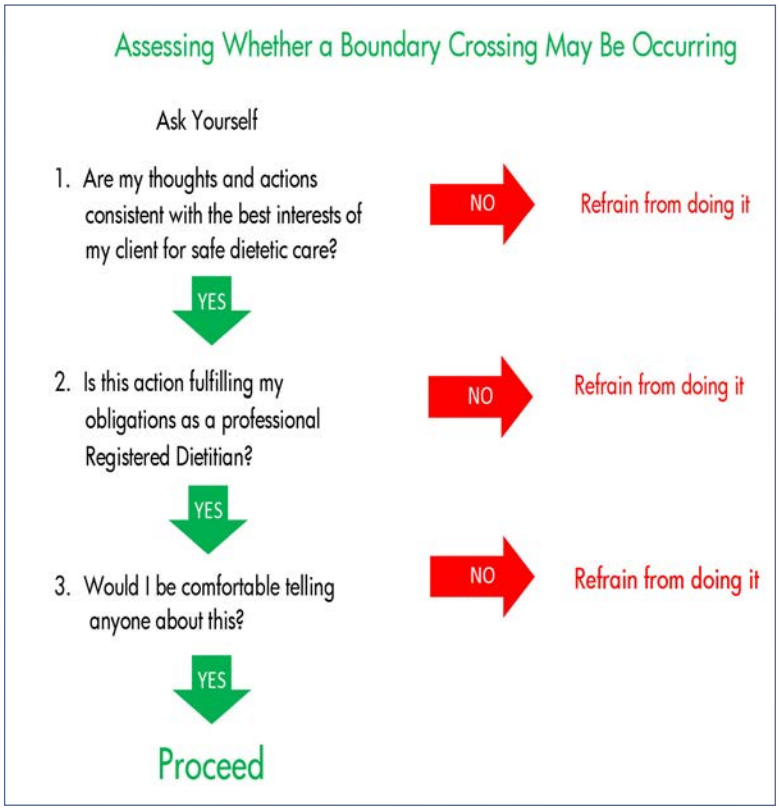
## Managing the RD-Client Relationship and Professional Boundaries

The purpose of the professional client-RD relationship is to provide safe dietetic services to people who need them. The RD-client relationship rests on clearly defined professional boundaries to maintain the mutual trust and respect that is essential for quality nutrition care. The RD has a legal and ethical duty to ensure professional boundaries are managed effectively. When boundary crossings occur, the trust and respect needed for quality client care can be permanently broken.

### WHAT IS A BOUNDARY CROSSING?

A boundary crossing is a breach of the limits which define the safe therapeutic space of the RD-client relationship. A boundary can be physical, psychological or emotional. A seemingly insignificant intrusion into a client's personal space can lead to serious boundary violations.

There are many types of boundary crossings. A boundary crossing can be an intrusion into a client's personal, physical or emotional space. Not all boundary crossings are initiated by the health care provider. Clients can initiate boundary crossings by inviting RDs into their space, by extending an invitation to coffee or dinner or flirting. Any action which blurs the boundaries or breaches them in any way, whether initiated by the RD or the client, is a boundary crossing which may harm clients. In all cases, it is always the dietitian's responsibility to protect clients by managing boundaries with



vigilance and professional integrity.

**THREE KEYS TO MANAGING THE RD-CLIENT PROFESSIONAL BOUNDARIES EFFECTIVELY.**

**1. Know Yourself: Monitor your thoughts, attitudes and behaviours.**

Reflect on your relationships with clients. Monitor your thoughts to make sure that they dwell on the right things - inappropriate thoughts can become words and actions that can breach professional boundaries and result in client harm.

### Focus On the Purpose of the Relationship

Keeping your focus on the purpose of the RD-client relationship, which is client-centred dietetic care, will help prevent inadvertent or intentional boundary crossings. Ensure that all your communications and actions address the dietetic needs of your clients. If in doubt, use the decision tree below to help you.

### Focussing on the Client's Health Care Needs

The RD establishes and maintains this professional relationship not only by using knowledge, skill and judgment but also by applying effective communication strategies and interpersonal skills. Managing what we say is important to prevent boundary violations. When speaking with clients, the intent is to meet the client's health care needs.

An area most vulnerable to boundary crossings is self-disclosure. Sometimes, a dietitian can reveal too much information about herself or her life. Too little information may feel cold and distant to a client but too much information may blur the lines, especially if a client begins to feel like a confidante or a close friend. If the disclosure meets only the needs of the dietitian, then the disclosure is inappropriate. Self-disclosure has to be managed with extreme care and kept to a minimum.

**2. Be Informed about Boundary Crossings**

RDs also need to be cognizant of the components that characterize power, trust, respect and what personal closeness means. This includes understanding the difference between professional and personal relationships in order to establish and maintain appropriate professional boundaries with clients.

### Avoid Dual Relationships

Dual relationships can blur professional boundaries and interfere with the provision of dietetic care. They occur when a dietitian has both a professional relationship and a personal relationship with a client, for example, being a friend, family member or colleague.

- Clients should not be placed in the position where they feel they must become a friend of the dietitian in order to receive ongoing dietetic care. It is difficult for all but the most assertive of clients to communicate to the dietitian that they do not want to be friends. It is best to avoid this dual relationship.
- Refrain from entering into a friendship with a client's partner or family member while the client is in your care.
- Where a relationship pre-dates the professional one (e.g. a relative or friend), it's best to refer the client to another practitioner. Where a referral is not possible (e.g. in a small town, where there is only one dietitian in a facility), take special precautions to maintain the professional relationship.
- Under no circumstances should a dietitian treat a romantic partner. In the eyes of the law, having a romantic relationship with a client is sexual abuse.

### Not Too Close

Providing compassionate and ethical dietetic practice requires RDs to demonstrate empathy and understanding of their clients' health care concerns and decisions. But, excessive care and attention can be easily misinterpreted. A client can view it as encouragement or an invitation to friendship, as an invasion of space or even as a sexual gesture. Extreme care must be taken to avoid closeness beyond the professional relationship.

Maintaining a connection with the client is important to create an effective RD-client therapeutic relationship. When trying to avoid too much closeness, be careful about creating too much distance in your relationships with clients. Excessive distancing or being too detached may be perceived or felt by clients as not caring and being disinterested in their care. An

appropriate emotional distance helps maintain objective, safe client-centred relationships.

### 3. Be Sensitive to the Early Warning Signs of Boundary Crossings

Boundary crossings can be insidious. They can begin with small steps across a line which is hardly noticeable and eventually lead to great harm to clients. Constantly reflect on your client-RD relationships and be aware of gradual changes that may be happening.

#### Learn To Identify The Early Warning Signs Of Boundary Crossings.

RDs are encouraged to assess their knowledge of boundaries and identify the early warning signs of boundary crossings. Early warning signs include:

- Inappropriate emotions: excessive feelings of love or dislike
- Daydreaming about a client
- Discussing personal issues with clients
- Engaging in behaviours that can be interpreted as flirting
- Spending more time than necessary with a particular client
- Meeting a client in a setting which is not professional (a coffee shop, restaurant or a bar)

#### Refocus your thoughts and intentions on what's best for your client.

RDs are responsible for managing the professional relationship at all times in the best interest of safe, ethical dietetic practice. If you become aware that you have engaged in any of the early warning behaviours, stop and reflect on your obligations as a regulated health professional. Refocus your thoughts and intentions on what's best for your client. You may need to seek advice from a trusted colleague or mentor.

For more information on boundaries, go to the college website and enter "boundaries" in the search box.

## Three Scenarios - Managing Boundary Crossings

### SCENARIO 1: SHOULD SUSAN TREAT HER FATHER?

Susan in an RD in a small rural community. She works in a diabetes education centre with a physician and two nurses. When Susan's father Frank was diagnosed with diabetes, he wanted his daughter Susan, to teach him how to manage his diabetes. After all, she was his daughter and was very proud of her achievements. Susan was pretty confident that she could teach her father how to manage his diabetes. However she was not sure that he could be her client at the Diabetes Education Centre.

The College does not have strict prohibitions against treating a family member, unless that person is a romantic partner. However, we do recommend that RDs avoid dual relationships because they blur the line between the personal and professional relationship which may harm the therapeutic relationship.

Dual relationships with family members can interfere with the treatment process due to the emotional closeness and relationship histories of the family members. That emotional bond may easily compromise the dietitian's ability to provide honest, objective information. It can also compromise the family member's ability to question the dietitian's suggestions or to provide an informed and voluntary consent.

In this case, Susan can answer her father's questions, give him general information and provide him with resources and websites about diabetes nutrition but she must be cautious about providing nutrition counselling without an appropriate assessment. The professional boundary crossing comes into play when Susan sits down to do an assessment. At that point, the daughter-father relationship crosses over to the RD-client relationship. This boundary crossing creates a dual relationship.

Susan would have to make a professional judgment about the type of guidance her father is seeking from her. If he is seeking professional dietetic services, then Susan should refer her father to another RD. In circumstances where there

are no other dietitians working in diabetes management, she could refer her father to another health care provider with the ability to provide the necessary diabetes nutrition counselling or to a dietitian in another field of practice. Other options would be telehealth or video conferencing with an RD in another region who has expertise in diabetes education.

If there is no one else available with the expertise necessary to treat her father, Susan may do so, keeping in mind the boundary issues that could have an impact on the delivery of safe nutrition care.

### SCENARIO 2: THE CLIENT INITIATES A ROMANTIC RELATIONSHIP. IS THIS OK?

Angie's client complimented her on her body and made joking comments about her good looks. Initially, this made Angie uncomfortable, and she just ignored the comments. Over time the relationship moved from that of a client, to friend and eventually a sexual relationship began. Angie and the client were dating.

In this scenario, the relationship progressed from an uncomfortable professional situation to a violation of the law that prohibits dietitians from having sexual relations with their clients. By initially ignoring the client's inappropriate comments, Angie failed to address the developing boundary crossing which eventually lead to the serious, strictly prohibited situation of sexual abuse. The dietitian is always responsible for maintaining professional boundaries even when a client initiates or consents to the relationship.

In the *Regulated Health Professions Act, 1991*, the consequences for engaging in sexual relations with a client are both clear and severe. This is considered sexual abuse. It is compulsory for the College to revoke the member's registration for at least five years if any RD is found guilty of acts of sexual abuse (e.g., having sex with a client).

Sexual behaviour includes making ribald and flirtatious comments of any kind. RDs must never have any sexual involvement with clients. Sexual abuse harms not only the individual being abused, but also the public at large by undermining the public's trust in the dietetic profession.

The zero tolerance provisions for sexual abuse in the RHPA are clear: Registered Dietitians must not have sex with a client; and they cannot treat a sexual partner. Sexual abuse of clients exploits the power imbalance in the RD-client relationship and goes against the RDs' fiduciary duties of client protection.

### SCENARIO 3: MEETING A CLIENT IN A COFFEE SHOP

Your client asked to meet with you in a coffee shop to discuss your proposed nutrition treatment. Is this a good idea?

Established conventions usually exist for a reason. Ignoring them, such as having treatment sessions in a coffee shop or over a meal at a restaurant or drinks in a bar, is high-risk. One risk is entering into a dual relationship. Meeting in a coffee shop is more like socializing over coffee with a friend than practising dietetics. It confuses the nature of the professional relationship with that of friendship.

A coffee shop is not a professional venue for practising dietetics. The atmosphere is not usually conducive to paying attention to the client's nutritional needs; it may be crowded and very noisy with the coffee grinders and cappuccino machines working in the background. Risks include not being able to protect client confidentiality by meeting in public and disclosing personal health information in a public setting. Be proactive. Examine your thoughts, actions and attitudes carefully before you meet clients in social venues. Be aware of the early warning signs that you may be breaching a professional boundary. Remember that it is always your duty as a professional health provider to manage the RD-client relationship.

## Forging a New Path in our Registration Process

# Update on Developing a New Competency Assessment Process for IEDs

Diane Candiotto, MNSP, RD and Cristina Cicco, MHSc, RD
Project Coordinators, Competency Assessment Schema for Internationally Educated Dietitians

In April 2014, in collaboration with a multi-province and multi-stakeholder advisory group, the College began a three-year project to develop a new competency assessment process for internationally educated dietitians (IEDs) based on a direct assessment of their knowledge and skills.

This new process provides applicants an option for prior learning assessment and recognition (PLAR) versus the existing credential-based assessment. PLAR allows applicants to gain recognition for their formal and informal learning, such as through academic, practical training, and work experience.

As we near the end of this three-year project, we are pleased to share an update on the development and launch of tools that will be used for the new competency assessment process.

### KNOWLEDGE AND COMPETENCY ASSESSMENT TOOL (KCAT)

The KCAT was developed, field tested and piloted in collaboration with Touchstone Institute, competency evaluation experts with a focus on internationally educated health professionals, as well as subject matter experts across all areas of practice, CDO registration committee members, university educators, representatives from the Internationally Educated Dietitians Pre-registration Program (IDPP), provincial dietetic regulatory bodies across Canada, and IEDs. A Preparation Guide was developed to provide IEDs with information about the KCAT.

Once eligibility to write the KCAT has been determined, applicants will complete this first stage in the new competency assessment process.The KCAT is a multiple choice exam that assesses applicants' foundational knowledge and competency based on the Integrated Competencies for Dietetic Education and Practice (ICDEP). The first administration of the KCAT was held in November 2016.

#### Two components to the KCAT

1. The knowledge-based component of the exam consists of 92 independent multiple choice questions.
2. The competency-based component of the exam consists of 17 case scenarios across the three main areas of dietetic practice (nutrition care, population or public health and management), and a series of multiple choice questions per case, for a total of 98 multiple choice questions.

The College will utilize the KCAT results to help direct applicants to one of two pathways:

1. A Performance Based Assessment (PBA) pathway (described below).

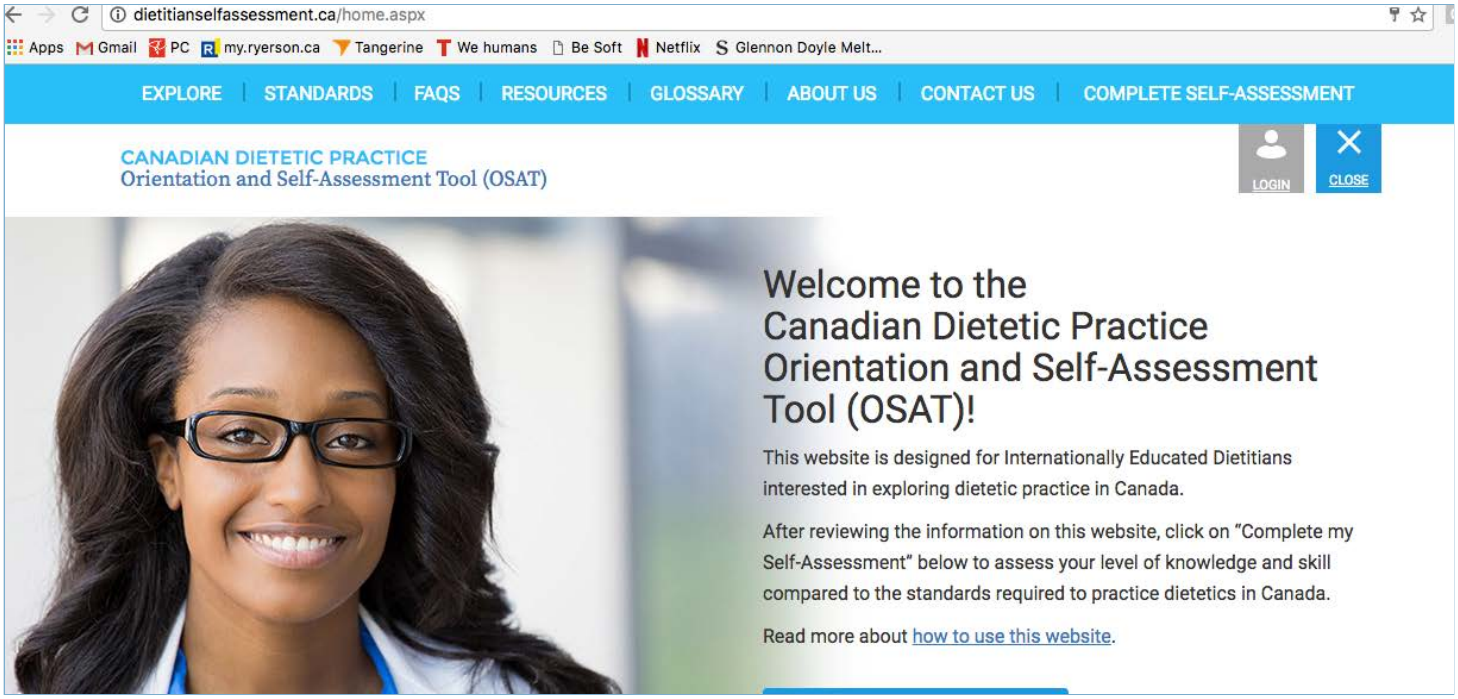
OR

2. Additional education and/or practical training recommended by CDO to meet registration requirements.

### PERFORMANCE-BASED ASSESSMENT (PBA)

Applicants who demonstrate a certain level of knowledge and competency on the KCAT will move on to a Performance-Based Assessment (PBA), which is based on the ICDEP.

The PBA is currently in development in collaboration with Yardstick, testing and training experts, as well as subject




matter experts across all areas of practice, CDO registration committee members, university educators, representatives from the Internationally Educated Dietitians Pre-registration Program (IDPP), provincial dietetic regulatory bodies across Canada, and IEDs. The PBA will include oral and written components, and is anticipated to be launched early 2017.

After successfully completing the KCAT and PBA, candidates may be eligible for a temporary certification of registration while they prepare to write the Canadian Dietetic Registration Exam (CDRE).

## CANADIAN DIETETIC PRACTICE ORIENTATION AND SELF-ASSESSMENT TOOL (OSAT)

As part of the new competency assessment process, it is highly recommended that applicants complete the Canadian Dietetic Practice Orientation and Self-Assessment Tool (OSAT) available at www.dietitianselfassessment.ca. The OSAT is a free tool that may be accessed and completed by applicants at any time during the assessment process, even prior to arrival in Canada.

The purpose of the OSAT is to help IEDs:

- Explore dietetic practice in Canada;
- Better understand the standards of dietetics in Canada (i.e. the ICDEP) and self-assess their level of knowledge and skill compared to these standards; and
- Increase their awareness of dietetic resources that support learning.

The College and the Project Partners & Advisory Committee wish to thank all those who have been a part of this project to date. Your input has been invaluable.

*This project is funded by the Ontario Ministry of Citizenship, Immigration and International Trade.*

Ontario

# Summary
# Discipline Committee Findings

Renu Arora was referred to the Discipline Committee on June 9, 2015 for allegations of professional misconduct (see the online Register of Dietitians, Renu Arora, Statement of Allegations at www.collegeofdietitians.org).

### THE DISCIPLINE HEARING WAS HELD ON JULY 12, 2016, IN TORONTO, ONTARIO.

The matter proceeded by way of agreement between Ms. Arora and the College. The Discipline Committee found that Renu Arora committed acts of professional misconduct in:

- failing to maintain a standard of practice of the dietetic profession;
- treating or attempting to treat a condition that the member knew or ought to have known was beyond her expertise or competence as a registered dietitian;
- failing to keep records as required;
- submitting an account or charge for services that the member knows contains a false or misleading statement; and
- engaging in conduct or performing an act that, having regard to all the circumstances, would reasonably be regarded by members of the College of Dietitians of Ontario as disgraceful, dishonourable or unprofessional.

### PENALTY

Ms. Arora resigned prior to the hearing and signed a voluntary acknowledgement and undertaking. As part of the agreement with the College, Ms. Arora agreed to not re-apply to the College for at least three years.

The Discipline Committee requires that Ms. Arora appear before it to be reprimanded on a date to be set by the Registrar. The Committee orders that Ms. Arora pay to the College its costs in the amount of $600, such costs being payable in monthly installments of $50 starting on August 11, 2016 by way of post-dated cheques provided to the College by August 11, 2016.

# Certificates of Registration

## GENERAL CERTIFICATES OF REGISTRATION

Congratulations to all of our new dietitians registered from July 1 to November 30, 2016.

| Name | Reg. No. | Date |
|---|---|---|
| Rashmi Ahuja RD | 10479 | 26/05/2016 |
| Noura Abdul RD | 14064 | 08/09/2016 |
| Stephanie Aboueid RD | 14279 | 13/10/2016 |
| Josemy-CharleenAlcime RD | 14629 | 28/09/2016 |
| Sara Elizabeth Baker RD | 3570 | 08/11/2016 |
| Yunnie Balders RD | 11219 | 03/11/2016 |
| Jenny Boutilier RD | 12636 | 08/11/2016 |
| Nolan Deng RD | 14642 | 29/11/2016 |
| Sandra Di Gregorio RD | 11750 | 08/09/2016 |
| Lisa LeBrun RD | 10845 | 20/09/2016 |
| Lynsey Mossop RD | 14627 | 13/09/2016 |
| Stephanie Munoz RD | 14634 | 18/10/2016 |
| Christeen Nakhleh RD | 14633 | 18/10/2016 |
| Laurie-Anne Patenaude RD | 14490 | 05/08/2016 |
| Noura Sheikhalzoor RD | 12246 | 05/10/2016 |
| Claire Tanner RD | 14080 | 07/07/2016 |
| Christina Tucker RD | 14530 | 17/08/2016 |

## TEMPORARY CERTIFICATES OF REGISTRATION

| | | |
|---|---|---|
| Progya Aakash RD | 14477 | 11/08/2016 |
| Cassandra Aleksic RD | 14588 | 23/08/2016 |
| Mara Alexanian-Farr RD | 14464 | 06/07/2016 |
| Candace Aqui RD | 14509 | 26/07/2016 |
| Allison Barnett RD | 14533 | 09/08/2016 |
| Cindy Bekkedam RD | 14626 | 12/10/2016 |
| Megan Bellinger RD | 14555 | 19/08/2016 |
| Shari Beltran RD | 14526 | 12/08/2016 |
| Bakadi Patient Beya RD | 13979 | 14/07/2016 |
| Tarini Bidaisee RD | 14605 | 29/08/2016 |
| Claire Bilik RD | 14501 | 12/08/2016 |
| Lisa Bos RD | 14546 | 17/08/2016 |
| Hilary Boudreau RD | 14538 | 19/08/2016 |
| Caroline Boulay RD | 14602 | 29/08/2016 |
| Stephanie Boville RD | 14515 | 21/07/2016 |
| Mistralle Brouillard RD | 14491 | 30/08/2016 |
| Allison Brown RD | 14584 | 19/08/2016 |
| Caroline Brown RD | 14608 | 29/08/2016 |
| Catherine Canzi RD | 14559 | 16/08/2016 |
| Sharon Chandra RD | 12291 | 12/08/2016 |
| Noémie Charpentier RD | 14507 | 19/08/2016 |
| Hui Jun Chew RD | 14597 | 23/08/2016 |
| Martina Coady RD | 14566 | 16/08/2016 |
| Véronique Corbeil RD | 14603 | 29/08/2016 |
| Laurence Cousineau-Sigouin | 14543 | 19/08/2016 |
| Danielle D'Angelo RD | 14522 | 26/07/2016 |
| Myriam Dagenais RD | 14506 | 19/08/2016 |
| Laura Dale RD | 14498 | 21/07/2016 |
| Melissa Danchak RD | 14549 | 12/08/2016 |
| Riley DeForest RD | 14558 | 26/08/2016 |
| Marie-Pier Deschamps RD | 14554 | 29/08/2016 |
| Isabelle Désilets RD | 14614 | 29/08/2016 |
| Anne-MarieDolinar RD | 14521 | 12/08/2016 |
| Katherine Eckert RD | 14599 | 23/08/2016 |
| Marwa Elkelani RD | 14484 | 27/07/2016 |
| Sonia Filice RD | 14624 | 14/10/2016 |
| Megan Firth RD | 14617 | 02/09/2016 |
| Courtney Fowler RD | 14560 | 20/09/2016 |
| Carla Fugler RD | 14535 | 28/07/2016 |
| Audrey-Anne Gaumond RD | 14563 | 19/08/2016 |
| Karine Gendron RD | 14513 | 19/08/2016 |
| Jaime Gignac RD | 14519 | 12/08/2016 |
| Branka Gladanac RD | 14458 | 18/07/2016 |
| Micah Grobman RD | 14592 | 23/08/2016 |
| Janna Guberman RD | 14547 | 27/09/2016 |
| Christiane Guibord RD | 14528 | 19/08/2016 |
| Rebecca Hanemaayer RD | 14492 | 12/08/2016 |
| Emilia Hogan RD | 14548 | 16/08/2016 |
| Xiao Yun Huang RD | 14518 | 16/08/2016 |
| Helaina Huneault RD | 14504 | 21/07/2016 |
| Julia Hunter RD | 14612 | 26/08/2016 |
| Paige Huycke RD | 14480 | 12/08/2016 |
| Emily Iler RD | 14550 | 17/08/2016 |
| Jillian Ingribelli RD | 14541 | 12/08/2016 |
| Katherine Jefferson RD | 14593 | 24/08/2016 |
| Erin Jenkins RD | 14579 | 24/08/2016 |
| Charlotte Jones RD | 14516 | 28/07/2016 |
| Soon Im Jung RD | 13782 | 02/11/2016 |
| Lara Katz RD | 14485 | 29/07/2016 |
| Angella Kelly RD | 14618 | 29/08/2016 |
| Kaitlin Kizis RD | 14494 | 12/08/2016 |
| Geethanjana Krishantha RD | 14625 | 01/09/2016 |
| Megan Kuikman RD | 14505 | 12/08/2016 |
| Danielle Labonté RD | 14496 | 08/07/2016 |
| Lindsay Leduc RD | 14500 | 12/08/2016 |
| Grace Jieun Lee RD | 14514 | 21/07/2016 |
| Sasha Lee RD | 14524 | 12/08/2016 |
| Kendall Lee RD | 14537 | 09/08/2016 |
| Ashlen Leonard RD | 14591 | 23/08/2016 |
| Geneviève LeVoguer RD | 14607 | 30/08/2016 |
| Ashley Lock RD | 14581 | 23/08/2016 |
| Kiera MacKenzie RD | 14487 | 12/08/2016 |
| Jordan Mann RD | 14474 | 26/07/2016 |
| Suzanne Maphar-Wenneker RD | 13713 | 03/08/2016 |
| Julie Marsden RD | 14567 | 19/08/2016 |
| Chelsea McPherson RD | 14589 | 24/08/2016 |
| Olivia Menzies RD | 14562 | 19/08/2016 |
| Christine Mills RD | 14615 | 20/09/2016 |
| Iana Mologuina RD | 14512 | 28/07/2016 |
| Carley Nicholson RD | 13737 | 19/08/2016 |
| Miriam Nicoll RD | 14510 | 19/08/2016 |
| Mohammadreza Peyvandi RD | 13923 | 25/07/2016 |
| Catherine Pouliot RD | 14582 | 30/08/2016 |
| Lauren Renlund RD | 14482 | 26/07/2016 |
| Michelle Riva RD | 14529 | 12/08/2016 |
| Mylène Rosa RD | 14557 | 13/09/2016 |
| Mylene Roux RD | 14532 | 25/08/2016 |
| Rebeka Sandor RD | 14469 | 19/07/2016 |
| Tiffany Schebesch RD | 14540 | 19/08/2016 |
| Rachael Sebesta RD | 14619 | 20/09/2016 |
| Holly Sharpe RD | 14520 | 19/08/2016 |
| Sarah Smith RD | 14539 | 09/08/2016 |
| Lauren Smrekar RD | 14551 | 18/08/2016 |
| Danika Smyth RD | 14620 | 30/08/2016 |
| Izabela Soczynska RD | 14475 | 19/08/2016 |
| Helen Spremulli RD | 14604 | 29/08/2016 |
| Jaclyn Stelmaszyk RD | 14481 | 27/07/2016 |
| Joanna Stochla RD | 14534 | 19/08/2016 |
| Diana Sutherland RD | 14564 | 16/08/2016 |
| Lisa Talarowski RD | 14525 | 16/08/2016 |
| Gloriana Tam RD | 14542 | 12/08/2016 |
| Kendra Tapscott RD | 14460 | 23/08/2016 |
| Krizia Tatangelo RD | 14577 | 19/08/2016 |
| Shipra Tomar RD | 11795 | 18/10/2016 |
| Jenna Topolie RD | 14583 | 23/08/2016 |
| Nicole Turner RD | 14527 | 26/07/2016 |
| Anna Van Osch RD | 14503 | 28/07/2016 |

## TEMPORARY CERTIFICATES OF REGISTRATION, contnued...

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Shelley Vanderhout RD | 14435 | 19/08/2016 | Rana Wahba RD | 14493 | 19/08/2016 | Amanda Waite RD | 14531 | 28/07/2016 |
| Robyn Wardlaw RD | 14553 | 24/08/2016 | Lindsay Webster RD | 14578 | 23/08/2016 | Allison Whitten RD | 14580 | 19/08/2016 |
| Michelle Wilcox RD | 14511 | 29/08/2016 | Lauren Wills RD | 14639 | 27/10/2016 | Jessica Wong RD | 14565 | 19/08/2016 |

## RETIRED

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Daphne Aleven | 2365 | 11/11/2016 | Heather Jack | 1919 | 31/10/2016 | Janice Schmeltzer | 1191 | 30/11/2016 |
| Andrea Bronstein | 2357 | 30/11/2016 | Rosanne Lafontaine | 12458 | 30/11/2016 | Asha Sehgal | 2320 | 29/11/2016 |
| Christine Brown | 1762 | 01/10/2016 | Catherine MacRae | 2370 | 28/11/2016 | Barbara Selley | 1414 | 31/10/2016 |
| Beverley Callaghan | 1273 | 30/11/2016 | Jane Manly | 2950 | 30/11/2016 | Sherry Shadlock | 1672 | 26/10/2016 |
| Ruth Carswell | 1650 | 30/11/2016 | Marie McCrimmon | 4357 | 30/09/2016 | Maria Shao | 1421 | 11/10/2016 |
| Judith Cutler | 2289 | 22/09/2016 | Margaret L. Metzger | 2572 | 30/11/2016 | Lorraine Siu | 2793 | 30/11/2016 |
| Margery Dadson | 1730 | 28/10/2016 | Eleanor Nash | 1961 | 31/10/2016 | Mary Skubel | 1123 | 29/11/2016 |
| Trish Dekker | 2584 | 30/10/2016 | Nancy Prittie | 1823 | 23/11/2016 | Diane Staniforth | 2625 | 18/09/2016 |
| Barbara Dunlop | 2394 | 30/11/2016 | Debra Procyk | 2601 | 31/10/2016 | Vida Stevens | 1801 | 31/08/2016 |
| Lydia Fairholm | 1407 | 30/10/2016 | Teresa Rivera-Mildenhall | 10409 | 01/10/2016 | Carol Stevenson | 2050 | 27/09/2016 |
| Irene Goodall | 1029 | 30/11/2016 | Margo Rosen | 1389 | 06/09/2016 | Debbie Towell | 2784 | 31/10/2016 |
| Madlin Hopiavuori | 2737 | 31/10/2016 | Doreen Russell | 1738 | 11/10/2016 | Sharon Zeiler | 1445 | 28/10/2016 |
| Christina Hui-Wong | 2830 | 30/11/2016 | Karen Schartner-Mitchell | 1529 | 30/11/2016 | | | |

## RESIGNATIONS

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Melissa Akerib-Marchand | 13861 | 29/11/2016 | Ann Fox | 2385 | 12/07/2016 | Tamara Marsden | 12238 | 09/11/2016 |
| Holly Amos | 14386 | 30/11/2016 | Allison Gates | 12049 | 11/12/2016 | Caroline McBride | 13943 | 13/08/2016 |
| Alexandra Anca | 3649 | 30/11/2016 | Michelle Gates | 12050 | 11/12/2016 | Caitlin McQuarrie | 12967 | 14/09/2016 |
| Sophie Ares | 4071 | 31/10/2016 | Andrea Glenn | 12963 | 06/09/2016 | Shari Mizzen | 3507 | 28/11/2016 |
| Danielle Lee Barkhouse | 13038 | 01/10/2016 | Carolyn M. Griffith | 3837 | 22/09/2016 | Patrick Mooney | 14372 | 30/10/2016 |
| Jessica Bigelow | 13043 | 30/11/2016 | Janet Groen | 3462 | 30/11/2016 | Paul John Morretti | 3622 | 28/11/2016 |
| Jennifer Brady | 12223 | 02/10/2016 | Maila Halenko | 11891 | 26/11/2016 | Natalia Morrison | 2958 | 02/11/2016 |
| Marie-Chantal Brunette | 12892 | 09/11/2016 | Erin Hanley | 13945 | 28/11/2016 | Arlene Moshe | 3532 | 29/11/2016 |
| Lindsay Buchanan | 13777 | 31/10/2016 | Treena Hansen | 13717 | 30/09/2016 | Andrea Noftall Walsh | 12899 | 28/10/2016 |
| Adrienne Butler | 10735 | 14/10/2016 | Samantha Harvey | 14197 | 03/10/2016 | Kelvin Pang | 14059 | 28/10/2016 |
| Heather Carson | 13991 | 30/11/2016 | Katrina Henderson | 2310 | 28/11/2016 | Sheila Parekh | 4212 | 02/11/2016 |
| Janet Chappell | 2506 | 16/11/2016 | Maarika Hiis | 12727 | 31/10/2016 | Laurie-Anne Patenaude | 14490 | 22/11/2016 |
| Alex Chesney | 14286 | 21/10/2016 | KristyHodgins | 13756 | 10/09/2016 | Lina Paulionis | 10540 | 03/10/2016 |
| Edith Chesser | 2733 | 17/10/2016 | Carol AnnHotchkiss | 1186 | 30/11/2016 | Lyndsay Pothier | 13753 | 26/07/2016 |
| Fiona Cheung | 13120 | 29/11/2016 | Jaime Ilchyna | 14228 | 31/10/2016 | Anne Stewart Reid | 11336 | 30/11/2016 |
| Isabelle Coiteux-Boudreau | 13980 | 29/09/2016 | Aglaée Jacob | 11099 | 09/09/2016 | Laurie Ricciuto | 3646 | 28/11/2016 |
| Angela Cook | 10745 | 30/11/2016 | Noberthe Jean-Baptiste | 14384 | 30/08/2016 | Julia Roen | 13953 | 30/11/2016 |
| Vivian Cornelius | 10882 | 29/11/2016 | Leanna Knox -Kinsman | 1964 | 11/30/2016 | Sylvia Santosa | 11262 | 01/11/2016 |
| Tara Cornick | 10989 | 30/11/2016 | Katie Kozak | 13865 | 07/10/2016 | Ayesha Sarathy | 12106 | 29/11/2016 |
| Christina Darlington | 3164 | 30/11/2016 | Joanne Kurtz | 11847 | 11/11/2016 | Marissa Strano | 12215 | 01/11/2016 |
| Lorna DePetrillo | 11293 | 30/11/2016 | Vai Jun Lam | 12897 | 27/11/2016 | Janet Tingley | 1745 | 31/10/2016 |
| Angela Doria | 1880 | 31/10/2016 | Jessika Lamarre | 13023 | 16/11/2016 | Angela To | 11416 | 30/11/2016 |
| Heather Douglas | 11961 | 15/11/2016 | Kim Lauzon | 12011 | 29/11/2016 | Erin Winchester | 12711 | 31/10/2016 |
| Christina Dupont | 12076 | 15/11/2016 | Véronique Lavoie | 14167 | 30/11/2016 | Jing Xiao | 12632 | 29/11/2016 |
| Lesley Edwards | 11546 | 21/07/2016 | Robert Lazzinnaro | 12388 | 22/11/2016 | Erika Yelle | 12595 | 18/10/2016 |
| Elizabeth Enns | 3712 | 10/11/2016 | Amy Leong | 14362 | 10/08/2016 | Timothy Yeung | 4345 | 29/11/2016 |
| Magda Fahmy Turnbull | 10728 | 25/11/2016 | Terri Levinsohn | 4176 | 30/11/2016 | Lin Yuan | 12090 | 30/11/2016 |
| Kirsten Farago | 4074 | 01/11/2016 | Kate Licastro | 11896 | 15/09/2016 | Emily Zamora | 12533 | 31/10/2016 |
| Catherine Farez Kamanzi | 13863 | 31/10/2016 | Crystal MacGregor | 14173 | 06/09/2016 | Samira Zarghami | 3607 | 03/11/2016 |
| | | | Hannah MacTavish | 11838 | 29/11/2016 | | | |
| | | | Melissa Marlow | 4456 | 21/10/2016 | | | |

## RESIGNATION OF PROFESSIONAL CORPORATION

Carol Donovan Dietitian Professional Corporation 13665 24/11/2016