

# Ethics and Professionalism: Knowing and Doing



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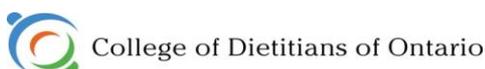
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<http://www.pixabay.com/>

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## Workshop Overview

1. Professionalism
2. Ethics, Values and Decision-making
3. Code of Ethics: Connecting Professionalism and Values
4. Ethical Reasoning and Decision-Making
5. Practice Scenarios
6. Summary & Resources
7. College Update



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## Imagine this...



Your car is rear-ended damaging the side panel above the bumper. The driver who hit you was texting and driving, but luckily, they are insured.

Prior to this accident, you think you may have been hit by a runaway shopping cart and there's a deep dent and scratch on your bumper.

When you go to the body shop for an estimate, the body shop owner suggests in addition to fixing the side panel, they can fix your whole bumper. He says you can claim that the damages were caused by the same collision.

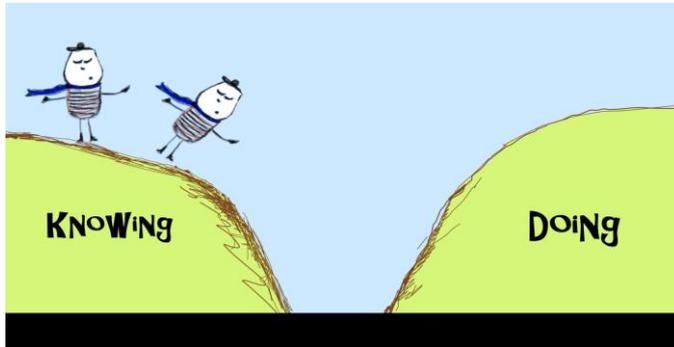
Otherwise, fixing the bumper will cost you an additional \$350.

He assures you that he has done this before and that you will have no trouble with the insurance company.

## What would you do?



- a) Do it (accept the offer)
- b) Refuse politely
- c) Refuse angrily and tell him this is illegal
- d) Refuse, tell him this is illegal, and then report this to the insurance company



## Section 1: Professionalism

### Professional = “profess”

To affirm, avow (verb) – which means to “promise”

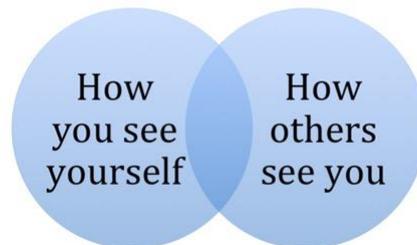
*“A professional is one who does their best work when they feel the least like working.” – Frank Lloyd Wright*

Being regulated includes specific knowledge and skills that sets one apart from others

## Becoming Professional – Individual

We are individuals

We have our own experiences, needs, values, expectations, & aspirations



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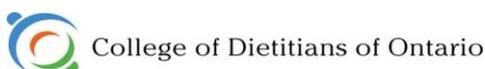
## Becoming Professional – Regulated

Accepting and participating in common (collective) behaviour(s)

A common set of values and actions

These establish profession identity that is recognized by others

## Forming a Social Contract with Society



QUALITY ASSURANCE



REGISTRATION



PRACTICE ADVISORY



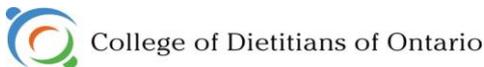
COMPLAINTS & DISCIPLINE

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## Becoming Professional – Self-Regulated



We are expected to regulate and monitor ourselves (“self-regulation”)



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## Becoming Professional – Mindset



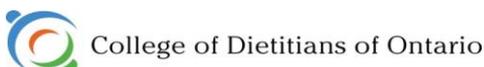
Act in best interest of your clients through ethics, laws, evidence-based practice, advocacy

Stay within Scope of Practice - or reasonably related

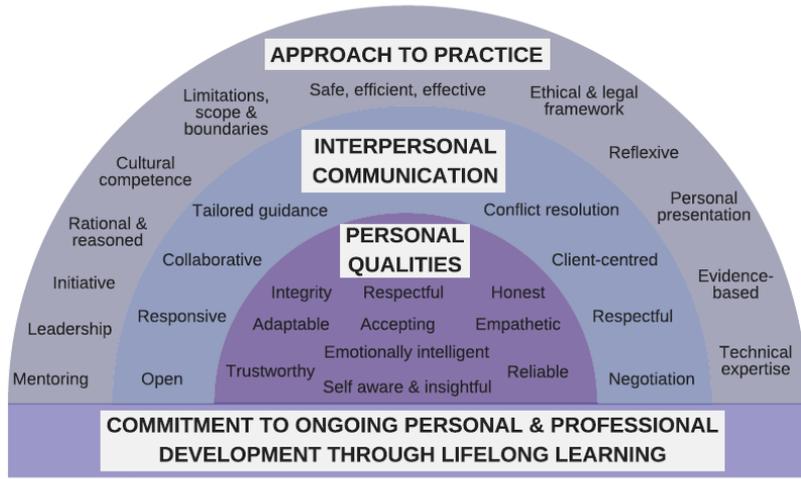
Stay within your individual competence/individual scope of practice

Follow professional standards and ethics

Communicate, document, and continue to learn



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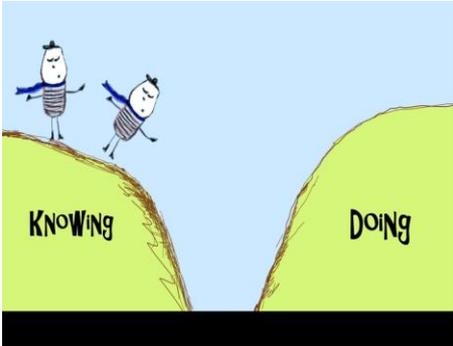
A conceptual model defining professionalism in nutrition and dietetics.

Dart, J., McCall, L., Ash, S., Blair, M., Twohig, C., & Palermo, C. (2019). Toward a Global Definition of Professionalism for Nutrition and Dietetics Education: A Systematic Review of the Literature. *Journal of the Academy of Nutrition & Dietetics*, 119(6), 957–971. <https://doi.org/10.1016/j.jand.2019.01.007>





Ensure maintenance of knowledge and skills through continuing competence  
Self-Directed Learning (SDL) Tool



## Section 2: Ethics, Values and Decision-Making

# Ethics: Set of behaviours that guide how we act



## What ethics is not...

### Feelings

- Feelings do not always coincide with what is **ethical**.

### Religion or Spirituality

- **Ethics** applies to everyone regardless of religious beliefs.

### Legality

- Not all laws are about ethics and not all ethics are made into laws.

### Culturally Accepted Norms

- Just because everyone is doing it does not make it right.

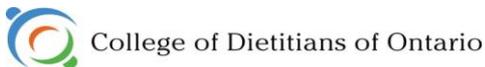
### Science

- Science alone cannot tell us what we should do **ethically**

Rank, S. (2017). Professional Ethics: Making the right decision. Audiology Online, 1-9. Retrieved from <http://search.ebscohost.com/login.aspx?direct=true&db=cam&AN=124306742&site=ehost-live>

## Ethics: Deals with Values

Values are the building blocks in enabling ethical, safe practice



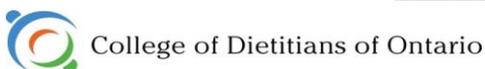
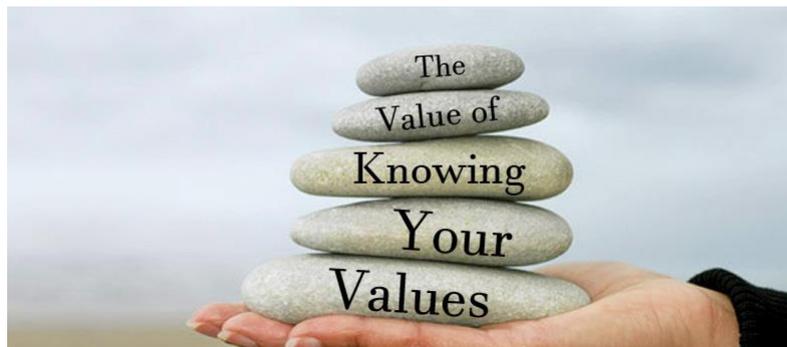
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### How would you define your values?

[Let's watch this Video](#)



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[https://www.mindtools.com/pages/article/newTED\\_85.htm](https://www.mindtools.com/pages/article/newTED_85.htm) 18

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### Step 1: Identify the times when you were happiest, most proud, & most fulfilled and satisfied (career and personal)

- What were you doing? What other factors contributed to your feelings of happiness/pride/fulfillment?

### Step 2: Determine and prioritize your top values

- Write down your top values, not in any particular order
- Look at the first two values and ask yourself, "If I could satisfy only one of these, which would I choose?"
- Keep working through the list, by comparing each value with each other value, until your list is in the correct order.

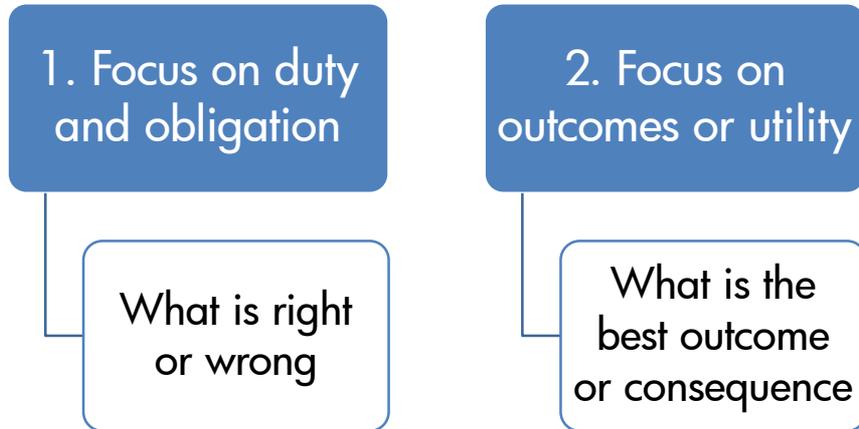
### Step 3: Reaffirm your values - do these top-priority values fit your vision for yourself? Are you proud of your top three values?

## Values: guide decisions

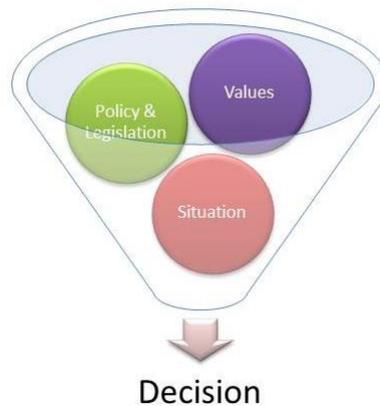
- When many options seem reasonable, **values** can be a strong guiding force to point you in the **right direction**, guiding behaviours and decisions

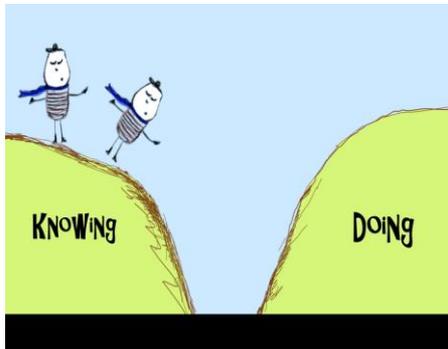


## Research about how values influence decision making



## Values are part of the decision-making process





## Section 3: Connecting Professionalism and Values into a Code of Ethics

### Video 1



## Not addressing changes in practice



### Process for updating:

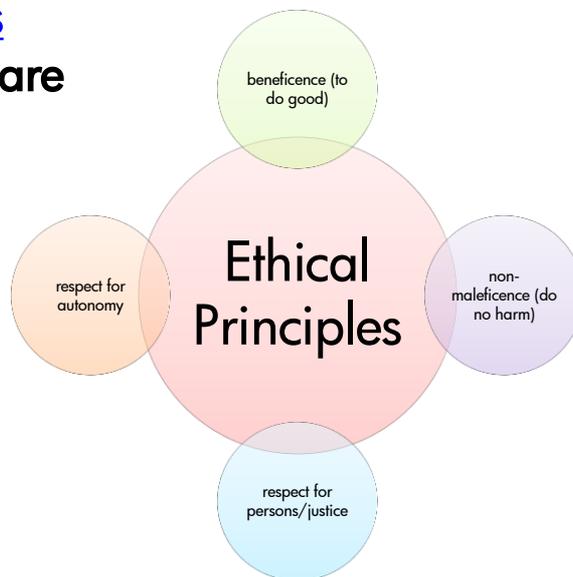
- environment scan
- review of literature
- consultation with
  - council/committee/other regulators/members/public

## New Code of Ethics

A reflection of the  
social contract  
dietitians have with  
society and clients



## New Code of Ethics based on four healthcare ethical principles



## Application of four healthcare ethical principles in dietetic practice

- Autonomy {
  - [Treat clients and/or their substitute decision-maker as self-governing decision-makers](#)
- Beneficence {
  - [To do good. Act in the best interest of clients and society](#)
- Non-Maleficence {
  - [To do no harm. Avoid and minimize harm to others](#)
- Respect for Persons/Justice {
  - [Show respect and treat others fairly and equitably](#)



- Autonomy { • Treat clients and/or their substitute decision-maker as self-governing decision-makers
- Beneficence { • To do good. Act in the best interest of clients and society
- Non-Maleficence { • To do no harm. Avoid and minimize harm to others
- Respect for Persons/Justice { • Show respect and treat others fairly and equitably

Demonstrates that you are open to client input, respect client decisions, accommodate choices and document treatment accordingly



# Consent

[learning modules](#) and videos which highlights the concept of **cultivating autonomy**



Unpacking Consent  
Professional & Regulatory Obligations  
for Dietetic Practice

MODULE 2:  
Informed Consent to Treatment

2017



Outline	Notes
<p>Welcome to the College's 2017 e-module 2 titled: Unpacking Consent, Professional and Regulatory Obligations for Dietetic Practice. In Module 1, we covered consent for the collection, use and disclosure of personal health information. In module 2 we will now cover informed consent to treatment in dietetic practice.</p>	

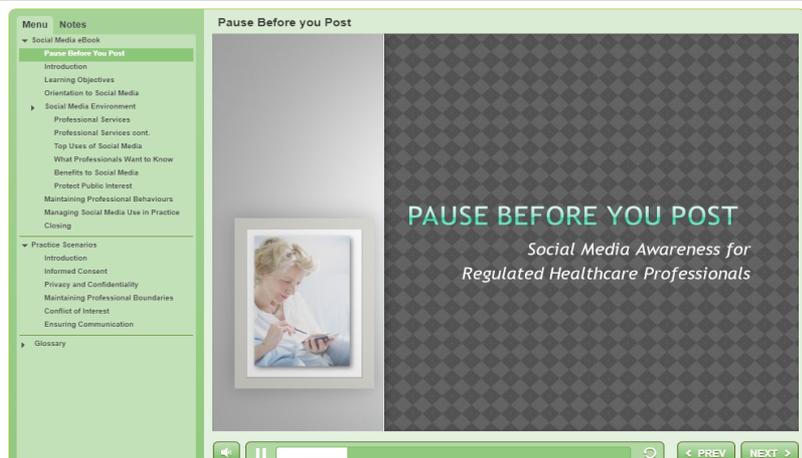


Autonomy	Treat clients and/or their substitute decision-maker as self-governing decision-makers
Benevolence	To do good. Act in the best interest of clients and society
Non-Malevolence	To do no harm. Avoid and minimize harm to others
Respect for Persons/Justice	Show respect and treat others fairly and equitably

Demonstrate responsibility by being accountable for actions when practising dietetics



Learning module  
support dietitians to do good by reflecting on their own use of social media in dietetic practice



demonstrate professionalism, constructive dialogue and civility when using social media

# Evidenced-Informed Decision-Making

[Learning module](#) to support dietitians in doing good and acting in the best interest of clients and society



## Evidence-Based Practice

### Regulatory and Professional Obligations for RDs



Science + Client Input + RD Practice

using the best evidence in balancing anticipated benefits & risks in supporting decisions



College of Dietitians of Ontario  
 Carole Chatalasingh, Ph.D., RD,  
 Practice Advisor and Policy Analyst  
 Contact

Outline Notes Search

Slide Notes

Welcome! This presentation is based on the 2012 College of Dietitians of Ontario workshop. It covers evidence-based practice and techniques in the context of the professional and regulatory obligations that apply to Registered Dietitians (RDs) in all areas of dietetic practice.

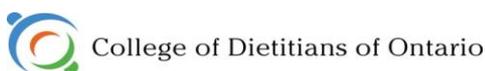
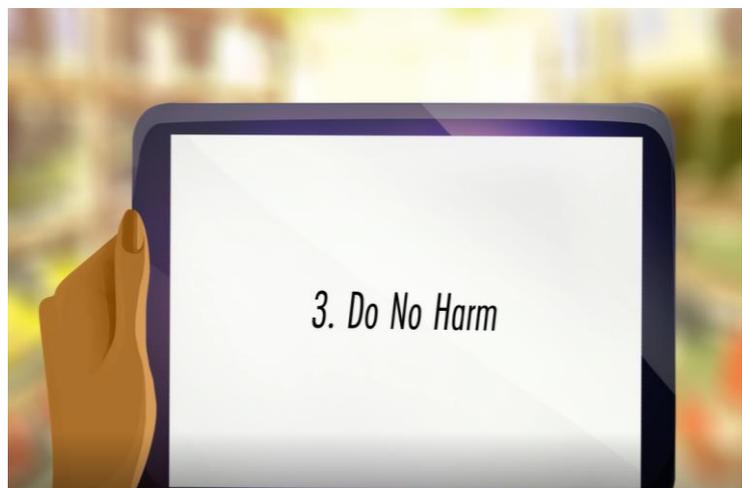
19 Minutes 53 Seconds Remaining

[BACK](#)



- Autonomy { Treat clients and/or their substitute decision-maker as self-governing decision-makers
- Benevolence { To do good. Act in the best interest of clients and society
- Non-Maleficence { To do no harm. Avoid and minimize harm to others
- Respect for Persons/Justice { Show respect and treat others fairly and equitably

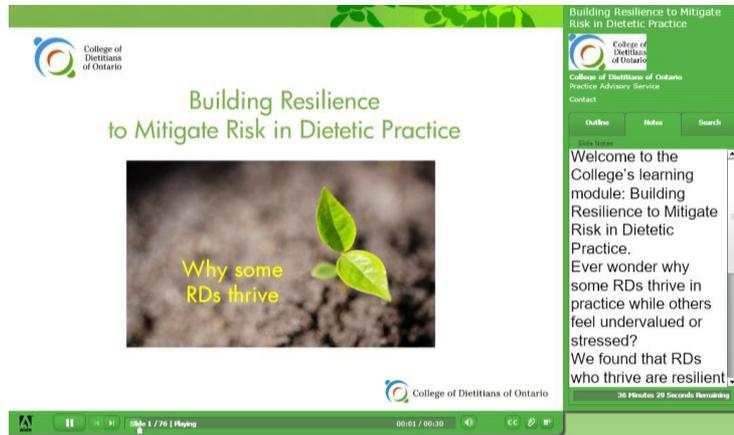
Shows that you are being conscious of the need to be risk-aware and describes the significance of different actions in response to doing no harm



# Risk and Resilience

[Learning module](#) to support dietitians in being risk aware.

Research shows that having resilience can help to manage high risk and stressful environments.



# Research about health-care serial killers

Some patterns/warning signs that all members could be on the look-out for amongst colleagues:

- frequent changes in employment settings
  - patterns of poor conduct
  - access to high-risk intravenous medications, and
  - concerns from colleagues
- 
- See Something, Say Something



Autonomy	Treat clients and/or their substitute decision-maker as self-governing decision-makers
Beneficence	To do good. Act in the best interest of clients and society
Non-Maleficence	To do no harm. Avoid and minimize harm to others
Respect for Persons/Justice	Show respect and treat others fairly and equitably

Demonstrates that you collaborate with others, treat people with dignity, and act with cultural humility by providing culturally safe, culturally competent services.



## Cultural Safety and Humility

[learning module](#) to examine the concepts of cultural awareness and discuss how personal values, biases and assumptions may impact the quality of services

### Cultural Competence for RDs



2014

CDO Cultural Competence For Registered Dietitians in Ontario



Carole Chatatsingh Ph.D., RD  
CDO Practice Advisor and Policy Analyst

Contact:

Outline Notes Search

Slide Notes

Let's talk Cultural Competence. As no one is ever an expert on all aspects of diversity, cultural competence involves continual learning that arises from experiences and encounters within dietetic practice.

By viewing this e-learning module you are taking an active approach to enhance your cultural competence within your dietetic practice.

Now let's begin...

1

35 Minutes 30 Seconds Remaining

## The application of four healthcare ethical principles to dietetic practice are interrelated

Also use in combination with other Standards of Practice and relevant legislation, policies and applicable organizational guidelines/policies in the workplace.

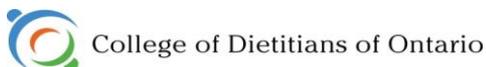
Workplace Ethicist or Ethics Boards may be available

what are other words for interrelated?

interconnected, corresponding, associated, complementary, reciprocal, interdependent, paired, related, matched, mated



Thesaurus .plus



## link to new research on professionalism

Approach to practice

Changes in technology, social media

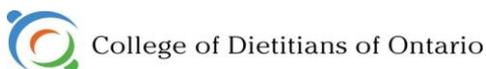
Recognition of cultural safety and humility

Risk-based regulation

Evidenced-Based



Figure 3. A conceptual model defining professionalism in nutrition and dietetics.

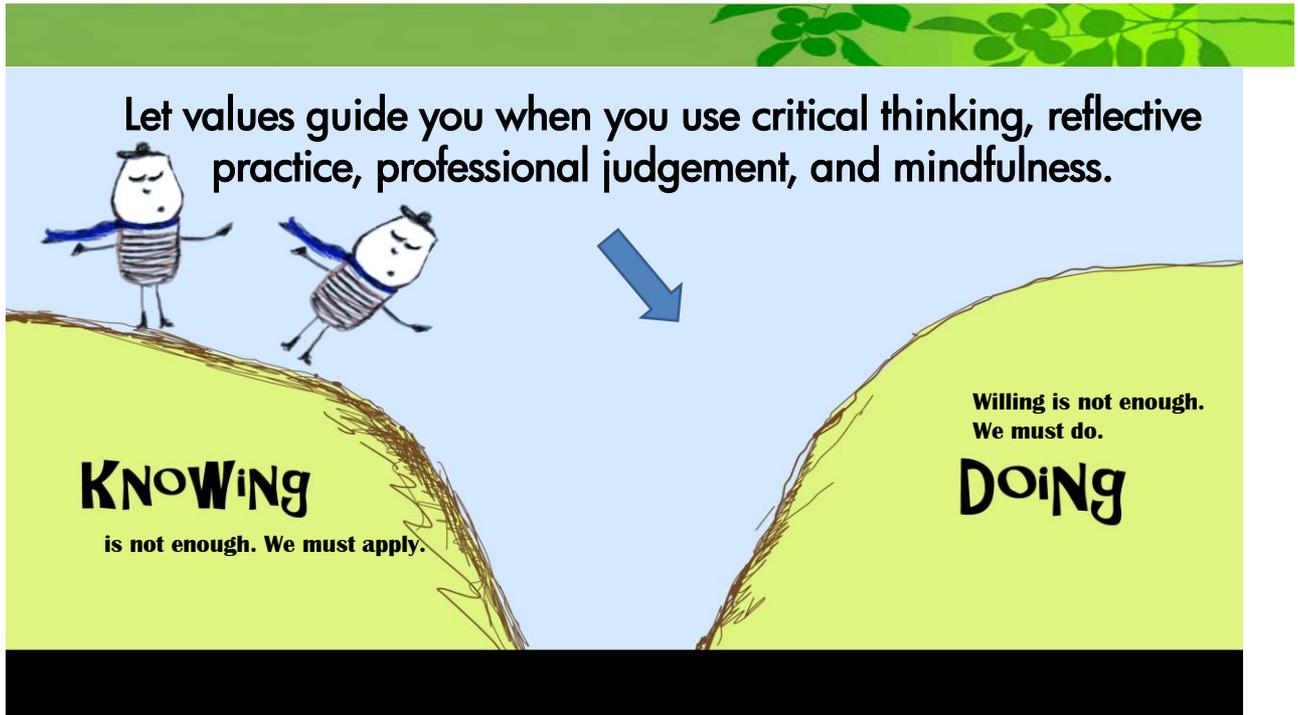


## Section 4: Ethical Reasoning and Decision-making in enabling ethical, safe practice

Although you want to do the right thing, just what is the right thing is not always obvious. How do you assess what is right?

An ethical decision is what should be done (the best action), given the **competing interests, obligations, and values** involved in making the decision.

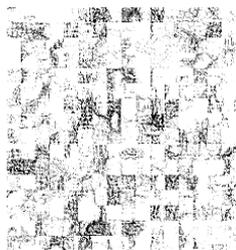




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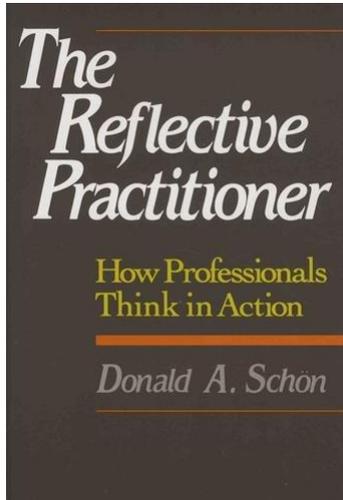
## Research - Critical Thinking and Reflection



Can help identify and manage any bias, **values** or beliefs which may affect how we present the evidence for decision-making

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## When to engage in critical thinking and reflection?



- 1) Reflection-in-action is “thinking on our feet.”
- 2) Reflection-on-action involves thinking about our experience after it has happened.

(Schön, 1983)

## Reflective practice enables us to learn from our experiences.



# Reflective Practice

[learning module](#) to examine the concepts of individual and collective reflective practice.

"We learn by doing and realizing what came of what we did."

*John Dewey (1938)*

"All our knowledge begins with experience."

*Kant (1965)*



# Professional Judgment

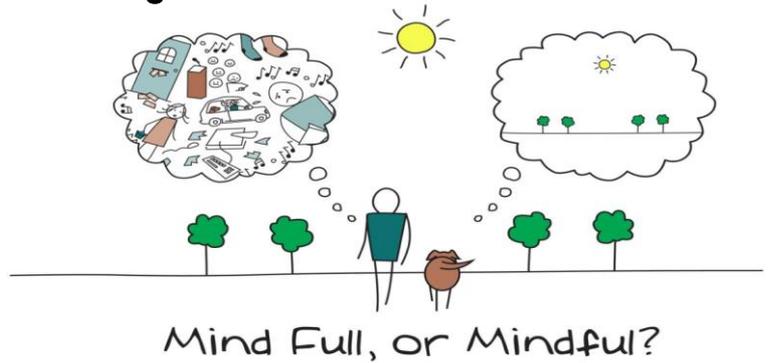
"Applying knowledge, skills and experience, in a way that is informed by professional standards, laws and ethical principles, to develop an opinion or decision about what should be done to best serve clients."



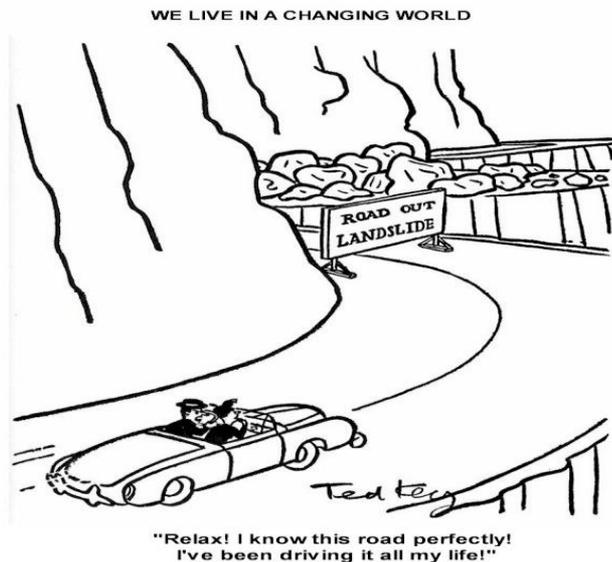
[https://www.collegeofdietitians.org/resources/professional-practice/what-is-professional-judgment-\(2015\).aspx](https://www.collegeofdietitians.org/resources/professional-practice/what-is-professional-judgment-(2015).aspx)

# Mindfulness

Professional ethics is concerned with being mindful of which behaviour(s) reflect professional **values**, such as integrity, and honesty to support ethical reasoning and decision making

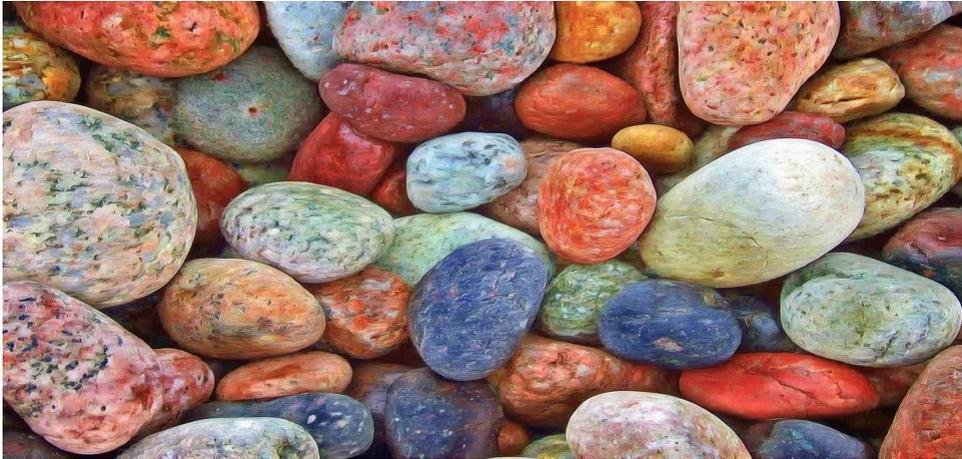


Dietitians need to use reflective practice, critical thinking, professional judgement and be aware of changing environments

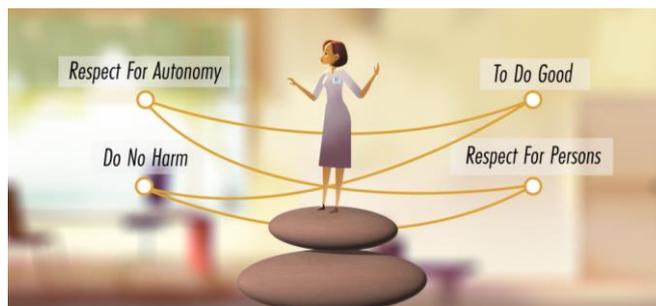


"Relax! I know this road perfectly!  
I've been driving it all my life!"

## Applying the concepts: Practice Dilemmas



## The Code of Ethics in Action Video



## Section 5: Practice Dilemmas/Scenarios

### Scenarios

- Is there an ethical dilemma? If yes, what is it?
- What principle(s) relate to dilemma?
- How might you handle this?

Autonomy	<ul style="list-style-type: none"><li>• <a href="#">Treat clients and/or their substitute decision-maker as self-governing decision-makers</a></li></ul>
Beneficence	<ul style="list-style-type: none"><li>• <a href="#">To do good. Act in the best interest of clients and society</a></li></ul>
Non-Maleficence	<ul style="list-style-type: none"><li>• <a href="#">To do no harm. Avoid and minimize harm to others</a></li></ul>
Respect for Persons/Justice	<ul style="list-style-type: none"><li>• <a href="#">Show respect and treat others fairly and equitably</a></li></ul>

## Scenario 1: Conflicting opinions

An outpatient dietitian counsels a child (recently diagnosed with type 1 diabetes) and her parents. The child's parents are adamant that they wish to provide a ketogenic diet (meals that are low carbohydrate and high in fat). When treating hypoglycemia, they avoid quick acting sugars. You have discussed your concerns with the parents and have indicated that there is a lack of evidence on the ketogenic diet and type 1 diabetes. You are concerned about the child's growth and on a subsequent visit, the child has lost weight. You discuss the case with a colleague who doesn't seem to have the same concerns as you do.

- Is there an ethical dilemma? If yes, what is it?
- What principle(s) relate to the dilemma?
- How might you handle this?



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## Scenario 1 – Discussion



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## Scenario 2: Billing

A dietitian in private practice receives a call from a client. The client requests the dietitian back date the counselling session on the client's invoice. The client explains this is so she can "*access funds that were in their health spending account*". You recall during the counselling session that the client told you their partner recently lost their job.

- Is there an ethical dilemma? If yes, what is it?
- What principle(s) relate to the dilemma?
- How might you handle this?

## Scenario 2 – Discussion



## Scenario 3: Providing a eulogy

You have been involved providing nutrition support to a client with a developmental delay for many years. The client passes away suddenly after a bout of pneumonia. The client's family says you were an important part of the client's life and asks you to provide the eulogy at the client's funeral service.

- Is there an ethical dilemma? If yes, what is it?
- What principle(s) relate to the dilemma?
- How might you handle this?

## Scenario 3 – Discussion



## Scenario 4: I don't want to be referred!

Kabir is a new dietitian working in a family health team in a rural setting. He recently saw a 14 year-old male client with an eating disorder for an initial nutrition assessment. The client was nutritionally unstable, had a low BMI. Kabir was concerned for the well-being of this client and recognized that nutrition counselling would not address the full array of issues that affected him. Kabir felt that continuing to treat this client was outside of his personal scope and confidence and decided to refer him to a psychiatrist/eating disorders treatment program. The client objects to the referral and wishes to be seen only by Kabir.

- Is there an ethical dilemma? If yes, what is it?
- What principle(s) relate to the dilemma?
- How might you handle this?

## Scenario 4 – Discussion



## Scenario 5: Driving while impaired

A dietitian you work with (who is also a friend) disclosed that she had to take the train home as she got a 7-day license suspension for driving while under the influence (DUI).

The dietitian also said that she had to pay a \$350 penalty and attend a mandatory education program. She tells you she has not disclosed her case to anyone and asks you to "*keep it between us.*"

Is there an ethical dilemma? If yes, what is it?  
What principle(s) relate to the dilemma?  
How might you handle this?



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## Scenario 5 – Discussion

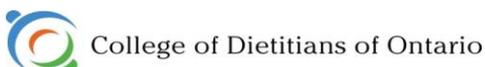


Image by Pete Linforth from  
<http://www.pixabay.com>

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## Scenario 6: Cultural Safety

You are having lunch with dietitian colleagues. A discussion of issues that morning begins and someone mentions the new employee, who is an immigrant. Three people begin talking about how hard it is to understand her and a discriminatory comment is made.

Is there an ethical dilemma? If yes, what is it?  
What principle(s) relate to the dilemma?  
How might you handle this?

## Scenario 6 – Discussion



## Scenario 7: Food Poisoning

You work in a long- term care facility. On your way to a meeting, you overhear a conversation. The kitchen staff at the service entrance discuss a power outage that occurred two weeks ago which caused the refrigerators, with uncooked and ready-to-eat salads, to go down overnight. One of the colleagues is blaming the other for "*covering it up*". They stop talking when they see you. At the management meeting, the Administrator asks if anyone knows what happened to cause the six cases of positive testing of residents, for Salmonella and E. coli (the two common types of bacteria linked to food poisoning).

Is there an ethical dilemma? If yes, what is it?  
What principle(s) relate to the dilemma?  
How might you handle this?

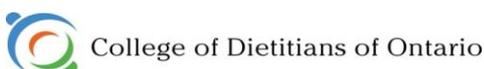


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## Scenario 7 – Discussion



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## Scenario 8: Special Diet Form

Curtis works in a diabetes education centre that services clients of low socio-economic status. He is aware of the Special Diet Allowance (SDA) funding program set up by the provincial government and completes a SDA form for one of his clients who is eligible because of the special diet requirements to manage his diabetes. The client mentions he is also lactose intolerant and has an allergy to wheat. Curtis does not have any documented diagnostic information (e.g., lab test results and medical reports) confirming these conditions but checks off these on the SDA form because the extra money would help the client make ends meet and eat better.

- Is there an ethical dilemma? If yes, what is it?
- What principle(s) relate to the dilemma?
- How might you handle this?

## Scenario 8 – Discussion



## Scenario 9: Decisions about nutrition support

An elderly man with Alzheimer's disease develops pneumonia and is no longer able to tolerate oral intake. As per SLP an alternate route of feeding is suggested. His daughter disagrees with tube feeding and feels it would be against her father's wishes. His son demands that the client receives tube feeding as he believes his father would starve to death otherwise. No directives available. Both children share the SDM role (client is not capable).

- Is there an ethical dilemma? If yes, what is it?
- What principle(s) relate to the dilemma?
- How might you handle this?

## Scenario 9 – Discussion





## Section 6: Summary and References



### Video



*Ethical Practice:  
Knowing and Doing*



## Resources & References

Austin, Z. (2013). How competent are we at assessing competency? Keynote, CLEAR Congress on Professional and Occupational Regulation, Edinburgh, June 27-28, 2013 [www.clearhq.org](http://www.clearhq.org)

Austin, Z., & Gregory, P. A. M. (2019). The role of disengagement in the psychology of competence drift. *Research in Social & Administrative Pharmacy, 15*(1), 45–52. <https://doi.org/10.1016/j.sapharm.2018.02.011>

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Cornwall, J.M., & Manfredi, P.A. (1994). Kolb's Learning Style Theory Revisited, *Educational and Psychological Measurement, 54*:317-327.

Dart, J., McCall, L., Ash, S., Blair, M., Twohig, C., & Palermo, C. (2019). Toward a Global Definition of Professionalism for Nutrition and Dietetics Education: A Systematic Review of the Literature. *Journal of the Academy of Nutrition & Dietetics, 119*(6), 957–971. <https://doi.org/10.1016/j.jand.2019.01.007>



## Resources & References

Keatings, M., & Smith, O.B. (2000). *Ethical & Legal Issues in Canadian Nursing*, 2<sup>nd</sup> edition. W.B. Saunders & Company, Toronto, ON.

Mindtools (2019). What are your values? Retrieved from [https://www.mindtools.com/pages/article/newTED\\_85.htm](https://www.mindtools.com/pages/article/newTED_85.htm)

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Schön, D. A. (1990). *Educating the reflective practitioner: Toward a new design for teaching and learning in the professions*. San Francisco: Jossey-Bass.



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## Resources & References

van der Gaag, A. Davies, P. (1992). The professional competence of speech therapists: IV: Attitude and attribute base. *Clinical Rehabilitation*, 6,4, 325-332.



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## Questions?

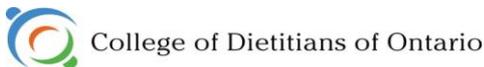


## College Update

### Highlights of Activities

## Strategic Goals 2016-2020

Goal 1: A Robust Regulatory Framework for the Quality and Safety of Dietetic Practice	Goal 2: Competent Members Engaged in Effective Informed Practice	Goal 3: Stakeholders Recognize CDO as an Accountable Regulator for Public Protection
Goal 4: A Collaborative Partner		
Goal 5: An Effective Organization with Optimal Use of Resources		



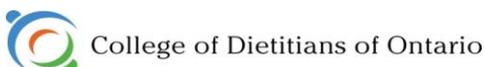
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## College Mission

The College of Dietitians of Ontario is dedicated to public protection.

We regulate and support Registered Dietitians for the enhancement of safe, ethical and competent nutrition services in diverse practice environments.

**Values**  
Integrity  
Collaboration  
Accountability  
Transparency  
Innovation



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# Website



# 2019 Registration Renewal

## For all General Members

- Annual renewal fee \$641
- Online deadline: **Thursday Oct 31<sup>th</sup> @ 11:59pm**
- Paper documentation & **payment** must be received by **Thursday Oct 31<sup>th</sup> @ 5pm**
- Includes renewal form and fee or \$70 late fee applies
- Responses must reflect your status on the date you renew



## Mandatory Self-Reporting

As soon as possible and within 30 days:

- Subject of a current investigation, inquiry or proceeding or findings of professional misconduct, incompetence or incapacity
- Findings of professional negligence and/or malpractice
- Refused registration, is no longer in good standing or is no longer fulfilling any terms, conditions or limitations imposed on the member with any professional regulatory body
- Was not in good standing at the time member ceased being registered with any professional regulatory body
- Findings of guilt related to any offence
- Ceases to be a citizen or permanent resident or is unauthorized to work in CA
- No longer maintains professional liability insurance as required by law



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## Liability Insurance – For Public Protection

- Mandatory requirement when practicing dietetics
- Declared on annual renewal
- Targeted random selection + discrepancies on annual renewal
- An increase in the number of members who:
  - Have gaps in insurance
  - Did not respond to the College's request for proof (can be suspended)
  - Late response from employer
- Non-compliance may result in a referral to Inquiries, Complaints & Reports Committee (ICRC)



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## Update your Profile Within 30 Days of Changes

- The College must maintain an accurate Public Register of Dietitians
- Members have a duty to update their contact information
- Failing to inform the College of changes to any information required in the Public Register of Dietitians within 30 days is considered professional misconduct

**Please make sure to update your member profile (includes personal and employment contact details)**



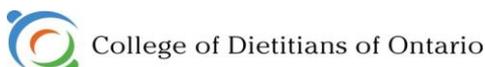
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## You are Responsible for Reading College Emails

- Increasingly electronic - emails are our primary communication tool
- Make sure that we have your current email and check regularly (even when on leave)
- Ensure the College email address is on your safe sender list



**You are held accountable to fulfill your professional obligations even if you have not read your emails from the College**



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## Public Register – Did you Know?

- Verify your registration history by looking yourself up on the online [Register of Dietitians](#)
- Registration history includes when you became registered, any applicable resignations, suspensions, and revocations
- The Register of Dietitians allows anyone to confirm whether a person is a member of the College, to learn a dietitian's employment information, registration status and discipline history



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## Going on Leave?

- Members go on leave from their jobs for a variety of reasons including maternity leave, sick leave or education leave

Please update your  
Current Working  
Status on your  
member dashboard  
to **On leave**

Return to Dashboard

Click [here](#) for details about what information appears on the Public Register.

\*Required fields

PRACTICE PROFILE

CURRENT WORKING STATUS

Indicate your level of working within the profession.\*

06: On leave



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# KCAT DEMONSTRATING ACADEMIC CURRENCY

Home > Applicants > KCAT-Demonstrating Academic Currency

## Demonstrating Academic Currency for Eligibility to Apply to Accredited Practical Training Programs in Ontario

Students who have completed an accredited undergraduate nutrition degree more than three years ago must demonstrate their academic currency before they are eligible to apply to accredited practical training programs in Ontario.

An applicant is deemed to have academic currency if they have written the College's Knowledge and Competence Assessment Tool (KCAT) and obtained a Level I result.

The KCAT is currently administered annually in February.



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## REGISTRATION REQUIREMENT FOR INTERJURISDICTIONAL PRACTICE

Approved by the Council: March 29, 2019



It is the position of the College of Dietitians of Ontario to require registration for externally registered Dietitians who are using the title dietitian and/or providing dietetic services to **Ontario residents**.

This includes: Dietitians who are externally-registered and located outside of Ontario providing tele-practice dietetic services to clients, or groups of clients, who reside in Ontario; and Dietitians who are externally-registered and are physically in Ontario providing dietetic services to Ontario residents or **using the title dietitian in Ontario**.



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## Reminder: Guidelines for Supervising Dietetic Learners



### GUIDELINES FOR SUPERVISING DIETETIC LEARNERS

#### Introduction

Education for dietitians includes both academic and practical education. This guide outlines the College's expectations for dietitians who supervise learners in practical education programs to ensure that both the supervising dietitians and learners practice safely, competently and ethically through the practical training process. The information in this guide applies to all dietitians who are involved in the teaching, observation and assessment of dietetics learners completing a practical education program. This guide is not a comprehensive manual for being a supervisor or preceptor. Additional program requirements and best practices for supervising, precepting and mentoring may be provided by the education programs.

The College of Dietitians of Ontario has the duty to protect the public by regulating the profession of dietitians in Ontario. The College considers the practical education requirement essential for public safety because under the structured supervision of one or more Registered Dietitians:

- The learner demonstrates that they have acquired the knowledge and skills in keeping with the Integrated Competencies for Dietetic Education and Practice (national competencies), and that they can apply them competently and safely in dietetic practice.
- The learner is introduced (or re-introduced) to professionalism, the culture of the dietetic profession, Canadian culture, the culture of health systems and healthcare delivery in Ontario/Canada.

#### Learners may be:

- Students/interns from accredited internship/practicum programs (formal internship or practicum programs accredited by the national accrediting body).
- Students pursuing non-accredited practical education (through either a formal program that is not accredited, or informal education that is not associated with any formal program).
- Internationally educated professionals who require practical education to enable the bridging of

<https://www.collegeofdietitians.org/resources/registration/entry-to-practice-competencies/guidelines-for-supervising-learners.aspx>



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Image by Ciker-Free-Vector-Images from <http://www.pixabay.com>

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## Quality Assurance Program Components

<p><b>SELF-DIRECTED LEARNING TOOL</b></p> <p><a href="#">LEARN MORE</a></p>	<p><b>JURISPRUDENCE KNOWLEDGE &amp; ASSESSMENT TOOL</b></p> <p><a href="#">LEARN MORE</a></p>
<p><b>PEER AND PRACTICE ASSESSMENT</b></p> <p><a href="#">LEARN MORE</a></p>	<p><b>PRACTICING FEWER THAN 500 HOURS</b></p> <p><a href="#">LEARN MORE</a></p>

<p><b>SELF-DIRECTED LEARNING TOOL</b></p> <p><a href="#">LEARN MORE</a></p>	SDL Tool Review from Renewal 2018	
	Total	%
Total reviewed	237	100%
Required Resubmission	115	49%
Attending Mandatory Webinar	44	38%



**Video:**  
[Writing Professional Goals](#)

The College encourages all RDs to watch this video prior to setting annual SDL Tool goals



750 RDs required to complete JKAT in 2019

- 750 passed
- 0 failed
- 0 non-compliant



- 166 RDs completed the PPA in 2019
- 7 RDs moved on to Step 2

**PRACTICING FEWER THAN 500 HOURS**

[LEARN MORE](#)

Total Learning Diaries Reviewed 2018-2019	32
Learning Diaries Sufficient	26
Voluntary Undertaking	4
Reclassified to Practicing	2

## COMPLAINTS & DISCIPLINE



	New Matters Received By Inquiries, Complaints And Reports Committee (ICRC)	Matters Closed/Decisions Issued	Average # of days to resolve a matter from date College received it until decision issued:
2018	<u>22</u> <ul style="list-style-type: none"> <li>• 5 Complaints</li> <li>• 5 Reports</li> <li>• 11 Quality Assurance Committee Referrals</li> <li>• 1 Incapacity Inquiry</li> </ul>	<u>19</u> <ul style="list-style-type: none"> <li>• 5 Complaints</li> <li>• 4 Reports</li> <li>• 9 QA Referrals</li> <li>• 1 Incapacity Referral</li> </ul>	<ul style="list-style-type: none"> <li>• 290 days</li> </ul>
2019	<u>26</u> <ul style="list-style-type: none"> <li>• 10 Complaints</li> <li>• 3 Reports</li> <li>• 10 Quality Assurance Referrals</li> <li>• 3 Incapacity Inquiries</li> </ul>	<u>22</u> <ul style="list-style-type: none"> <li>• 12 with no further action</li> <li>• 6 received written reminders</li> <li>• 1 appeared before an ICRC for oral caution</li> <li>• 1 required to complete remediation program</li> <li>• 2 referred to ICRC for incapacity proceedings</li> </ul>	<ul style="list-style-type: none"> <li>• 213.8 days</li> <li>• Complaints only = 245.9 days.</li> </ul>

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### College is required by law to receive reports and investigate complaints about dietitians

Mandatory Reports	legal obligation for all regulated health professionals, facility operators and employers	Under the: <ul style="list-style-type: none"> <li>• RHPA, 1991</li> <li>• <i>Child and Family Services Act, 1990</i></li> <li>• <i>Long-Term Care Homes Act, 2007</i></li> <li>• Retirement Homes Act, 2010</li> </ul>
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# Research about healthcare serial killers

International

## A Regulatory Response to Healthcare Serial Killing

Erin Tilley, BHSc, BScN, MN, RN, PMP, FRE; Catherine Devion, BA, MLS; Anne L. Coghlan, BScN, MScN, RN; and Kevin McCarthy, BScN, MPPAL, RN

Healthcare serial killing is difficult to detect, which makes protecting patients from this insidious harm challenging. In 2014 Elizabeth Wettlaufer confessed to murdering eight long-term care residents, attempting to murder four others, and assaulting two more while working as a registered nurse in Ontario, Canada (*R v. Wettlaufer*, 2017). These events prompted the College of Nurses of Ontario (CNO), along with partners in the system, to question what can be learned from this tragedy so that the suffering of families and victims was not in vain. Can serial killers be detected and prevented? Where there are potential threats to patient safety, regulators must take action to reduce risk and prevent harm. Determined to learn from the horrendous crime and contribute to the learning of others, CNO began with an extensive literature review related to healthcare serial killers.

Tilley, E., Devion, C., Coghlan, A.L., McCarthy, K. (2019). A Regulatory Response to Healthcare Serial Killing. *Journal of Nursing Regulation*, 10(1): 4-14.



## PRACTICE ADVISORY SERVICE

- **Continued growth in inquiries**
  - Please call or email us!
  - Specific questions or feedback appreciated
  - We learn from RDs
  - May develop educational resources based on common themes of inquiries

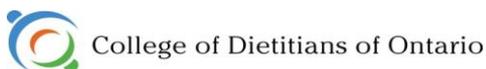
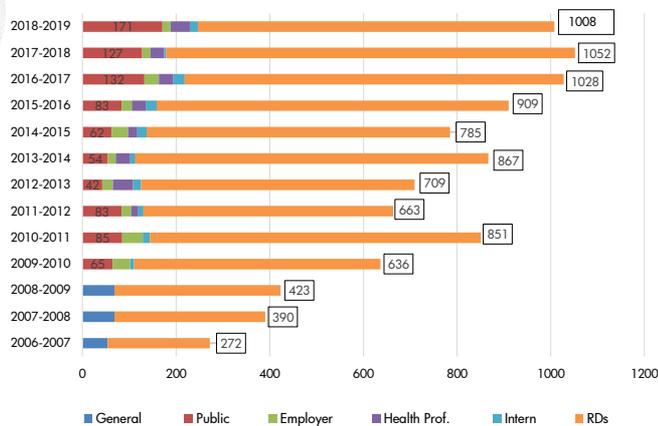


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Practice Advisory Service Inquiries - Annual Growth



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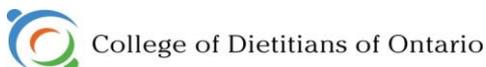
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## Professional Practice Resources

Offered in a variety of Formats:

- Online documents
- In-person presentations
- Webinars
- E-learning modules



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<b>BOUNDARY CROSSINGS</b> <a href="#">LEARN MORE</a>	<b>CONFIDENTIALITY &amp; PRIVACY</b> <a href="#">LEARN MORE</a>
<b>CONFLICT OF INTEREST</b> <a href="#">LEARN MORE</a>	<b>CONSENT</b> <a href="#">LEARN MORE</a>
<b>INTERPROFESSIONAL COLLABORATION</b> <a href="#">LEARN MORE</a>	<b>PROFESSIONAL OBLIGATIONS</b> <a href="#">LEARN MORE</a>
<b>PRIVATE PRACTICE</b> <a href="#">LEARN MORE</a>	<b>RECORD KEEPING</b> <a href="#">LEARN MORE</a>
<b>SCOPE OF PRACTICE</b> <a href="#">LEARN MORE</a>	<b>SOCIAL MEDIA &amp; TECHNOLOGY</b> <a href="#">LEARN MORE</a>
<b>WORKPLACE ISSUES</b> <a href="#">LEARN MORE</a>	

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## Upcoming New e-Learning Module

### BOUNDARY CROSSINGS

PRESERVING PROFESSIONAL THERAPEUTIC RELATIONSHIPS



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## RD Lab Test Ordering Authority Still Pending



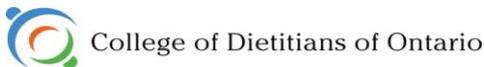
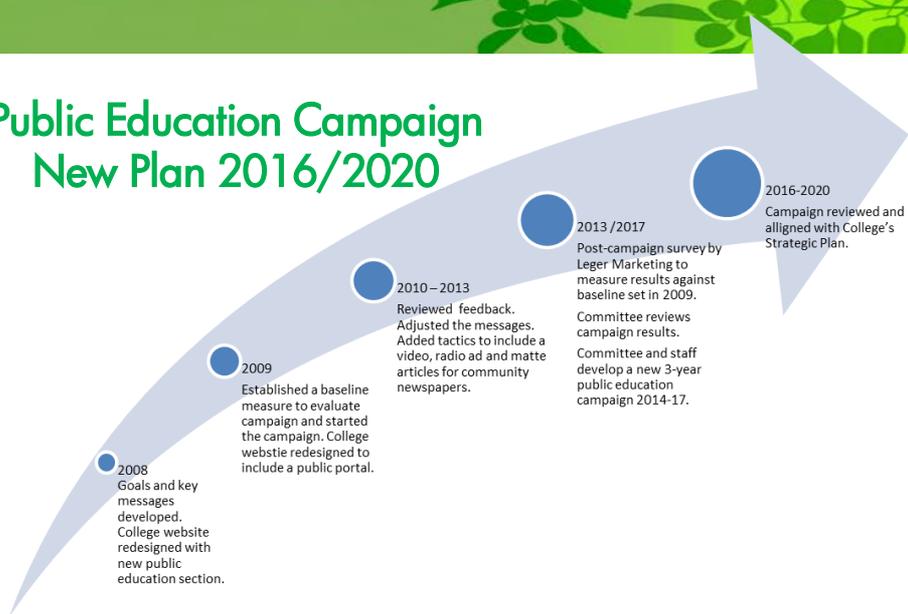
## Collaboration

CDO collaborates on issues/projects of mutual interest:

- Other health regulators in Ontario
- Other dietetic regulators in Canada
- Partnership for Dietetic Education & Practice (PDEP)
- Dietetic Education Leadership Forum of Ontario (DELFO)
- Dietitians of Canada



## Public Education Campaign New Plan 2016/2020



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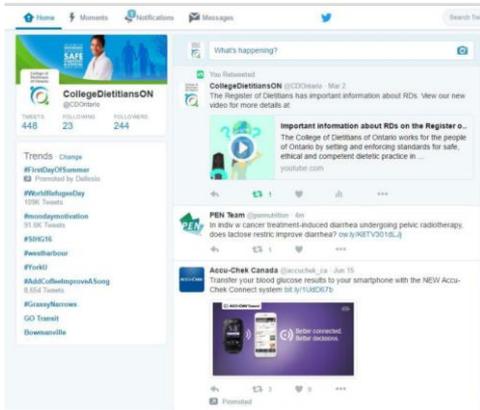
## Public Education

- YouTube - College of Dietitians
- Promotion of our boundary videos and of our new record keeping videos
- Online articles in Zoomer, CARP and community publications
- Google AdWords campaign
- Twitter and Facebook



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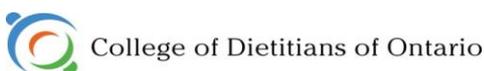


## Profession Self-Governance

Be an active participant via:

- Council
- Committees
- Peer Assessors
- Item writers for JKAT
- Respond to consultations
- Stay informed – emails, newsletters and workshops
- Give feedback

# Get involved.



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Please do not hesitate to contact the  
College:

Practice Advisory Service  
[practice.advisor@collegeofdietitians.org](mailto:practice.advisor@collegeofdietitians.org)

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