



College of
Dietitians
of Ontario

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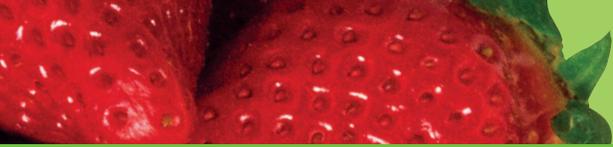
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COLLEGE WORKSHOPS FALL 2017

Understanding Boundary Crossings to Preserve
Professional Relationships

Boundary crossings occur when a Registered Dietitian (RD) inadvertently or purposefully permits another type of relationship or feeling towards a client which interferes with the professional relationship. This workshop examines the early signs of boundary crossings and provide an opportunity for participants to apply their learning through interactive scenarios.

See the back cover for details about how to register online



Continued Competence: A View From The Other Side



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.

Supporting and monitoring competence throughout a Registered Dietitian's career is a core component of the College's mission. It is essential in meeting the organizational vision of ensuring that the people of Ontario can be confident that the College demonstrates regulatory excellence in the public interest. For the past three years, I have been a member of the Quality Assurance Committee. My participation in this committee has given me greater insight and appreciation for the importance of ensuring continued competence as a practising RD. The Quality Assurance Program tools implemented by the College have evolved considerably over the span of my career. My involvement in the Quality Assurance Committee has significantly transformed my perspective towards these tools and processes.

In particular, I have gained an appreciation for the value of the *Self-Directed Learning Tool* (SDL Tool). I recognize that this statement may lead to a collective groan from RDs but I must admit that the activity of critiquing the SDL Tool submissions of my peers has been particularly helpful in enhancing my own skills in developing learning, nutrition care, and career-related goals. Reflecting upon my practice and relating my annual self-directed learning goals to the performance indicators and associated competencies identified within this tool has helped focus my learning plans. The process of reviewing SDL Tools has also helped me to employ clear and concise language to convey desired learning outcomes that are relevant, meaningful and tangible.

The Quality Assurance Committee is also involved in the development, evaluation and revision of many of the competency assessment tools. The work of the Committee frequently includes spirited discussion about the strengths and limitations of the tools and processes themselves. This exposure has helped me recognize the thoughtfulness and skill which is applied when evaluating and revising competency activities. I also appreciate that assessing competency is a challenging task, and I do respect that there is some flexibility incorporated into the College's competency assessment processes to allow for applicability to a wide variety of practice areas.

Another interesting component of continued competence that has frequently arisen is that of advanced level versus entry level practice skills. Although we currently do not have criteria to designate advanced level competence, it is evident that the College and our members alike share the common goals of advancing dietetic knowledge and skills to support professional growth. It is this shared value in conjunction with formalized regular competency related activities that I believe imparts authenticity and integrity to the designation of "RD".





The Complexities of Consent



Melisse L. Willems, MA, LLB
Registrar & ED

Last fall, our practice advisors travelled around Ontario for our annual workshop series speaking to over 700 members on the topic of consent. While we were working on the presentation, discussing the issues and developing the scenarios, it became clear that this would be an interesting and challenging topic.

The issue of consent, particularly consent to treatment, seems relatively simple at first: explain the treatment, get consent, and go ahead. It's not so simple, though, when you start to talk about unconscious patients, distressed parents, emergency rooms, inter-facility transfers, multiple caregivers, the desire to do good, the desire to do no harm and the right to decide. How these all intersect (and, in some cases, they do all intersect) is not so simple.

We deliberately chose difficult scenarios to tease through these issues. We wanted the workshops to be as engaging and instructive as possible. We knew that a cursory review of the legislation and re-hashing of consent 101 wouldn't be enough. In preparing for the workshops, we worked through the scenarios, the subtleties and the what-ifs; a number of you were key in sharing your thoughts and experiences to help us do this. This only part of the work.

With each workshop, we increased our understanding of the realities RDs face when obtaining consent. We learned that the consent process is often inherent and invisibly integrated into the patient-practitioner relationship. We explored together the importance of obtaining informed consent, how this is critical to the dignity of clients and at the heart of client-centered care. We hope you found the workshops and supporting videos (and soon-to-be-released learning module) interesting and that you will continue the conversation with your colleagues — RDs and others alike. Our practice advisors are already well-into preparations for this year's workshop series on the topic of boundaries. I look forward to seeing you there.

Explore New College Resources

Click on the links below or go to www.collegeofdietitians.org and enter the topic into the search box.

- [1. Standards and Guidelines for Professional Practice: Conflict of Interest \(March 2017\)](#)
- [2. Sexual Abuse Prevention Plan](#)

New Videos to Share with your clients, friends and family.

Click on the links below or go to the College's YouTube channel to view CDO videos (click on the YouTube icon on Website home page).

- [1. What are safe practice standards for dietitians and why should I care?](#)
- [2. What is the Quality Assurance Program and how does it benefit me?](#)





College *résumé* by Email Only

We are pleased to announce that from now on the College newsletter *résumé* will be published electronically only. You will not be receiving this issue in print. A new exciting email newsletter format will be created for the fall. In the meantime, you will be receiving *résumé* via our regular email format.

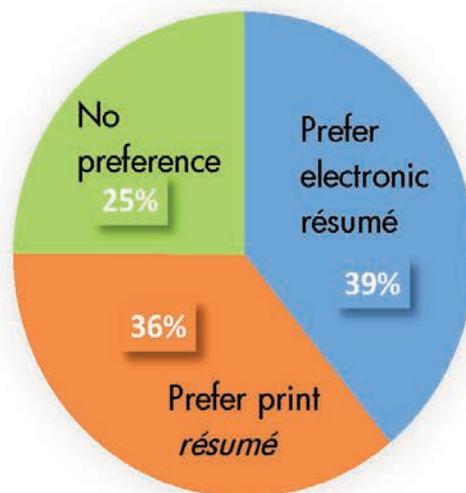
In a recent survey of members regarding *résumé*, respondents indicated a slight preference for an electronic *résumé* format. After careful consideration and research, we weighed the advantages of an electronic newsletter over print and decided to eliminate the print version. [Click here](#) for the summary of survey results.

ADVANTAGES OF ELECTRONIC RÉSUMÉ

- This change represents a savings of approximately \$30,000 per year.
- Eliminating a paper version helps protect the environment. Members can read the newsletter online and only print articles they want to read in hard copy. Even if the full PDF issues is printed, the overall paper used is expected to be significantly less.
- Statistics show that more and more consumers are using their mobile devices to read emails, articles and to check information online. In fact, 50% of smartphone users check their phones first thing when they wake up! The new design for *résumé* will make articles easy to read online.
- Electronical information is easily sharable with colleagues via email and social media.

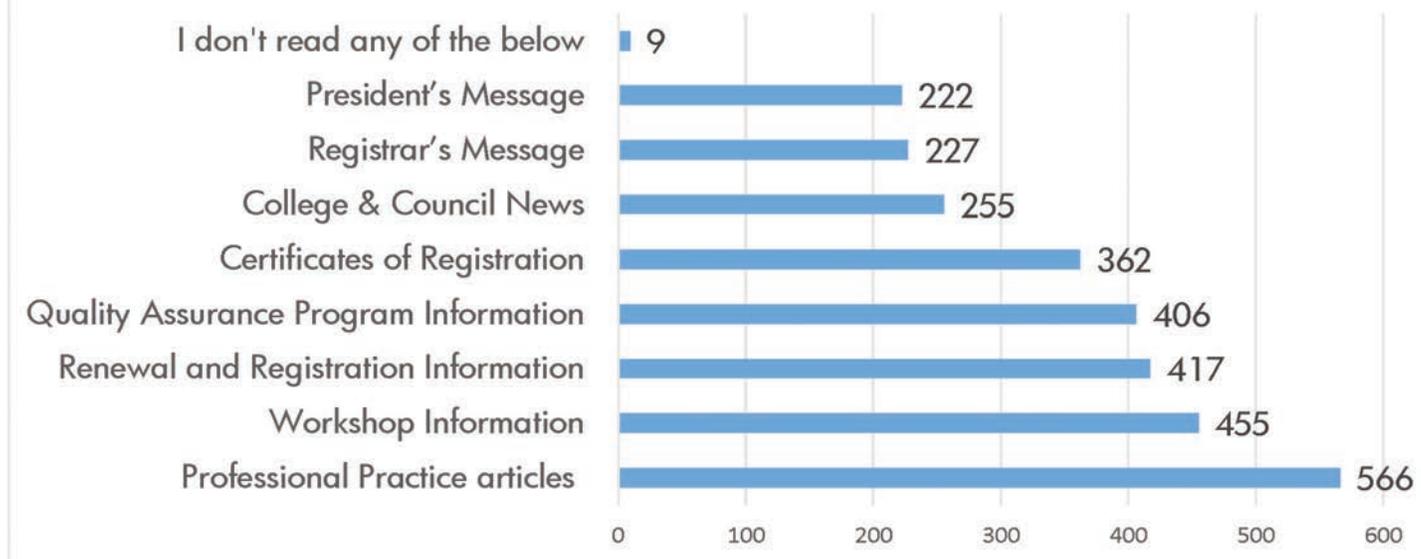
CDO Survey Result: Electronic vs Print

Number of Respondents: 598



What Members Read

Number of Respondents: 587



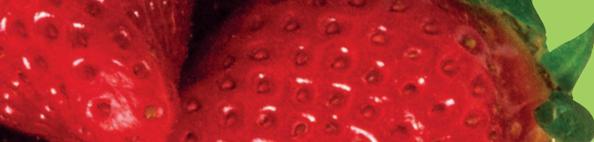
SUGGESTIONS QUI SERONT PRISES EN COMPTE

In the résumé survey, many members reported that they found the College newsletter useful and relevant. There were also some great recommendations to improve readership which we are considering for the new electronic format.

Here are the most frequently mentioned comments:

- Include more articles about different practice areas, such as public health
- Have more real life examples and scenarios
- Include 'fast facts' or 'need to know' or 'key messages'
- More Q & As
- Give more information about what's happening at the College (what committees are doing, etc)
- Include summaries
- Provide more articles and resources related to practice

Thank you to everyone who took their time to complete the survey. Your input is valuable. We are looking forward to launching our new electronic format.



Putting Consent into Practice

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In fall 2016, the College facilitated 31 in-person and three Ontario Telemedicine Network Workshops on *Unpacking Consent, Regulatory & Professional Obligations for Dietetic Practice*.

705 RDs (18% of members) and 55 dietetic interns attended

The workshop discussed consent to treatment and consent to collect, use and disclose personal health information. Participants worked with the new *Standards of Consent* by applying them to practice scenarios and situations from diverse dietetic practice areas and settings. Below are additional answers to questions which were asked by workshop participants.

HEALTH CARE CONSENT ACT, 1996

Is a signed consent form the same as obtaining informed consent for treatment including assessment?

RDs sometimes confuse a signed consent form with obtaining

informed consent. Obtaining an informed consent is a process that involves a conversation whereby the client then clearly understands the reasons for the treatment, the process, the risks and the outcomes expected. The signed consent form is the confirmation that the conversation took place and that the client consents to the dietetic treatment proposed by the dietitian.

Consent to treatment does not always need to be obtained in writing or even confirmed orally. In most routine assessments, client consent may be implied. If a particularly risky intervention is recommended, then a written consent form may help a dietitian ensure that a proper consent was obtained. The consent form should be simple and easy to understand to avoid confusion as much as possible.

Written consent forms are not necessarily a defence to an allegation of failing to obtain consent. A client can still claim that the form was not clearly explained before their signature was obtained, or that they did not understand or appreciate what was signed. Therefore, the written consent form should not be obtained in a rushed or routine fashion.



What do I need to consider when using consent templates for treatment, including assessments?

When using consent templates, RDs need to carefully fill in the blanks, using language that is easy to understand for the client or their substitute decision-maker.

Write the form in the first person, for example: "I have read the Information" and "I have had the opportunity to ask the RD any questions". A form may also include:

- "I have been told about the following:
- What the treatment is.
 - Who will be providing the treatment.
 - The reasons why I should have the treatment.
 - The alternatives to having the treatment.
 - The material risks and side-effects of the treatment and the alternatives to the treatment.
 - What might happen if I do not have the treatment."

If desired, add an explicit acknowledgement of understanding for a particular risk or side-effect; for example, a skin prick may result in slight discomfort.



Ensure the consent form is read and understood by the client or substitute decision-maker, signed and handed back to the RD. Give the client or substitute decision-maker an opportunity to ask questions about the form and the proposed treatment.

PERSONAL HEALTH INFORMATION PROTECTION ACT, 2004 (PHIPA)

Are consent forms useful to obtain permission from clients to collect, use and disclose their personal health information?

Yes, consent forms are useful tools to obtain permission from clients to collect, use and disclose their personal health

information for treatment. The consent form should indicate why personal health information is collected, how it will be used and under which circumstances it might be disclosed to another party, if at all. For organizations, consent forms should refer to the organization's privacy policy, with clear indications of why personal health information is collected, how it will be used and under which circumstances it might be disclosed to another party, if at all.

When do I need a client's consent to disclose personal health information?

Consent is almost always required for every collection, use or disclosure of personal health information. Under PHIPA, there are circumstances that permit or require RDs to disclose client personal health information without consent. The complete list of when information can be disclosed without consent is on the website of the [Information and Privacy Commissioner of Ontario](#). Here are a few examples from that list:

- To contact a relative or friend or other potential substitute decision-maker of an individual who is injured, incapacitated or ill and unable to give consent personally;
- To the Public Guardian and Trustee, a children's aid society and the Children's Lawyer for the purpose of carrying out their statutory functions;
- To disclose that an individual is a patient or resident in a facility, the individual's general health status and the location of the individual in the facility, but only if the health information custodian (HIC) offers the individual the option, at the first reasonable opportunity after admission to the facility, to object to such disclosures and the individual has not objected;
- To eliminate or reduce a significant risk of serious bodily harm to a person or group of persons;
- To a person carrying out an inspection, investigation or similar procedure that is authorized by a warrant or PHIPA or another Act, for the purpose of complying with the warrant or for the purpose of facilitating the inspection, investigation or similar procedure;
- To determine or verify someone's eligibility for publicly funded health care or related goods, services or benefits;

- For the purpose of administration and enforcement of the law by specific professional regulatory colleges and other regulatory bodies;
- To a person conducting an audit or reviewing an accreditation or application for accreditation related to the services of a HIC;
- For the purpose of legal proceedings, or contemplated legal proceedings, in which the HIC or the agent or former agent of the HIC is, or is expected to be, a party or witness, if the information relates to or is a matter in issue in the proceeding or contemplated proceeding.

WORKSHOP EVALUATION SURVEY RESULTS

We would like to express our sincere thanks to everyone who attended the workshops and joined the consent conversation. In the end, 308 RDs (44% response rate)

responded to the workshop evaluation survey.

- 96% of respondents agreed or strongly agreed that they have an increased understanding of when to obtain consent in dietetic practice;
- 96% of respondents are aware of the resources related to consent to support dietetic practice;
- 95% of respondents feel confident in their ability to apply the information from the workshop to appropriately obtain consent in dietetic practice; and
- 95% of respondents felt that overall the workshop was a worthwhile learning experience.

Participants express their 'Ah-Ha' Moments

- *I didn't fully understand the application of the lock-box principle until attending this workshop.*
- *Referral to an RD does not imply patient consent.*
- *One health care practitioner can obtain consent on behalf of others.*
- *Implied vs. Express consent*
- *A competent person's right to make informed decisions takes legal precedence over 'best-interest.' We all have the right to make a risky decision.*
- *The requirement to specifically document express consent.*
- *Consent is strongly tied to legislation and client-centred care, and it is our responsibility and obligation to do so – but also it is the right thing to do considering individual autonomy.*



New 2017 Competencies for Dysphagia Assessment and Management

In the interest of public safety and the provision of safe, competent services, the College undertook research to identify areas for potential risks of harm to clients in dietetic practice. Results revealed that Dysphagia management was one of the highest risk activities identified by RDs in their practice. Addressing areas of high risk in dietetic practice is important to help the College fulfill its public protection mandate.

The Alliance of Canadian Dietetic Regulatory Bodies established the *2017 Competencies for Dysphagia Assessment and Management* required for safe, ethical, and effective practice in dysphagia-related care. The process to establish the new *Competencies* included conducting an environmental scan of existing dysphagia competencies and clinical practice standards, consulting RDs, other health professionals, and Dietitians of Canada representatives. The competencies were validated via a national survey.

NEW 2017 DYSPHAGIA COMPETENCIES ENDORSED

In March 2017, the College Council endorsed the new Dysphagia Competencies, which define the expectations for safe, ethical, and effective dysphagia management. The dysphagia competency statements do not stand alone and are not a protocol. Building on the *Integrated Competencies for Dietetic Education and Practice*,¹ they set out additional performance indicators for dysphagia assessment and management. They identify the specific knowledge and skills required for screening, conducting a clinical (bedside) swallowing assessment, and for participating in an instrumental swallowing assessment. Performance indicators are not repeated in each section, as each section builds on the previous.

¹ The primary purpose of the ICDEP is to express the minimum competencies expected for safe, effective and ethical entry-level dietetic practice.

Dysphagia management was one of the highest risks activities identified by RDs in their practice.

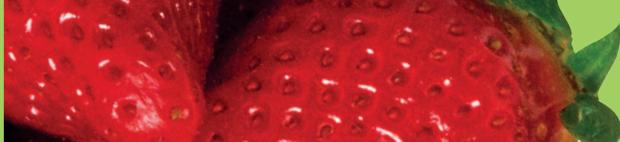
RDS ARE ACCOUNTABLE TO PRACTICE DYSPHAGIA MANAGEMENT SAFELY

RDs wishing to perform any task or function related to dysphagia have a duty to assess and evaluate whether they have the personal expertise or competence to do so safely and effectively, both from the professional and public protection points of view. They must have the appropriate education, practical training and mentorship to provide safe, competent dysphagia management. The Dysphagia Competencies apply to RDs who are gaining experience in this practice area as well as those with expertise.

RDs are accountable to practice dysphagia assessment and management according to their provincial regulatory standards and college policies. If you have any questions or concerns about dysphagia management, please call the College's Practice Advisory Service (see page 8 for details).

The College 2016 *Dysphagia Policy* will be updated to incorporate the *2017 Competencies for Dysphagia Assessment and Management*.

The College thanks RDs who completed the national survey and who provided feedback on the drafts to ensure a clear, comprehensive, and valid outline of the knowledge, skills and judgement required for dysphagia assessment and management in dietetic practice in Canada.



Telephone & Web-Based Counselling

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Dietetic counselling over the phone and on the internet, through Skype or other web-based platforms, are becoming increasingly popular. They offer simple and effective solutions for clients who have accessibility issues, transportation limitations, who live far away or simply prefer telephone or online services. Some RDs offer these value-added services to their clients who request them. Others work for organizations who offer such services to clients throughout Canada and in other countries. As a result, the College is receiving increasingly more calls from RDs asking for guidance about telephone and web-based counselling.

Currently, the College does not have specific standards or policies surrounding telephone or web-based counselling. However, principles of safe, ethical and competent dietetic practice still apply to counselling over the phone and the web.

EXERCISE PROFESSIONAL JUDGEMENT

RDs need to determine when it is and when it is not appropriate to offer telephone or web-based counselling. There may be some instances when it would benefit a client to see the RD in-person, at least once, to establish rapport. In some cases, this may not be possible and the only way for a client to have access to RD services might be by phone or online.

With telephone or web-based counselling, RDs normally rely on self-reported information from the client and need to exercise the same professional judgment when conducting an assessment online as they would in-person. Services offered via Skype or some other web-based platforms, would help an RD address observable concerns (e.g. weight loss/gain, fluid retention, skin integrity, etc.).

Need to Know

When considering telephone or web-based counselling:

- Establish whether there is a client need for telephone or web-based counselling;
- Exercise the same professional judgment and questioning as when seeing a client in-person;
- Ensure client consent for collecting, using and disclosing personal health information as well as for providing treatment via telephone or web-based counselling;
- Implement measures that protect the privacy and confidentiality of clients;
- Comply with the College's record keeping requirements;
- Identify and comply with any restrictions, including the licensing required, surrounding telephone or web-based counselling in the province or country in which the client resides;
- Be transparent with the client about where you are registered as an RD; and
- Comply with the College's mandatory requirement for liability insurance.

OBTAIN INFORMED CONSENT

The same legal requirements for obtaining informed consent for dietetic services apply to telephone and web-based counselling. Dietitians must obtain consent for:

- **Collecting, using and disclosing personal health information:** RDs must disclose the reasons for collecting, using and disclosing personal health information.
- **Transmitting personal health information online:** Make sure that clients understand the security issues of transmitting personal health information over the phone

and the internet so that they can provide knowledgeable consent. Explain the security issues surrounding communication via the internet and the measures you will be taking to protect their personal health information. If the client consents, you may proceed accordingly.

- **Treatment via telephone or web-based counselling:** Make sure that clients understand the process you will be using for a telephone or online assessment and how the treatment proposed will be communicated for informed consent.

ENSURE PRIVACY OF CLIENT HEALTH INFORMATION

Implement reasonable measures to protect client privacy when providing dietetic services via telephone or internet. For example, to maintain privacy, you may want to make sure clients consent to you leaving messages about their healthcare on shared voice mail.

Both RDs and clients should recognize that any information relayed through the internet is never 100% secure. The use of unique password logins for online counselling is a best practice for preserving privacy.

DOCUMENTATION AND RECORD KEEPING

Professional record keeping obligations do not change with telephone or web-based counselling. All documentation of dietetic services must comply with the College's record keeping requirements. Clearly document any telephone or web-based counselling in the client health record. When providing telephone or web-based dietetic services to clients who receive health care in another facility, establish how client health records will be accessed and how remote services will be documented.

OUT-OF-PROVINCE COUNSELLING

In Canada, the dietetic profession is regulated provincially. In order to practise the profession, use the RD title and call

yourself a dietitian in Ontario, you must be registered with College of Dietitians of Ontario. College members who wish to provide services outside the province would need to contact the regulatory body for the dietetic profession in the jurisdiction where the client resides to find out if there are any restrictions. In some cases, dietitians must be licensed with the regulatory body where the client resides in order to provide them with telephone or web-based counselling, even if they are already registered with another province.

LIABILITY INSURANCE

It is a mandatory requirement for RDs registered with the College to hold professional liability insurance when practicing the profession. For more information refer to the following article:

<https://www.collegeofdietitians.org/Resources/Professional-Practice/Liability-Insurance/Important-Change-to-By-Law-5-Professional-Liability.aspx>

RDs should contact the broker/insurance company who provides their professional liability insurance policy to determine if their coverage includes telephone and/or web-based nutrition counselling. They should also verify whether their policy coverage is specific to Ontario, Canada or whether it also covers dietetic practice internationally.

For any further questions surrounding RDs providing telephone or web-based counselling, please contact the College's Practice Advisory Service:

Practice Advisory Service
416-598-1725/1-800-668-4990, ext. 397
practiceadvisor@collegeofdietitians.org

Scenario: Managing Conflicting Advice Between Health Care Providers

Moana is an RD working in a community health centre. During a recent appointment, one of her clients mentioned that another member of the healthcare team recommended that the client follow a low-carb diet to help manage glycemic levels and promote weight loss. Moana disagrees with a low-carb approach for this client. She was unsure about how to proceed in managing the nutrition care for this client and called the College for help.

In the context of interprofessional practice, there are times when other healthcare providers recommend nutrition treatments that conflict with an RD's professional opinion. Conflicting perspectives between healthcare providers are difficult to manage. Mixed messages are confusing for clients and a difference of opinion often involves difficult conversations between colleagues. Applying the conflict management approach shown in the box will help minimize conflicts and keep RDs focused on client-centred outcomes.

CONFLICT MANAGEMENT APPROACH

In this scenario, Moana must avoid putting her client in the centre of any conflict with her colleague. It would be prudent to tell her client that she will get more information from the other healthcare professional before making a final treatment recommendation. By showing respect for her colleague, Moana will avoid confusing the client and help maintain their confidence in the healthcare team.

Moana is encouraged to approach her colleague with a collaborative attitude to discuss her concerns about the low-carb diet. She may share her scientific research on low-carb diets and respectfully listen to her colleague's reasons for recommending the low-carb diet. Moana may not have all the information about her client's health or wishes. Some clients have complex comorbidities that require varying treatment approaches. Is there any other information Moana needs to know about her client's health? Given the situation, can she and her colleague find some middle ground on a treatment option that would be best for the client?

Conflict Management Approach

- Approach others with a collaborative attitude and an open mind.
- Select an appropriate time and place to communicate with the other health provider.
- Listen attentively to the other's point of view.
- Obtain all the facts.
- Focus the discussion on the approaches that best serve the client.
- Appreciate that differences can enrich decision-making to provide more comprehensive client services.
- Document the discussion and results in a respectful manner.

HELP THE CLIENT MAKE AN INFORMED DECISION

Evidence-based practice recognizes that science alone is not sufficient when considering nutrition treatments; it also encompasses professional experience and expertise, the client's preferences, and balancing risks and benefits to achieve safe client-centred outcomes. To help her client make an informed decision, Moana will need to present all the information fairly and respectfully, factor in her client's perspective and, where possible, present some middle ground with respect to the conflicting nutrition advice. Her focus should always be on achieving successful treatment outcomes for her client.

HELPFUL COLLEGE RESOURCES

Go to the www.collegeofdietitians.org and enter topic 'interprofessional collaboration' in the search box. If viewing this article online, click on the links to access the documents: [Interprofessional Collaboration Addressing Conflicts Between Health Care Professionals](#)

[Interprofessional Collaboration \(IPC\) e-learning Module](#)
[Enhancing Interprofessional Collaboration](#)
[Effective Use of Knowledge in Interprofessional Teams](#)
[How do you Know you are Communicating Well?](#)



The Quality of Goal-Setting in the SDL Tools is Improving

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2016 RESULTS OF THE SELF-DIRECTED LEARNING (SDL) TOOL SUBMISSIONS

All members are expected to submit their SDL Tool with their renewal information each year. The College has a process in place to randomly screen 2.5% of the SDL Tools to make sure that members have completed them as required and that the learning goals stated are SMART (Specific, Measurable, Achievable, Realistic and Timely). SDL Tools that do not meet the requirements are referred to the Quality Assurance Committee.

When members are required to resubmit their learning goals, it is usually because they are not specific enough or do not have an outcome which shows how it will enhance their dietetic competence. When learning goals are resubmitted and still found to be inadequate, members are required to attend a webinar on *Professional Goal Setting*.

Though many members were required to resubmit their goals this year, we were pleased to note that, overall, the quality of the goals has improved over the last 5 years.

When we first started to review goals five years ago, members were developing goals such as “Clean Filing Cabinets” or “Improve charting”. We no longer see that type of goal. Now, the goals are SMART and more directly related to improving dietetic competency.

SDL Tool Results 2016	
Total Reviewed	217
# Completed Adequately	97 (45%)
# Requiring Resubmission	120 (55%)
# Must attend <i>Professional Goal Setting</i> webinar	37 (30%)

PEER AND PRACTICE ASSESSMENT RESULTS FOR 2016

The Peer and Practice Assessment (PPA) is a 2-Step Process: Step 1 involves a multi-source feedback method (often called 360 ° feedback) to gather input from peers, colleagues and patients (if applicable); and Step 2 involves a behaviour-based interview conducted by a peer assessor who is an experienced dietitian. A chart review is included if the dietitian provides direct patient care. Dietitians whose results were below established norms proceeded to Step 2.

PPA 2016 Members Eligible for Step 1	
Total Eligible	247
Total Deferred/Resigned	30
Total Participants	217
Completed Step 1 No further action required	198 (91%)
Moved on to Step 2	19 (9%)

PPA 2017

The 2017 PPA Step 1 is underway; the results will be shared in a subsequent issue of *résumé*. To ensure that we are capturing the right RDs in the Step 1 process, changes have been made for the 2017 PPA. For details, please refer to the article, [Peer and Practice Assessment Changes in 2017, résumé, Summer 2016](#).

Go to www.collegeofdietitians.org and enter “PPA assessment changes” in the search box.



Five Tips to Make Sure You Receive College Emails on Time

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Almost all College communications are sent by email. In some cases, the emails are about changes to provincial law or College standards and guidelines, or they might require a critical action from you, typically with a deadline.

We often hear that members did not receive an email, or that they thought a reminder email was not for them so they deleted it. It is your responsibility as a member to make sure that the College has your current contact information so that you receive and read all College communications. You will be held accountable for your obligations as a registered professional even if you do not receive or read an email. Here are five tips we hope will help members manage their emails to meet their obligations on time.

1. Make sure College emails are not on a list of spam or low priority emails

Many strategies for managing emails to save time include tips on filtering or skimming your emails to remove spam or low priority messages. Be careful not to include College emails on your list of spam or “low priority” emails. Members are responsible for ensuring that their contact information is updated and that they read all College communications. “But, I didn’t know”, is not an acceptable reason for missing a deadline or not complying with a College requirement. Avoid deleting emails from the College after reading only the subject line as they could include important information you need to know about an obligation or deadline.

2. Add the College Domain Name to Safe Senders or White List

We often hear, “The email went to my junk folder, so I didn’t see the College’s notice or reminders”. To avoid this problem, control the rules that your email program or your organization uses to filter spam or junk emails. Review your filters and add the College’s domain name — collegeofdietitians.org — to your “safe senders” or “white

list”. For work email, speak with your employer’s IT department. If your employer is unable to make changes, use a different email to make sure you receive important College emails on time to meet your obligations.

3. Read all reminder emails

Some members have said, “I received your reminder email, but I didn’t open it because I thought my renewal was complete.” If you receive a reminder email for something you think you have already done, don’t delete it. Read it carefully. If you don’t understand what is required from you after reading the email, contact the College for help.

4. Update your contact information as soon as possible

Another comment we hear is, “I didn’t receive the notice from the College because it was sent to my old address”. The College sends communications to the email or mailing address that you provided. Under the *Professional Misconduct Regulation*, you are required to notify the College within 30 days if your home or work contact information changes. Although you have 30 days to do this, we recommend that you update your profile online as soon as possible to make sure you don’t miss any critical communications from the College.

5. Make sure we can reach you when you are on leave

As long as you are registered with the College, you need to make arrangements for receiving College communications. On leave, you are still responsible for complying with all College requirements. This includes making sure that you receive emails from the College. You can update your email address in your College profile online anytime. You may choose to change your email address to a personal account, your preferred mailing address to your home address or you may have your employer forward mail. What’s important is that you receive College communications and fulfill your regulatory obligations on time.

Certificates of Registration

Congratulations to all of our new dietitians registered from December 1, 2016 to March 31, 2017.

Name	Reg. No.	Date	Name	Reg. No.	Date	Name	Reg. No.	Date
Fatima Abbass RD	14698	27/02/2017	Katherine Eckert RD	14599	23/01/2017	Geneviève LeVoguer RD	14607	31/01/2017
Cassandra Aleksic RD	14588	17/01/2017	Marwa Elkemani RD	14484	06/01/2017	Ashley Lock RD	14581	10/01/2017
Mara Alexanian-Farr RD	14464	23/12/2016	Cynthia Fallu RD	10739	06/01/2017	Gigi Loong RD	14379	09/01/2017
Angie Amine RD	14611	23/12/2016	Catherine Farez Kamanzi RD	13863	02/03/2017	Heidi Los RD	13960	01/12/2016
Candace AQUI RD	14509	25/01/2017	Bailey Franklyn RD	14459	20/01/2017	Kiera MacKenzie RD	14487	23/12/2016
Sanaz Baradaran-Dilmagha RD	14437	06/01/2017	Carla Fugler RD	14535	09/01/2017	Erin MacKinnon RD	14436	06/01/2017
Allison Barnett RD	14533	31/01/2017	Chantale Gagné-Piché RD	14412	23/12/2016	Jordan Mann RD	14474	06/01/2017
Laura Baum RD	14429	10/01/2017	Audrey-Anne Gaumont RD	14563	16/01/2017	Suzanne Maphar-Wenneker RD	13713	23/12/2016
Erin Beaulieu RD	14445	06/01/2017	Karine Gendron RD	14513	23/12/2016	Julie Marsden RD	14567	23/12/2016
Brianne Bell RD	14662	10/01/2017	Jaime Gignac RD	14519	06/01/2017	Sabrina Marseille RD	14314	23/12/2016
Megan Bellinger RD	14555	06/01/2017	Branka Gladanac RD	14458	16/01/2017	Brittany McMullan RD	14449	19/01/2017
Bakadi Patient Beya RD	13979	26/01/2017	Micah Grobman RD	14592	06/01/2017	Chelsea McPherson RD	14589	23/01/2017
Catherine Biden RD	14452	17/01/2017	Daisy Guerrero RD	12060	23/12/2016	Olivia Menzies RD	14562	23/12/2016
Claire Bilik RD	14501	23/12/2016	Christiane Guibord RD	14528	23/12/2016	Samar Milan RD	14343	31/01/2017
Susan Bird RD	14447	10/01/2017	Leah Hancock RD	14433	30/01/2017	Radhika Mohan RD	12852	06/01/2017
Vanessa Boily RD	14392	23/12/2016	Rebecca Hanemaayer RD	14492	23/12/2016	Iana Mologuina RD	14512	06/01/2017
Liana Bontempo RD	14439	06/01/2017	Lindsay Harris RD	14707	29/03/2017	Stephanie Morgan RD	14692	21/02/2017
Lisa Bos RD	14546	06/01/2017	Rachel Hicks RD	14426	13/01/2017	Jessica Munn RD	14410	10/01/2017
Hilary Boudreau RD	14538	16/01/2017	Julie Himmelman RD	14696	28/02/2017	Zuvia Naseem RD	12051	17/01/2017
Caroline Boulay RD	14602	17/01/2017	Fiona Ho RD	14425	06/01/2017	Cécile Nguyen RD	14552	03/02/2017
Stephanie Boville RD	14515	23/12/2016	Emilia Hogan RD	14548	24/01/2017	Carley Nicholson RD	13737	07/02/2017
Mistralle Brouillard RD	14491	23/12/2016	Xiao Yun Huang RD	14518	23/12/2016	Miriam Nicoll RD	14510	17/01/2017
Allison Brown RD	14584	10/01/2017	Helaina Huneault RD	14504	23/12/2016	Becka Orgill Toner RD	4474	15/02/2017
Caroline Brown RD	14608	23/12/2016	Julia Hunter RD	14612	24/01/2017	Laura Penny RD	14419	23/12/2016
Julia Burt RD	14667	19/01/2017	Paige Huycke RD	14480	09/01/2017	Alexandra Pépin RD	14502	23/12/2016
Emily Campbell RD	14411	10/01/2017	Emily Iler-Stomp RD	14550	23/12/2016	Sara Perissinotti RD	14430	23/12/2016
Sharon Chandra RD	12291	06/01/2017	Jillian Ingribelli RD	14541	06/01/2017	Mohammadreza Peyvandi RD	13923	06/01/2017
Noémie Charpentier RD	14507	10/01/2017	Nicole Jackson RD	14448	10/01/2017	Ashley Phillips RD	14427	06/01/2017
Rida Chaudhary RD	14466	13/01/2017	Katherine Jefferson RD	14593	11/01/2017	Jules Phorson RD	14441	23/12/2016
Li Chun Chen RD	14395	06/01/2017	Erin Jenkins RD	14579	23/12/2016	Catherine Pouliot RD	14582	23/12/2016
Hui Jun Chew RD	14597	23/12/2016	Charlotte Jones RD	14516	11/01/2017	MarceyQuenneville RD	3488	17/03/2017
Catherine Chong RD	14432	06/01/2017	Angella Kelly RD	14618	19/01/2017	Lauren Renlund RD	14482	23/12/2016
Iara Choueiri RD	14613	23/12/2016	Lauren Kennedy RD	14453	23/12/2016	Michelle Riva RD	14529	13/01/2017
Martina Coady RD	14566	06/01/2017	Jennifer Kennes RD	14420	23/12/2016	Amélie Robert RD	14285	06/01/2017
Véronique Corbeil RD	14603	03/02/2017	Kaitlin Kizis RD	14494	19/01/2017	Mylene Roux RD	14532	23/12/2016
laurence Cousineau-Sigouin RD	14543	23/12/2016	Taylor Klein RD	14414	23/12/2016	Gurpreet Sandhu RD	12564	23/12/2016
Laura Craig RD	14702	13/03/2017	Krista Kolodziejzyk RD	14402	23/12/2016	Rebeka Sandor RD	14469	06/01/2017
lauren Craig RD	14479	10/01/2017	Kristine Kopechanski RD	14463	10/01/2017	Anne-Marie Sawula RD	14462	20/01/2017
Danielle D'Angelo RD	14522	06/01/2017	Megan Kuikman RD	14505	11/01/2017	Véronique Séguin RD	14470	19/01/2017
Myriam Dagenais RD	14506	23/12/2016	Jennifer Laban RD	12881	16/12/2016	Holly Sharpe RD	14520	06/01/2017
Laura Dale RD	14498	26/01/2017	Danielle Labonté RD	14496	23/12/2016	Justina Juanya Shi RD	14397	23/12/2016
Melissa Danchak RD	14549	13/01/2017	Lisa Lagasse RD	3436	13/02/2017	Viktoria Shihab RD	12911	13/03/2017
Ariane Dandar RD	14457	09/01/2017	Tenzin Lama RD	14455	06/01/2017	Dean Simmons RD	4255	13/03/2017
Birkley Davis RD	14440	10/01/2017	Rita Lau RD	14677	20/01/2017	Gwendolyn Simms RD	14699	31/03/2017
Riley DeForest RD	14558	10/01/2017	Kendall Lee RD	14537	06/01/2017	Sarah Smith RD	14539	23/12/2016
Geneviève Demers RD	14508	23/12/2016	Sasha Lee RD	14524	06/01/2017	Lauren Smrekar RD	14551	09/01/2017
Marie-Pier Deschamps RD	14554	24/01/2017	Grace Jieun Lee RD	14514	10/01/2017	Izabela Soczynska RD	14475	09/01/2017
Isabelle Désilets RD	14614	23/12/2016	Yoon Shin Lee RD	13982	06/01/2017	Lili Sopher RD	14443	23/12/2016
Anne-Marie Dolinar RD	14521	07/02/2017	Nyssa Lee RD	14290	06/01/2017	Helen Spemulli RD	14604	23/12/2016
Laura Donovan RD	14671	26/01/2017	Ashlen Leonard RD	14591	11/01/2017	Jaclyn Stelmazyk RD	14481	23/12/2016
Shelby Dowdell RD	14418	06/01/2017	Ellen Leurer RD	14675	30/01/2017	Joanna Stochla RD	14534	06/01/2017
			Stephanie Levesque RD	14673	20/01/2017	Marissa Strano RD	12215	15/02/2017
						Diana Sutherland RD	14564	09/01/2017
						Lisa Talarowski RD	14525	06/01/2017

Gloriana Tam RD	14542	23/01/2017	Navita Viveky RD	14678	15/02/2017	Elise Williams RD	14450	23/12/2016
Tracy Jane Toledo RD	14683	15/02/2017	Amanda Waite RD	14531	06/01/2017	Lauren Wills RD	14639	16/03/2017
Sarah Trudelle RD	14690	27/02/2017	Laurie Walker RD	14417	23/12/2016	Meghan Wilton RD	14679	03/02/2017
Nicole Turner RD	14527	06/01/2017	Robyn Wardlaw RD	14553	09/01/2017	Jessica Wong RD	14565	11/01/2017
Larissa Valentine RD	14423	10/01/2017	Lindsay Webster RD	14578	06/01/2017	Samantha Wong RD	14465	10/01/2017
Anna Van Osch RD	14503	09/01/2017	Allison Whitten RD	14580	23/12/2016	Connie Jing Yu RD	14473	23/12/2016
Shelley Vanderhout RD	14435	23/12/2016	Michelle Wilcox RD	14511	23/12/2016	Yue Mia Yuan RD	14378	06/01/2017
Leanne Veenstra RD	14407	23/01/2017	Julia Wilder RD	14489	23/12/2016			

PROFESSIONAL CORPORATION

Charlene Kennedy Dietetics Professional Corporation 14685 17/03/2017

TEMPORARY CERTIFICATES OF REGISTRATION

Shadi Aboozia RD	13997	30/01/2017	Laura Harvey RD	14659	20/12/2016	Dadona Mulanda RD	14654	25/01/2017
Patrishya Allis Harmiz RD			Elizabeth Higgins RD	14661	23/12/2016	Robyn Nagel RD	14650	20/12/2016
	14649	20/12/2016	Yajie Hu RD	14704	17/03/2017	Lyndsay Pothier RD	13753	27/02/2017
Ella Besserer RD	14676	17/01/2017	Emily Hunter RD	14668	12/01/2017	Jessica Rego RD	14656	21/12/2016
Danielle Boudreau RD	14663	23/12/2016	Nicola Jackson RD	14653	20/12/2016	Stefania Saccone RD	14658	21/12/2016
Jessica Bowie RD	14641	03/02/2017	Sonia Kakar RD	14694	21/02/2017	Mahsa Sadr Ghadar Ghadr RD		
Farida Butt RD	14672	25/01/2017	Stephanie Keddy RD	14674	25/01/2017		14174	30/01/2017
Jie Chen RD	14703	23/03/2017	Avalon Li RD	14655	21/12/2016	Ruba Saeid RD	14035	16/03/2017
Stephanie Cullen-Conroy RD			Xiangrui Li RD	14705	17/03/2017	Andrea Starr RD	14648	20/12/2016
	14646	21/12/2016	Rachael Martin RD	14689	13/02/2017	Sofia Tsalamlal RD	14660	20/12/2016
Hailey Dormer RD	14684	13/02/2017	Litty Mathew RD	13666	30/01/2017	Lorraine Yau RD	14647	20/12/2016
Sonia Du RD	14697	27/02/2017	Caitlin Mech RD	14657	06/01/2017	Amy Yusufov RD	14651	20/12/2016
Simin Ghoreishi RD	14143	31/01/2017	Kerry Miller RD	14652	06/01/2017			

RESIGNATIONS

Rema Allawnha	11493	21/12/2016	Anu Kalra	1069	14/03/2017	Kristine Ohoi-Laing	4372	01/12/2016
Amanda Bell	12999	05/12/2016	Julie Lachance	14149	25/01/2017	Marilyne Petitclerc	14041	30/01/2017
Hilary Boudreau	14538	24/03/2017	Mathilde Lavigne-Robichaud			Jessica Pumple	11700	12/12/2016
Jessica Bowie	14641	07/03/2017		4300	06/12/2016	Geneviève Quevillon	14204	01/12/2016
Jacynthe Caron	14305	18/12/2016	Caroline Lawrance	13688	01/12/2016	Marie France Rioux	12108	22/12/2016
Laurence Cousineau-Sigouin			Heather Martin	13881	04/01/2017	Mylene Roux	14532	09/03/2017
	14543	23/02/2017	Alexia McDonald	14442	13/12/2016	Tiffany Schebesch	14540	23/03/2017
Geneviève Demers	14508	15/02/2017	Shannon McDonaugh	4197	05/01/2017	Lindsay Shopman	11904	08/12/2016
Marie-Pier Deschamps	14554	14/03/2017	Kaitly McLaughlin	14056	05/12/2016	Einrika Siguineau	12303	23/12/2016
Cynthia Galloway	2276	13/03/2017	Olivia Menzies	14562	14/03/2017	Kendra Tapscott	14460	06/02/2017
Nikki George	3227	13/12/2016	Karine Mousseau	14188	08/12/2016	Olya Voikin	14135	15/12/2016
Kirstie Huneault	14274	05/01/2017	Cécile Nguyen	14552	24/03/2017	Soraya Ziou	14303	01/12/2016

RETIRED

Louise Aubrey	3253	05/12/2016	Tanya Giaquinto	3632	31/03/2017	Theresa Mahony	1423	08/03/2017
Denise Carr	2078	04/03/2017	Pamela Keith-Bruin	2478	01/12/2016	Meera Mathias	2471	01/12/2016
Judy Coveney	1373	17/03/2017	Carol Marie Koebel	2815	28/02/2017	Janet McGee	2466	15/12/2016
Tracey Dorr	3029	15/02/2017	Margaret Leaver-Power	1815	01/02/2017	Susanne Wales Arnold	1237	01/12/2016

SUSPENSION

In accordance with the *Regulated Health Professions Act 1991*, Procedural Code, Section 24, these Certificates of Registration have been suspended for failure to pay the prescribed fees.

Sarah Conly	3271	06/01/2017	Alison McLaughlin	11844	06/01/2017	Shannon Smith	13926	06/01/2017
Sandra Di Gregorio	11750	06/01/2017	Helen Menegatos	10969	06/01/2017	Sarah Louise Winterton	3469	06/01/2017
Tracey Dorr	3029	06/01/2017	Marilyne Petitclerc	14041	06/01/2017			
Julie Lachance	14149	06/01/2017	Elena Randall	2449	06/01/2017			

SUSPENSION LIFTED — MEMBERS REINSTATED

Sarah Conly	3271	22/02/2017
Alison McLaughlin	11844	11/01/2017
Elena Randall	2449	08/01/2017

IN MEMORIAM

Glenda Lee-Dubé	1669	05/12/2016
Suzanne Simpson	3408	14/12/2016

Council Meeting Highlights - March 2017

EXECUTIVE COMMITTEE

Erin Woodbeck RD,
President
Alida Finnie RD, Vice
President
Suzanne Obiorah RD
Shelagh Kerr

COUNCIL MEMBERS

Elected Councillors

Alida Finnie RD
Alexandra Lacarte RD
Suzanne Obiorah RD
Nicole Osinga RD
Roula Tzianetas RD
Deion Weir RD
Erin Woodbeck RD

Public Councillors

Shelagh Kerr
Dr. Ruki Kondaj
Laila Kanji
Elsie Petch
Ray Skaff
Dr. Soliman A. Soliman
Claudine Wilson

MEMBERS APPOINTED TO COMMITTEES

Khashayar Amirhosseini RD
Dianne Gaffney RD
Renée Gaudet RD
Susan Hui RD
Sobia Khan RD
Kerri LaBrecque RD
Grace Lee RD
Marie Traynor RD
Cindy Tsai RD
Ruchika Wadhwa RD
Krista Witherspoon RD

APPROVAL OF BUDGETS AND WORK PLANS 2017-18

Council approved the proposed 2017/18 work plans and budgets.

AMENDMENT TO THE COLLEGE FEES BY-LAW NO. 2

Council approved changes to By-Law 2, which were required to support the implementation of the new Practice-Based Assessment (PBA), the second step in the new *Prior Learning Assessment and Recognition* (PLAR) process for assessing the education and training of internationally educated applicants. The changes included removing from the by-law the registration fee of \$400 for the KCAT because this fee is now administered externally and adding the registration fee of \$2300 for the PBA. The proposed changes were approved, in principle, at the December 2016 Council meeting and circulated to members for 60 days, from January 13 to March 13, 2017.

SEXUAL ABUSE PREVENTION PLAN

Council approved the College's *Sexual Abuse Prevention Program*. The *Sexual Abuse Prevention Program* is designed to comprehensively state the strategies, policies and programs for the prevention and handling of sexual abuse that the College has in place to protect the public.

In the context of this plan, Council also approved that a minimum period of one year be required before a consensual sexual relationship is permitted between a dietitian and a former client. In 2014, the Ministry of Health and Long-Term Care (the Ministry) created the Task Force on the *Prevention of Sexual Abuse of Patient and the Regulated Health Professions Act, 1991*. The Task Force submitted its report in September 2016 with several recommendations which included defining clearer boundaries to prevent sexual abuse. One of the recommendations was to set a minimum period of at least one year before a health professional could have a romantic relationship with a former client.

DRAFT BOUNDARY GUIDELINES

Council approved, in principle, the *Draft Boundary Guidelines for Registered Dietitians in Ontario*, for circulation to College members. Although the College had several excellent resources regarding boundary issues, we did not have comprehensive boundary guidelines in one document. The new document fills this gap.

PROFESSIONAL PRACTICE STANDARDS AND GUIDELINES: CONFLICT OF INTEREST

Council approved the *Professional Practice Standards and Guidelines: Conflict of Interest*. The Conflict of Interest Standard was circulated to members for comment from January 10 – February 10, 2017. Feedback from the consultation was incorporated after being reviewed by the Legislative Issues Committee (LIC) at the February 2017 meeting. The LIC focused on simplifying the language and clarifying expectations to make it easier for RDs to understand their professional responsibilities when faced with potential conflicts of interest.

DYSPHAGIA COMPETENCIES

Council endorsed the proposed 2017 *Competencies for Dysphagia Assessment and Management in Dietetic Practice* (see p. 6 for more details). The new 2017 Dysphagia Competencies are the results of a working group established by the Alliance of Canadian Dietetic Regulatory Bodies (the Alliance), to identify the competencies required for safe, ethical, and effective practice in dysphagia-related care. College Staff participated in this work. These competencies relate to the College's strategic goal of having "A Robust Regulatory Framework for the Quality and Safety of Dietetic Practice", and also may be used in disciplinary proceedings and for quality assessments, such as a practice-based assessment.

PROFESSIONAL PRACTICE STANDARDS: RECORD KEEPING

Council approved, in principle for the purpose of consultation, the proposed *Professional Practice Standard: Record Keeping for Registered Dietitians in Ontario*. In pursuing this project, a comprehensive environmental scan was conducted, including record keeping resources of other

health regulatory colleges and consideration of previous member feedback. The proposed standards clearly and concisely articulate the required elements and performance expectations that RDs must achieve when maintaining records in dietetic practice.

COUNCIL ELECTION RESULTS

This year, elections took place in Districts 2 and 4. On January 19, 2017, election notices were sent to general members by email and posted in the news section of the College website. The nominations period was closed on February 17, 2017, at 5pm. There was only one nomination for each district. Therefore, the members nominated for Districts 2 and 4 were elected by acclamation.

District 2: Dawn Van Engelen RD

District 4: Suzanne Obiorah RD, elected for a second term on Council.

Warm Welcome to our New Public Appointees



LAILA KANJI, COUNCILLOR

Laila Kanji has worked for IBM Canada Limited for over 30 years in various management and technical positions, leading IT professionals and projects in the areas of technical support, solution design and architecture, contract management and financial analysis. Most recently she served on the Council of the College of Optometrists of Ontario and her past community involvement includes corporate charity fundraising and participation in mentorship programs. She is currently serving on the Board of Directors for Community & Home Assistance to Seniors, and is the Operations Manager for the Time & Knowledge Volunteer Placement program. Ms. Kanji has an Honours Bachelor of Science degree in Computer Science from University of Toronto and an Executive MBA with a speciality in IT Governance from Athabasca University.

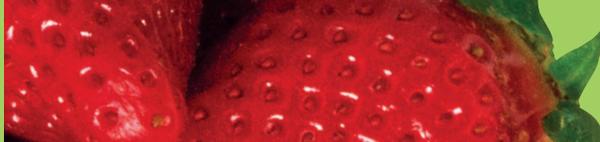
DR. SOLIMAN A. SOLIMAN, COUNCILLOR

Dr. Soliman recently retired from a fulfilling 37-year career in Canada's nuclear industry, during which time he held various roles of increasing seniority at each of AECL, Ontario Power Generation, Bruce Power, the Canadian Nuclear Safety Commission, and AMEC Foster Wheeler.

He has been married for 41 years and is a father and grandfather. He is passionate about leading a balanced lifestyle with a focus on nutrition and fitness. In his spare time, he is an avid gardener and loves to travel and spend time with his family and grandchildren.

He is licensed as a professional mechanical engineer in the Province of Ontario (P.Eng.), holds masters and doctorate degrees from the University of Waterloo, and is the lead author of more than 200 reports and papers in respect of various aspects of nuclear technology and CANDU reactor systems and equipment.





Fall 2017 CDO Workshop Understanding Boundary Crossings to Preserve Professional Relationships

The College recently developed *Draft Boundary Guidelines for Registered Dietitians in Ontario* which clarify the laws and principles that every Registered Dietitian (RD) must know to maintain safe professional boundaries with clients. The *Guidelines* were designed so that RDs can be knowledgeable about the boundary violations that can harm clients.

This workshop will be based on the *Guidelines* and will help RDs examine their dietetic practice and professional conduct to identify the early warning signs of boundary crossings and the steps that can be taken to maintain appropriate professional relationships with clients.

We encourage RDs and dietetic interns to attend this interactive workshop where attendees will be able to apply their knowledge to several case scenarios.

COLLEGE UPDATE

We will also review the College highlights over the past year including activities from the Registration, Quality Assurance, Practice Advisory & Patient Relations Programs. Presenters will be available after the workshops to address further questions.

Register Online

RDs: Login to your Member Dashboard on the College website and click on "Upcoming Workshop" on the right hand side of the page.

Dietetic Interns: email the College to Register:
information@collegeofdietitians.org

Barrie	September 22, 1-4pm	Oshawa	November 7, 1-4pm
Belleville	November 21, 1-4pm	Ottawa	October 5, 1-4pm
Brampton	October 31, 1-4pm	Owen Sound	October 20, 1-4pm
Dryden	September 26, 1-4pm	Peterborough	November 22, 1-4pm 12 to 1pm (lunch/networking)
Guelph	October 26, 1-4pm	Ryerson	November 14, 1-4pm
Hamilton	October 25, 1-4pm	Sarnia	November 17, 1-4pm
Humber River Regional Hospital	November 28, 1-4pm	Sault Ste. Marie	October 3, 1-4pm
Kingston	November 20, 1-4pm	Scarborough	October 11, 1-4pm
Kitchener	November 9, 1-4pm	Sudbury - with OTN in Hearst, Moose Factory, Timiskaming and Timmins	October 17, 1-4pm 12-1pm (lunch/networking)
Lindsay	September 18, 1-4pm	Thunder Bay	September 25, 1-4pm
London	November 23, 1-4pm 12-1pm (brown bag)	Toronto - St. Michael's	November 2, 9am to noon
Mississauga	September 19, 1-4pm	Toronto - Sunnybrook	October 12, 1-4pm
Niagara/St Catharines	October 27, 1-4pm	Toronto - UHN	October 23, 1-4pm
North Bay	October 16, 1-4pm	York Region - Mackenzie Health	November 16, noon to 3pm
North York General Hospital	November 29, 1-4pm	Windsor	November 30, 6-9pm 5:30-6pm networking
Oakville	November 27, 1-4pm		