



College of Dietitians of Ontario

Performance-Based Assessment (PBA) Preparation Guide

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Please note: If you print a copy of this guide, periodically refer to the electronic version available on the College of Dietitians of Ontario website to ensure you have the most updated version.

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What is the purpose of the PBA Preparation Guide?

The PBA Preparation Guide was developed by the College of Dietitians of Ontario (CDO). The purpose of this guide is to provide internationally educated applicants with information about the Performance-Based Assessment (PBA).

What is the PBA?

The PBA is the second part of a multi-stage process to assess knowledge and competence as compared to Canadian standards.

The PBA is a written and oral assessment designed to assess the competence of internationally educated applicants compared to Canadian standards. CDO will utilize PBA results to direct applicants to:

1. Proceed to the next step of the Prior Learning Assessment and Recognition (PLAR) process, which is the completion of the Jurisprudence Knowledge and Assessment Tool (JKAT)*. Upon successful completion of the JKAT, applicants may apply to CDO in order to write the Canadian Dietetic Registration Examination (CDRE). To be eligible for the CDRE, all other registration requirements must be met. See <http://www.collegeofdietitians.org/applicants/registration-requirements.aspx>
OR
2. Complete additional practical training before re-attempting the PBA.

Visit <http://www.collegeofdietitians.org/applicants/registration-requirements/education-and-training/plar-process.aspx> for an overview of the full Prior Learning Assessment and Recognition (PLAR) process.

*Note: The JKAT is an online knowledge acquisition and assessment tool designed to improve dietitians' knowledge and application of laws, standards, guidelines and ethics relevant to the profession of dietetics in Ontario. Visit: [https://www.collegeofdietitians.org/Web/Members/Quality-Assurance/Jurisprudence-Knowledge-Assessment-Tool-\(JKAT\).aspx](https://www.collegeofdietitians.org/Web/Members/Quality-Assurance/Jurisprudence-Knowledge-Assessment-Tool-(JKAT).aspx) for more information.

How was the PBA developed?

In collaboration with Yardstick Testing and Training (www.getyardstick.com), CDO recruited subject matter experts to determine the scope and blueprint (i.e. content areas that appear on the assessment) of the PBA, and to develop cases and questions.

Cases and questions have undergone thorough and multiple screenings to ensure they measure competency, reflect current dietetic practice, and are national in scope.

Subject matter experts involved in the development of the PBA (e.g. scoping, blueprinting and item writing) included:

- Stakeholder groups from all areas of practice (nutrition care, population and public health and management)
- A Project Partners and Advisory Committee (PPAC) involved in the development of the larger competency assessment project
- CDO Registration Committee members
- University educators
- Representatives from the Internationally Educated Dietitians Pre-registration Program (IDPP) and the Preparation for Practice in Canada for Internationally Educated Professionals in Nutrition (IEPN) at Ryerson University
- Internationally Educated Dietitians (IEDs)

How much does the PBA cost?

The cost to complete the PBA is \$2300. Candidates who are eligible for the PBA will be notified about the registration process and deadlines.

The fee is subject to the College's refund policy 6-40 (Candidates unable to write the KCAT/PBA due to compelling reasons):

<http://www.collegeofdietitians.org/programs/registration/plar-policies.aspx>

Withdrawing from writing the PBA and Refunds

To WITHDRAW your application, you must request this in writing and the request must be received on or before the deadline for PBA registration.

If you do not withdraw your application as per the above timeline OR do not write the PBA, the PBA fee may be FORFEITED.

Exceptions – Compelling Reasons:

Please note that under some circumstances, candidates may withdraw from writing the exam on or near the scheduled PBA. If a candidate chooses to write the PBA under circumstances that affect their ability to concentrate, the exam result cannot be annulled.

If you are unable to write the Exam due to compelling reasons beyond your control, you may apply to for:

- a refund of the Exam fee
- withdrawal of candidacy

Consideration will be given, but is not limited, to:

- accidents
- bereavement
- illness
- weather or travel disruption

To be eligible for a refund, you or your designate must apply in writing. Clearly state the circumstances of why you were unable to write the PBA. This request must be RECEIVED within 2 business days following the PBA administration date. Please include any supporting documentation. The College will inform you of its decision within 14 business days of receipt of your request. If your request for a refund is approved, the Exam fee will be refunded minus the admin fee of \$55, and you will receive information regarding the next administration.

NOTE: If your withdrawal from the PBA results in costs to the College that cannot be recovered, the amount of refund will be reduced to cover the costs to the College.

When and where will I complete the PBA?

The PBA is currently administered one time per year. Administration Dates will be displayed on the College website.

Location:

Touchstone Institute
145 Wellington St. W.
Toronto ON, M5J 1H8
<http://www.touchstoneinstitute.ca>

Arrival time:

On the day of the exam, plan to arrive between 8: 15 a.m. and 8:45 a.m. for registration. Introductions and orientation will start promptly at 9:00 a.m.

A representative will meet you at the registration desk on the 7th floor.

End time:

The PBA will be completed by 6:00 p.m.

What is assessed in the PBA (what is the PBA blueprint)?

The PBA assesses dietetic competency and is based on an exam blueprint. A blueprint outlines the content areas that will appear on the PBA.

The blueprint is based on a sampling of competencies and related internship/practicum performance indicators in the Integrated Competencies for Dietetic Education and Practice (ICDEP). Available at: <https://www.pdep.ca/library/Accreditation-Policies-and-Standards/PDEP-ICDEP-2013-.aspx>

PBA Blueprint:

The distribution of content is outlined below.

| Competencies | | |
|-----------------------------|--|--|
| Area of Practice | Nutrition Care Population and Public Health Management Professional Practice* Communication and Collaboration* | Approx. 25-35% Approx. 20-30% Approx. 20-30% |
| Competencies | Items cover competencies such as assessment, planning, implementation and evaluation. | |
| Structural Variables | | |
| Examination Format | The PBA has two separate components: | |
| | Written Component Oral Component | Approx. 60% Approx. 40% |
| Cognitive level | The contents of the PBA will primarily measure application and critical thinking. Most of the content is at the critical thinking level. | |

*Professional Practice and Communication and Collaboration competencies are embedded within the Nutrition Care, Population and Public Health and Management components of the PBA.

Additional information

Practice settings

The following outlines the possible practice settings used in the PBA:

- Hospital acute care institutions (adult and pediatric)
- Hospital chronic care institutions (adult and pediatric) and rehabilitation centres
- Long-Term Care homes
- Home based care
- Community based settings (e.g. diabetes education centre, community health centre, public health department)
- Primary health care settings
- Schools
- Government/institutions
- Industry
- Private practice
- Non-governmental organizations (NGOs)
- Correctional facilities
- Educational institutions

Practice settings are not defined in the PBA. While the setting may help to provide context, you are being assessed on your competency, not your knowledge of the practice setting.

Clients

The clients presented in the PBA may be:

- An individual client
- A group of clients
- Colleagues, staff members, family members
- An employer, employee, organization
- A community, population etc.

Client conditions

Cases and questions on the PBA will reflect a range of client conditions.

Language use and cultural context

The PBA underwent a review to ensure clarity of language and screening for cultural bias. Any questions that require knowledge of the Canadian cultural context are assessed at entry-level dietetic practice and not beyond.

Foods

Foods are not defined in the PBA. It is expected that applicants will have sufficient knowledge of food and food practices, and these may be included in cases, and not defined.

Medical and dietetics-related terminology

Medical and dietetics-related terminology are not defined in the PBA.

Provincial legislation, regulations and policies

Since the PBA is national in scope, legislation, regulations and policies may be referred to in a general sense, but knowledge of specific provincial legislation, regulations and policies is not required. *

*Note: Upon successful completion of the PBA, applicants must write and pass the Jurisprudence Knowledge and Assessment Tool (JKAT). The JKAT is an online knowledge acquisition and assessment tool designed to improve dietitians' knowledge and application of laws, standards, guidelines and ethics relevant to the profession of dietetics in Ontario. Visit: [https://www.collegeofdietitians.org/Web/Members/Quality-Assurance/Jurisprudence-Knowledge-Assessment-Tool-\(JKAT\).aspx](https://www.collegeofdietitians.org/Web/Members/Quality-Assurance/Jurisprudence-Knowledge-Assessment-Tool-(JKAT).aspx) for more information.

What is the schedule for the day of the PBA?

Please ensure you arrive on time in the morning.

Candidates will be divided in to two groups, with slightly different schedules for the day of the PBA. The schedule for each group is as follows:

Group 1:

| Time | Activity |
|----------------|---|
| 8:30-8:45 a.m. | Registration and sign in |
| 9:00-9:30 a.m. | Introduction and orientation |
| 9:30-1:15 p.m. | Complete written component of PBA (Total of 3.5 hours plus 15-minute break if needed) |
| 1:15-2:15 p.m. | Lunch break |
| 2:15-2:25 p.m. | Orientation to oral component of the PBA |
| 2:30-6:00 p.m. | Complete oral component of PBA (1 hour to review cases, total of 2 hours and 5 minutes for oral interviews plus 15-minute break if needed) |
| 6:00 p.m. | Sign out |

Group 2

| Time | Activity |
|----------------|---|
| 8:30-8:45 a.m. | Registration and sign in |
| 9:00-9:30 a.m. | Introduction and orientation |
| 9:30-1:00 p.m. | Complete Oral component of PBA (1 hour to review cases and a total of 2 hours and 5 minutes for oral interviews, plus 15-minute break if needed) |
| 1:00-2:00 p.m. | Lunch break |
| 2:00-2:10 p.m. | Orientation to oral component of the PBA |
| 2:15-6:00 p.m. | Complete written component of PBA (Total of 3.5 hours plus 15-minute break if needed) |
| 6:00 p.m. | Sign out |

Lunch break: You may not leave the premises for lunch. Therefore, you are responsible to bring your own bagged lunch. You may store your lunch in the refrigerator available. There is a microwave available as well for use.

How is the PBA structured?

The PBA includes seven written cases and five oral cases for a total of 12 cases. Each case has a case stem (i.e. a case scenario) and between two and five questions. See sample cases in Appendix B.

Written case breakdown

| | Case name | Number of questions | Marks |
|---|------------------------------------|---------------------|-------|
| Nutrition Care (3 cases) | | | |
| 1. | Nutrition Screening and Assessment | 5 | 31 |
| 2. | Nutrition Assessment and Planning | 2 | 29 |
| 3. | Use of Nutrition Evidence | 4 | 22 |
| Population and Public Health (2 cases) | | | |
| 4. | Program Assessment and Planning | 5 | 38 |
| 5. | Program Planning and Evaluation | 3 | 15 |
| Management (2 cases) | | | |
| 6. | Menu Planning | 5 | 36 |
| 7. | Strategic and Operational Planning | 4 | 24 |
| Total marks | | | 195 |

Oral case breakdown

| | Case name | Number of questions | Marks |
|--|---|---------------------|-------|
| Nutrition Care (2 cases) | | | |
| 1. | Nutrition Screening and Assessment | 4 | 31 |
| 2. | Nutrition Implementation and Evaluation | 4 | 21 |
| 3. | Nutrition Counselling | 4 | 24 |
| Population and Public Health (1 case) | | | |
| 4. | Program Implementation and Evaluation | 4 | 29 |
| Management (1 case) | | | |
| 5. | Orientation and Training | 5 | 41 |
| Total marks | | | 146 |

What are the PBA assessment criteria?

Your written and oral responses will be assessed on the following criteria:

| Criteria | To achieve full marks, your response: |
|-------------------|--|
| Accuracy | <ul style="list-style-type: none"> Is accurate |
| Comprehensiveness | <ul style="list-style-type: none"> Is sufficiently comprehensive compared to what is expected at Canadian entry-level practice |
| Professionalism | <ul style="list-style-type: none"> Does not include any unsafe behaviours (i.e. a behaviour that would put a client at risk or cause harm) Is within a dietitian's scope of practice Respect clients' rights, dignity, uniqueness and/or perspectives Ensures client consent, when required Does not breach client confidentiality and/or privacy Does not demonstrate conflict of interest or a boundary crossing Is not illegal |

Extra marks will not be given if you provide additional information other than what is being asked in the questions. Additional information that you provide other than what is being asked in the questions may negatively affect your mark if it is inaccurate, unsafe or unprofessional.

For written cases:

- Marks will not be deducted for spelling and grammar errors, as long as it does not affect the meaning of your response. However, it is important to ensure your responses are clear, organized, logical and client-centred.

For oral cases:

- Marks will not be deducted for pronunciation errors as long as it does not affect the meaning of your response. However, it is important to ensure your responses are clear, organized, logical and client-centred. It is also important to use an appropriate tone of voice.

How is the PBA administered?

The purpose of the instructions below is to orient you to how the PBA will be administered. These instructions will be reviewed with you on the day of the PBA and will be provided to you in written format as well.

Written cases

General information

- You will complete the written cases in a room with other applicants. Each of you will complete the written cases on a desktop computer.
- There will be an invigilator present. Contact an invigilator immediately if you have any problems with the computer or if there are any distractions you would like addressed (i.e. noise etc.).
- Each case will be in a Word document file format. You must click in the boxes provided to type your responses. The boxes expand as you type. Do not type outside of the boxes provided.
- You can complete the seven written cases in any order you wish.
- Your responses can be written in full sentences and/or point form, as you see fit, as long as your responses are clear.
- Do not use abbreviations in your responses.
- You will not have access to the Internet.
- A calculator, blank paper, pen and the Sunnybrook Clinical Nutrition Handbook will be provided.
- **Remember to PRESS SAVE periodically when completing each case. PRESS SAVE before closing each case.**

Timing

- In total, you have 3.5 hours to complete the seven written cases. This is approximately **30 minutes** per case, however, you can choose to allocate your time as you see fit.
- You have an additional 15 minutes to take a break (i.e. go to the bathroom etc.) if you require it. An invigilator will escort you to the bathroom.
- A timer will be visible so that you know how much time has elapsed.

Oral cases

General information

- An interviewer will administer the five oral cases. Only you and one interviewer will be present during the oral case administration.
- Your responses will be audio recorded. You will be asked to sign a waiver allowing your oral responses to be audio recorded.
- Please note: The interviewer who will administer the oral cases is NOT assessing your responses. He or she is simply asking the questions for the oral cases. Your audio-recorded responses will be assessed at a later date.
- You may ask the interviewer to repeat questions, however, the interviewer may not re-word questions, clarify questions, or provide further information.
- A calculator, blank paper, pen and the Sunnybrook Clinical Nutrition Handbook will be provided.
- Do not use abbreviations in your responses. If you do, the interviewer may ask you to clarify or explain, as required.

Prior to the administration of the oral cases

- You will be given 60 minutes to review all five oral cases and questions. There is space per question to take notes as you see fit. There is also a blank piece of paper at the end of each case for additional note taking. You may use your notes during the oral interview.

Timing

- You are given **25 minutes** to complete each case. In total, you have 2 hours and 5 minutes to complete the five oral cases.
- You must manage your own time in order to complete each case within the 25-minute timeframe. A timer will be available for you to refer to. The timer will start after the interviewer finishes reading each case stem.
- You have an additional 15 minutes to take a break (i.e. go to the bathroom etc.) if you require it. The interviewer will escort you to the bathroom.
- During the oral interview, you are allowed to take time to think through your responses prior to answering the questions, if desired.
- For each case, if time permits, you are allowed to add to your responses to previous questions.
- Any responses provided after the 25-minute timeframe is over will not be assessed, however, you can complete your final thought.
- If you have completed a case in less than 25 minutes, the interviewer will move on to the next case.

The interviewer's role

- The interviewer will greet you and review a few instructions about the oral interview.

- The interviewer will ask you what order you wish to complete the oral cases (you can complete them in any order you wish). However, once the interviewer begins administering a case, you cannot switch to another case. You also cannot change the order of the case questions.
- The interviewer will read each case stem (i.e. case scenario) and each question out loud. He or she will pause between questions so that you can provide your responses. Any data provided such as medical chart notes and/or food intake records will not be read out loud by the interviewer.
- The interviewer will operate a timer and the audio recording device. The timer will be visible so that you know how much time has elapsed.
- The interviewer may repeat questions, but cannot rephrase questions or provide further information.
- The interviewer can ask you to repeat what you said or ask you to speak louder if required to ensure the audio recording is clear.
- The interviewer will not engage in conversation during the oral interview. Communication will solely be to read the case stems and questions. He or she will also not prompt you for further information.
- The interviewer will not make comments or share his or her impressions of your performance.
- The interviewer's role is to remain neutral while administering the oral interview.

What PBA policies should I be aware of?

PBA policies and procedures are available on the CDO website:

<http://www.collegeofdietitians.org/programs/registration/plar-policies.aspx>

When will I receive my results?

You will receive your PBA results within approximately 10-12 weeks of the assessment date from CDO.

What will the results tell me?

CDO will utilize PBA results to direct applicants to:

1. Proceed to the next step of the Prior Learning Assessment and Recognition (PLAR) process, which is the completion of the Jurisprudence Knowledge and Assessment Tool (JKAT)*. Upon successful completion of the JKAT, applicants may apply to CDO in order to write the Canadian Dietetic Registration Examination (CDRE). To be eligible for the CDRE, all other registration requirements must be met. See <http://www.collegeofdietitians.org/applicants/registration-requirements.aspx>
OR
2. Complete additional practical training before re-attempting the PBA.

Visit <http://www.collegeofdietitians.org/applicants/registration-requirements/education-and-training/plar-process.aspx> for an overview of the full Prior Learning Assessment and Recognition (PLAR) process.

*Note: The JKAT is an online knowledge acquisition and assessment tool designed to improve dietitians' knowledge and application of laws, standards, guidelines and ethics relevant to the profession of dietetics in Ontario. Visit: [https://www.collegeofdietitians.org/Web/Members/Quality-Assurance/Jurisprudence-Knowledge-Assessment-Tool-\(JKAT\).aspx](https://www.collegeofdietitians.org/Web/Members/Quality-Assurance/Jurisprudence-Knowledge-Assessment-Tool-(JKAT).aspx) for more information.

Who should I contact if I have questions about the PBA Preparation Guide?

If you have any questions, please contact Heena Vyas, Registration Coordinator, at 416-598-1725 Ext. 231 or Heena.Vyas@collegeofdietitians.org.

What should I know about the day of the PBA?

Government issued photo identification

- You must bring a government issued photo identification (ID) with signature in order to be admitted to complete the PBA. Approved forms of ID are:
 - Drivers License, Government Issued ID card (must have photo and signature), Passport, Military ID card.
 - No other forms of ID will be accepted.

During registration

- You will be required to sign a waiver allowing your oral responses to be audio recorded.
- You will also be required to sign a confidentiality agreement. Any discussion of the PBA, including the informal or organized sharing of and distribution of questions based on memory or recall, is not permitted, and means that you have breached confidentiality, as well as compromised your integrity and the standard of entry to the dietetic profession. See CDO PLAR policy 6-60 Disqualification and Cheating: <http://www.collegeofdietitians.org/programs/registration/plar-policies.aspx>
- You will not be permitted to complete the PBA if you do not sign the waiver and confidentiality agreement.

Access to cell phones and other electronic devices

- Cell phones, tablets, watches and any other electronic devices must be stored away during the written and oral components of the PBA. You may only use these devices during the lunch break and after you leave for the day.
- In case of an emergency, family members may call Touchstone Institute at (416) 924-8622

Personal belongings

- No personal belongings will be permitted in the examination rooms. Do not bring pens, pencils, paper, notebooks, calculators or other resources. Everything you need will be provided to you.
- Personal belongings such as cell phones, watches, purses and coats will be stored in a room and supervised at all times, however, CDO and Touchstone Institute are not responsible for lost or stolen items.

Water snacks and lunch

- No food or drink will be allowed inside the exam room during the written assessment.
- Water will be made available to you during the written and oral assessments.
-
-
- You will not be permitted to leave the exam site over the lunch break. Therefore, you must bring your own bagged lunch. You can also bring additional snacks and drinks to access during breaks.
-

Use of earplugs

- You may use earplugs during the written component of the PBA. Earplugs will be provided by CDO.

Appendix A: Suggested resources

The purpose of the PBA is to assess your competency as compared to the standards of dietetics practice in Canada. Your formal education, practical training and work experience should have helped to prepare you for the PBA. To help you determine what and how much additional preparation is required, we strongly recommend that you:

Visit and complete the Canadian Dietetic Practice Orientation and Self-Assessment Tool (OSAT) available at www.dietitiansselfassessment.ca.

- The OSAT will provide you with an orientation to Canadian Dietetic Practice, and assist you in reflecting on your knowledge and skills compared to the standards required to practice dietetics in Canada. This website is for informational purposes only and is offered free of charge.
- It is recommended that you read all the content of the website, then sign up to **“Complete My Self-Assessment”**. The Self-Assessment section builds on the content described in the website.
- Once you have completed your self-assessment, you will find resources within the website that may help you further explore dietetic practice in Canada. Please see the **“Resources”** section for further detail. The resources provided may be used in Canadian dietetic education and training programs, as well as in Canadian bridging programs and processes. Please keep in mind that this list is not exhaustive and is for general reference only.

Any specific information you enter on this website will not be available to any provincial dietetic regulatory body. Only summarized anonymous data on the website’s usage will be collected for the purposes of monitoring and evaluating the website. Your self-assessment survey has no impact on the PBA or the registration process.

Review suggested learning resources

Once you have noted any learning needs or areas you may need to strengthen, you may wish to consult learning resources as needed. It is your responsibility to find suitable resources that address your specific learning needs.

You may wish to review textbooks, websites, practice guidelines, etc. used in nutrition and food undergraduate education programs and in dietetic practical training.

Please note: The following learning resource list provides some examples of publications which may be used in Canadian dietetic education and training programs. This is not an exhaustive list and is for general reference only. These learning resources are not necessarily the only materials available, nor necessarily the sources of PBA exam questions.

Public reference libraries or university libraries may have resources for your preparation. You may wish to consult library catalogues online first. Generally, university libraries are publicly accessible and visitors can browse the print collection and may use materials onsite.

Nutrition Care

Abdullah, K., Zlotkin, S., Parkin, P., & Grenier, D. (2011). *Iron-deficiency anemia in children*. Ottawa: Canadian Pediatric Surveillance Program, Canadian Pediatric Society. Retrieved from <http://www.cpsp.cps.ca/uploads/publications/RA-iron-deficiency-anemia.pdf>.

Alberta Health Services (2016). *Nutrition Guideline; Cardiovascular Care – Heart Healthy*. Retrieved from <https://www.albertahealthservices.ca/assets/info/nutrition/if-nfs-ng-heart-healthy.pdf>

American Society for Parenteral and Enteral Nutrition. (2015). *Clinical Guidelines*. Retrieved from https://www.nutritioncare.org/Guidelines_and_Clinical_Resources/Clinical_Guidelines/

Anderson, T. J., Grégoire, J., Pearson, G. J., Barry, A. R., Couture, P., Dawes, M., . . . Ward, R. (2016). 2016 canadian cardiovascular society guidelines for the management of dyslipidemia for the prevention of cardiovascular disease in the adult. *Canadian Journal of Cardiology*, 32(11), 1263-1282. doi:10.1016/j.cjca.2016.07.510

Aveyard, H., & Sharp, P. (2013). *A beginner's guide to evidenced based practice in health and social care* (2nd Ed). New York, NY: McGraw-Hill Open University Press.

Berdanier, L., Berdanier, C. (2012). *Case Studies in Physiology and Nutrition*. CRC Press.

Canadian Diabetes Association (2013). Clinical practice guidelines for the prevention and management of diabetes in Canada. A position statement by the Canadian Diabetes Association. *Can J Diabetes* 37(1):2013. <http://guidelines.diabetes.ca>

Canadian Malnutrition Task Force (2015). Nutrition Care in Canadian Hospitals Study. Brief synopsis of results. Retrieved from <http://www.nutritioncareincanada.ca/research/nutrition-care-in-canadian-hospitals-study/results>

Council for Continuing Pharmaceutical Education. (2013). Tables of Normal Values. Retrieved from https://www.ccpe-cfpc.org/wp-content/uploads/2018/03/normal_values.pdf

Del Fabbro, E., Baracos, V., Demark-Wahnefried, W., Bowling, T., Hopkinson, J., Bruera, E. (2012). *Nutrition and the Cancer Patient*. Oxford, UK: Oxford University Press.

Dietitians of Canada. (2014). eNCPT: Nutrition Terminology Reference Manual. Retrieved from <https://www.dietitians.ca/Member/Resources-from-A-Z/Nutrition-Care-Process/eNCPT-Online-Manual.aspx> (Must be a member to access link).

Dietitians of Canada (2015). *Defining the Role of the Dietitian in Dysphagia Assessment and Management. A Statement of Dietitians of Canada*. Retrieved from <https://www.dietitians.ca/Downloads/Public/Dysphagia-Role-Paper-2015.aspx>

Dietitians of Canada (2017). Practice-based Evidence in Nutrition. Retrieved from: <http://www.pennutrition.com>

Dietitians of Canada (2019). Dysphagia Learning On-Demand Courses: [Nutrition Care Process in Dysphagia](#)
[Professional Practice in Dysphagia Management](#)
(Must be a member to access links).

Emery, E.Z. (2012). *Clinical Case Studies for the Nutrition Care Process*. Jones & Bartlett Learning.

Escott-Stump, S. (2008). *Nutrition and Diagnosis – Related Care*. (6th Ed.). Lippincott Williams & Wilkins.

Gibson, R. (2005). *Principles of Nutrition Assessment*. New York: Oxford University Press.

Giroux, I. (2008). *Applications and Case Studies in Clinical Nutrition*. Baltimore, MD: Lippincott Williams & Wilkins.

Hark, L., Morrison, G. (2009). *Medical Nutrition & Disease. A Case-Based Approach*. (4th Ed.). Wiley-Blackwell.

Katsilambros, N., Dimosthenopoulos, C., Kontogianni, M., Manglara, E., Poulia, K.A. (2010). *Clinical Nutrition in Practice*. Wiley-Blackwell.

Mahan, L.K., Escott-Stump, S., Krause, M.V. (2012). *Krause's food & the nutrition care process*. (13th Ed.). St Louis, MO: Elsevier/Saunders.

Medical Council of Canada. (2016). Clinical Laboratory Tests Normal Values. Retrieved from http://apps.mcc.ca/Objectives_Online/objectives.pl?lang=english&loc=values

Mueller, C.M. (2012). *The A.S.P.E.N. Adult Nutrition Support Core Curriculum*. (2nd Ed.). American Society for Parenteral and Enteral Nutrition.

National Collaborating Centre for Acute Care (NICE) (2006). *Nutrition support in adults Oral nutrition support, enteral tube feeding and parenteral nutrition*. National Collaborating Centre for Acute Care, London. Retrieved from <https://www.nice.org.uk/guidance/cg32/evidence/full-guideline-194889853>

Nelms, M., Long, S., Lacey, K. (2009). *Medical nutrition therapy: A case study approach*. (3rd Ed.). Belmont, CA: Wadsworth.

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Appendix B: Sample PBA cases

Below are three sample cases and related questions. Due to the potential variability in correct and acceptable responses to the questions below, an answer key has not been provided. Please refer to the resources section to assist you in your preparation for the PBA, if required. As mentioned earlier, responses will be assessed on accuracy, comprehensiveness and professionalism.

The allocated point values per case are for illustrative purposes only.

Nutrition Care

Written Case Total points: 30

Mrs. Jewell has been referred to you in the outpatient clinic by her respirologist for nutrition assessment and management. She was diagnosed with emphysema/chronic obstructive pulmonary disease (COPD) eight years ago.

She had been stable with no limitations on her activity or lifestyle until about one year ago when she developed decreased exercise tolerance, increasing shortness of breath during household activities and frequent upper respiratory tract infections.

Mrs. Jewell has experienced significant weight loss over the past year with decreased appetite and food intake. She feels fatigued quite easily and has bone and joint pain. This limits her activity and makes it difficult for her to complete daily household tasks such as preparing meals. She does not like to leave her house very often, especially since her husband died.

Mrs. Jewell has been hospitalized three times in the past year for exacerbation of COPD and pneumonia. She was discharged one month ago from a three week hospital stay. Her only other medical issue is hypertension, which is well controlled by medication.

During her most recent hospitalization, she was able to gain some weight, which she said improved her energy and activity level. However, over the past month since her discharge, she has started to lose weight, and her energy level has decreased back to her previous level.

Laboratory Results

| Today (day of assessment) | Normal values | One month ago (hospital discharge) |
|---------------------------|--------------------------------|------------------------------------|
| Na 144 | 135 – 145 mmol/L | 138 |
| K 3.8 | 3.5 – 5.0 mmol/L | 4.2 |
| PO4 0.82 | 0.80 – 1.33 mmol/L | 1.07 |
| Urea 1.8 | 2.5 - 8.0 mmol/L | 3.8 |
| Creatinine 21 | 55 – 100 umol/L | 26 |
| Albumin 28.0 | 35 – 50 g/L | 32 |
| Prealbumin 0.14 | 0.18 – 0.45 g/L | 0.19 |
| pO2 75 | 83 – 108 mmHg | 78 |
| pCO2 62 | 35 – 45 mmHg | 61 |
| LKC 7.8 | 4.0 – 10.0 x10 ⁹ /L | 6.9 |
| Hemoglobin 89 | 115 – 160 g/L | 92 |
| MCV 72.4 | 79.0 – 97.0 fL | 74.4 |
| RDW 18.4 | 12 – 15% | 17.6 |

Medical Chart Information

Past medical history

- Diagnosed with emphysema/chronic obstructive pulmonary disease (COPD) eight years ago; ex-smoker, quit 9 years ago; remained stable with no hospitalizations until approximately one year ago
- Developed decreased exercise tolerance; increasing shortness of breath during household activities; frequent upper respiratory tract infections; hospitalized three times in the past year
- Bone, joint and muscle pain has increased over the past three months
- Hypertension, well controlled with medication

Social history

- 71 year old woman, lives alone
- Husband passed away 14 months ago
- Three adult children; five grandchildren; all live several hours away

Diet history

- Appetite decreased slightly but she feels that it's due to fatigue after preparing her meals
- Feels full quite quickly
- Avoids milk and milk products because of lactose intolerance

Three day food record:

- Average intake: 1385 calories, 41.2 grams protein

| Physical assessment | Functional status |
|---|---|
| <p>Moderate wasting of temporalis, pectoralis and deltoid muscles; mild edema of lower limbs; no loss of subcutaneous fat; nails very brittle, break easily, spoon shaped; skin quite pale; increase in hair loss</p> | <p>Gradual decline in exercise tolerance over the past 12 months; fatigues very easily; finds activities of daily living (ADL) difficult; meal preparation fatigues her; spends most of her time in the house due to fatigue and pain</p> |
| Medications and supplements | Anthropometric data |
| <p>Medications:</p> <ul style="list-style-type: none"> • Roflumilast (Daliresp) 500 mcg by mouth daily (phosphodiesterase inhibitor; decreases swelling in lungs) • Tiotropium (Spiriva) inhaler three puffs daily (bronchodilator; relaxes air passages) • Ipratropium (Atrovent) inhaler two puffs prior to activity (bronchodilator; relaxes air passages) • Fluticasone/Salmeterol (Advair) inhaler two puffs twice daily (steroid/long-acting beta-agonist; decreases swelling/relaxes air passages) • Olmesartan Medoxomil (Olmotec) 20 mg by mouth daily (anti-hypertensive) <p>Supplements:</p> <ul style="list-style-type: none"> • Omega-3 supplement, one tab daily by mouth | <p>Height: 147 cm (58 inches) Weight 43.4 kg (95.5 lbs) today Body Mass Index (BMI): 20.1 kg/m²</p> <p>Weight change:</p> <ul style="list-style-type: none"> • Decrease of 0.7 kg (1.5 lbs) over the past month since discharge from hospital • Weight had increased 1.5 kg (3.3 lbs) over three week hospital stay • Weight one year ago was 47.7 kg (105 lbs) |

Question 1:

What are the limitations of using Body Mass Index (BMI) as anthropometric assessment data for Mrs. Jewell?

| |
|--|
| |
|--|

Question 2:

Based on the information provided, identify three reliable types of nutrition assessment data that will help you assess Mrs. Jewell’s current nutritional status? For each, explain why it is reliable.

| | Nutrition assessment data | Explain why it is reliable |
|---|---------------------------|----------------------------|
| 1 | | |
| 2 | | |
| 3 | | |

Question 3:

What are three nutrition problems that you identify? Provide your rationale for each.

| | Nutrition problem | Rationale |
|---|-------------------|-----------|
| 1 | | |
| 2 | | |
| 3 | | |

Question 4:

Identify two micronutrient deficiencies that Mrs. Jewell may have. What further information would you request to help identify them?

| | Possible micronutrient deficiency | Further information you would request |
|---|-----------------------------------|---------------------------------------|
| 1 | | |
| 2 | | |

Question 5:

Mrs. Jewell is discouraged because she was not been able to maintain the weight she gained while she was in the hospital. She is also discouraged because she has had a loss in energy and activity level. She feels she is eating the same amount and types of food at home compared to what she was eating when she was discharged.

What two factors may be impacting her decrease in weight, energy and activity level at home?

| Factors impacting Mrs. Jewell at home | |
|---------------------------------------|--|
| 1 | |
| 2 | |

Population and Public Health

Oral Case Total points: 28

You are a dietitian working in a community health centre. You are responsible for coordinating a monthly program, which provides education to adults in order to help prevent or manage Type 2 diabetes.

Every month, you provide education sessions to the nurses on your interdisciplinary healthcare team on various nutrition topics related to Type 2 diabetes. You have been asked to provide an education session on low glycemic index foods using the Canadian Diabetes Association Clinical Practice Guidelines¹.

Note: Applicant is provided with the following resource:

The Glycemic Index: <http://guidelines.diabetes.ca/health-care-provider-tools/glycemic-index>

Question 1:

Before planning for your education session, you would first like to better understand the needs and expectations of the nurses on your healthcare team.

¹ Canadian Diabetes Association Clinical Practice Guidelines Expert Committee. Canadian Diabetes Association 2013 Clinical Practice Guidelines for the Prevention and Management of Diabetes in Canada. Can J Diabetes 2013;37(suppl 1):S1-S212.

Identify two audience characteristics or contextual factors you would like to know more about to help plan your education session. Explain your rationale for why you would want to collect this information.

| | Audience characteristic or contextual factor | Rationale |
|---|--|-----------|
| 1 | | |
| 2 | | |

Question 2:

For your education session, you will introduce and explain the Canadian Diabetes Association’s Practice Guidelines’ recommendation on choosing low glycemic index foods. Your presentation should include:

- A brief introduction
- A description of the Diabetes Practice Guidelines’ recommendation on low-glycemic foods
- An explanation of the difference between low, medium and high glycemic index foods
- An example of how to help clients incorporate low glycemic foods as part of their daily diet
- A brief conclusion

You have up to 15 minutes to convey this information to your audience.

Notes:

Question 3:

During the education session, a nurse says that she doesn't find the glycemic index to be a useful tool to help clients control blood glucose levels. As a result, she often won't use this tool with clients. You feel strongly that it is important for the healthcare team to consistently adhere to the Canadian Diabetes Association Practice Guideline recommendations.

Identify and explain two active listening techniques you should use to address the nurse's concern.

| | Active listening technique | Explanation of active listening technique |
|---|----------------------------|---|
| 1 | | |
| 2 | | |

Question 4:

After the education session, you asked participants to provide feedback using an anonymous online survey. You received 10 responses. The questionnaire used a 5-point Likert scale with a range of outcomes from 'Strongly Disagree' to 'Strongly Agree.' Sixty percent of respondents (N=6) indicated that they 'Disagreed' or 'Strongly Disagreed' that the information on the glycemic index was clear and easy to understand.

Identify two strategies to address this feedback in future education sessions. Provide your rationale for each.

| | Strategy | Rationale |
|---|----------|-----------|
| 1 | | |
| 2 | | |

Management

Written case Total points: 28

You are a dietitian working at a government funded early childhood education centre. You are responsible to oversee the proper provision of food and foodservices at the centre. The centre provides breakfast, a mid-morning snack, lunch, and an afternoon snack to the children.

The centre provides services to 30 ethnically diverse preschool children ranging from two to five years old.

Question 1:

You are responsible to design a new four-week menu for the preschool children. Identify four menu planning principles that you should follow when developing the new menu. Explain why each menu planning principle should be followed considering your clients' needs.

| | Menu planning principle | Explain why it is important to follow the menu planning principle considering your clients |
|---|-------------------------|--|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

Question 2:

Before you develop the new four-week menu, you need to obtain feedback on the current menu. Identify three stakeholders you should approach. For each, explain why it is important to obtain information from the stakeholder. Explain what information you expect each stakeholder to provide.

| | Stakeholder you should approach | Why is it important to obtain information from the stakeholder? | What information do you expect the stakeholder to provide? |
|---|---------------------------------|---|--|
| 1 | | | |
| 2 | | | |
| 3 | | | |

Question 3:

As you plan to introduce the new four-week menu, you need to forecast the number of servings for each menu item. You speak with the foodservice staff and ask them to

provide their best estimates. Identify three additional sources of information that will assist with forecasting.

| | Sources of information that will assist with forecasting |
|---|--|
| 1 | |
| 2 | |
| 3 | |