College of Dietitians of Ontario

résumé

Identifying & Managing Problems in RD Work Environments

The foundation of the dietetic profession in all areas of dietetic practice is the delivery of client-centred services. However, some situations in dietetic practice can hinder, at least in-part, the provision of safe, client-centred services. This article presents a *Framework for Identifying & Managing Problems in RD Work Environments.*

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Keeping Pace with Innovations in Nutrition Care

The College encourages RDs to keep abreast of innovative approaches to nutrition, incorporating those that enhance the delivery of safe, competent, and ethical dietetic services. This article uses a framework to illustrate the professional obligations RDs need to consider when incorporating new and emerging nutrition approaches within their dietetic practice.

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Receipts are not sent by mail. Download them from the College website anytime. Simply login to your Member Home Page using your RD number and your password, scroll down to Print Receipts under *Membership* on the left hand side of the screen.

Happy 20th Birthday CDO!

Elizabeth Wilfert,
Public Councillor & 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.

It has been a 20-year journey and here we are. Back in the fall of 2012, I wrote a brief summary about the regulation of health professions in the province. Now I would like to share some highlights of the College's 20-year history.

The foundations for the College of Dietitians of Ontario were laid by a Transitional Council, composed of six public and six professional members appointed by the Ministry of Health and Long-Term Care (the Ministry) in November 1992. The intent, which still carries over today, was that the professional representatives would be chosen from all areas of dietetic practice and geographic regions. Invitations for appointment were sent to professional members in mid-1992. "I received a letter from ODA (Ontario Dietetic Association) asking if they could submit my name", said Jill Pikul RD, a member of the Transitional Council, " I was working half-time in research, half-time in clinical, and not known for an interest in management or policy development. However, I was known for my passion for advancing dietetics and not being afraid to speak up!"

The orientation for the Transitional Council was given by the Ministry, with the public protection mandate clearly defined, and the absolute requirement for objectivity and absence of professional self-interest highlighted. With an initial working space and a start loan from the Ministry, the work for creating the College began in December 1992. The major challenges faced by the Transitional Council were membership attitudes, the volume and scope of the work needed to create regulations for the practice of dietetics in Ontario, and choosing and implementing an acceptable governance model for the College in such a short time.

The *Regulated Health Professions Act,* 1991 (RHPA), and the *Dietetics Act* came into force on December 31, 1993, giving birth to the College of Dietitians of Ontario at the same time. Once the College was founded, the Transitional Council continued to oversee operations until November 1994, when the first Council elections took place.

Some notable events include:

1993 publication of the first *résumé* newsletter

1997 the only year the College registration exam was administered in Ontario only (the following year it became the national *Canadian Dietetics Registration Exam*)

1998 launch of the *Self-Directed Learning Tool*

1998 launch of the College first website

2003 publication of the *Jurisprudence Handbook for Dietitians in Ontario*

2005 launch of the Practice Advisory Service to support RDs in their practice

2008 launch of the College's public awareness campaign

Since March 1994, Registered Dietitians have grown from 1477 to about 3600 College members today. Congratulations CDO! I can't wait to see what the next 20 years bring.

Assessing Risk in Dietetic Practice

Mary Lou Gignac, MPA
Registrar & Executive Director

Tensions between environmental situations and an RD's level of readiness in day-to-day practice include a range of things such as applying new knowledge and skills to match client characteristics and needs, facing challenges with resources (time and support staff), developing interprofessional and communication skills to work effectively in teams, and building the resilience needed to be able to adapt to environmental pressures and system limitations, solve problems, and build collaborative teams.

Concepts of risk and risk management have been top of mind on many fronts for me lately. Enterprise risk management is an important component of College administration and governance. Risk management is also an important component in our regulatory work as our whole business is about public protection, which is another way of saying that it is about reducing risk of harm to the public. As an organization, we must be attuned to any event that has some reasonable likelihood of adversely affecting what we do and have strategies to mitigate the risk. As a regulator, we see risk as a discipline that will help us exercise our public protection mandate and legal responsibilities in a way that targets resources to eliminate or reduce risk where doing this would improve the safety and quality of dietetic practice.

IDENTIFYING AREAS OF RISK

The College began its exploration of risk in dietetic practice in 2012 by researching the literature. We followed this with conversations with groups of RDs in various areas of practice. Carole Chatalalsingh, Practice Advisor and Policy Analyst for the College, leads this project and enjoyed hearing and learning about how these RDs talked about the practice situations they believed presented a likelihood of risk to clients. Many of these potentially risky situations are manifested in various practice areas based on how the work context shapes the RD's level of readiness to respond to changing practice environments.

Tensions between environmental situations and an RD's level of readiness in day-to-day practice include a range of things such as applying new knowledge and skills to match client characteristics and needs, facing challenges with resources (time and support staff), developing interprofessional and communication skills to work effectively in teams, and building the resilience needed to be able to adapt to environmental pressures and system limitations, solve problems, and build collaborative teams.

Next, the College conducted a general survey of RDs in Ontario asking for their help to assess, from their perspectives, risk in their dietetic practice. Thank you to the 1342 RDs who responded to the survey – a fabulous result! It will take us some time to sieve through the input but we know we have a wealth of information to help shape our regulatory priorities.

At this time, the direction this work will take the College is unclear – Advanced Practice Competencies? Standards and Assessment Frameworks? Recognition of dietetics specialties? Research on resilience in practice? The proverbial drawing table is clean, and this is creating some excitement about charting new directions for the College. Thank you for your interest and participation in this direction-setting exploration.

Identifying & Managing Problems in RD Work Environments

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The foundation of the dietetic profession in all areas of dietetic practice is the delivery of client-centred services. This is articulated in the *Integrated Competencies for Dietetic Education and Practice*, the *Professional Misconduct Regulation* (1991) and the *Jurisprudence Handbook for Dietitians in Ontario*.

Client-centred services are linked to increased quality and safety, reduced costs to clients, and an improved client experience.[1] However, not all RD practice environments function in a perfect client-centred manner. Some RDs have identified situations in their dietetic practice that hinder (at least in-part) client-centred services. In these circumstances, RDs can be proactive in identifying problems and take a solution-focused approach to fostering client-centred values, behaviours and processes.

To assist in this process, the College has developed the following *Framework for Identifying & Managing Problems in RD Work Environments*. It outlines steps for problem identification and management that are applicable to all areas of dietetic practice.

Note: Clients may be individuals, groups, communities, populations, organizations, and/or the public at large.

Framework for Identifying & Managing Problems in RD Work Environments

STEP 1: IDENTIFY

a. Define the cause(s)/source(s) of the problem
b. Define the cause(s)/source(s) of the problem
c. Determine the key players involved

STEP 2: ANALYZE

a. Assess whether change is possible
b. Explore possible solution(s)
c. Highlight most viable solution(s)
d. Consult with stakeholders

STEP 3: RESPOND

a. Advocate for solution(s) implementation
b. Implement solution(s)

STEP 4: EVALUATE

a. Monitor & evaluate

It is important to follow all the steps to identify and analyse a problem. A solution may not work if it is impractical, if the resources aren't available, if people won't accept it or if the solution causes new problems.

STEP 1: IDENTIFY

a. Define the Problem

The first step in managing an issue is to determine that there is in fact a problem. RDs can examine what is going on in their workplace through reflective practice to identify or define the problem(s) that are arising. A focus on what is affecting an RD's ability to provide client-centred services should always be at the forefront.

Prepare a statement of the problem and find someone (e.g., colleague, supervisor, friend or family member) to review it and to talk it over for input.

Consider these questions when preparing your statement of the problem:

- What is the problem?
- Is it my problem? Someone else's?
- Is this the real problem, or merely a symptom of a larger one?
- Does the problem have ethical dimensions?

b. Define the cause(s)/source(s) of the problem

In addition to defining the problem itself, strive to identify the cause(s) or trigger(s) of the problem. Look at the current situation, rather than its history (as applicable).

Some potential causes of problems may include:

- People
  - Are there human resource shortages?
  - Are the skills of employees adequate?
  - Is there a lack of understanding in who does what within the team?
  - Are some employees perceived as not helpful?
- Resources
  - Are there enough resources (e.g., funding)?
  - Are some resources not identified?
  - Are some not used efficiently/effectively?
- Environment
  - Is the practice environment conducive to problem solving?
  - Is there a lot of stress?
  - Is the power structure (administration or line of authority) supportive?
  - Is the power structure (administration or line of authority) aware of the problem?
- Processes, procedures and rules
  - Are they understood, or badly defined?
  - Are they perceived as an obstacle?
- Communication & vocabulary/terminology/concepts
  - Is there effective communication within the practice environment?
  - Is there an agreed-upon vocabulary, and understanding of their meanings and definitions?
  - Are some "hidden"?

c. Determine the key player(s) involved

Who are the key players involved in the problem? Are they individuals, groups, the organization as a whole or external stakeholders? Also, it is important for RDs to take an honest look at their own potential impact on the problem.

STEP 2: ANALYZE

a. Assess whether change is possible

Identifying the problem, the causes and key players can help determine what challenges RDs can accept in their workplace versus what needs to change and how to effect changes to meet their professional obligations.

Ask whether problems can be solved alone or with others: would making a change in your practice, behaviour or attitude be sufficient; can a solution be worked out with clients; or should other team members be included in finding a solution. Also, ask whether the solution requires a systems change to optimize client-centred care. Does the problem need an immediate solution, or can it wait? What is the risk to the client or to the RD? Will the problem go away by itself? Can you risk ignoring it?

In some cases, the College's *Code of Ethics Interpretive Guide* may help in identifying and finding solutions.

b. Explore possible solution(s)

Examine the problem critically and explore different perspectives to find a new creative solution. Brainstorming alone or with others is an effective way to discover other viewpoints and new perspectives.

Ask what resources would help with creative problem-solving. Explore ways to get inspiration (e.g., evidence-based research, reaching out to RDs and other colleagues, etc.).

Find out if technology can help. Explore what conditions the solution must satisfy as well as the impact of solutions on the key players and the practice environment.

c. Highlight the most viable solution(s)

Having examined all the possible solutions, highlight the most viable options. Consider:

- Suitability: Is the solution ethical and/or practical? Does the solution have an adequate response considering the problem? Will others accept the proposed solution(s)?
- Feasibility: What resources are required (e.g., is it affordable?) How likely will the solution solve the problem? What efficiencies can be put in place?
- Flexibility: How are RDs and others able to respond to the solutions? Have unintended consequences been explored? Can the outcomes be controlled once the intended solution(s) have been implemented? RDs will need to consider their professional obligations to provide safe, client-centred care.

d. Consult with Stakeholders

It is critical to consult with all stakeholders in the process of choosing a solution to gain buy-in. Collaborating with others achieves greater success in implementing solutions.

It is important to consider all the criteria described above to find the most viable solution(s). A solution may not work if it is impractical, if the resources aren't available, if people won't accept it and/or if the solution causes new problems.

STEP 3: RESPOND

a. Advocate for solution(s) implementation

Once a solution is found, RDs may need to advocate for change. In advocacy efforts, focus on managing risks, giving value to clients, and the efficient and effective use of resources. In some cases, a cost-benefit analysis, statistics, evidence-based research or other relevant supporting information may be helpful.

Advocating for change will likely involve resource identification and allocation as well as timelines for implementing a solution. Putting a clear-cut plan in place will help in your advocacy efforts. You may also use storytelling techniques to inspire others about the changes.

b. Implement the solution(s)

Take the necessary steps to implement the best possible solution(s). Follow a step-by-step process, including timelines, for any actions and communications that need to occur. Informing people who will be affected by a change ahead of time will most likely lead to a more successful implementation of the solution.

Consider these questions in your planning:

- What must be done?
- Who will do it?
- How will the necessary actions be carried out?
- When will it be implemented?
- What will success look like and how will it be measured?

STEP 4: EVALUATE

a. Monitor & Evaluate

Monitoring and evaluating the implementation of the solution(s) are fundamental for any change management. The implementation will only be successful if RDs are monitoring the effects of the solution(s) on resources and stakeholders, timelines, and the progress. If results are not what were anticipated, it may be necessary to review the options and seek out alternative solution(s) to reach the goal of client-centred services.

To provide any feedback or raise questions or concerns related to this article, please feel free to contact the College's Practice Advisory Service:

416-598-1725 ext. 397
email: practiceadvisor@collegeofdietitians.org

1 College of Dietitians of Ontario. (2013). From the Client's Perspective, Spring 2013 *résumé* newsletter, p. 8. http://www.collegeofdietitians.org/Resources/Client-Centred-Services/Client-Centred/ClientPerspective.aspx

2 Study Guides and Strategies. (2011). *Problem Solving Series.* http://www.studygs.net/problem/problemsolvingv1.htm

3 Restructuring Associates Inc. (2008). *Problem Solving Overview, Six-Step Problem Solving Model.* http://www.yale.edu/bestpractices/resources/docs/problemsolvingmodel.pdf

Keeping Pace with Innovations in Nutrition Care

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The College encourages RDs to keep abreast of innovative approaches to nutrition care, incorporating those that enhance the delivery of safe, competent, and ethical dietetic services. This article uses a framework to illustrate the professional obligations RDs need to consider when incorporating new and emerging nutrition approaches within their dietetic practice.

We are using the example of nutrigenomics to demonstrate how RDs can fulfill their professional obligations when incorporating innovative approaches to dietetic practice. Please note that the College is neither endorsing nor discouraging the use of nutrigenomics.

Keeping abreast of innovative approaches to nutrition care such as nutrigenomics can enhance the delivery of safe, competent, and ethical dietetic services. Prior to doing so, RDs should reflect, examine and fully understand their professional obligations as outlined in this article when exploring their options for offering such approaches to nutrition care in dietetic practice.

WHAT IS NUTRIGENOMICS?

Nutrigenomics is the study of how individual genetic variation may affect a person's response to ingested foods and individual nutrients. The results may have an impact on a person's risk of nutrition-related chronic diseases.[1,2]

Testing involves a client providing a saliva sample that is analyzed for specific genetic markers in his/her DNA that affects their bodily response to particular nutrients. If clients are found to be carriers of particular genetic markers, they may respond differently to foods and nutrients. For example, there is a specific genetic marker that effects how individuals break down caffeine. Those who have a particular version of a gene may have difficulty breaking down caffeine thus increasing their risk of heart disease when caffeine is ingested. In others without this genetic variation, ingesting caffeine may not have any effect or may even have a protective effect on heart disease.[2]

NOTE: The College would like to express a very special thank you to Terri Grad, MSc, RD, for her contribution to this article while in her position as *Professional Practice Advisor and Policy Analyst.*

Need to Know

Clients must consent to disclosing any personal health information to third parties such as insurance companies and employers. This includes the results of any genetics testings. Even if an insurance company/employer requests such information, clients have the right to refuse such disclosure.

This right is outlined in the *Personal Health Information Protection Act, (2004)* as well as Bill 127, *Human Rights Code Amendment Act, (2013)* that proposes to include genetic characteristics as a prohibited ground of discrimination.

1. L.R. Ferguson and M.P.G. Barnett (2012). Research in nutrigenomics and potential applications to practice. *Nutrition & Dietetics*. 69: 198–202.

2. Nutrigenomix. (2013). *FAQ*. Available from: https://www.nutrigenomix.com/faq

Framework for Keeping Pace with Innovations in Nutrition Care

1. IS THE TASK WITHIN THE RD SCOPE OF PRACTICE?

BROAD CONSIDERATIONS

The RD scope of practice statement in the *Dietetics Act* and the College's *Definition of Practising Dietetics* permits a very broad spectrum of activities as the scope relates to using the knowledge of food and nutrition, and working in areas related to nutrition conditions and disorders and the prevention and treatment of these.

Incorporating any evidence-based approach that will enhance nutrition assessments and treatment would be within the RD scope of practice.

NUTRIGENOMICS

Nutrigenomics falls within the dietetic scope of practice as it involves the assessment of nutrition and nutrition conditions and the treatment and prevention of nutrition-related disorders by nutrition means. It does not involve a controlled act.

2. ARE THERE ANY LEGAL BARRIERS?

BROAD CONSIDERATIONS

Organizational policies, the *Regulated Health Professions Act*, *Dietetics Act*, *Public Hospitals Act*, and other legislation may limit who can do what and under what conditions.

Consider whether there are any legal restrictions in adopting a new approach to nutrition care.

Where legal restrictions occur (e.g., performing controlled acts), explore the required authority mechanisms (e.g., direct orders, medical directives/delegations) to carry out the task.

NUTRIGENOMICS

In a public hospital, nutrigenomics may be considered ordering a diagnostic procedure, restricted to certain professions under the *Hospital Management Regulation* of the *Public Hospitals Act* (1990). RDs should check with their employer if they wish to use nutrigenomics testing in a public hospital and seek out the appropriate authority, as applicable.

Currently, most nutrigenomics testing simply involves the client providing a saliva sample that is sent to an external private lab for analysis and this is not a controlled act. Outside of a public hospital setting, RDs may offer nutrigenomics testing to clients.

If working within an organization, consult employer policies (as applicable) to ensure there are no restrictions to offering nutrigenomics testing to clients. This would include collecting the sample for testing as well as using a private lab for analysis.

Caution

While nutrigenomics testing is not diagnostic in nature, when interpreting and communicating the results of nutrigenomics testing to clients, care must be taken not to perform the controlled act of communicating a diagnosis as outlined in schedule 1, section 27(2.1) of the *Regulated Health Professions Act, 1991*. RDs may explain the findings, including clinical significance (carrier/non-carrier of particular genetic markers) and the impact of the results on the client's nutrition care plan.

Provide clients with supporting educational materials (as applicable) to help explain the results of the nutrigenomics testing and the impact on the client's nutrition care plan.

3. IS IT EVIDENCE-BASED?

BROAD CONSIDERATIONS

Always practice in an evidence-based manner. Examine the scientific evidence to support the use of any new approach to nutrition assessment and treatment in dietetic practice.

For more information, refer to the College's e-learning module on Evidence-Based Practice: http://files.collegeofdietitians.org/en/pdf/Workshops/2012/March/index.htm

NUTRIGENOMICS

Examine the scientific literature and use professional judgement to support the use of nutrigenomics testing with clients in dietetic practice. The College has been made aware of a draft *Position Paper of the Academy of Nutrition and Dietetics: Nutritional Genomics*. Consult the draft and the final version once it becomes available: Refer to: http://www.eatright.org/

4. DO RDS HAVE THE NECESSARY SKILLS AND COMPETENCE TO PERFORM THE TASK?

BROAD CONSIDERATIONS

RDs have a professional obligation to ensure they have the necessary knowledge, skills & judgment to offer new approaches to nutrition care and seek appropriate training to become competent in a particular area.

Continued learning and education would be essential in order to be able to provide up-to-date information and expert advice to clients.

NUTRIGENOMICS

Nutrigenomics is a complex field and RDs have a professional responsibility to ensure they have the appropriate knowledge, skills & judgment to determine the purpose, cost, benefits and alternatives prior to offering nutrigenomics testing to clients. RDs must also have the competence to effectively communicate the results of nutrigenomics testing to clients.

Seek out appropriate training; continued learning and education would be essential as this field evolves in order to be able to provide up-to-date information to clients.

5. WOULD THE NEW APPROACH FACILITATE CLIENT-CENTRED CARE?

BROAD CONSIDERATIONS

RDs have a professional responsibility to provide safe, ethical and competent client-centered services. Assess whether an innovative approach to nutrition care would be indicated given a client's conditions and the potential impact on their nutrition care planning and goal setting.

Review any cost-benefit analysis associated with an innovation to nutrition care.

NUTRIGENOMICS

Nutrigenomics may help RDs tailor a client's nutritional needs and develop customized dietary recommendations through the results of genetics-based testing.

Assess whether nutrigenomics testing is clinically indicated given the client's specific conditions and the potential impact that the testing and results may have on their nutrition care and goals.

Discuss with clients the benefits of knowing the results of the nutrigenomics testing in relation to the cost of the test itself.

6. HAS INFORMED CONSENT BEEN OBTAINED?

BROAD CONSIDERATIONS

In keeping with section 11(3) of the *Health Care Consent Act*, prior to engaging in any nutrition assessment or treatment, informed consent must be obtained from a client. Review the following information with a client before engaging in any nutrition assessment or treatment: the nature of the assessment/treatment; who will be providing the assessment/treatment; reasons for the assessment/treatment; material effects, risks and side-effects; alternatives to the assessment/treatment; consequences of declining the assessment/treatment; and specific questions or concerns.

NUTRIGENOMICS

Prior to nutrigenomics testing, informed consent must be obtained from a client. Discuss with the client the rationale and nature of the test; cost of the test; how the sample for the test will be obtained; who will be analyzing the results; alternatives to nutrigenomics testing; advantages and disadvantages of nutrigenomics testing as well as any specific questions or concerns expressed by the client.

Within the informed consent process, protect the clients' interests and fully disclose any known potential risks and benefits of genetic testing, including possible non-medical uses of the information by employers and/or insurance providers.

It is imperative that clients are aware that nutrigenomics testing is not diagnostic in nature, (e.g., diagnosis of a disease state or condition) but rather indicative of one's relative risk.

7. IS THERE A CONFLICT OF INTEREST?

BROAD CONSIDERATIONS

A conflict of interest (COI) occurs when an RD has a personal interest (benefit, profit, or other advantage) that could improperly influence professional judgment.

As clients rely on RDs to provide nutrition expertise and professional advice, RDs have a responsibility to only recommend innovative approaches to nutrition care that are based on client need, rather than any other personal or professional benefit such as monetary gain, research opportunities, etc.

When offering a new innovative approach to nutrition care, in some situations, RDs can manage any actual, potential or perceived COI by using the DORM Principle described below. Some COI should be avoided altogether (see Chap 9 of the *Jurisprudence Handbook for Dietitians in Ontario*).

Above all, being honest and transparent is always the best client-centred approach.

NUTRIGENOMICS

RDs have a professional duty to recommend nutrigenomics testing based on client need, rather than being motivated by financial benefit.

When offering nutrigenomics testing, manage any actual, potential or perceived COI by using the DORM Principle:

- Disclosure: Disclosing to clients the cost of the nutrigenomics testing as well as any financial benefit for the RD (e.g., cost of time for counselling clients about their results).
- Options: Indicate all options that clients may have for nutrigenomics testing as well as their right to refuse testing.
- Reassurance: Reassure clients that their care will not be compromised should they accept or decline the nutrigenomics testing.
- Modifications: Implement any other modifications that would help alleviate either an actual or perceived COI in relation to nutrigenomics testing.

RDs Understand Obligations in Providing Culturally Competent Services

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792 RDs (22% of College members) and 30 students and dietetic interns attended the Fall 2013 College workshop at 26 locations across Ontario.

The 2013 College annual workshop presented the topic of cultural competence to strengthen a Registered Dietitians's awareness of the skills and attitudes needed to enhance client-centred services within changing dietetic practice environments. The workshop examined the concepts of cultural competence, and discussed how personal values, biases and assumptions can have an impact on the quality of services that RDs provide. There was a focus on cross-cultural communication. Strategies and resources to ensure public safety were presented.

WHY FOCUS ON CULTURAL COMPETENCE

An object in the *Regulated Health Professions Act* requires the College to maintain standards and programs to promote the ability of members to respond to changes in practice environments, advances in technology and other emerging issues. Cultural competence falls under this object as it is an emerging issue in client-centre dietetic practice. With a view to public safety, the College has an obligation to support dietitians in dealing with the cultural issues affecting the delivery of safe, competent and ethical dietetic services.

WORKSHOP INCREASED UNDERSTANDING AND COMMITMENT TO CULTURAL COMPETENCE

Workshop discussions on "equity" was seen as a crucial component to individualize services and equal client outcomes in all areas of dietetic practice. Case scenarios highlighted the awareness, accommodating and adapting practices that are needed to meet client needs in diverse cultural environments. The workshop tackled questions such as: How are we addressing language diversity and cultural awareness? What does ensuring equitable access to high quality services mean to dietitians in their various practice settings? What role can technology play in enhancing culturally competent services? How do assumptions, bias and stereotyping impact the quality of dietetic services?

> Cultural competence is "the integration and transformation of knowledge about individuals and groups of people into specific [dietetic] standards, skills and approaches that match an individual [client's] culture and increase the quality and appropriateness of the care provided." *Hogg Foundation of Mental Health* (2001).

Overall, the College workshop achieved its goal of strengthening participant awareness of the skills and attitudes needed to enhance client-centred services in culturally diverse dietetic practice environments.

- 93% of participants reported having increased their understanding of the importance of examining their own assumptions, biases and stereotyping and how these can impact the quality of their dietetic practice and the interactions they have with clients.
- 96% of participants reported having enhanced their recognition that their cultural competence is on a

continuum and that they will need to continually learn and develop skills to better service clients in their dietetic practice.

- 96% of participants reported having a renewed commitment to building their cultural competence to meet their professional obligations to ensure safe, effective and competent delivery of dietetic services.
- 89% of participants reported having an increased understanding of the varying cross-cultural communication practices they may encounter with clients.

SOME MEMBER INSIGHTS

"Culture is not just religion or place of birth. We all have a "culture". It is important to know our personal culture so that we can effectively get to know and relate to other cultures. I did not realize how some cultures can be so different in so many ways. How we deem culture as only the 10% that we can "see" (i.e., that culture is more than food, clothing and music, etc.) is important. Understand your patient's culture in order to be able to better counsel him."

"Never make assumptions about your clients. That it is important not to assume the obvious but to pay attention to my assumptions and watch for cues. Make no assumptions when there are cultural differences to factor in the care plan."

"Listen to people, think of where they come from and don't assume things. Be open, truthful, and non-judgmental and ask questions, do the research to become more familiar and understanding of the different cultures/communities we interact with in our work settings."

"Things change, don't take for granted that you are culturally competent in every situation."

"During the video of the group being taught about life in America (e.g., the grocery store, the alarm clock, etc.), it gave me a renewed appreciation for how clients from outside of the city centres may need more support in terms learning about the food choices they are provided with."

"A great reminder that cultural competence is an ongoing process. That continuing learning on this subject is always necessary and useful, regardless of how competent one feels in the area. To be culturally competent means to be able to provide ethical, safe, competent and efficient dietetic service."

"Even well intentioned comments or actions can be read the wrong way by someone from another culture. The concept of unconscious incompetence."

"Always reflect on how my own experiences/values/beliefs may affect the way I relate to my clients. Identification of my own biases towards different cultures."

"Reflective practice is an important tool in self-realization, self-awareness, and self-improvement. Self-reflective practices, as done in this workshop, will help build cultural competence. I liked the direction of reflective practise."

"Understanding how difficult communication can be in someone who does not speak English as their first language (i.e., the repetitive verb activity)."

"I would like the cultural competence experience to be part of our mandatory learning here at this hospital. I would like to convey that this workshop was one of the best global provincial presentations of the last five years having attended each of them."

"This presentation has been a very good reminder that I must "Learn to Listen and Listen to Learn" to strive for cultural competence."

In 2014, the College will be developing an online e-learning module on *Cultural Competence for Registered Dietitians in Ontario*. Once complete, we will communicate the available of this resource to our members.

We would like to thank all the 2013 workshop participants for your engagement, dialogue, reflections and learning. You have contributed to our learning at the College and in finessing our approach in moving forward in our support to you for providing high quality services to protect the public interest.

RDs Continue to Perform Well in the 2-Step PPA

The 2-Step Peer and Practice Assessment (PPA) enables the College to cost-effectively assess members and provide them with formative feedback. Public protection is better-served with the 2-Step process as it allows for a larger portion of the membership to be assessed. Each year 10% of active members are randomly selected to participate in a PPA. In 2013, of those selected:

- 72% were selected from areas of practice with direct client care and 28% non-client care.
- Only 5% (lowest 3rd percentile) moved on to PPA Step 2.

Dietitians scored very well in the Step 1 multi-source surveys. The feedback from patients and colleagues, collected and analyzed through a third party, was excellent. In fact, even those who moved to Step 2 scored just slightly below the norm reference for the group. It must be emphasized that moving to Step 2 does not mean that an RD is incompetent; it simply means that their practice may be a little different or that some refinement in their practice may be required.

IN A POST SURVEY OF PARTICIPANTS

95% of RDs reported understanding the full process of the PPA. Email notification, PPA handbook, webinar and College staff were cited as helpful in explaining the PPA process.

Some Comments

- All steps were well explained.
- It was all very clear.
- It was not as painful as I had anticipated.
- The handbook was extremely clear and thorough.
- Package and handbook info very informative.
- The teleconference could have been nice, addressing some concerns that were not in the mail out (i.e., if we were going to be exempt in future yrs)… however I found most of it simply answered questions that were already answered in the handbook. It is frustrating that RDs clearly were not reading the info they had received ahead of time, and unnecessarily took up the session… I would expect better from the profession!
- It was a bit unclear as to when the results would be shared with us.
- I truly was not aware until after receiving final results what would happen afterwards.

60% said that they will make changes to their practice as a result of the PPA feedback. Here are some examples as reported:

- Continue to ensure that I am practicing with integrity.
- Asking more open ended questions, asking if the session was helpful for the patient.
- When doing patient education/teaching, inquire about other aspects of their social life (i.e. access to food, budget constraints) to get a better assessment of their situation.
- To take a look at information gathering, probing questions I ask my clients.
- I will focus more attention on individual learning levels.
- Actively seek for feedback from the team.
- I plan to spend more time assessing patients' needs based on age, cultural and religious beliefs.
- Pay more attention to be an active listener.
- Make colleagues more aware of steps I take to maintain privacy and confidentiality.
- In comparison with the RD norm, it showed that I could improve on communication, facilitation of team-work and management of change in practice.
- Include more discussion regarding possible food/drug interactions.
- Look for more teaching opportunities with fellow colleagues.

NEXT STEPS FOR THE COLLEGE

RDs from all areas of practice participated in focus groups to develop the multisource surveys through focus groups. They reviewed the competencies and determined whether a competency could be evaluated in a multi-source survey across all areas of practice. Only the competencies which met the criteria were included in the surveys.

Participants working in long-term care and intensive care indicated that it was difficult to obtain feedback from their clients. Despite this challenge, everyone had their surveys. Nonetheless, the College revisited the surveys for these two groups. Focus groups were held by telephone with RDs from these practice areas in January 2014 to evaluate the patient survey.

Certificates of Registration

GENERAL CERTIFICATES OF REGISTRATION

Congratulations to all of our new dietitians registered from October 30, 2013 to January 31, 2014.

Name	Registration ID	Date
Christina Agostino RD	13106	07/01/2014
Julie Allison RD	13009	06/01/2014
Katie Amadeo RD	12996	08/01/2014
Amanda Andreevski RD	13056	19/12/2013
Alfredo Angione RD	12948	13/01/2014
Menna Ataya RD	13643	14/01/2014
Megan Bailey RD	13121	02/01/2014
Jenna Baysarowich RD	12974	19/12/2013
Amanda Bell RD	12999	02/01/2014
Maylinda Bernard-Hovington RD	13057	13/01/2014
Laura Bernstein RD	13007	06/01/2014
Marissa Bertens RD	12978	19/12/2013
Jessica Bigelow RD	13043	02/01/2014
Nicole Bloschinsky RD	12954	06/01/2014
Chantal Brazeau RD	13071	13/01/2014
Mélissa Brien RD	13054	07/01/2014
Alexandra Brittain RD	13099	06/01/2014
Sarah Buzek RD	12977	20/12/2013
Andréane Cantin RD	12981	06/01/2014
Sonia Carretta RD	12984	02/01/2014
Gillian Chamberlin RD	12991	14/01/2014
Christy Charles RD	12935	24/12/2013
Fiona Cheung RD	13120	02/01/2014
Adriana Cimo RD	12950	06/01/2014
Sarah Clément RD	13124	19/12/2013
Samantha Cohen RD	12973	08/01/2014
Kaitlyn Comeau RD	13736	20/01/2014
Ashley Cook RD	12920	20/12/2013
Jérémie Courcelles-Alie RD	12856	20/12/2013
Sarah Cugelman RD	13002	19/12/2013
Lindsay Currie RD	12960	19/12/2013
Jaclyn Curry RD	13000	07/01/2014
Stéphanie Cyr RD	13613	09/01/2014
Elin Czayka RD	13637	17/01/2014
Tori Da Silva Sa RD	13018	07/01/2014
Kavanagh Danaher RD	13535	13/01/2014
Isabel De Araujo RD	13037	13/01/2014
Chantal de Laplante RD	13072	19/12/2013
Léa Décarie-Spain RD	12964	13/01/2014
Jolynn Dickson RD	12916	19/12/2013
Michelle Dupuis-L'Heureux RD	13047	20/12/2013
Pearl Easington RD	12939	20/12/2013
Jenny Egilsson RD	13612	13/01/2014
Melissa Elia RD	12994	02/01/2014
Mahsa Esmaeili RD	13015	24/12/2013
Ashley Evans RD	13022	06/01/2014
Andrée-Anne Fafard St-Germain RD	13734	22/01/2014
Ingrid Fan RD	13740	31/01/2014
Atara Fenig RD	13032	10/01/2014
Kelly Ferguson RD	12952	07/01/2014
Elizabeth Finlan RD	13001	06/01/2014
Arielle Fortier-Lazure RD	13117	06/01/2014
Mariella Fortugno RD	12943	07/01/2014
Emily Foster RD	13059	10/01/2014
Laura French RD	12997	13/01/2014
Isabelle Gagnon RD	12988	19/12/2013
Tara Galloro RD	12931	19/12/2013
Andrea Glenn RD	12963	03/01/2014
Anna Gofeld RD	13010	24/12/2013
Sabrina Gonzalez RD	13051	19/12/2013
Anisha Gupta RD	12971	10/01/2014
Markie Habros RD	12945	10/01/2014
Jessica Hambleton RD	12961	20/12/2013
Treena Hansen RD	13717	14/01/2014
Lauren Harvey RD	12989	09/01/2014
Emilie Hebert RD	13594	08/01/2014
Christie Heywood RD	13011	10/01/2014
Laura Hojeij RD	12570	24/12/2013
Samantha Holmgren RD	12957	10/01/2014
Natalie Huang RD	13079	02/01/2014
Jemma Hunter RD	13060	08/01/2014
Faith Joy Impelido RD	12992	03/01/2014
Linda Israel RD	13014	02/01/2014
Sara Jafari RD	13074	19/12/2013
Sarah Janveaux RD	13137	13/01/2014
Nicole Jean-Pierre RD	13088	14/01/2014
Jungsun Sharon Jo RD	13611	13/01/2014
Rebekah Keith RD	13029	14/01/2014
Heather Kelly RD	13030	19/12/2013
Lindsay Kerkvliet RD	13039	24/12/2013
Natalia Kot RD	12980	06/01/2014
Anna Kouptsova RD	13595	08/01/2014
Jessika Lamarre RD	13023	24/12/2013
Jennifer Lamont RD	13006	19/12/2013
Allison Langfried RD	13083	03/01/2014
Katherine Latko RD	13244	08/01/2014
Danielle Lawrence RD	13090	10/01/2014
Leahanne LeGrow RD	13086	13/01/2014
Brian Lo RD	12933	02/01/2014
Jessica Love RD	12972	02/01/2014
Carmen Lovsin RD	13092	09/01/2014
Jennifer Magdics RD	13025	08/01/2014
Amanda Magnifico RD	13041	13/01/2014
Linnaea Mancini RD	13087	08/01/2014
Nicholas Martineau RD	13192	06/01/2014
Sarvin Maysami RD	12253	10/01/2014
Lesley McBain RD	13122	19/12/2013
Laura McCann RD	13021	07/01/2014
Lauren McDonald RD	13116	08/01/2014
Suzan McKenzie RD	13468	06/01/2014

GENERAL CERTIFICATES OF REGISTRATION, CONTINUED

Jennifer McLaren RD	12944	02/01/2014
Jessica McLeod RD	12941	06/01/2014
Emily Mills RD	12968	02/01/2014
Isabelle Mongeon RD	13017	14/01/2014
Kathryn Morgan RD	13069	02/01/2014
Tracy`Morris RD	13019	20/12/2013
Teri-LynMorrow RD	13091	13/01/2014
Gillian Nearing RD	12958	02/01/2014
Katie Neil RD	13094	06/01/2014
Hillary Norris RD	13095	09/01/2014
Laura O'Brien RD	12894	19/12/2013
Joy Okafo RD	13186	13/01/2014
Nicole Osinga RD	13016	24/12/2013
Jillian Owens RD	13042	06/01/2014
Jessica Paladino RD	13089	08/01/2014
Vanessa Panayotou RD	13139	06/01/2014
Stephanie Parent RD	13058	10/01/2014
Jocelyne Parent RD	12921	19/12/2013
Sarah Patterson RD	13026	02/01/2014
Shannon Pelletier RD	13045	10/01/2014
Maude Perreault RD	13687	16/01/2014
Lisa Peters RD	13070	19/12/2013
Sanja Petrovic RD	12990	06/01/2014
Sylvie Piché RD	13044	20/12/2013
Meghan Poultney RD	13028	09/01/2014
Valerie Pyra RD	13082	19/12/2013
Natalee Ridgeway RD	12942	09/01/2014
Paula Ross RD	13073	02/01/2014
Asmaa Rouabhi RD	13123	13/01/2014
SarahSandham RD	12979	03/01/2014
Kim Sandiland RD	12938	02/01/2014
Megan Scully RD	13040	02/01/2014
Andrea Senchuk RD	13008	24/12/2013
Anna Shier RD	12907	19/12/2013
Debora Sloan RD	13614	02/01/2014
Charlotte Smith RD	13098	03/01/2014
Leah Sommerfield RD	12363	01/11/2013
Arin Taub RD	13648	31/10/2013
Elyse Therrien RD	13084	13/01/2014
Fabienne Tougas RD	13096	02/01/2014
Christina Tran RD	12969	20/12/2013
Emilie Trottier RD	13108	19/12/2013
Jessica Tullio RD	12959	13/01/2014
Monika Urbanski RD	12976	19/12/2013
Breanne Urquhart RD	12956	09/01/2014
Stephanie Varriano RD	13003	20/12/2013
Marcie Vides RD	13615	09/01/2014
Harsimrat Virk RD	12820	13/01/2014
Maria Vlahek RD	12953	09/01/2014
Vasiliki Vogdou RD	12545	24/12/2013
Alison Weber RD	12926	20/12/2013
Kylie Whyte RD	12993	19/12/2013
Kirsten Wilson RD	12995	02/01/2014
Laura Wilson RD	13031	03/01/2014
Katy Wilson RD	13109	19/12/2013
Wai-May Wong RD	12934	24/12/2013
Fiona Wong RD	13013	24/12/2013
Amanda Woods RD	12965	20/12/2013
Elaine Yao RD	13534	10/01/2014
Bahar Yeganeh RD	13616	19/12/2013
Jennifer Yu RD	13081	19/12/2013
Sherry Zhang RD	13107	24/12/2013
DeannaZidar RD	13005	20/12/2013
Andreea Zurbau RD	13118	08/01/2014

TEMPORARY CERTIFICATES

Jovairia Awan RD	13679	02/01/2014
Anjali Dua RD	11796	02/01/2014
Meaghan Henderson RD	13741	31/01/2014
Melanie Ho RD	13712	21/01/2014
Kamalpreet Kaur RD	12359	11/11/2013
Athena Li RD	13743	31/01/2014
Jharna Patel RD	12368	08/11/2013
Kendra Patrick RD	13718	21/01/2014
Pamela Voisin RD	12985	17/01/2014

PROFESSIONAL CORPORATION

Carol Donovan Dietitian Professional Corporation	13665	12/11/2013

SUSPENSION LIFTED/MEMBER REINSTATED

Shaistha Zaheeruddin RD	12839	06/01/2014
Bigas Anastasia RD	11545	31/01/2014

IN MEMORIAM

Hogan Janet	2415	26/11/2013
Raquel Tortal	2810	07/12/2013

RETIRED

Linda Brush	1304	31/10/2013
Judith Midgette	2870	26/11/2013
Catherine Rice	1293	13/11/2013
Andrea Sturk	3134	19/01/2014
Harriet Vandeborne	3084	08/11/2013

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.

Nancy Bradshaw	1881	09/12/2013
Laurette Brunette	3400	09/12/2013
Lori Kelly	1804	09/12/2013
Deanna Mortimer	12837	09/12/2013
Melody Roberts	1427	13/01/2014
Leila Smaily	10676	09/12/2013
Kathleen White	12566	09/12/2013

RESIGNED

Elen Azevedo	11759	12/12/2013
Buffy Blagrave	11613	05/11/2013
Caitlin Boudreau	11850	09/12/2013
Catherine Couture	11797	07/01/2014
Ashley D'Agostini	12410	03/12/2013
Heather Gibb	1067	26/01/2014
Karen Harvey	11517	02/12/2013
Joan Hildebrand	2959	20/11/2013
Deborah Hoffnung	2350	09/12/2013
Chloé Le Quéré	12515	01/11/2013
Sophie Lejeune	10427	31/10/2013
Heather McIver	12054	07/11/2013
Heidi Murphy	12195	31/10/2013
Vanessa Nagy	12364	06/11/2013
Laurie Ann Nicholas	3255	06/12/2013
Dallas Parsons	10769	19/11/2013
Adrienne Penner	12200	05/12/2013
Shaundra Ridha	2153	25/11/2013
Shannon Roach	4028	29/01/2014
Stacey Sheppard	12986	10/12/2013
Lynn Snowden	2933	29/11/2013
Alma Vega	3602	02/12/2013
Natalie Wilkinson	12242	10/01/2014
Michelle Elaine Woods	12058	06/12/2013
Emily Zamora	12533	01/11/2013

JKAT Results at a Glance

Time Flies! In 2013, it was already five years since the first online *Jurisprudence Knowledge and Assessment Tool* (JKAT) was administered.

In keeping with the College requirement to complete the JKAT every five years, 2176 members were required to complete it last year.

Over 94% of those who completed it in 2013 were successful in passing the JKAT on their first try.

Currently, the College is developing a new web-based platform for the JKAT. This new platform will be more user-friendly and easier to navigate.

Members who have written the JKAT from 2010-2013

# of attempts for reaching a cut score of 80% by members writing the JKAT	2010	2011	2012	2013
1 attempt	411 (89%)	251 (93%)	442 (92%)	2041 (94%)
2 attempts	47 (11%)	20 (7%)	36 (8%)	133 (6%)
3 attempts	2	2	2	2
TOTAL	**460**	**273**	**480**	**2176**

IPC eTool Tweets

FHRCO Interprofessional Collaboration (IPC) eTool

This eTool is designed to assist interprofessional teams to coordinate care within the expanded and overlapping scopes of practice and authorities established by the *Regulated Health Professions Statute Law Amendment Act, 2009*. It is a customizable, point of care, decision-making tool that enables teams to optimize roles, responsibilities, and services for fulfilling client needs.

Improve healthcare collaboration with a free IPC eTool for regulated health professionals at http://ipc.fhrco.org #betterpatientcare

Who can delegate to whom? Use the FHRCO Guide to Medical Directives and Delegation to find out at http://ipc.fhrco.org

Interprofessional collaboration for health professionals made easy. Find out how at http://ipc.fhrco.org

New web-based tool with checklists, an FAQ and tables of the scopes of practice and controlled acts at http://ipc.fhrco.org

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