



COLLEGE OF DIETITIANS
OF ALBERTA

**THE PROFESSIONAL PRACTICE
HANDBOOK FOR DIETITIANS
IN ALBERTA**

College of Dietitians of Alberta

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Introduction

The College of Dietitians of Alberta (the College) exists to protect Albertans by regulating the competent practice of Registered Dietitians and Registered Nutritionists. *The Professional Practice Handbook for Dietitians in Alberta* serves as a reference tool which links professional dietetic practice with government approved laws (Acts, Statutes, Regulations) that have been created to safeguard and protect the health, well-being and interests of the recipients of professional dietetic services (i.e. the public). Together, this handbook, the legislated enactments, the *Code of Ethics*, the *Standards of Practice*, the *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention* and the *Integrated Essential Competencies for Dietetic Education and Practice*, as well as other documents the College may develop in consultation with regulated members, the Government of Alberta and others, delineate the principles that provide the platform for dietetic practice in Alberta.

The Professional Practice Handbook for Dietitians in Alberta presents concepts foundational to the professional practice of Registered Dietitians and Registered Nutritionists. The text of the handbook is organized in a manner that reflects the College's desire to present knowledge that is relevant and applicable to its regulated members and their practice. This knowledge is pertinent to Registered Dietitians and Registered Nutritionists providing professional services, students embarking on their dietetic internships, internship preceptors / coordinators, instructors of academic programs, employers and other stakeholders impacted by the practice of the profession of dietetics.

The handbook begins with a review of the concept of professionalism. Chapters 2 to 7 provide an overview of Dietetic Regulation in Alberta, focusing on how the College, under legislation, interacts with regulated members in the areas of registration and practice permits, professional practice standards, continuing competence, professional conduct, and restricted activities. The *Health Professions Act (HPA)*, the statute enabling governance for the profession of dietetics in Alberta is central to these chapters. As regulated members of a co-governed health profession, Registered Dietitians and Registered Nutritionists need to be aware of this legislation, as well as other statutes (laws) and understand the influence of legislation on practice.

Subsequent chapters of the handbook focus on legislated requirements for practitioners, related confidentiality obligations, consent to treatment, record keeping, conflicts of interest and professional boundaries. The final chapters review the concepts of communication and team work, and social media, virtual and cross border practice in relation to the application of legislation in professional practice.

Chapters include descriptive scenarios and review questions to help readers place the concepts presented into the context of professional practice. The College hopes that presentation in this format will encourage ongoing regulated member self-reflection and supportive collegial discussion that are foundational to the maintenance and enhancement of professional competence.

Chapter 1 Professionalism

CHAPTER OVERVIEW

- **What is Professionalism?**
- **The Dietetic Profession**
 - **Practice Statements**
 - **Right to Use Protected Titles for Registered Dietitians and Registered Nutritionists**
- **Aspects of Professionalism**
 - **Professional Competence**
 - **Professional Conduct**
 - **Professional Image**
- **Chapter Summary**
- **Case Scenarios**
- **Chapter Quiz**
- **References**

What is Professionalism?

The term “professionalism” is frequently referred to among professionals, yet a clear definition of what is meant by the term is difficult to find. In defining “professionalism” it is advantageous to start by considering the root word of the term which is “profession”. The Oxford English dictionary defines “profession” as “the occupation which one professes to be skilled in and to follow; (a) a vocation in which a professed knowledge of some department of learning or science is used in its application to the affairs of others, or in the practice of an art founded upon it; (b) in a wider sense: any calling or occupation by which a person habitually earns his living”¹. The word “professes” is noteworthy in this definition as it implies a dedication and commitment to the provision of something of value for the greater good of others. Two very basic features of a profession are a specialized body of knowledge and a commitment to service. A more expanded list of the characteristics of a profession includes the following (1 – 4):

- Practice includes a defined body of knowledge and skills built upon rational theories and facts.
- Practice includes a formal education process which leads to required qualifications for practice.

¹ *Oxford English Dictionary*. Oxford: Clarendon Press; 1989.

- Practice is organized and regulated by the profession through recognized regulatory bodies (or colleges); regulated members of a regulatory body (or college) practice within prescribed regulations.
- The mandate of a profession is formalized in written documents that include legislated governing authority, licensure, continuing competence, and conduct.
- Practicing regulated members of a profession are committed to serve in their area of expertise, actively ensuring that they are current in their knowledge and skills, serving as an authority in public affairs related to their domain. They maintain high standards in their performance and value public interest above any other rewards.

Professions have legislated acts and regulations, bylaws, guidelines, standards of practice and codes of ethics, all of which provide the legal framework for practice and for the provision of competent, safe, professional services. More specifically, legislated acts and regulations, bylaws and guidelines outline requirements for governance, registration, performance of restricted activities, continuing competence, and discipline while the standards of practice and code of ethics establishes how professionals should conduct themselves in the provision of professional services.

Overall, the term “professional” has a distinct legal meaning with definite criteria that must be met before a person is a professional in the eyes of the law; the law imposes special obligations and duties on persons who have the legal status of a professional (5).

The Dietetic Profession

Health professions governed by legislation are distinct and identifiable by the type of professional services they provide, by how they meet the health care needs of society and

KEY PRACTICE POINT

Registered Dietitians and Registered Nutritionists are professionals who are regulated by the *Health Professions Act*, which outlines consistent rules by which all regulated professions must provide competent, safe professional services to the public.

by what they do. The key piece of legislation that outlines governance of health professions in Alberta is the *Health Professions Act (HPA)*. The *HPA* outlines consistent rules by which all regulated professions must provide competent, safe professional services to the public. Parts 1 – 9 of the Act are common to all health professions regulated under the *HPA* and address matters such as the following:

- Establishment and governance of professional colleges
- Initial registration and continuing competence of health professionals

- Investigation of complaints
- Discipline
- Protection of professional titles

Part 10 of the Act contains profession specific schedules that address unique aspects of each profession including the profession's practice statement and protected titles. Information related to the practice statement and protected titles for Registered Dietitians and Registered Nutritionists is below.

Practice Statements

The services that health professionals provide are sometimes referred to as the “scope of practice” of the profession; these are defined in legislation. Under the *HPA* in Alberta, descriptions of services provided by each health profession are referred to as “practice statements” rather than “scopes of practice”. To help clients and the public understand the health services a regulated professional is able to perform, the *HPA* provides practice statements for the professions regulated by this legislation. The statements describe in plain language, the day-to-day practice of regulated members of a profession and inform the public of the type of services that they can expect a profession to provide (6).

Under the *HPA*, practice statements are not exclusive to particular professions and can have areas of overlap. For example, a physical therapist may teach a patient to do range of motion and muscle strengthening exercises to help them regain their ability to bend and straighten their knee post-surgery. An occupational therapist will encourage the same patient to become independent in managing self-care tasks (getting in and out of a bathtub, putting on socks, etc.) which are activities that also strengthen the muscles surrounding the knee joint as well as improve the range of motion of the joint. It is becoming increasingly rare for any one health profession to perform any activity exclusively.

The professional services that are provided by Registered Dietitians and Registered Nutritionists in their practice are reflected in their practice statement. Schedule 23 of the *HPA* pertains to the Profession of Registered Dietitians and Registered Nutritionists and defines the practice of dietetics as follows:

“In their practice, registered dietitians and registered nutritionists do one or more of the following:

- a) assess nutritional status and develop, implement, and evaluate food and nutrition strategies and interventions to promote health and treat illness,

KEY PRACTICE POINT

In their practice, Registered Dietitians and Registered Nutritionists generally perform professional services that fall within their provincially legislated practice statement.

- b) apply food and nutrition principles to the management of food service systems and to the development and analysis of food and food products,
- c) promote optimal health, food security and food safety through the development and delivery of food and nutrition education, programs, and policies,
- c.1) teach, manage, and conduct research in the science, techniques, and practice of dietetics, and
- d) provide restricted activities authorized by the regulations.”²

Right to Use Protected Titles for Registered Dietitians and Registered Nutritionists

The *HPA* lists protected professional titles in profession specific schedules; only practitioners registered with their college can use a protected title in connection with providing a health service in Alberta. Consequently, only practitioners who have the competence to provide professional services and have met the registration requirements reflective of quality practice within the profession’s practice statement can call themselves or be identified as a regulated member of that profession (i.e. nurse, dentist, dietitian, etc.) Protected titles help the public more easily identify qualified health service practitioners (7).

KEY PRACTICE POINT

In Alberta, “Registered Dietitian”, “Dietitian”, “Registered Nutritionist”, “Nutritionist” and “RD” are protected titles that may only be used by those registered with the College of Dietitians of Alberta.

Schedule 23 Profession of Registered Dietitians and Registered Nutritionists of the *HPA* protects the following titles (8):

- a) Registered Dietitian
- b) Dietitian
- c) Provisional Dietitian
- d) Dietetic Intern
- e) Nutritionist
- f) Registered Nutritionist
- g) R.D.

² Province of Alberta. *Health Professions Amendment Act*, 2008.

The *HPA* also protects use of the words: college, registered, regulated, and regulated health professional. Only regulated members of colleges regulated by the *HPA* may use these terms.

The Registered Dietitians and Registered Nutritionists Regulation outlines the titles a regulated member of the College is permitted to use on each register.

“17(1) A regulated member on the general register or on the courtesy register may use the following protected titles and initials:

- (a) registered dietitian;
- (b) dietitian;
- (c) registered nutritionist;
- (d) R.D;
- (e) nutritionist.

(2) A regulated member on the temporary register may use the protected title dietitian.”

Titles are not portable. Health professionals must be registered in the province where they practice in order to have a right to use protected titles and to provide professional dietetic services. Registration in one province does not mean title may be used or that you may work in another province. Membership with the Dietitians of Canada does not confer the right to use professional titles. Only registration with a provincial regulatory body allows professionals to use protected titles and provide professional dietetic services.

KEY PRACTICE POINT

Registered Dietitians and Registered Nutritionists must be registered prior to providing professional dietetic services.

Regulated members on the General Register are eligible to wear the “RD” pin of the College of Dietitians of Alberta (the College), identifying them as fully qualified regulated members who have the right to use all protected titles of the College. Wearing the RD pin assures the public, colleagues, and employers that an individual is a regulated health professional.

It is every regulated member’s responsibility to protect the integrity of the profession by reporting misuse of title to the College. The Public Register is continuously updated, providing a current listing of who is authorized to practice and use the protected professional designations.

Aspects of Professionalism

If the term “profession” describes what an individual does, “professionalism” describes how professionals do it. Specifically, professionalism is the manifestation of optimal attitudes and behaviours in the provision of high-quality professional services that place the interest of others above one’s own self-interest (9). Aspects of professionalism that will be discussed in

relation to the practice of dietetics in Alberta include Professional Competence, Professional Conduct and Professional Image.

Professional Competence

The *Health Professions Act (HPA)* defines competence as “the combined knowledge, skills attitudes and judgment required to provide professional services”³. The major components of competence are described as follows:

Knowledge, Skills, and Judgment: The College of Dietitians of Alberta regulates the practice of Registered Dietitians and Registered Nutritionists in Alberta by setting entry requirements and standards of practice for the profession and ensuring that regulated members meet those standards. Prior to gaining admission to the College, applicants must demonstrate the required knowledge, skills, and judgment through successful completion of an accredited academic program related to dietetics, an accredited dietetic internship program and by passing the registration examination approved by the College.

Attitude: Attitude is defined as “a complex mental state involving beliefs and feelings and values and dispositions to act in certain ways”⁴. The attitude of an individual is critical in delivery of competent professional services. Professionals who demonstrate desirable attitudes practice in compliance with professional legislation, regulations, standards, practice guidelines and their *Code of Ethics*. Specifically, they will demonstrate the following:

- Commitment to provide high standards of practice
- Provide services within the scope of their practice and competence
- Engage in activities to maintain or enhance their competence
- Respect individuals, their rights, and their concerns
- Accept responsibility and accountability for their actions and decisions
- Acknowledge their mistakes and correct them

Continuing Competence: Participation in continuing education and professional development activities is essential in maintaining and enhancing the competence of a professional. The *HPA* requires that all colleges have a Continuing Competence Program in place to monitor the ongoing competence of their regulated members and enhance the provision of professional services.

³ Province of Alberta. *Health Professions Act*. R.S.A. 2000, c. H-7. s. 1(1)f.

⁴ <http://dictionary.reference.com/browse/attitude>.

Professional Conduct

All regulated members of a profession are expected to conduct themselves in a professional manner. “Conduct” relates to the way an individual behaves towards others and how they act in their work. Blair Maxton, LLB describes societal expectations of behaviour for health care professionals as follows:

“Because professionals possess special skills and knowledge and because members of the public place their trust and confidence in those persons, the law imposes high ethical and moral duties on professionals in terms of how they serve their clients and patients. This is particularly true in the health care field where patients seek professional advice and treatment for the most important commodity of all: personal health and well-being”.⁵

Both professional competence and professional conduct will be discussed further in subsequent chapters.

Professional Image

“The first thing people usually notice about you and what they examine in the greatest detail is how you look.”⁶ Professionals who pay attention to their appearance are more respected and perceived as more credible than those who do not (10). In order to be perceived and accepted by others as a credible professional, it is important to look like a professional and portray a professional image.

Professional image also relates to online persona. As regulated health professionals, it is important to remember that regulated members are professionals “24/7” and that the professional image portrayed online and elsewhere can have far reaching effects. The professional and ethical obligations laid out in the College of Dietitians of Alberta’s *Code of Ethics, Standards of Practice* and the *Integrated Competencies for Dietetic Education and Practice* (see Chapter 4) are relevant to all Registered Dietitians and Registered Nutritionists at all times.

Registered Dietitians and Registered Nutritionists should carefully consider the professional image that they portray in their personal grooming, dress, demeanor and online presence and interactions.

⁵ Maxton, B. *Understanding the Health Professions Act: A Practical Guide for Colleges, Their Members and Healthcare Stakeholder*; 2003, p.3.

⁶ Dimitrius, J, Mazzarella, M., *Put Your Best Foot Forward*, Simon and Schuster, USA; 2000, p. 146.

Chapter Summary

A “profession” has specific characteristics which include a specialized body of knowledge and a commitment to service. The term “professional” has a distinct legal meaning with definite criteria that must be met before a person is a professional in the eyes of the law; the law imposes special obligations and duties on persons who have the legal status of a “professional” (5). “Professionalism” can be described as the manifestation of optimal attitudes and behaviours in the provision of high-quality professional services that place the interest of others above one’s own self-interest. “Professionalism” is demonstrated through professional competence, professional conduct, and professional image.

In Alberta, descriptions of services provided by health professions regulated under the *Health Professions Act (HPA)* are referred to as “practice statements”. Practice statements describe the practice of regulated members of a profession and inform the public of the type of services that they can expect a profession to provide. The following titles used by dietetic practitioners are protected through legislation: Registered Dietitian, Dietitian, Registered Nutritionist, Nutritionist, and RD. In Alberta, Registered Dietitians and Registered Nutritionists must be registered with the College of Dietitians of Alberta (the College) in order to practice dietetics and use the protected titles of the College.

Registered Dietitians and Registered Nutritionists are “professionals”. This means the following:

- They practice the “profession” (dietetics)
- Their practice is regulated under the *HPA* by the profession itself (regulation)
- Others (employers, colleagues, clients, and the public) expect Registered Dietitians and Registered Nutritionists to behave and conduct themselves in a “professional” manner and to practice competently in all interactions and activities.

Case Scenario 1.1

HH, a dietitian employed at a hospital, finished her last shift prior to her vacation. She was, however, “on-call” because she traded days with a colleague a few weeks earlier. After a quick dinner, HH changed clothes and headed out to the neighborhood pub to join in a birthday celebration for a close friend. She had three drinks and was thoroughly enjoying herself, thinking of her upcoming flight to the Bahamas. She heard her work cell phone, reached over the table to grab her purse (the phone was inside), spilling drinks in the process. As the pub was noisy, HH went to the washroom, called the hospital, and was informed by the unit nurse that a young, anorexic patient was adamantly refusing to comply with the dietary regime she and the unit dietitian had agreed upon. HH returned to the party, telling her friends that a young woman who is anorexic and in the hospital was “manipulating” nursing staff and that she had to go into work. HH said her good-byes and drove to the hospital. A nurse who worked at the hospital happened to be in the pub, observed what happened, overheard HH’s comments and informed her supervisor the next day.

Case Scenario 1.1 Questions

1. Did HH behave in a professional manner? Why or why not?
2. How is HH representing the profession of dietetics?
3. What would be the most likely concerns of the nurse who observed this situation?
4. What would be the most appropriate action of HH’s supervisor upon learning about HH’s behaviour?
5. If you were HH’s colleague and were in the pub that night, what would you have done?

Case Scenario 1.2

MM is new to Alberta and plans to contact the College of Dietitians of Alberta to inquire about the registration process. In the meantime, she had made friends with a neighbour who has been working out of her home, selling natural make-up products, vitamins, and herbal nutrition supplements. MM and her friend discussed the possible contributions MM could make to this home-based business with her knowledge of food and nutrition, diet, exercise, etc. MM agreed to see some clients who were seeking help with dietary choices and weight management. MM had some business cards printed that indicated she is a “dietitian” providing diet assessment and counselling to help with weight loss.

Case Scenario 1.2 Questions

1. Is MM practicing within the practice statement of a Registered Dietitian and Registered Nutritionist?
2. Can MM state on her business cards that she is a “dietitian”?

Chapter Quiz

1. All of the following statements are true **except** for the following:
 - a) Together, legislated acts and regulations, bylaws, guidelines, standards of practice and codes of ethics, provide the legal framework for the practice of a profession and for the provision of competent, safe, professional services.
 - b) The term “professional” has a distinct legal meaning with definite criteria that must be met before a person is a professional in the eyes of the law.
 - c) Professionalism can be described as the manifestation of optimal attitudes and behaviours in the provision of high-quality professional services that place the interests of the profession first.
 - d) The law imposes special obligations and duties on persons who have the legal status of a professional.

2. In Alberta, the *Health Professions Act*:
 - a) is a key piece of legislation that outlines consistent rules by which all regulated professions must provide competent, safe, professional services to the public.
 - b) regulates the profession of Registered Dietitians and Registered Nutritionists.
 - c) addresses the establishment and governance of professional colleges, the registration and continuing competence of health professionals, investigation of complaints, discipline, and protection of professional titles.
 - d) All of the above
 - e) Answers a and b only

3. A “practice statement”:
 - a) is a description of the services provided by a health profession regulated under the *Health Professions Act*.
 - b) is similar to a “scope of practice” statement.
 - c) outlines the location where a professional is entitled to practice.
 - d) All of the above
 - e) Answers a and b only

4. All of the following statements are true **except** for the following:
 - a) In Alberta, “Registered Dietitian”, “Dietitian”, “Registered Nutritionist”, “Nutritionist” and “RD” are protected titles.
 - b) Protected titles are the same in all provinces across Canada.
 - c) A professional who is registered with a dietetic regulatory body in another province and moves to Alberta must become registered with the College of Dietitians of Alberta prior to being able to provide professional dietetic services and use protected titles.
 - d) It is the responsibility of every Registered Dietitian and Registered Nutritionist to protect the integrity of the profession by reporting misuse of title to the College.

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Chapter 2 Dietetic Regulation

CHAPTER OVERVIEW

- Regulation of Health Professions
- Health Professions Legislation Reform
- Health Professions Act Amendments
 - Standards of Practice
 - Patient Relations Program
- Key Regulatory Responsibilities of the College of Dietitians of Alberta
 - Registration & Practice Permits
 - Professional Practice Standards
 - Continuing Competence
 - Professional Conduct
 - Additional Regulatory Responsibilities
- Mission, Vision, and Values of the College of Dietitians of Alberta
- Organizational Structure of the College of Dietitians of Alberta
- Key Governing Documents of the College of Dietitians of Alberta
- Role Clarity: The College of Dietitians of Alberta and Professional Associations
- Chapter Summary
- Chapter Quiz
- References

Regulation of Health Professions

Registered Dietitians and Registered Nutritionists have the privilege and responsibilities of being a co-regulated profession in the Province of Alberta. Co-regulation means that the profession is governed and managed by equal professional and public representation. The purpose of regulation is public protection. The provincial government, through legislation, grants regulating status to a profession when the profession has demonstrated that it is a recognized and organized profession that has the financial and human resources required to protect the public by regulating the practice of its regulated members. As a regulated professional body, the College of Dietitians of Alberta (the College) is accountable for establishing the following:

- registration standards
- standards of practice
- codes of ethics and conduct
- continuing competence programs

The College ensures only qualified, competent individuals are allowed to practice as regulated members of the profession, thereby protecting the public from unsafe practices and incompetent or unethical practitioners. The public is also provided with a means of recourse through the College's complaint and mediation processes if professional practice standards are not met.

Health Professions Legislation Reform

Reform of the Health Professions Legislation in Alberta began in 1994 with the formation of the Health Workforce Re-balancing Committee. The report of this Committee recommended that the following five principles be used to guide the change in the regulatory system for health professions in Alberta (1):

1. The public must be protected from incompetent or unethical health professionals.
2. The health professional regulatory system should provide flexibility in the scope and roles of professional practice, so the health system operates with maximum effectiveness.
3. The health professional regulatory system should be transparent to the public. Information about its workings and purpose should be both credible and easily available to Albertans.
4. The regulatory process for health professions must be demonstrably fair in its application. The principles of natural justice must be observed throughout and decision makers should be accountable for the decisions they make.
5. The health regulatory system must support the efficient and effective delivery of health services.

The report of the Health Workforce Re-balancing Committee led to the development of the *Health Professions Act (HPA)*. On May 19, 1999, the *HPA* came into force, marking two major changes in the regulatory model that governs health professions in Alberta.

The first major change was a move to omnibus or umbrella legislation. This means the *HPA* governs all 30 regulated health professions under one statute. The Legislation provides for a more consistent approach to regulation among colleges and facilitates public understanding of professional regulation. It identifies common processes for the registration and discipline of regulated health professionals.

As of December 2013, in Alberta, 29 Colleges regulate 31 different health professions.

The regulated health professions in Alberta are:⁷

Acupuncturists	Opticians
Chiropractors	Optometrists
Combined Laboratory and X-Ray Technologists	Paramedics
Dental Assistants	Pharmacists, Pharmacy Technicians
Dental Hygienists	Physical Therapists
Dental Technologists	Physicians, Surgeons and Osteopaths
Dentists	Podiatrists
Denturists	Psychologists
Hearing Aid Practitioners	Registered Dietitians and Registered Nutritionists
Licensed Practical Nurses	Registered Nurses
Medical Diagnostic and Therapeutic Technologists	Registered Psychiatric Nurses
Medical Laboratory Technologists	Respiratory Therapists
Midwives	Social Workers
Naturopaths	Speech-Language Pathologists, Audiologists
Occupational Therapists	

The second change was the introduction of overlapping and non-exclusive practice statements and the concept of restricted activities. Restricted activities will be discussed in a subsequent chapter.

Health Professions Act Amendments

Bill 21: An Act to Protect Patients

In 2018, the Alberta government introduced *Bill 21: An Act to Protect Patients* to amend the *Health Professions Act* (HPA). Bill 21 speaks specifically about sexual abuse and sexual misconduct by regulated health professionals and introduced several new requirements for regulatory health colleges and its regulated members. The new rules ensure consistent penalties are applied to all health professionals regulated under the *Health Professions Act* for findings of sexual abuse or sexual misconduct. Bill 21 received Royal Assent on November 19, 2018 with some portions of the Bill coming into force on April 1, 2019.

The changes to the *HPA* occasioned by Bill 21 required colleges to create a new patient relations program, new standards of practice and to review current procedures respecting registration and the complaint/discipline process (including processing complaints, investigations, hearings, appeals and disclosure of information). Colleges may also have been required to amend their bylaws in relation to their websites and update those websites to bring themselves into compliance with the new requirements.

Standards of Practice

The amendments to the *HPA* included a requirement for health colleges to develop Standards of Practice to address sexual abuse and sexual misconduct. The *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention*, developed in consultation with regulated members, were adopted by Council and approved by the Alberta Government.

⁷ Province of Alberta. *Health Professions Act*; R.S.A. 2000, c. H-7.

The *Standards of Practice* can be found on the College website under About Us – Regulatory Documents. All regulated members are encouraged to review the *Standards of Practice* carefully.

Patient Relations Program

Within Bill 21 amendments to the HPA, all colleges must increase transparency by posting health professionals' discipline history on their public website.

As well, the College was required to establish a patient relations program to, “include measures for preventing and addressing sexual abuse of and sexual misconduct towards patients by regulated members.” These measures must include, but are not limited to:

- Educational requirements for regulated members;
- Educational guidelines for the conduct of regulated members towards patients;
- Training for trauma informed practices for College staff, councils and hearing tribunals;
- Information for persons respecting the College's complaints processes; and
- Assistance in directing persons to appropriate resources, persons or organizations that may be able to assist them.

The College must also provide funding for patients who have alleged unprofessional conduct in the forms of sexual abuse and/or sexual misconduct against a regulated member.

Bill 46: Health Statutes Amendment Act, 2020

In 2020, the Alberta government introduced *Bill 46: Health Statutes Amendment Act, 2020* which updated 4 pieces and repealed 1 piece of health legislation to improve governance and accountability and ensure the health-care system and health professionals meet the health needs of Albertans. Bill 46 is the largest change to the *Health Professions Act (HPA)* since its introduction in 1999. Specifically, Bill 46 updated the *Health Professions Act* to include separation of colleges and associations for combined organizations, a review and change in legislation for Restricted Activities, and moving items from the *HPA* to the College's *Standards of Practice* and to *Bylaws*, requiring revision of these guiding documents. Bill 46 received Royal Assent on December 9, 2020, and came into force the same day.

The changes to the *HPA* included a requirement for regulatory colleges to divest themselves of any association type functions. For the College of Dietitians of Alberta, this means we will no longer offer job postings or continuing education listings. The College awards and bursary program has also ceased as these activities have been identified as association functions. Overall, the College did not provide many services or functions that would be considered association functions.

Under *Bill 46*, Continuing Competence Program Requirements were relocated from the *Registered Dietitians and Registered Nutritionists Profession Regulation* to the College's *Standards of Practice*, however the program details were not changed. The Standard underwent review by regulated members and was accepted by Alberta Government.

Additionally, the College worked with the Alberta government to develop new regulations to reflect the removal of provisions from *Regulations* to the *HPA*. The College continues to review and revise legislative documents as necessary to comply with the requirements under *Bill 46*.

Key Regulatory Responsibilities of the College of Dietitians of Alberta

The College's authority to regulate is delegated by the provincial government through the *HPA* which governs all regulated health professions in Alberta, including Registered Dietitians and Registered Nutritionists. Under the *HPA*, Alberta's regulated health professions are expected to meet consistent requirements for governance, registration, performance of restricted activities, continuing competence, and discipline. This provincial legislation directs all the activities of the College and outlines key regulatory responsibilities designed to protect and serve the public interest. The unique aspects of each profession are identified in the Act as schedules. There is a schedule for each regulatory college and the schedule includes the profession's practice statement and protected titles.

In defining the role of a college, the *HPA* states:

“3(1) A college:

- (a) must carry out its activities and govern its regulated members in a manner that protects and serves the public interest,
- (b) must provide direction to and regulate the practice of the regulated profession by its regulated members,
- (c) must establish, maintain, and enforce standards for registration and of continuing competence and standards of practice of the regulated profession,
- (d) must establish, maintain, and enforce a code of ethics,
- (e) must carry on the activities of the college and perform other duties and functions by the exercise of the powers conferred by this Act, and
- (f) may approve programs of study and education courses for the purposes of registration requirements.

3(2) A college may not set professional fees, provide guidelines for professional fees, or negotiate professional fees on behalf of some or all of its regulated members.

3(3) A college or a council or committee of a college may not be a certified bargaining agent as defined in the *Labor Relations Code*.

3(4) A college may carry out functions other than those set out in subsection (1) or elsewhere in this Act if those functions are consistent with the college's role as set out in this section.

3(5) A college must not act or hold itself out as a professional association.

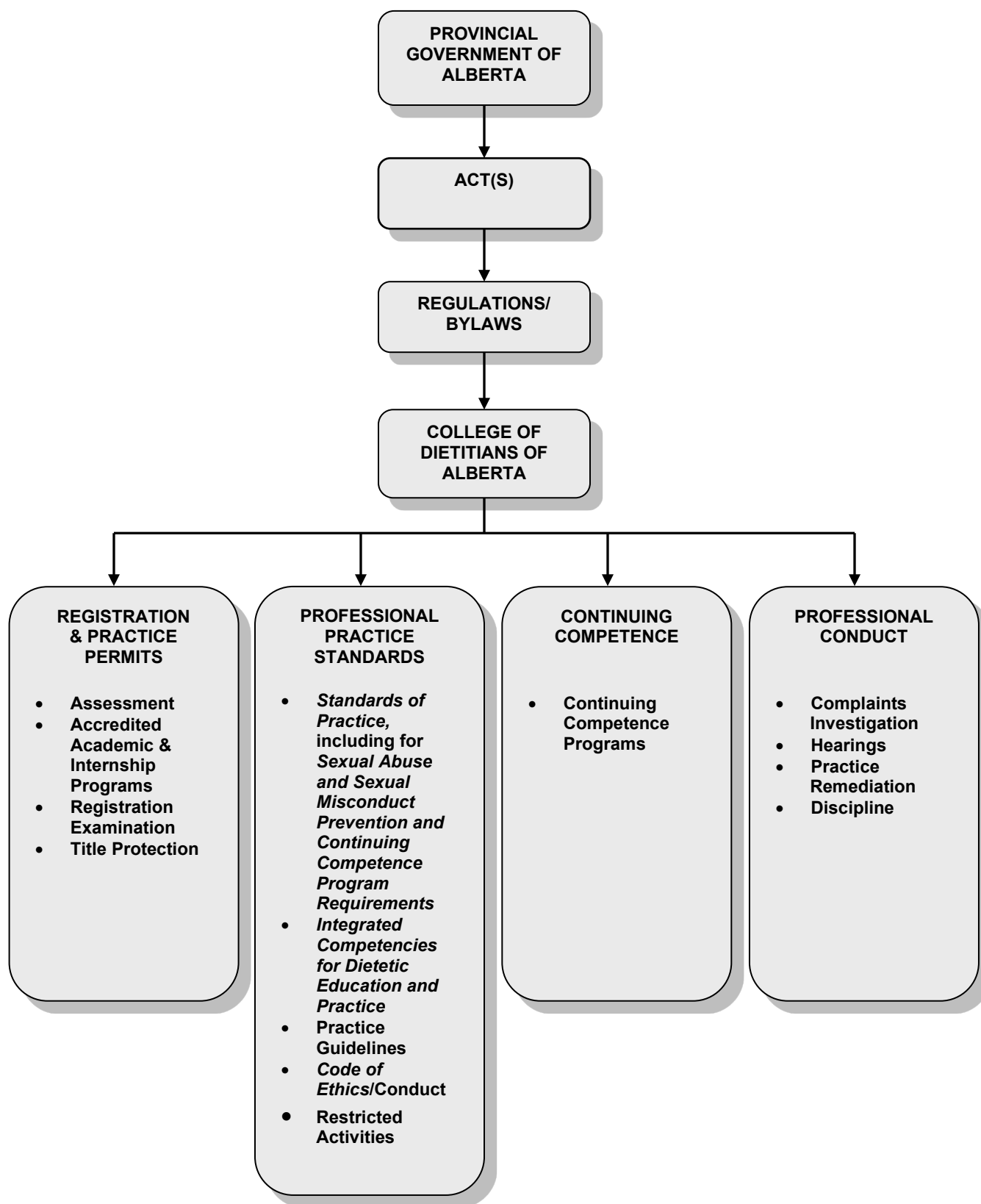
3(6) Nothing in this section prevents a college from collaborating or cooperating with or engaging the services of a professional association, labour union or regulatory body in any jurisdiction to undertake activities that align with the role of the college, including but not limited to,

- (a) developing programs for the professional development of regulated members,
- (b) engaging the services of educational program accreditation agencies,
- (c) developing competency best practices,
- (c) promoting national standards and labour mobility, and
- (e) providing for national examinations”⁸

The key regulatory responsibilities of the College relate to registration and practice permits, professional practice standards, continuing competence, and professional conduct. These concepts are briefly introduced below and will be presented in greater detail in the next four chapters. The Regulatory Framework for Dietetic Practice in Alberta is depicted on the following page.

⁸ Province of Alberta. *Health Professions Act*; R.S.A. 2000, c. H-7.

Regulatory Framework for Dietetic Practice in Alberta



Registration & Practice Permits

The College establishes the education and training required for entry into the profession. All applications to the College are reviewed to ensure that applicants meet entry to practice criteria prior to becoming registered. If the College does not accept an applicant's qualifications, reasons for the decision refusing or restricting entry must be provided. Registration with the College assures the public and employers that an individual has met the standards for academic and practical experience required for the practice of the profession of dietetics.

Professional Practice Standards

The *HPA* requires colleges to develop, maintain and enforce professional practice standards. The Government requires that professional practice standards be developed by colleges in consultation with their regulated members, the Minister of Health, and other stakeholders. Professional practice standards must be made available to regulated members and to the public on request.

Standards of Practice

The *Standards of Practice* describe the standards that must be met by all Registered Dietitians and Registered Nutritionists practicing in Alberta. As regulated, autonomous professionals, each regulated member of the College is accountable for practicing in accordance with the *Standards of Practice*, regardless of role, practice area or practice setting.

Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention

The *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention* describe the standards as required under *Bill 21: An Act to Protect Patients*, that must be met by all Registered Dietitians and Registered Nutritionists practicing in Alberta. As regulated, autonomous professionals, each regulated member of the College is accountable for practicing in accordance with the *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention*, regardless of role, practice area or practice setting.

KEY PRACTICE POINT

All Registered Dietitians and Registered Nutritionists must practice in accordance with the *Standards of Practice*, the *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention*, the *Integrated Competencies for Dietetic Education and Practice* and the *Code of Ethics*, regardless of role, practice area or practice setting.

Standard. Continuing Competence Program Requirements.

As part of *Bill 46: Health Statutes Amendment Act, 2020*, Continuing Competence Program Requirements was moved from the *HPA* and relocated to the College's *Standards of Practice*.

Integrated Competencies for Dietetic Education and Practice

The *Integrated Competencies for Dietetic Education and Practice* set the education and training requirements for entry into the profession across Canada as well as describe the competencies required of all dietitians practicing in Alberta. As regulated, autonomous professionals, each regulated member of the College is accountable for practicing in accordance with the *Integrated Competencies for Dietetic Education and Practice*, regardless of role, practice area or practice setting.

Restricted Activities

The College is also responsible for regulating the safe performance of restricted activities by its regulated members. The government has defined a restricted activity as a procedure or service that requires specific professional competence to be performed safely. The College establishes the competencies, standards, and guidelines for the performance of restricted activities and determines how competence will be demonstrated and maintained. The College provides the required authorization for regulated members to perform restricted activities.

Code of Ethics

The *Code of Ethics* establishes the standards for professional conduct for dietitians in the provision of professional services. The document outlines the values, accountabilities, and responsibilities by which dietitians are expected to conduct their practice. As regulated, autonomous professionals, each regulated member of the College is accountable for practicing in accordance with the *Code of Ethics*, regardless of role, practice area or practice setting.

Continuing Competence

As a public protection mechanism, the *HPA* requires that colleges, as defined in legislation, must establish, maintain, and enforce standards for the continuing competent practice of the regulated profession. Under this legislation, competence programs are mandatory and regulated members are required to participate to ensure that they maintain their competence to practice and enhance their provision of professional services. Colleges are responsible for monitoring the competence of their regulated members. The *HPA* links renewal of practice permits to meeting the continuing competence requirements.

Professional Conduct

The *HPA* outlines a detailed, structured process that colleges must follow to address public complaints about practitioners. Complaints against a regulated member must be dealt with in a process that is open, fair, and timely and which protects the public from incompetent or unethical practitioners. All complaints made against regulated members must be received in writing and investigated. Based on the results of the investigation, the complaint may be dismissed if it is deemed to be frivolous (of little consequence) or vexatious (“something that

is instituted without real grounds to cause annoyance”⁹), lead to informal action (e.g., a caution or advice) or result in formal disciplinary action.

Additional Regulatory Responsibilities

In addition to the four key regulatory functions identified in the Regulatory Framework for Dietetic Practice in Alberta, colleges are also responsible for the following (2):

Public Access to Regulated Member Information

To ensure public access to information, the government has stated that a college must provide the following information on a public register:

- whether an individual is a regulated member
- the regulated member’s full name
- the regulated member’s registration number
- any practice permit conditions
- the status of a regulated member’s practice permit: active, suspended or cancelled
- the regulated member’s practice specialization recognized by the college
- whether the regulated member is authorized to provide restricted activities.

A college must also provide information regarding whether or not a hearing is scheduled with respect to the regulated member. A college, on request, is required to provide information on any disciplinary action pertaining to a regulated member for a period of five years following the action.

Government Access to Regulated Member Information

Section 122(1) of the *HPA* requires that colleges provide demographic and practice information to the Minister of Health, on request, for the purposes of health workforce planning, policy development and related research.

Public Representation

To ensure college processes are open and transparent to the public and that there is accountability for decision making, the *HPA* requires that a minimum of fifty percent of the voting members of each of a Council, a Hearing Tribunal and a Complaint Review Committee are public members appointed by the Minister.

Appeal Processes

Decisions made by a college with respect to registration, practice permits, reinstatement of a practice permit and disciplinary decisions may be appealed by submitting a written request for review by Council within thirty days of receiving the decision.

⁹ Webster’s New World Dictionary of the American Language, College Edition, 1962, p.1623.

Provincial Ombudsman

The Ombudsman reviews complaints made with respect to actions taken by a college under the *HPA* and may make recommendations to the College when formal appeal processes have been exhausted.

Annual Report

Colleges are required to submit an annual report of their activities to the Minister of Health including the following information:

- the number of complaints made and their disposition
- the number of hearings that were closed to the public
- the number of appeals
- the number of regulated members dealt with due to incapacity
- registration information
- description of the college's continuing competence program
- the committees and tribunals established under the Act
- audited financial information

Mission, Vision, and Values of the College of Dietitians of Alberta

The *HPA* provides a foundation for the College Council to establish the Mission, Vision, and Values for the College. The mission statement articulates why the College exists and the vision and value statements express the type of organization the College strives to be and the qualities that are most important in how the College conducts its business.

The **Mission** of the College of Dietitians of Alberta is protecting Albertans by regulating the competent practice of Registered Dietitians and Registered Nutritionists.

The **Vision** of the College of Dietitians of Alberta is excellence in evidence-based food and nutrition practices through innovative leadership, regulation, and collaboration for the health of Albertans.

As the College's governing body, each Council member upholds these **Values**:

- Integrity – Supporting the highest standards of excellence, honesty, and ethics in carrying out duties.
- Supportive – Dedicated to teamwork among Council, committees, and staff and being respectful, civil, and courteous even in the face of conflict or disagreement.
- Diversity of Thought – Open to new ideas, new models, and new people.
- Innovative – Proactive, creative, and productive in seeking solutions within available resources.
- Dedicated – Working steadily, effectively, and efficiently to advance the mission and strategic plan in order to serve the College's mandate.
- Impartial – Objective, reasoned, and fair in decision making.

Organizational Structure of the College of Dietitians of Alberta

The organizational structure of the College is established by the roles, relationships and responsibilities defined through the layers of legislation, regulation, and bylaws. The College of Dietitians of Alberta is governed by a Council. The Council consists of regulated Registered Dietitians and Registered Nutritionists and members of the public. To ensure that the interests of public protection are “front and centre” in all activities of a regulatory College, the *HPA* states that at least 50% of the voting members of the governing Council of a College must be members of the public. The rest of the members of the College Council are regulated members of the profession, appointed to sit on the governing Council and on committees of the College.

It is important that regulated members of the College carefully consider any publications / information presented at College sessions / webinars and provide their feedback, ideas, and suggestions so that the Council receives input from regulated members of the profession. The decisions of the College will have direct impact on each regulated member as a professional and on their practice.

Key Governing Documents of the College of Dietitians of Alberta

In Alberta, regulatory colleges such as the College exist to regulate professions through implementation of the *HPA* and their profession Regulation. Colleges develop policies and procedures that further refine and provide additional detail as to how they will enact the legislation as well as College bylaws that describe how the College itself will be governed. Key governing documents outline the organization and function of a Regulatory College. These are as follows:

- **Legislation** – Professional regulation is a provincial jurisdiction and the legislation that governs health professions is established by the Government of Alberta. The *HPA* sets out in law the powers, duties and responsibilities of the College, its regulated members, employers, and others with respect to professional regulation.
- **Regulation** – The *Registered Dietitians and Registered Nutritionists Profession Regulation* describes how the College will apply the Legislation to the practice of the profession. In developing the Regulation, a college works with the Government to reconcile the unique requirements of the profession with the legislative and policy requirements of the Government. The Government must approve a Regulation before a college can be proclaimed under the *HPA* and must approve any changes or amendments to the Regulation.
- **Bylaws** – The framework and scope for the College *Bylaws* are specified in legislation. They are a further application of the Legislation and Regulation and refer more specifically to the organization of the College and how it will conduct its business. *Bylaws* are established by Council and specify procedural matters such as election of council, the appointment of committees and tribunals, quorum, rules of order, fees and notices.

- **Policies** – Policies describe the way in which the College interprets and implements the legislative layers under which the College is governed, including the *Legislation*, the *Regulations*, and *Bylaws*. Policies are established by Council and guide the decisions that are made by the College.
- **Standards of Practice** – The *Standards of Practice*, the *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention*, and the *Standard. Continuing Competence Program Requirements* describe the standards that must be met by all Registered Dietitians and Registered Nutritionists practicing in Alberta.
- **Competencies** – The *Integrated Competencies for Dietetic Education and Practice* define the entry-to-practice standard for Registered Dietitians in Canada implemented through education programs and the Canadian Dietetic Registration Examination.
- **Code of Ethics** – The *Code of Ethics* is a set of principles of professional conduct which establishes the ethical expectations that Registered Dietitians and Registered Nutritionists are required to adhere to in their professional practice.

Role Clarity: The College of Dietitians of Alberta and Professional Associations

One of the recommendations made by the Health Workforce Re-balancing Committee was “a clear separation of a profession’s regulatory responsibilities and functions which protect the public, from fee and salary negotiations and other functions which are directed at the economic or social wellbeing of a profession”. The legislation requires a structural and functional separation of these conflicting interests. For the dietetics profession in Alberta, these functions are separate and are performed by two independent organizations: College of Dietitians of Alberta (a college with regulatory responsibilities) and Dietitians of Canada (a professional association with member service responsibilities).

The key roles of each organization are summarized as follows:

Regulatory Body Key Responsibilities	Professional Association Key Responsibilities
<ul style="list-style-type: none"> • Public protection • Establish, maintain and enforce standards for registration and issuing of practice permits for qualified professionals • Develop, maintain and enforce professional standards of practice and codes of ethics • Establish, maintain and enforce Continuing Competence Program • Follow legislated processes for dealing with professional conduct issues • Promote dietitians as the credible source of nutrition information; advocacy 	<ul style="list-style-type: none"> • Advocacy • Development and delivery of continuing education programs and resources • Member services • May be involved in accreditation of educational and practicum programs

<ul style="list-style-type: none">• Approve education programs and related courses toward professional designation• Present professional development sessions and materials with a regulatory focus	
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Chapter Summary

In Alberta, the legislated Act that directly affects the practice of dietetics is the *Health Professions Act (HPA)*. Understanding the *HPA* is very important for dietitians in practice, as it lays out the cornerstones of regulation of the profession in Alberta. These are as follows:

- the legitimacy of dietetics as a profession from a legal perspective
- the role of the College of Dietitians of Alberta (the College) as the regulatory organization named in the legislation (*HPA*) to regulate dietetic practice
- the responsibilities and accountabilities of the profession to the government
- the responsibilities and accountabilities of individual professionals

The practice of each Registered Dietitian and Registered Nutritionist is enhanced by an awareness of historical events and decisions that have been made regarding the regulation of health professions in Alberta and the delivery of professional services. Having a working knowledge of the legislation that “names” the profession, that delegates regulation to the profession, the responsibilities that come with regulation, as well as the organizational structure and functioning of the College, enhances a Registered Dietitian’s and Registered Nutritionist’s ability to practice within this legal framework.

Other legislative Acts also impact professional dietetic practice, as do professional regulations, regulatory college bylaws, college policies and procedures, and employer/facility policies. Some of these legislative Acts and their impact on dietetic practice will be discussed in subsequent chapters. As a member of a regulated profession, created by legislative statute, it is the responsibility of each Registered Dietitian and Registered Nutritionist to be aware of and knowledgeable about their specific provincial legislation and how it impacts their professional practice. A list of the statutes relevant to Registered Dietitians and Registered Nutritionists is contained in Appendix 1.

Chapter Quiz

1. All of the following statements are true **except** for the following:
 - a) The purpose of regulation is public protection.
 - b) Regulation means that the regulated members of a profession are able to practice as they wish as long as they practice in compliance with the *Code of Ethics*.
 - c) The provincial government grants regulating status to a profession when the profession has demonstrated that it is a recognized and organized profession that has the financial and human resources required to protect the public by regulating the practice of its regulated members.
 - d) As a regulated professional body, the College of Dietitians of Alberta is accountable to government for governing and managing the profession according to legislated requirements.
2. Under the *Health Professions Act*, the College of Dietitians of Alberta:
 - a) must establish, maintain, and enforce standards for registration, continuing competence and standards of practice for the profession.
 - b) provide regulated members with guidelines for professional fees.
 - c) represent the profession in the design of health systems and nutrition policy development for Albertans.
 - d) All of the above
 - e) Answers a and b only
3. The key regulatory responsibilities of the College of Dietitians of Alberta relate to:
 - a) Continuing Competence, Professional Conduct, and coordinating continuing education opportunities for regulated members.
 - b) Continuing Competence, Registration and Practice Permits, Professional Practice Standards, and Organization of Nutrition Month.
 - c) Continuing Competence, Professional Conduct, Registration and Practice Permits, and Professional Practice Standards.
 - d) Continuing Competence, Development and Distribution of Nutrition Resource Materials, Registration and Practice Permits, and Professional Conduct.
4. All of the following statements are true **except** for the following:
 - a) The key documents governing the College of Dietitians of Alberta are legislated Acts, regulations, bylaws, and policies.
 - b) The College of Dietitians of Alberta is governed by a Council consisting of regulated members and at least 50% public members.
 - c) The Vision of the College of Dietitians of Alberta is protecting Albertans by regulating the competent practice of Registered Dietitians and Registered Nutritionists.
 - d) The Standards of Practice define the entry-to-practice standards for Registered Dietitians in Alberta and are implemented through education programs and the Canadian Dietetic Registration Examination.

References

1. Alberta Health. *Health Professions Act Employer's Handbook: A guide for employers of regulated health professionals*; 2004.
2. Province of Alberta. *Health Professions Act*; R.S.A. 2000, c. H-7.

Chapter 3 Registration & Practice Permits

CHAPTER OVERVIEW

- **Registration Requirements**
 - **Routes of Entry**
 - **Registration Examination**
 - **Current Practice**
 - **Good Character and Reputation**
 - **Liability Insurance**
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Registration Requirements

Under the *Health Professions Act (HPA)*, the College of Dietitians of Alberta (the College) has the legislated responsibility to establish, maintain and enforce standards for registration and licensing of its regulated members (1). In meeting this responsibility, the College establishes the education and training that are required for entry into the profession. Registration with the College assures the public and employers that an individual has met the standards for academic and practical experience required for the practice of the profession of dietetics.

The health profession legislation of each province has different requirements regarding registration of practitioners with their applicable regulatory college. It is the responsibility of each professional to ensure that they

KEY PRACTICE POINT

It is the responsibility of each professional to ensure that they meet the registration requirements of the applicable regulatory body in every provincial jurisdiction in which they wish to work PRIOR to beginning to practice.

meet the registration requirements of the applicable regulatory body in every provincial jurisdiction in which they may wish to work prior to beginning to practice.

Routes of Entry

The *HPA* sets out the basic process for registration with colleges. However, the specific requirements that must be met for registration for a profession are included in the regulation of that specific profession. Registration requirements for the profession of dietetics are set out in the *Registered Dietitians and Registered Nutritionists Profession Regulation*. The three routes of entry are described below (2).

Standard Route: The standard route of entry requires that an individual has obtained the combination of education and experience established by the profession. These requirements are typically met through the following:

- Completion of a Bachelor of Science Degree in dietetics or foods and nutrition and graduation from a dietetic internship
- Completion of a Master of Science or Doctoral Degree and demonstration of meeting competency standards for graduate students approved by Council

Labour Mobility Agreement Route: Individuals may also be registered if they come from another jurisdiction (or province) with equivalent standards for the registration of dietitians. In Canada, these jurisdictions are recognized under the Labour Mobility Agreement that the College has established with other provincial dietetic regulators.

Substantial Equivalent Route: Individuals may also be registered if they are able to demonstrate to the satisfaction of the Registration Committee of the College, that their acquired education and experience are substantially equivalent to the registration requirements. Generally, this involves the use of a variety of prior learning assessment strategies and tools.

Registration Examination

Candidates for registration are also required to pass the registration examination approved by the College. This examination confirms that candidates have the required level of competence to practice.

Current Practice

Candidates for registration must establish that their qualifications for registration are current within three years prior to their application for registration. Otherwise, they will be required to undertake academic and / or experiential upgrading.

Being a regulated member of the College means that Registered Dietitians and Registered Nutritionists have the skills and in-depth knowledge required to offer safe, competent, and ethical dietetic services. The College has the obligation to the public to maintain the integrity of the dietetic profession by making sure its regulated members are always qualified to practice their profession. College policy for current practice states that all regulated members are deemed current if they have practiced dietetics at minimum 600 hours over the previous three consecutive years. During registration renewal, all regulated members are required to declare whether they meet the current practice policy.

Good Character and Reputation

The *Health Professions Act* requires that every applicant for registration or renewal of a practice permit provide evidence of good character and reputation. This involves a declaration that information provided to the College is complete and accurate, that the applicant has not been disciplined by another profession or in another jurisdiction and has not been charged with or convicted of a criminal offence. If this declaration cannot be made, the application is referred to the Registration Committee to determine whether the public would be at risk and if a permit will be issued.

A current Criminal Record Check is a requirement of every applicant to the College.

Omitting or misrepresenting information to the College is a serious matter and may result in registration being refused or a practice permit being suspended or cancelled.

English Language Proficiency

Proficiency in English at the professional level is required to ensure language does not create a barrier to the applicant to practice dietetics in Alberta. Given the nature of practice by dietitians and the emphasis on oral and written communication, being proficient in the English language for reading, writing, speaking, and listening is essential for safe practice in Alberta's healthcare system.

The *Health Professions Act* requires applicants to the College provide evidence of English language proficiency as set out in *Bylaws*. Additional information on English language proficiency requirements, please access the College website under the [For Applicants – Applications – Internationally Educated Applicant - English Language Proficiency](#) page.

Eligibility to Lawfully Practice

The *Health Professions Act* requires applicants to the College provide evidence of being a Canadian citizen or a person lawfully permitted to work in Canada.

Liability Insurance

Errors and Omissions (E&O), also known as professional liability or malpractice insurance in the health industry, covers liability arising out of negligent acts in rendering, or failing to render, professional services. Professionals are defined as people who hold themselves out as having special skills, knowledge, or experiences. Registered health providers, including Registered Dietitians and Registered Nutritionists, are professionals. If one provides a service or advice based on these special skills, knowledge, or education, then one has exposure to errors & emissions. If one does not have E&O insurance, the defense and settlement costs could bankrupt an individual. Therefore, the most obvious reason for carrying E&O insurance is to cover the costs associated with legal proceedings and legal representation arising from complaints brought against the individual.

College policy states all practicing registrants must carry professional liability insurance, either employer provided or third-party, of an amount not less than two million dollars per occurrence. The *Health Professions Act* requires Registered Dietitians and Registered Nutritionists submit proof of insurance to the College upon request. Regulated members of the College may purchase professional liability insurance directly through the College program or through another provider (such as Dietitians of Canada).

The Two Purposes of Professional Liability Insurance

Protecting the Public: Professional Liability Insurance provides financial compensation for the public in the event of damages caused by a Registered Dietitian and Registered Nutritionist. Clients need to know they have recourse in the event of harm. Knowing that they can access a professional's insurance, by way of a claim or lawsuit against a professional's liability insurance provides them with a sense of security when they seek treatment.

Protecting the Registered Dietitian or Registered Nutritionist: Professional Liability Insurance protects Registered Dietitians and Registered Nutritionists from having to pay personally for any harm that clients suffer as a result of conduct. If a Dietitian does not have insurance and is successfully sued for negligence, that Dietitian will be personally liable for any damages awarded to the client. Even in the cases where the Dietitian is found not to have been negligent, the Dietitian will still have to finance the cost of defense.

Jurisprudence Learning Module

Jurisprudence is defined as the science or philosophy of law. In the context of dietetics, it is the provincial legislation in combination with the College of Dietitians of Alberta's regulations and standards of practice that govern practice in Alberta.

All new registrants to the College are required to successfully complete the College's online Jurisprudence learning module, based on the content found within this handbook, within their first year of registration, prior to registration renewal. Thereafter, every regulated

member on the General Register will be required to complete the learning module every five years to maintain registration with the College.

Mandatory Training Program for Bill 21: An Act to Protect Patients

Within *Bill 21: An Act to Protect Patients* amendments to the *HPA*, all colleges were required to establish a patient relations program which included measures for preventing and addressing sexual abuse of and sexual misconduct towards patients by regulated members through education, training, and public information.

The Alberta Federation of Regulated Health Professionals developed online mandatory training programs for all regulated health professionals as well as for all staff, council, and hearing tribunal members. Completion of the training programs are mandatory, as required under legislation, and submission of certificates received at the conclusion of training demonstrate completion to the College. Failure to submit the certificate to the College will require registrants to complete the training program again.

Information on Bill 21, the mandatory training module and how to complete the module can be found on the College website under the [For Dietitians - Bill 21 Mandatory Training](#) page.

Mandatory Registration

In Alberta, the *HPA* creates a uniform, mandatory requirement to register with the applicable college if certain circumstances exist. Section 46(1) states the following:

“A person must apply for registration if the person

- a) is qualified to meet the requirements of section 28(2) for registration as a regulated member, and
- b) intends to provide any or all of the following:
 - i. professional services directly to the public
 - ii. the manufacture of dental appliances or conducting of laboratory tests that are used by other regulated members to provide professional services directly to the public;
 - iii. food and nutrition professional services that are used by other regulated members and individuals to provide services directly to the public;
 - iv. the teaching of the practice of a regulated profession to regulated members or students of the regulated profession;

- v. the supervision of regulated members who provide professional services to the public”.¹⁰

In plain language, the *HPA* requires individuals who meet the requirements to be a regulated member of a profession and who are working in the profession as outlined by the practice statement for that profession to be registered. By law, a person with the required educational requirements to practice dietetics must apply for registration with the College if they intend to:

- provide professional services directly to the public,
- provide professional services that are used by other regulated members and individuals to provide services directly to the public,
- teach the practice of the profession to regulated members of the College or to students of the profession, or
- supervise regulated members of the College who provide professional services to the public.

KEY PRACTICE POINT

Individuals who meet the requirements to be a member of a profession and who are working in the profession as outlined by the practice statement of that profession MUST be registered.

If the Registrar is of the opinion that a person who is not a regulated member of the College meets the requirements to practice dietetics and is providing dietetic services, the Registrar may give that person a written request to apply for registration. A person who meets the requirements to practice dietetics and does not comply with the request to apply for registration is guilty of an offence and may be subject to a fine and possible imprisonment.

If a regulated member is aware of an individual who meets the criteria to practice dietetics in Alberta, whose work falls within the practice statements of the profession and who they believe may not be registered with the College of Dietitians of Alberta, it is their responsibility to report this information to the College.

The *HPA* also prohibits anyone from knowingly employing a person who is required to be registered under the *HPA* and is not registered.

Practice Permits

In order to practice as a Registered Dietitian and Registered Nutritionist in Alberta, an individual must apply for and be granted registration with the applicable regulatory college. Following registration, an individual is issued a practice permit.

KEY PRACTICE POINT

An individual cannot practice or use the protected titles of the College without a practice permit.

¹⁰ Province of Alberta. *Health Professions Act*; R.S.A. 2000, c. H-7.

In Alberta, the practice permit is a license to practice dietetics and use the protected titles of the College. An individual cannot practice or use the protected titles of the College without a practice permit. The practice permit registration fee is tax deductible. The College issues a practice permit and income tax receipt to regulated members each year, available online through the Registrant Portal. The permit indicates the following:

- the name of the College and the fact that the permit is issued under the *HPA*,
- the regulated member's full name and unique registration number,
- the register category the regulated member is on,
- any conditions on the regulated member's practice permit,
- whether the regulated member provides any restricted activities, and
- the expiry date of the permit

The *HPA* states that a regulated member's practice permit must be on display where the regulated member provides services or that the regulated member makes the practice permit available for inspection upon request of employers and the public. The *HPA* also requires that employers be notified when a practice permit is suspended or issued with conditions.

Practice Permit Renewal

Regardless of the time of year a practice permit is issued to an individual, the permit expires every year on March 31. For example, if an individual became registered with the College in September and was placed on the General Register, they would be able to practice as soon as they received their electronic practice permit. The following March, they would be required to complete the College renewal process prior to the close of business March 31. As per the *HPA*, if a complete application for renewal of a practice permit is not received by March 31, the practice permit is automatically suspended, the regulated member cannot practice, and their employer will be notified. There is also a late renewal penalty fee.

KEY PRACTICE POINT

Registered Dietitians and Registered Nutritionists are responsible to ensure that registration renewal is complete prior to March 31 each year; failure to do so will result in the automatic suspension of the practice permit. Members without a valid practice permit CANNOT practice.

College Registers

In Alberta, when an individual is “registered” as a regulated member of a profession, their name is officially recorded or enrolled on a register. The “register” contains the names of individuals who have met defined requirements (completed specified academic studies, internships, examinations, etc.) and who are legally able to practice their profession in Alberta. The College is responsible for ensuring that only individuals who meet all the

requirements for registration have their names placed on the register. In Alberta, using the term “registered”, as in “Registered Dietitian / Registered Nutritionist (RD)” informs colleagues, clients and the public that an individual has completed the appropriate academic studies, passed all required examinations, has the required knowledge and skills to practice competently, and is registered with the College.

The three registers (lists of regulated members who have met specific registration criteria) maintained by the College are as follows:

General Register

Individuals who have met all the criteria for registration are entered into the General Register. The General Register also identifies regulated members who are authorized to perform restricted activities and the restricted activities each regulated member is authorized to perform. Regulated members on the General Register have the right to use all the protected titles of the College (Registered Dietitian, Registered Nutritionist, Dietitian, Nutritionist, and RD).

Temporary Register

The Temporary Register is for applicants who have met academic and practical training requirements (internships) but who have not yet written the registration examination approved by the College or are awaiting their examination results. This category of registration expires eight weeks after the date of the registration examination. Upon notification of passing the registration examination, the College provides information as to what steps must be taken to transfer status from being on the Temporary Register to being entered on the General Register.

While waiting to write the national examination or waiting for their examination results, individuals who are on the Temporary Register of the College are able to practice as a dietitian under the supervision of a Registered Dietitian or Registered Nutritionist. This supervision entails regular weekly communication with the supervisor to review practice, practice-based issues and activities that have been undertaken. Practice is reviewed and the “temporary registrant” is encouraged to seek advice regarding practice-based issues and activities.

An individual who holds a temporary practice permit may use the protected title “Dietitian” only. They cannot use the term “Registered”, nor can they use the initials “RD”. A “temporary registrant” is a regulated member of the College and is accountable to and responsible for their clients and the quality of the health care services they provide. They are also accountable to the College, their professional peers, their employer, and their supervisor.

Courtesy Register

In addition to the General and Temporary Registers, there is also a Courtesy Register for dietitians registered in another jurisdiction recognized by Council, who wish to practice in Alberta on a temporary basis. The practice scope of individuals registered on the

Courtesy Register is limited to the specific purpose for which the registration is granted and is time limited. Individuals on this register may use all the protected titles of the College.

Regulated Member Information Required in College Registers

The College has a responsibility to keep regulated members and employers informed of changes to regulation or other issues that impact practice. The College is also required to provide current information to the Government and the public. In meeting these responsibilities, it is imperative that the College maintain accurate, current information about each regulated member listed in the Registers. The *HPA* and the *Registered Dietitian and Registered Nutrition Profession Regulation* outline the information that College Registers must include for each regulated member.

Section 33(3) of the *HPA* states the following:

“The registrar must enter the following information for each regulated member in the appropriate category of register established under subsection (1)(a):

- (a) the full name of the member;
- (b) the member’s unique registration number;
- (b.1) whether the member’s registration is restricted to a period of time and, if so, the period of time;
- (c) any conditions imposed on the member’s practice permit;
- (d) the status of the member’s practice permit, including whether it is suspended or cancelled;
- (e) the member’s practice specialization recognized by the college;
- (f) whether the member is authorized to provide a restricted activity not normally provided by regulated members of the college;
- (g) whether the member is not authorized to provide a restricted activity that is normally provided by regulated members of the college;”¹¹

Information that is required in accordance with legislation is requested on applications for registration or renewal of a practice permit. Section 33(4) of the *HPA* also requires that regulated members advise the Registrar of any changes to any of the information they give the College including any change to their name, home or work address, employer, or practice information (2).

¹¹ Province of Alberta. *Health Professions Act*; R.S.A. 2000. c. H-7.

A regulated member's file consists of official documents; verification is required in order to make appropriate changes to records. All notifications of changes must be made using the online forms, or in writing, signed and mailed or faxed to the College. Name changes must also be accompanied by appropriate supporting documentation. Regulated members may access their own information by logging onto the Registrant Portal to ensure that it is correct. To facilitate regulated member updates to their information, regulated members have access to the Registrant Portal throughout the year.

KEY PRACTICE POINT

Each Registered Dietitian and Registered Nutritionist is responsible for ensuring the College has accurate and current information for their member file.

It is imperative that regulated members provide information that is complete and accurate. Refusal to supply information, intentional omission, or misrepresentation of any information to the College constitutes unprofessional conduct.

Registering in Another Province

The Labor Mobility Agreement is an agreement between provincial regulatory bodies in Canada that is based on common requirements for registration and competence. Registration is based on verification of the regulated member's registration in good standing with one of the parties to the Agreement, along with the completion of an application form, payment of fees and meeting any requirements such as criminal record checks that are unique to that province. The Agreement does not apply to non-regulated categories of members.

It is very important that a regulated member maintain their registration with their current regulatory body if planning a move to another province. Registration with a regulatory body must be maintained in order to have access to registration under the Labour Mobility Agreement.

All dietetic regulatory bodies in Canada are part of the Labour Mobility Agreement. Dietitians of Canada is not part of the Agreement because it is not a regulatory body.

Resigning from the College

Regulated members who are no longer in dietetic practice or no longer wish to maintain their registration status can resign in good standing by completing a renewal form to the Inactive register and by informing the Registrar in writing prior to March 31 that they are resigning from the College. Regulated members who resign may no longer practice dietetics or use the protected titles of the College.

Regulated members who resign from the College and wish to reapply for registration at a future date must meet all registration criteria in place at the time of the application, including examination and current practice requirements.

Reciprocity Agreements

The College has not entered into any current reciprocity agreements with international regulatory bodies. The reciprocity agreement established in 2012 between Dietitians Association of Australia (DAA) and nine of the ten provincial dietetic regulatory bodies of Canada expired in 2014. All dietitians who are registered or credentialed in Australia must now apply through the Substantial Equivalency Route.

Chapter Summary

Under the *Health Professions Act (HPA)*, the College of Dietitians of Alberta (the College) has the legislated responsibility to establish, maintain and enforce standards for registration and licensing of its regulated members. Professionals must ensure that they meet the registration requirements of the applicable regulatory body in every provincial jurisdiction in which they wish to work prior to beginning to practice. It is mandatory that individuals who meet the requirements to be a regulated member of a profession and who are working in the profession as outlined by the practice statement be registered. The practice permit is a license to practice dietetics and use the protected titles of the College. An individual may not practice or use the protected titles of the College without a practice permit. Each Registered Dietitian and Registered Nutritionist in Alberta has a responsibility to ensure that the College has accurate and current information for their regulated member file.

Case Scenario 3.1

Prior to the birth of her second child, KK had been a practicing dietitian for seven years. When her maternity leave was over, she decided not to return to work at the hospital as they did not have any part-time employment available. Shortly after terminating her employment with the hospital, KK received a call from the nurse at the local health unit. The Health Unit wanted to expand their community outreach by beginning a “healthy living” initiative called “Get Fit, Keep Fit, Be Fit”. They hoped to incorporate “healthy nutrition” into the series of public lectures and wanted to know if KK was interested in helping develop the program and in presenting the food / nutrition / exercise component with a fitness trainer. KK jumped at the chance to use her knowledge and expertise again, organized educational materials and follow-up homework exercises, met with the fitness trainer, and began lecturing. As KK was only working 2 afternoons a week, making minimum salary, she did not bother completing her College renewal form.

Case Scenario 3.1 Questions

1. Is KK practicing within the practice statement for Registered Dietitians and Registered Nutritionists stated in the *Health Professions Act*?
2. As a “part time” practitioner, does KK have to register with the College of Dietitians of Alberta?
3. You are a colleague of KK who worked with her at the hospital. You know that she is not registered with the College; she told you that as she was not coming back to work at the hospital after her maternity leave and that she wasn’t going to renew her registration. What is your responsibility?

Chapter Quiz

1. All of the following statements are true *except* for the following:
 - a) A person who meets the requirements to be a Registered Dietitian or Registered Nutritionist and who is working in the profession as outlined in the practice statement must be registered with the College of Dietitians of Alberta.
 - b) Registration with the College of Dietitians of Alberta is automatic upon successful completion of the registration examination approved by the College.
 - c) An individual must have a practice permit prior to practicing dietetics and using the protected titles of the College of Dietitians of Alberta.
 - d) An individual who is registered with a regulatory body in another province must become registered in Alberta prior to beginning employment.
2. A dietitian who lives in Manitoba is registered with her regulatory body. She has been asked to provide a series of workshops over a 4-week period in Alberta. This individual would be eligible for registration with the College of Dietitians of Alberta under the following register:
 - a) General Register
 - b) Temporary Register
 - c) Courtesy Register
 - d) None of the above
3. A regulated member of the College who is on the Temporary Register is able to use the following protected titles:
 - a) Dietitian
 - b) Registered Dietitian or RD
 - c) Registered Nutritionist
 - d) All of the above
 - e) Answers a and b only
4. All of the following statements are true *except* for the following:
 - a) Registered Dietitians and Registered Nutritionists are required to make their practice permit available for inspection upon request by employers or the public.
 - b) A regulated member who resigns from the College of Dietitians of Alberta and wishes to reapply for registration five years later can be reinstated upon paying the required registration fee.
 - c) The *Health Professions Act (HPA)* prohibits anyone from knowingly employing a person who is required to be registered under the *HPA* and is not registered.
 - d) If a complete application for renewal of a practice permit is not received by the College of Dietitians of Alberta by the March 31st deadline, the practice permit of that individual is automatically suspended, the regulated member may not practice, and their employer will be notified.

References

1. Province of Alberta. *Health Professions Act*, R.S.A. 2000, c. H-7.
2. Province of Alberta. *Registered Dietitians and Registered Nutritionists Profession Regulation*, 2002.

Chapter 4 Professional Practice Standards

CHAPTER OVERVIEW

- Professional Practice Standards Requirements
- Code of Ethics
- Integrated Competencies for Dietetic Education and Practice
- Standards of Practice
- Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention
- Standard. Continuing Competence Program Requirements
- Chapter Summary
- Case Scenario
- Chapter Quiz
- References

Professional Practice Standards Requirements

Professional practice standards play a key role in outlining practice requirements for professionals. The *Health Professions Act (HPA)* requires colleges to establish, maintain and enforce standards of practice for regulated health professions (1). The Government also requires that standards of practice be developed by colleges in consultation with their regulated members, the Minister of Health, and other stakeholders. The four documents that outline the professional practice standards for Registered Dietitians and Registered Nutritionists in Alberta are the *Code of Ethics* (please refer to Appendix 2), the *Standards of Practice* (please refer to Appendix 3), the *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention* (please see Appendix 4), and the *Integrated Competencies for Dietetic Education and Practice* (please refer to Appendix 5). All of these documents must be made available to regulated members of the College of Dietitians of Alberta (the College) and to the public upon request. Together, the Acts, Regulations, bylaws, guidelines, the *Code of Ethics*, the *Standards of Practice*, *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention* and the *Integrated Competencies for Dietetic Education and Practice* provide the legal framework for dietetic practice and for the provision of competent, safe, professional services.

Code of Ethics

The *Code of Ethics* is a set of principles of professional conduct which establishes the ethical expectations that Registered Dietitians and Registered Nutritionists are required to adhere to in their professional practice. The document outlines the values, accountabilities, and responsibilities by which Registered Dietitians and Registered Nutritionists are expected to conduct their practice. The document also includes an ethical decision framework to assist regulated members in addressing ethical issues.

The *Code of Ethics* should be used by Registered Dietitians and Registered Nutritionists to reflect on practice, by the College to assess the ethical conduct of regulated members and by the public to understand the responsibility and accountability to the profession. As regulated, autonomous professionals, each regulated member of the College is accountable for practicing in accordance with the *Code of Ethics*, regardless of role, practice area or practice setting.

KEY PRACTICE POINT

All Registered Dietitians and Registered Nutritionists are accountable for practicing in accordance with the *Code of Ethics* regardless of their role, practice area or practice setting.

The *Code of Ethics* was developed by the College in consultation with Registered Dietitians and Registered Nutritionists in Alberta under the authority of the *HPA*(1). In meeting its legislated mandate to establish, maintain and enforce standards of practice for regulated health professions, the College recognized the need for a code of ethics applicable to current dietetic practice. The *Code of Ethics* was developed based on a framework created for the provincial dietetic regulatory bodies by Dr. Glenn Griener, Associate Professor of the John Dossetor Health Ethics Centre, University of Alberta. Alberta Registered Dietitians and Registered Nutritionists had the opportunity to review and comment on the draft *Code of Ethics* through workshops and on-line consultations held by the

College.

Core Values

The *Code of Ethics* sets out the core values that Registered Dietitians and Registered Nutritionists hold with respect to dietetic practice and fulfilling their obligations to the client, the public and the profession. These core values are as follows:

- Protects the public as the primary professional obligation.
- Respects the autonomy and rights of the individual.
- Acts with integrity in professional services and relationships.
- Maintains competence in dietetic practice.

The *Code of Ethics* supports the College's mission to protect Albertans by regulating the competent practice of Registered Dietitians and Registered Nutritionists.

Integrated Competencies for Dietetic Education and Practice

The *Integrated Competencies for Dietetic Education and Practice* describe the entry-to-practice standard for all Registered Dietitians and Registered Nutritionists in Canada as well as describe the competencies required of all dietitians practicing in Alberta. The document plays a central role in how regulated members gain admission to and remain registered with the College, thereby gaining the right to practice and use the protected titles of the profession. As regulated, autonomous professionals, each regulated member of the College is accountable for practicing in accordance with the *Integrated Competencies for Dietetic Education and Practice*, regardless of role, practice area or practice setting.

The *Integrated Competencies for Dietetic Education and Practice* was created under the authority of the HPA(1). In meeting its legislated mandate to establish, maintain and enforce standards of practice for regulated health professions, the College worked with the Partnership for Dietetic Education and Practice, a joint venture of the Alliance of Canadian Dietetic Regulatory Bodies (provincial dietetic regulators), Dietitians of Canada and Canadian academic and practicum dietetic education programs, to develop the *Integrated Competencies for Dietetic Education and Practice*; the document was validated through a national on-line survey completed by dietitians across Canada.

Framework of the *Integrated Competencies for Dietetic Education and Practice*

The standard expressed by the *Integrated Competencies* is a minimum requirement, designed to ensure safe, effective, and ethical entry-level practice. It is understood that once Registered Dietitians and Registered Nutritionists achieve registration and enter the workplace, their competencies will evolve, based upon experience and further education.

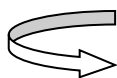
A **Practice Competency** is a task that is performed in practice that can be carried out to a specified level of proficiency. The performance of a practice competency requires application of a combination of knowledge, skills, attitudes, and judgments. The practice competencies are organized within a framework consisting of seven domains of competence:

- a. Food and Nutrition Expertise
- b. Professionalism and Ethics
- c. Communication and Collaboration
- d. Management and Leadership
- e. Nutrition Care
- f. Population Health Promotion
- g. Food Provision

A **Performance Indicator** is a task that can be carried out within an assessment vehicle, successful completion of which provides an indication of the individuals ability to perform a practice competency.

Practice Competency:

A task that is performed in practice that can be carried out to a specified level of proficiency

**Performance Indicator:**

A task of which successful completion provides an indication of the individual's ability to perform a practice competency

The *Integrated Competencies for Dietetic Education and Practice* supports the College's mission to protect Albertans by regulating the competent practice of Registered Dietitians or Registered Nutritionists. Specific applications of the *Integrated Competencies for Dietetic Education and Practice* are described below.

Registration & Practice Permits

The *Integrated Competencies for Dietetic Education and Practice* is used in the assessment of applicants to the College and is the foundation of the registration examination approved by the College.

Continuing Competence

The *Integrated Competencies for Dietetic Education and Practice* is a key document in guiding the practice of Registered Dietitians or Registered Nutritionists and facilitates regulated members in evaluating their practice and identifying competency areas requiring further development within the Continuing Competence Program.

Professional Conduct

The *Standards of Practice*, the *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention*, the *Integrated Competencies for Dietetic Education and Practice* and the *Code of Ethics* are documents which all Registered Dietitians or Registered Nutritionists must adhere to in their professional practice. Contravention of the provisions contained in either of these documents may constitute "unprofessional conduct" as it is defined in the HPA.

Standards of Practice

The *Standards of Practice* describe the minimum practice requirements that must be met by all Registered Dietitians and Registered Nutritionists practicing in Alberta. The document plays a central role in how regulated members remain registered with the College, thereby maintaining the right to practice and use the protected titles of the profession. As regulated, autonomous professionals, each regulated member of the College is accountable for practicing in accordance with the *Standards of Practice*, regardless of role, practice area or practice setting.

The *Standards of Practice* was created under the authority of the HPA(1). In meeting its legislated mandate to establish, maintain and enforce standards of practice for regulated health professions, the College collaborated with the Saskatchewan Dietitians Association (SDA) to establish a Standards of Practice Advisory Group with representation from diverse sectors of the profession in both Alberta and Saskatchewan to develop the *Standards of Practice*; the document was validated through an online survey completed by dietitians in Alberta and Saskatchewan and was validated and submitted to Government for external stakeholder consultation.

KEY PRACTICE POINT

All Registered Dietitians and Registered Nutritionists are accountable for practicing in accordance with the *Standards of Practice* regardless of their role, practice area or practice setting.

Format of the *Standards of Practice*

The *Standards of Practice* includes fifteen standards, applicable to all practicing dietitians. The standards are summarized below.

Standard 1. Assessment and Interventions

Registered Dietitians competently select and interpret assessment data, develop and/or implement goals/plans/tools, and implement appropriate interventions in the provision of client-centred, professional services.

Standard 2. Boundaries

Registered Dietitians maintain clear and appropriate professional boundaries with clients and team members.

Standard 3. Client-Centred Services

Registered Dietitians provide professional services that recognize and respect the unique needs, goals, values, and circumstances of clients.

Standard 4. Collaborative Practice

Registered Dietitians partner with clients and team members in the collaborative and coordinated provision of professional services.

Standard 5. Communication

Registered Dietitians communicate effectively, respectfully, and in compliance with applicable legislative and regulatory requirements when providing professional services.

Standard 6. Competence

Registered Dietitians are responsible and accountable for their continuing competence in order to provide safe, ethical, professional services.

Standard 7. Conflict of Interest

Registered Dietitians will avoid real or perceived conflicts of interest in which professional integrity, professional independence or the provision of professional

services could be compromised. Conflicts of interest which cannot be avoided must be disclosed and managed.

Standard 8. Consent

Registered Dietitians obtain appropriate client consent in the provision of professional services.

Standard 9. Evidence-Informed Practice

Registered Dietitians provide professional services using an evidence-informed approach.

Standard 10. Fees and Billing

Registered Dietitians ensure that fees and billing for professional services and/or products are fair, transparent, and in compliance with legislative and regulatory requirements.

Standard 11. Privacy/Confidentiality

Registered Dietitians uphold and protect clients' rights to privacy and confidentiality of information collected during the provision of professional services by complying with applicable legislative and regulatory requirements.

Standard 12. Professional Practice Obligations

Registered Dietitians protect the public by providing professional services in compliance with applicable legislative and regulatory requirements.

Standard 13. Promotions/Advertising

Registered Dietitians provide information and advertise their professional services and/or products in compliance with applicable legislative and regulatory requirements.

Standard 14. Record Keeping

Registered Dietitians document and manage client records and /or other data in compliance with applicable legislative, regulatory, and/or organizational/employer requirements.

Standard 15. Safety and Risk Management

Registered Dietitians adhere to occupational health and safety legislation, and infection prevention and control practices to provide safe, competent, ethical professional services.

The *Standards of Practice* are organized under the headings:

- a. **Standard Statement:** outlines the expected performance of regulated members.
- b. **Indicators:** describe the specific activities demonstrated by regulated members complying with the Standard. The Indicators are not listed in order of priority nor are they all inclusive.
- c. **Practice Outcome:** defines what clients and team members can expect from the professional services of regulated members.

- d. **Related Standards:** includes a list of additional Standards providing more information.
- e. **Glossary:** includes definitions of specific terms used in each Standard. Words are bolded the first time they appear in the Standard.
- f. **Resources:** provide a list of references with background information related to the Standard.

The *Standards of Practice* support the College's mission to protect Albertans by regulating the competent practice of Registered Dietitians or Registered Nutritionists. Specific applications of the *Standards of Practice* are described below.

Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention

The *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention* describe the practice requirements in compliance with *Bill 21: An Act to Protect Patients* under the *Health Professions Act (HPA)*, that must be met by all Registered Dietitians and Registered Nutritionists practicing in Alberta. As regulated, autonomous professionals, each regulated member of the College is accountable for practicing in accordance with the *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention*, regardless of role, practice area or practice setting.

The *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention* were created under the authority of the *HPA*. In meeting its legislated mandate to establish, maintain and enforce standards of practice for regulated health professions, the College developed the *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention* with consultation from dietitians in Alberta and was validated and submitted to Government for external stakeholder consultation.

Format of this *Standards of Practice*

The *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention* includes two standards, applicable to all practicing dietitians. The standards are summarized below.

KEY PRACTICE POINT

All Registered Dietitians and Registered Nutritionists are accountable for practicing in accordance with the *Standards of Practice* regardless of their role, practice area or practice setting.

Standard 1.

Registered Dietitians abstain from conduct, behaviour, or remarks towards patients that constitutes sexual abuse or sexual misconduct as defined in the *Health Professions Act*.

Standard 2.

The Registered Dietitian or former Registered Dietitian does not engage in a sexual relationship with a former patient (or their immediate family member) until at least one year has passed from the time of the last documented health care/professional service interaction.

Standard. Continuing Competence Program Requirements

Under Bill 46, the Continuing Competence Program Requirements originally located in the *Registered Dietitians and Registered Nutritionists Regulations* were relocated to *Standards of Practice*. The content and format remain the same, however as a stand alone *Standard*, the College has more flexibility to make changes to the Continuing Competence Program as program needs evolve.

Format of this *Standard of Practice*

The Standard Statement is as follows:

Registered Dietitians maintain competence in practice through self-directed continuing competence planning in order to provide safe, ethical professional services. Registered Dietitians demonstrate compliance with College Continuing Competence Program Requirements, by participating in and complying with the program, review audits, document audits and as requested by the Registrar.

This Standard includes four indicators, with sub indicators within each. The four indicators are:

1. Continuing Competence
2. Reviews
3. Evidence to the Committee
4. Failure to Comply

The *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention*, and the *Standard. Continuing Competence Program Requirements* support the College's mission to protect Albertans by regulating the competent practice of Registered Dietitians or Registered Nutritionists. Specific applications of the three Standards documents (*Standards of Practice*, the *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention*), and *Standard. Continuing Competence Program Requirements* are described below.

Registration & Practice Permits

The two *Standards of Practice* documents inform prospective College regulated members of the performance expectations of dietetic practice in Alberta. They also outline the minimal practice requirements that all registered Dietitians and Registered Nutritionists must adhere to.

Professional Conduct

The three *Standards of Practice* documents, the *Integrated Competencies for Dietetic Education and Practice* and the *Code of Ethics* are documents which all Registered Dietitians or Registered Nutritionists must adhere to in their professional practice. Contravention of the provisions contained in any of these documents may constitute “unprofessional conduct” as it is defined in the *HPA*.

Chapter Summary

The *Health Professions Act (HPA)* requires colleges to establish, maintain and enforce standards of practice for regulated health professions. The three documents that outline the professional practice standards for Registered Dietitians and Registered Nutritionists in Alberta are the *Code of Ethics*, the *Integrated Competencies for Dietetic Education and Practice*, the *Standards of Practice*, and the *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention*. Together, the Acts, Regulations, bylaws, guidelines, the *Code of Ethics*, the *Integrated Competencies for Dietetic Education and Practice*, the *Standards of Practice*, and the *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention* provide the legal framework for dietetic practice and for the provision of competent, safe, professional services. The *Code of Ethics* is a set of principles of professional conduct which establishes the ethical expectations that Registered Dietitians and Registered Nutritionists are required to adhere to in their professional practice. The *Integrated Competencies for Dietetic Education and Practice* set the education and training requirements for entry into the profession across Canada as well as describe the competencies required of all dietitians practicing in Alberta. The *Standards of Practice* and the *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention* describe the standards that must be met by all Registered Dietitians and Registered Nutritionists practicing in Alberta. All Registered Dietitians and Registered Nutritionists must practice in accordance with the *Code of Ethics*, the *Standards of Practice*, the *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention* and the *Integrated Competencies for Dietetic Education and Practice*. Contravention of the provisions contained in any of these documents may constitute “unprofessional conduct” as it is defined in the *HPA*.

Case Scenario 4.1

SS is a single mom who works a .75 FTE position at the hospital in a mid size Alberta community. In addition to her work at the hospital, she provides private contracted services to the auxiliary care home. She feels constantly torn between competing responsibilities – her job, her children, her professional obligations while also dealing with other personal matters. She would like to participate in an on-line course that would also help her to meet the Continuing Competence Program requirements of the College. The course requires that she participate in a teleconference twice weekly for one month, but the timing conflicts with her contract at the auxiliary care home. There is a room where she could participate in the teleconference with no one knowing. She could “sign off” the long-distance charges as part of her practice and reimburse the facility as appropriate. She can make up the time with the residents later. (Although the Policy & Procedure Manual states that each resident will be seen weekly, most will not even know that she was not there.) She will try to pop in and check on the residents when she can, then take the files home and chart on them while she is at the arena with the kids.

Case Scenario 4.1 Questions

1. What are the concerns in the way in which SS is conducting her practice?
2. Is SS practicing in accordance with the *Code of Ethics*? If not, identify the specific areas that she would have contravened.
3. Is SS practicing in accordance with the *Standards of Practice* and the *Integrated Competencies for Dietetic Education and Practice*? If not, identify the specific areas that she would have contravened.
4. If SS were a friend of yours, what advice would you give her?

Chapter Quiz

1. All of the following statements are true *except* for the following:
 - a) The *Code of Ethics* outlines the values, accountabilities, and responsibilities by which Registered Dietitians and Registered Nutritionists are expected to conduct their practice.
 - b) The Government of Canada requires colleges to establish, maintain and enforce standards of practice for regulated health professions.
 - c) Contravention of the provisions contained in either the *Code of Ethics*, the *Standards of Practice* or the *Integrated Competencies for Dietetic Education and Practice* may constitute “unprofessional conduct” as defined in the *Health Professions Act*.
 - d) The *Standards of Practice* and the *Integrated Competencies for Dietetic Education and Practice* describe the standards and competencies that must be met by all Registered Dietitians and Registered Nutritionists practicing in Alberta.

2. A Registered Dietitian or Registered Nutritionist names and discusses a client while having coffee with colleagues in a hospital cafeteria. This Registered Dietitian or Registered Nutritionist would be in breach of Section _____ of the *Code of Ethics*.
 - a. (9)
 - b. (1) a
 - c. (3)
 - d. (1)

3. The *Integrated Competencies for Dietetic Education and Practice* have clear application in the following areas:
 - a) Registration and Licensing
 - b) Continuing Competence
 - c) Professional Conduct
 - d) All of the above
 - e) Answers a and b only

4. All of the following statements are true *except* for the following:
 - a) The *Code of Ethics*, the *Standards of Practice* and the *Integrated Competencies for Dietetic Education and Practice* are private documents available only to Registered Dietitians and Registered Nutritionists registered with the College of Dietitians of Alberta.
 - b) The requirement for competent practice is addressed in the *Code of Ethics* and the *Standards of Practice*.
 - c) A standard statement outlines the expected performance of regulated members.
 - d) Under the *Health Professions Act*, standards of practice must be developed by colleges in consultation with their regulated members, the Minister of Health, and other stakeholders.

References

1. Province of Alberta. *Health Professions Act*; R.S.A. 2000, c. H-7.
2. College of Dietitians of Alberta. 2018. *Standards of Practice*. Available from <http://collegeofdietitians.ab.ca>.
3. College of Dietitians of Alberta. 2019. *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention*. Available from <http://collegeofdietitians.ab.ca>.
4. College of Dietitians of Alberta. 2022. *Standard. Continuing Competence Program Requirements*. Available from <http://collegeofdietitians.ab.ca>.

Chapter 5 Continuing Competence

CHAPTER OVERVIEW

- Professional Competence
- Continuing Competence Program Requirements
- The College of Dietitians of Alberta Continuing Competence Program
- Competence Activities
- Documentation of Competence Activities
- Monitoring the Program
- Non-Compliance with the Continuing Competence Program
- Chapter Summary
- Case Scenario
- Chapter Quiz
- References

Professional Competence

Competence is defined by the *Health Professions Act (HPA)* as “the combined knowledge, skills, attitudes and judgment required to provide professional services”¹². In this context, competence is more than the knowledge and skills directly related to dietetics; it is also more than the accomplishment of discrete and isolated tasks. Competence involves the interaction and integration of knowledge, critical thinking, judgment, attitudes, skills, values, and beliefs. It includes the ability to generalize learning and apply knowledge from one situation to another.

As professionals, Registered Dietitians and Registered Nutritionists have an obligation to ensure that they are competent in their practice throughout the course of their career. Remaining competent in the ever-changing field of dietetics means that Registered Dietitians and Registered Nutritionists must continuously learn and apply the most current evidence-based research and information in their practice. Whether a Registered Dietitian or Registered Nutritionist is entering a new area of practice, returning to the work force, or continuing to practice in their same position, as a professional, they are obligated to ensure

¹² Province of Alberta. *Health Professions Act*; R.S.A. 2000, c. H-7. s. 1(1)f.

that they are competent in their practice. Registered Dietitians and Registered Nutritionists who fail to remain competent may place the safety of their clients at risk. They also risk becoming the subject of a complaint or lawsuit and may lose their job.

Professionals who are competent demonstrate the following actions and behaviours in their practice (1):

- They use and apply up to date knowledge and skills
- They make sound decisions based on appropriate data
- They communicate effectively with clients
- They evaluate their own practice
- They improve their performance based on self-reflection, applied practice and feedback from others

KEY PRACTICE POINT

Registered Dietitians and Registered Nutritionists have an obligation to ensure that they are competent in their practice throughout the course of their career.

The requirements for competence at entry to practice are stated in the *Integrated Competencies for Dietetic Education and Practice*; and the requirements for maintaining competence in practice of Registered Dietitians and Registered Nutritionists in Alberta are stated in the *Code of Ethics*, the *Standards of Practice*, and *Standard. Continuing Competence Program Requirements*.

The *Code of Ethics* is a set of principles of professional conduct which establishes the ethical expectations that Registered Dietitians and Registered Nutritionists are required to adhere to in their professional practice. (Please refer to Appendix 2 for the *Code of Ethics*.) In relation to competence, the *Code of Ethics* states the following:

“4.0 Maintains competence in dietetic practice.

4.1 Personal Competence

- (1) The dietitian is knowledgeable of and adheres to all relevant public protection legislation applicable to their dietetic practice including but not limited to: health profession legislation, protection of persons in care legislation, child welfare legislation, protection of information and privacy legislation.
- (2) The dietitian assumes responsibility and accountability for personal competence in practice.
- (3) The dietitian acquires new skills and knowledge on a continuing basis to ensure safe, competent and ethical dietetic practice.
- (4) The dietitian practices dietetics based on scientific principles and current evidence-based practice.
- (5) The dietitian practices within the scope of practice, the limits of their qualifications and their own level of competence.

- (6) The dietitian consults or makes referrals as appropriate when a situation is beyond their level of competence.
- (7) The dietitian accepts only those responsibilities which they are competent to perform. If the dietitian is asked to assume responsibilities beyond their present level of competence, the dietitian acquires additional information, knowledge or skills prior to assuming the responsibilities or declines to accept them.”¹³

The *Standards of Practice, Standard. Continuing Competence Program Requirements* and the *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention* describe the standards that must be met by all Registered Dietitians and Registered Nutritionists practicing in Alberta. (Please refer to Appendix 3 for the *Standards of Practice and Standard. Continuing Competence Program Requirements* and Appendix 4 for the *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention*).

In relation to competence, Standard 6. Competence from the *Standards of Practice* states that in their practice,

“Registered Dietitians are responsible and accountable for their continuing competence in order to provide safe, ethical, professional services.

To demonstrate this standard, Registered Dietitians will:

- a) Provide professional services within the limits of their qualifications and personal level of competence.
- b) Evaluate their own practice and participate in continuing professional development to identify and address learning needs.
- c) Identify practice situations beyond their personal level of competence and consult, refer, and/or obtain further knowledge and skills to provide professional services.
- d) Maintain competence in present area(s) of practice, incorporating evidence into professional services.
- e) Acquire the knowledge and skills to practice competently in emerging practice areas as required.
- f) Comply with the CDA continuing competence program, adhering to all applicable legislative and regulatory requirements.
- g) Voluntarily withdraw from practice if they self-identify that they are no longer able to provide safe, competent, ethical services (e.g., illness, substance abuse).
- h) Comply with practice hour requirements as set out by CDA.
- i) Adhere to CDA requirements for practicing restricted activities.”¹⁴

The *Standards of Practice* are the basis for the Continuing Competence Program’s self-assessment tool, used annually to reflect on and set priorities for learning and development for the upcoming year.

¹³ College of Dietitians of Alberta. *Code of Ethics*; 2007.

¹⁴ College of Dietitians of Alberta. *Standards of Practice*, 2018.

In 2022, Continuing Competence Program rules and requirements were relocated from the *Registered Dietitians and Registered Nutritionists Profession Regulation* to a *Standard of Practice*. The *Standard. Continuing Competence Program Requirements (2022)* is a separate Standard document that must be met by all Registered Dietitians and Registered Nutritionists practicing in Alberta. The Standard states,

“Registered Dietitians maintain competence in practice through self-directed continuing competence planning in order to provide safe, ethical professional services. Registered Dietitians demonstrate compliance with College Continuing Competence Program Requirements, by participating in and complying with the program, review audits, document audits and as requested by the Registrar.”

The full *Standard. Continuing Competence Program Requirements* is included in Appendix 3.

Continuing Competence Program Requirements

KEY PRACTICE POINT

All Registered Dietitians and Registered Nutritionists are required to participate in the Continuing Competence Program of the College each year in order to maintain their registration with the College and obtain their practice permit.

Under the *HPA*, the College of Dietitians of Alberta (the College) has the legislated responsibility to establish, maintain and enforce standards for the continuing competence of its regulated members (2). In meeting this responsibility, the College has a Continuing Competence Program (CCP) in place to monitor the ongoing competence of regulated members and enhance the provision of professional services. The CCP is designed to ensure that regulated members of the profession remain competent and provide safe, ethical services that meet or exceed professional standards, thereby protecting the public.

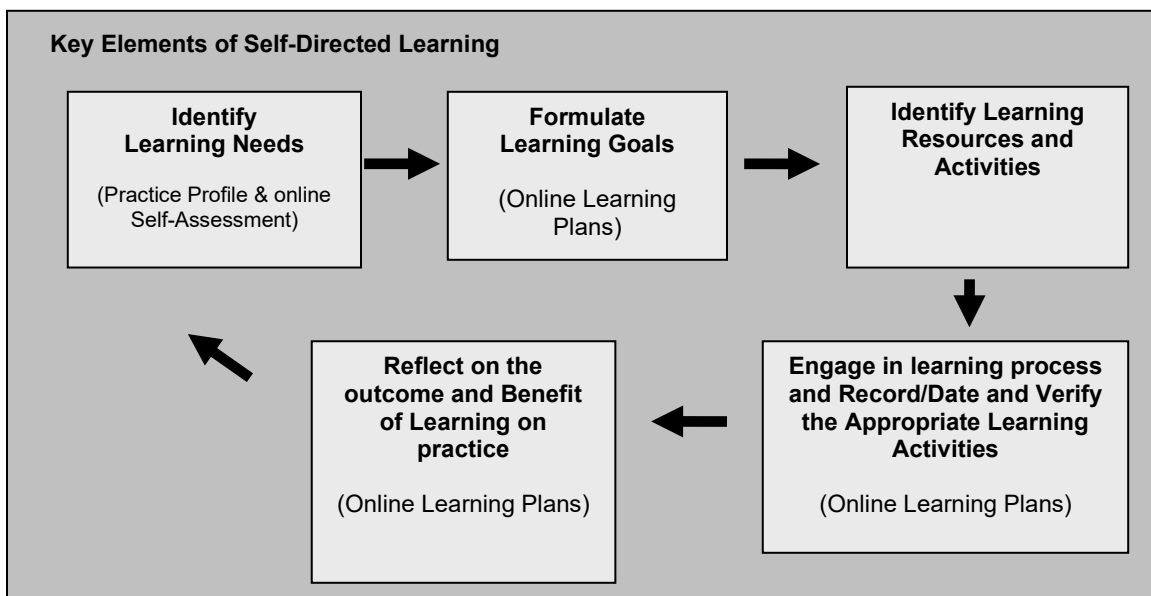
It is a legislated requirement that all Registered Dietitians and Registered Nutritionists participate in the CCP of the College regardless of employment status. The *HPA* requires that regulatory colleges link the renewal of practice permits to

meeting the requirements of the CCP. When completing their application for renewal forms each year, Registered Dietitians and Registered Nutritionists are required to make a declaration that they have participated in the CCP during the previous year.

NOTE: New Registered Dietitians and Registered Nutritionists who are entered on the General Register of the College on or after October 1st of each year are not required to participate in the CCP until the following CCP year.

The College of Dietitians of Alberta’s Continuing Competence Program

The CCP of the College is built on a foundation that is based on an extensive review of competence models used by a variety of professions. It focuses on maintaining professional competence based on the profession’s *Standards of Practice*. The CCP also applies principles of adult learning theory and contains the following key elements of self-directed learning:



The CCP was created to be adaptable, allowing regulated members to reflect on competence as it relates to their unique practice, work environment and learning style. The program was also designed to integrate with employer quality assurance programs and performance management systems. The CCP is flexible, outcome-based and designed to support the professional growth and development of regulated members in a way that enhances their career and personal goals.

The CCP of the College is made up of the following components (3):

Part 1 - Practice Profile (mandatory)

Learning goals and activities are most beneficial when they relate to enhancing the learning, the knowledge, and the skills of each individual regulated member's current practice. As each regulated member defines their professional practice profile, they will find it easier to complete the CCP Self-Assessment and be better able to focus their learning on activities that relate to their practice.

Part 2 – Self-Assessment (mandatory)

The CCP Self-Assessment is based on the *Standards of Practice* and is designed to assist regulated members in identifying their learning needs and documenting opportunities to develop and improve various aspects of their practice.

Each *Standard of Practice* includes indicators which describe the specific activities demonstrated by regulated members complying with the Standard.

Part 3 - Learning Plans (mandatory)

The learning plan captures learning goals and identify activities to achieve them. Specifically, it will ask you to identify: the Standard and Indicator chosen (based on

CCP Self-Assessment); the learning goal; the anticipated benefit to your practice; and an activity record (includes date completed, title of activity, and speaker/host). During renewal, a Reflection on Learning will be required.

Completion of Continuing Competence Program requirements must be entered online during registration renewal prior to March 31. In order to obtain their practice permit, regulated members must meet the following requirements of the CCP:

- Completion of two (2) Continuing Competence Learning Plans online, each including a learning goal, benefit to practice, activity record of competence activities completed and, reflections on learning.
- Completion of a Continuing Competence Plan, as above, for each Restricted Activity (if applicable) online.
- Identification of two (2) learning goals for the upcoming year based on indicators identified during completion of the online CCP Self-Assessment. An additional learning goal for each Restricted Activity (if applicable) is also required.

Please note that all dietitians must choose two priorities for learning (plus restricted activities, as applicable) from the *Standards of Practice*, in a given year. Dietitians choose goals and activities that align with the *Standards of Practice* and that support specific areas of enhancement in their practice. The Practice Profile therefore becomes important in justifying unique practice settings and positions and therefore learning needs.

Detailed instructions for completion of the CCP are available on the Continuing Competence section on the For Dietitians section of the College website at www.collegeofdietitians.ab.ca, as well as within the CCP Manual.

Competence Activities

In their practice, Registered Dietitians and Registered Nutritionists typically participate in various activities that facilitate their ongoing professional development. The CCP enables regulated members to formalize, reflect on, and report these activities to the College.

The range of activities that can be undertaken is wide and varied. It is recommended that regulated members choose a variety of competence activities, suited to their learning style and the goals that they have set. Learning activities that are most beneficial to maintaining professional competence are those that focus on enhancing the regulated member's unique practice.

Competence activities may include but are not limited to the following:

- Journal club / study group
- Courses / practical skills updates
- Conferences / workshops / in-services

- Case studies / rounds
- Networking / discussion groups
- Development / delivery of presentations
- Self-directed research / literature reviews
- Job shadowing
- Consultation with other health professionals / peers
- Work with College / professional association

Regulated members of the College may also be required to complete workshops or self-study modules from time to time as set out by the Council.

Documentation and verification of Competence Activities

Registered Dietitians and Registered Nutritionists must be able to verify their participation in activities related to their competence goals. Proof of attendance at events in the absence of other supporting documentation is not sufficient. Verification of activities (that include the date the activity occurred) might include but is not limited to combinations of the following:

- Course certificate / receipts *and* notes*
- Notes from rounds / education sessions
- Listing of references / resources used *and* summary of findings
- Contact information for colleagues consulted *and* description of case or issue discussed
- Course outline or program *and* notes*
- Copies of materials / presentations developed
- Meeting date(s), participant list *and* topic summary of journal club / study groups
- Summary of ideas generated with colleagues on an identified practice issue or problem
- Written summary of literature review
- Description of a case study, research or other finding that impacted your practice

KEY PRACTICE POINT

Registered Dietitians and Registered Nutritionists are responsible for retaining records for the purpose of verifying their participation in competence activities. CCP and related documentation must be retained for a minimum of three years.

* Please note that a certificate or course outline on its own is not sufficient to verify activity completion; supplying notes, for example, is an excellent way of demonstrating both attendance and learning from the activity.

Registered Dietitians and Registered Nutritionists must log their activity records in their Learning Plans online to enable the College to verify their competence activities and outcomes. All documentation must be kept current and available electronically for review by the College. CCP and related documentation are to be retained by regulated members for a minimum of three years.

Monitoring the Program

Maintaining the competence to practice dietetics is the responsibility of each regulated member of the College; the CCP is designed to assist regulated members in maintaining their competence. Under the *HPA*, the College has the legislated responsibility to monitor the effectiveness of the program and each regulated member's participation in the program. *Standard. Continuing Competence Program Requirements* states the requirements to “periodically select regulated members for a review and evaluation (audit) of all or part of the member’s continuing competence program”.¹⁵

In meeting this responsibility, the College has established a Continuing Competence Committee (CCC). The CCC completes regular audits of regulated member online CCP documentation to ensure compliance with the program.

The College will complete a review audit of each regulated member’s online continuing competence program submission at least once every three years, to ensure compliance with the program. Specifically, the College will assess the appropriateness of each learning goal, benefit to practice, activity record of learning activities, and reflection on learning. The Committee also looks for demonstration of the following in the reflection on learning:

- How achieving the learning goal influenced/benefitted practice **and/or**
- How the regulated member knows they are more competent in their practice as a result of achieving their learning goal **and/or**
- An example of feedback received (and from whom) that confirms the regulated member’s competence **and**
- Is written in the past tense (rather than expected future impact or use; the only exception to this rule is when a member is currently not practicing dietetics, for example, when on maternity leave).

Further, 10% of regulated members selected for review audit will be randomly selected for a document audit each year. A document audit includes a request from the College to submit

¹⁵ College of Dietitians of Alberta. *Standard. Continuing Competence Program Requirements*. 2022.

verification of completed CCP activities logged in the submitted learning plans within the Activity Record. Selected regulated members will be required to upload digital copies of the materials to the College for review, which will also include a review of online Continuing Competence Program goals, activities and evaluations / reflections.

Regulated members selected for a document audit will be notified by email and will be required to submit all Continuing Competence Program activity verification online and respond to any questions from the College with respect to their competence program.

The evaluation criteria that will be used in a document audit is outlined below.

- Continuing Competence Program requirements are complete, which includes the following:
 - Online Self-Assessment against the *Standards of Practice*
 - Learning Plans including:
 - Learning Goals
 - Benefit to Practice
 - Learning Activities
 - Reflection on Learning
 - Online CCP Self-Assessment of Restricted Activities, as appropriate
 - Restricted Activity Learning Plans, as appropriate
- Verification of Activities:
The selected regulated member must submit dated evidence of each documented activity within the continuing competence year, demonstrating completion of a learning activity related to the planned learning goal.
- Review of online reflection based on above criteria.

Non-Compliance with the Continuing Competence Program

The College provides direction to regulated members when their CCP does not meet the established evaluation criteria. Regulated members must undertake any additional actions related to their program as directed by the College. Failure to comply with the directions provided by the College may result in conditions on, suspension or cancellation of the practice permit.

Chapter Summary

The *Health Professions Act (HPA)* defines competence as “the combined knowledge, skills, attitudes and judgment required to provide professional services”¹⁶. As professionals, Registered Dietitians and Registered Nutritionists have an obligation to ensure that they are competent in their practice throughout the course of their career. The requirements for maintaining competence in the practice of Registered Dietitians and Registered Nutritionists in Alberta are stated in the *Standards of Practice*, *Standard. Continuing Competence Program Requirements*, and the *Code of Ethics*. Under the *HPA*, the College of Dietitians of Alberta (the College) has the legislated responsibility to establish, maintain and enforce standards for the continuing competence of its regulated members. In meeting this responsibility, the College has a Continuing Competence Program (CCP) in place which is designed to ensure that regulated members of the profession remain competent and provide safe, ethical services that meet or exceed professional standards, thereby protecting the public. It is a legislated requirement that all Registered Dietitians and Registered Nutritionists participate in the mandatory program of the College regardless of employment status. The *HPA* requires that regulatory colleges link the renewal of practice permits to meeting the requirements of the CCP. Under the *HPA*, the College has the legislated responsibility to monitor the effectiveness of the program and each regulated member’s participation in the program. Registered Dietitians and Registered Nutritionists are responsible for retaining records for the purpose of verifying their participation in competence activities. CCP and related documentation must be retained for a minimum of three years. The College provides direction to regulated members when their CCP does not meet the established evaluation criteria. Failure to comply with the directions provided by the College may result in conditions on, suspension or cancellation of a regulated member’s practice permit.

¹⁶ Province of Alberta. *Health Professions Act*; R.S.A. 2000, c. H-7. s. 1(1)f.

Case Scenario 5.1

GG was so excited. It was the beginning of May, and after 3 years in practice as an RD, she was taking a 10 month leave to travel. She arrived back to Alberta the following March, returning to her previous position. Upon her return, she realized that her registration renewal with the College was due. She completed the necessary Learning Plan submissions within the online registration renewal forms; she was able to submit her renewal prior to the deadline. When GG's CCP was randomly selected for a document audit and her documentation was provided to the College office, it was noticed by the Continuing Competence Committee that GG had simply written "Not Applicable – Not Working" within her online submissions.

Case Scenario 5.1 Questions

1. Has GG met the requirements of the Continuing Competence Program? Explain your answer.
2. Has GG met her obligation to ensure that she remains competent in her practice?
3. What are the risks involved in the way in which GG addressed her continuing competence program during her leave?
4. What would you recommend if you were on the Continuing Competence Committee?

Chapter Quiz

1. All of the following statements are true *except* for the following:
 - a) Competence is defined by the *Health Professions Act* as “the combined knowledge, skills, attitudes and judgment required to provide professional services”.
 - b) Registered Dietitians and Registered Nutritionists who fail to remain competent in their practice risk becoming the subject of a complaint or a lawsuit.
 - c) It is the responsibility of the College of Dietitians of Alberta and employers to ensure that Registered Dietitians and Registered Nutritionists are competent in their practice.
 - d) Requirements for Registered Dietitians and Registered Nutritionists related to maintaining competence are stated in the *Standards of Practice, Standard. Continuing Competence Program Requirements*, the *Integrated Competencies for Dietetic Education and Practice* and the *Code of Ethics*.

2. Under the *Health Professions Act*:
 - a) The College of Dietitians of Alberta has the legislated responsibility to establish, maintain and enforce standards for the continuing competence of its regulated members.
 - b) Participation in the Continuing Competence Program of the College of Dietitians of Alberta is mandatory for all Registered Dietitians and Registered Nutritionists.
 - c) The College of Dietitians of Alberta is responsible for monitoring the effectiveness of the program and each regulated member’s participation in the program.
 - d) All of the above
 - e) Answers a and b only

3. All of the following statements are true *except* for the following:
 - a) The Continuing Competence Program of the College of Dietitians of Alberta includes a Self-Assessment and Learning Plans.
 - b) Under the *Health Professions Act*, meeting the requirements of the Continuing Competence Program is linked to obtaining one’s practice permit.
 - c) Registered Dietitians and Registered Nutritionists are responsible for retaining Continuing Competence Program and related documentation for one year.
 - d) All of the above
 - e) Answers a and b only

4. Failure to comply with the requirements of the Continuing Competence Program of the College of Dietitians of Alberta may result in:
 - a) conditions being placed on a practice permit
 - b) suspension of a practice permit
 - c) cancellation of a practice permit
 - d) All of the above
 - e) Answers a and b only

References

1. Epstein, RM, Hundert, EM. Defining and Assessing Professional Competence. *JAMA*. 2002; 287:226-235.
2. Province of Alberta. *Health Professions Act*; R.S.A. 2000, c. H-7.
3. Province of Alberta. *Registered Dietitian and Registered Nutritionists Regulation*; 2002.

Chapter 6 Professional Conduct

CHAPTER OVERVIEW

- Defining Professional Conduct
- Complaints of a Sexual Nature
- The Top 10 Causes of Unprofessional Conduct
- Misuse of Social Media
- Processes for Handling Complaints
 - Informal Communications
 - Alternative Complaint Resolution Process
 - Assessments and Investigations
 - Dismissal of a Complaint
 - Incapacity Assessments
- Professional Conduct Hearings
- Actions a Professional Should Take If a Complaint is Filed
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Defining Professional Conduct

It is the expectation of the public, other professionals, employers, and government that regulated professionals, including Registered Dietitians and Registered Nutritionists will provide competent, safe, ethical services. Professionals who maintain high standards in their practice and are conscious of their professional conduct build trust and confidence in their profession. In Chapter 4, the *Code of Ethics*, the *Standards of Practice*, the *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention* and the *Integrated Competencies for Dietetic Education and Practice* were introduced as important documents that outline the professional practice standards for Registered Dietitians and Registered Nutritionists licensed to practice by the College of Dietitians of Alberta (the College). Registered Dietitians and Registered Nutritionists, who conduct themselves in a professional manner, practice in accordance with these documents, legislated Acts, Regulations, bylaws, and guidelines.

When considering professional conduct, it is critical to understand the definition of patient or client. Each college that regulates a health profession must define who constitutes a “patient” in their *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention*. The College of Dietitians of Alberta has defined patient as:

“an individual is a patient of the Registered Dietitian if there is direct interaction between the Registered Dietitian and the individual and:

- a) the Registered Dietitian has, in respect of a health care/professional service to the individual, charged or received payment from the individual or third party on behalf of the individual, and/or
- b) the Registered Dietitian has contributed to a health record or file for the individual, and/or
- c) the individual has consented to the health care/professional service recommended by the Registered Dietitian.”

Further, our college has defined when an individual is not a patient as “an individual is not a patient if:

- a) there is an ongoing, pre-existing sexual relationship between the individual and the Registered Dietitian, or the individual is the Registered Dietitian’s spouse; and/or
- b) the Registered Dietitian provides the health care/professional service to the individual in emergency circumstances; and/or
- c) the Registered Dietitian has taken reasonable steps to transfer the care of the individual to another Registered Dietitian or alternate service provider, or there is no reasonable opportunity to transfer care to another Registered Dietitian/service provider.”¹⁷

To gain a better understanding of what professional conduct means, it is advantageous to review the definition of “unprofessional conduct” as used legislatively in the *Health Professions Act (HPA)*. The *HPA* definition of “unprofessional conduct” is as follows:

“Section 1(1)

- (pp) “unprofessional conduct” means one or more of the following, whether or not it is disgraceful or dishonourable:
 - (i) displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services;
 - (ii) contravention of this Act, a code of ethics or standards of practice;

¹⁷ College of Dietitians of Alberta. *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention*. 2019.

- (iii) contravention of another enactment that applies to the profession;
- (iv) representing or holding out that a person was a regulated member and in good standing while the person's registration or practice permit was suspended or cancelled;
- (v) representing or holding out that person's registration or practice permit is not subject to conditions when it is or misrepresenting the conditions;
- (vi) failure or refusal
 - (A) to comply with the requirements of the continuing competence program, or
 - (B) to co-operate with a competence committee or a person appointed under section 11 undertaking a practice visit;
- (vii) failure or refusal
 - (A) to comply with an agreement that is part of a ratified settlement,
 - (B) to comply with a request of or co-operate with an investigator,
 - (C) to undergo an examination under section 118, or
 - (D) to comply with a notice to attend or a notice to produce under Part 4;
- (viii) contravening an order under Part 4, conditions imposed on a practice permit or a direction under section 118(4);
- (ix) carrying on the practice of the regulated profession with a person who is contravening section 98 or an order under Part 4 or conditions imposed on a practice permit or a direction under section 118(4);
- (x) carrying on the practice of the regulated profession of physicians, surgeons, osteopaths, dentists, chiropractors or optometrists on behalf of a corporation that does not meet the requirements of sections 104 to 115 or as a partner of a partnership that does not meet the requirements of section 98(3);

KEY PRACTICE POINT

Registered Dietitians and Registered Nutritionists who conduct themselves in a professional manner practice in accordance with legislated Acts, Regulations, bylaws, guidelines, the Code of Ethics, the Standards of Practice, the Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention and the Integrated Competencies for Dietetic Education and Practice.

- (xi) carrying on the practice of the regulated profession of physical therapists on behalf of a corporation that does not meet the requirements of Schedule 20;
- (xii) conduct that harms the integrity of the regulated profession;¹⁸

Based on the *HPA* definition of “unprofessional conduct” it is apparent that the term refers to behaviour that is unskilled and/or unethical. Such behaviours are also inconsistent with expectations for professional conduct set out in the *Code of Ethics, Standards of Practice*, the *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention* and the *Integrated Competencies for Dietetic Education and Practice*.

Complaints of a Sexual Nature

In 2018, the Alberta government introduced *Bill 21: An Act to Protect Patients* to amend the *Health Professions Act (HPA)*. Bill 21 speaks specifically to sexual abuse and sexual misconduct by regulated health professionals and introduced several new requirements for regulatory health colleges and its regulated members, ensuring consistent penalties are applied to all health professionals regulated under the *HPA* for findings of sexual abuse or sexual misconduct. Bill 21 received Royal Assent on November 19, 2018 and came into force on April 1, 2019.

A Registered Dietitian or Registered Nutritionist is in a position of power over a patient, by virtue of having professional knowledge and skill that a patient must rely on for their well-being. In addition, they have access to patients’ personal health information.

Registered Dietitians and Registered Nutritionists must always maintain professional boundaries with their patients (please see Chapter 12 Professional Boundaries for more on this topic). They are prohibited from engaging in any form of sexual abuse or sexual misconduct, as defined by law in the *Health Professions Act*, of a patient.¹⁹

Sexual Abuse “means the threatened, attempted or actual conduct of a regulated member towards a patient that is of a sexual nature and includes any of the following conduct:

- a) Sexual intercourse between a regulated member and a patient of that regulated member;
- b) Genital to genital, genital to anal, oral to genital or oral to anal contact between a regulated member and a patient of that regulated member;
- c) Masturbation of a regulated member by, or in the presence of, a patient of that regulated member;
- d) Masturbation of a regulated member’s patient by that regulated member;

¹⁸ Province of Alberta. *Health Professions Act*; R.S.A. 2000, c. H-7. p. 12.

¹⁹ Province of Alberta. *Health Professions Act*; R.S.A. 2000, c. H-7. p. 12.

- e) Encouraging a regulated member's patient to masturbate in the presence of that regulated member;
- f) Touching of a sexual nature of a client's genitals, anus, breasts or buttocks by a regulated member."

Sexual Misconduct "means any incident or repeated incidents of objectionable or unwelcome conduct, behaviour or remarks of a sexual nature by a regulated member towards a patient that the regulated member knows or ought reasonably to know will or would cause offence or humiliation to the patient or adversely affect the patient's health and well-being but does not include sexual abuse."

Sexual nature "does not include any conduct, behaviour or remarks that are appropriate to the services provided."

The Top Ten Causes of Unprofessional Conduct

James T. Casey, Q.C. of Field Law practices in the areas of labor and employment law, administrative law, and professional regulation in Alberta. Based on his experience with hundreds of unprofessional conduct cases in a broad range of professions, he has developed what he refers to as his unscientific list of the top ten causes of unprofessional conduct. In no particular order, they are as follows (1):

1. Failure to maintain currency of professional knowledge and competence

It is clear that professions and the health care system evolve over time. Professionals must keep pace with the change. There are many complaints of unskilled practice about professionals who once were very competent but who have not maintained their competence. "That's how we did it when I was trained 20 years ago" is not a valid defense.

What a professional can do:

- Maintain competence on an ongoing basis; this is a central tenet of professionalism.
- Maintain a current knowledge base.
- Use Continuing Competence Programs; they are ideal tools.
- Take advantage of continuing education opportunities.
- Be familiar with your employer's policies and procedures.
- Understand the standards of practice for your profession.

- Be active in professional organizations; read professional publications.

2. Failure to seek assistance or make appropriate referrals

Professionals may encounter difficult situations for which they do not have the necessary skills. Unprofessional conduct may occur where the professional “ploughs ahead” without getting assistance.

What a professional can do:

- Recognize that we all have limitations.
- Realize that seeking assistance is not a form of weakness; it is a sign of professional strength.
- Where necessary seek assistance from trusted colleagues or from your supervisor. Do not be afraid to ask a colleague for a second opinion. Where appropriate, refer the client to someone with the necessary skills.

3. Difficulties in a professional’s personal life affect their work-life

People rarely have “water-tight compartments” in their lives. Work can affect personal and home-life; difficulties in personal and home-life can negatively affect work. Personal difficulties might be related to problems with marriages, relationships, children, finances, or depression. It is common for serious personal difficulties being experienced by a professional to “spill-over” into the workplace, giving rise to a risk of unprofessional conduct.

What a professional can do:

- If experiencing serious difficulties in your personal or home-life, then realize the potential for the “spill-over effect.”
- Realize that you might not be the most objective person with respect to whether your work is being adversely affected.
- If you are having difficulties coping with problems in your personal life and there begins to be a “spill-over” to work, then get help. Seek out family, friends, and trusted colleagues. Consider taking some time off work. Consider counseling through Employee Assistance Programs.

4. Alcohol and drug addictions

Alcohol and drug addictions are the root cause of some of the most serious cases of unprofessional conduct.

What a professional can do:

- Keep yourself well.
- Realize that addiction to prescription drugs is a danger for health care professionals because of easy accessibility.
- Many professionals with substance abuse problems have destroyed their entire professional career because they have either refused to seek help or sought help too late.
- Get help. Seek counseling. Contact Employee Assistance programs. There are addiction recovery programs in Alberta specially designed for health care professionals.

5. Poor communication

Many unprofessional conduct complaints are caused by poor communication between the professional and the client or between a professional and their colleagues.

What a professional can do:

- Appreciate that part of being a true professional is being a good communicator.
- Ask yourself: Are you a really good listener? Could you be a better communicator? Would it be useful to take an effective communication course?
- Realize that effective communication is at the heart of the “informed consent” process.
- Consider how your remarks are perceived by others. Avoid cavalier or “smart-aleck” comments in the presence of clients. These types of comments tend to startle and alarm clients and may prompt a complaint. Many comments that are appropriate when made only in the presence of colleagues are not appropriate in the presence of clients. “Don’t wash your dirty laundry in public.”
- You care about your clients. Do your clients understand that you care? Do your actions and your verbal and non-verbal communication demonstrate that you care? Retain professional distance and demeanor but demonstrate to your clients that you do care. How would you want to be treated if the situation was reversed and you were the client? What would you expect if the client was one of your family members? Very few clients file unprofessional conduct complaints about health professionals who they perceived to be caring. Clients who leave a health care facility feeling, “No one cared about me” are more likely to file complaints.

6. Failure to appropriately address client concerns

A client or a family member with a concern about a client's care or a professional's conduct will typically first approach the professional or a manager about their concerns. Many unprofessional conduct complaints are filed because the person felt that their concerns were not taken seriously by the institution or the professional.

What a professional can do:

- Take all concerns and complaints seriously. “Actively listen” to the person making the complaint.
- Be careful of labeling a client as a “whiner” or a “complainer”. Clients and their families can often be difficult and sometimes unreasonable. However, we must remember that the client and their family are often under significant emotional and physical stress in an environment which they do not fully understand. An individual who feels that a professional or an institution has been dismissive about their concerns is much more likely to file a formal professional conduct complaint.
- Understand the power of the “15 second apology” acknowledging the feelings of the person complaining. Example: “I am so sorry that all of this has resulted in you being distressed about your daughter's care. I will advise my manager of your concerns.” You can often effectively address a person's concerns without getting into a long debate about who was wrong or right.
- Persons who feel their complaint was taken seriously and effectively addressed rarely file a complaint of unprofessional conduct with a regulatory college. For most people, filing such a complaint is a last resort when they perceive that nothing else has worked.

7. Environmental Factors

Various environmental factors can be a contributing cause to a professional engaging in unprofessional conduct. For example, there may be excessive work demands, a lack of mentoring and supervision, or inappropriate workplace practices. A professional may also be assigned tasks by their employer which the professional is not completely competent to perform due to inexperience or lack of training in a particular area.

What a professional can do:

- Remember that regardless of the environment, it is the professional's personal obligation to ensure that their own work meets professional standards. If you have failed to maintain professional standards, a defense of “that's how we all do it at work” is unlikely to be successful.

- If you have concerns about the environment's effect on your ability to practice in a professional manner, seek advice from trusted colleagues. Raise the issue with your supervisor. If you do not obtain any assistance from your supervisor, seek the advice of your professional organization.

8. Personality conflicts escalate to unprofessional conduct

It is not unusual for the roots of unprofessional conduct to be in a personality conflict between a professional and a colleague, between a professional and his or her supervisor, or between a professional and a client. A serious personality conflict can cause a professional to lose their objectivity and a minor dispute which should have been resolvable may escalate to a major confrontation.

What you can do:

- Understand that there will always be colleagues, supervisors and clients with whom it is difficult to get along. However, this does not alleviate you of the central obligation of maintaining a professional demeanor and professional interactions. If you are experiencing a personality conflict, ask yourself honestly whether it is affecting the quality of your work. Are your interactions still meeting professional standards?
- If you are experiencing a personality conflict with a colleague, deal with the issue privately and not in the presence of clients.
- If there is a serious personality conflict with a client, consider arranging for the client's care to be provided by a different person. If you have been assigned to provide exclusive care to the client, then you should obtain the client's consent to the transfer.

9. Complacency about professional standards

Some professionals with a great deal of experience become complacent about professional standards and begin to develop "careless" practices.

What a professional can do:

- Remember that a commitment to professionalism is a life-long commitment. Professional standards apply as much to a new graduate as a professional with 30 years' experience.
- Regularly work on refreshing your understanding of professional standards.
- Don't count on your experience and seniority to help you get away with careless practices.

10. Professional Documentation

A failure to adequately chart or document causes significant problems for professionals. If you have acted professionally and appropriately, then proper documentation will be your best defense. Many unprofessional conduct complaints are referred to a hearing because of significant disagreements about what actually happened. If a case comes down to, “He said, she said,” then you are at risk. Appropriate documentation can objectively demonstrate what really happened.

What a professional can do:

- Follow professional charting and documentation practices.
- Understand and follow your employer’s documentation practices with respect to critical incidents, client complaints, etc.
- Document in accordance with professional standards: write legibly, write accurately, record concisely, record events chronologically, record information immediately or as soon as possible, ensure all documentation is dated and signed or initialed, write in ink, use uniform terminology, and correct errors in documentation openly and honestly.
- When you know that concerns are being raised by a client or family member, ensure that every step you take is adequately documented.

Professionalism is not about perfectionism. All professionals make mistakes. However, we all need to ensure that we learn from our mistakes. By being alert to some of the root causes of unprofessional conduct we can do our very best in ensuring that we act as “true professionals”.

Misuse of Social Media

An emerging cause of unprofessional conduct found across regulatory colleges relates to the misuse of social media and/or use of online communication tools. As the use and functionality of social media technologies in particular continues to evolve, they offer almost unlimited opportunity to influence Dietetic practice and therefore the health and safety of the population. The downside of combining these technologies with professional practice and/or personal interactions and communications is that the line between the professional and the personal (and the private and public) can become blurred without careful attention.

For more information, please refer to Chapter 14 on Social Media, Virtual and Cross Border Practice, found later in this handbook, and the *Social Media Practice Guidelines* found on the College website.

Processes for Handling Complaints

As previously mentioned, it is the expectation of the public, other professionals, employers and government that regulated professionals, including Registered Dietitians and Registered Nutritionists will provide competent, safe, ethical services. All regulated professionals, including Registered Dietitians and Registered Nutritionists are subject to a high degree of accountability to the public.

On occasion, a client or family member, other member of the public, other professional or an employer may not feel that their expectations for competent, safe, ethical services have been met and may choose to file a complaint against a practitioner. The College is mandated under the *HPA* to deal with allegations of unprofessional conduct lodged against their registrants. Under the *HPA*, a person who wishes to make a complaint against a regulated member of a college must make the complaint to the Complaints Director of the particular college. Complaints must be made in writing and must be signed. Complaints may come from any person including a client or family member, regulated or unregulated health care provider or employer. It should also be noted that under the *HPA*, employers have a legal obligation to inform a college if a practitioner's employment is terminated or suspended, or if the employee has resigned for reasons related to unprofessional conduct (2).

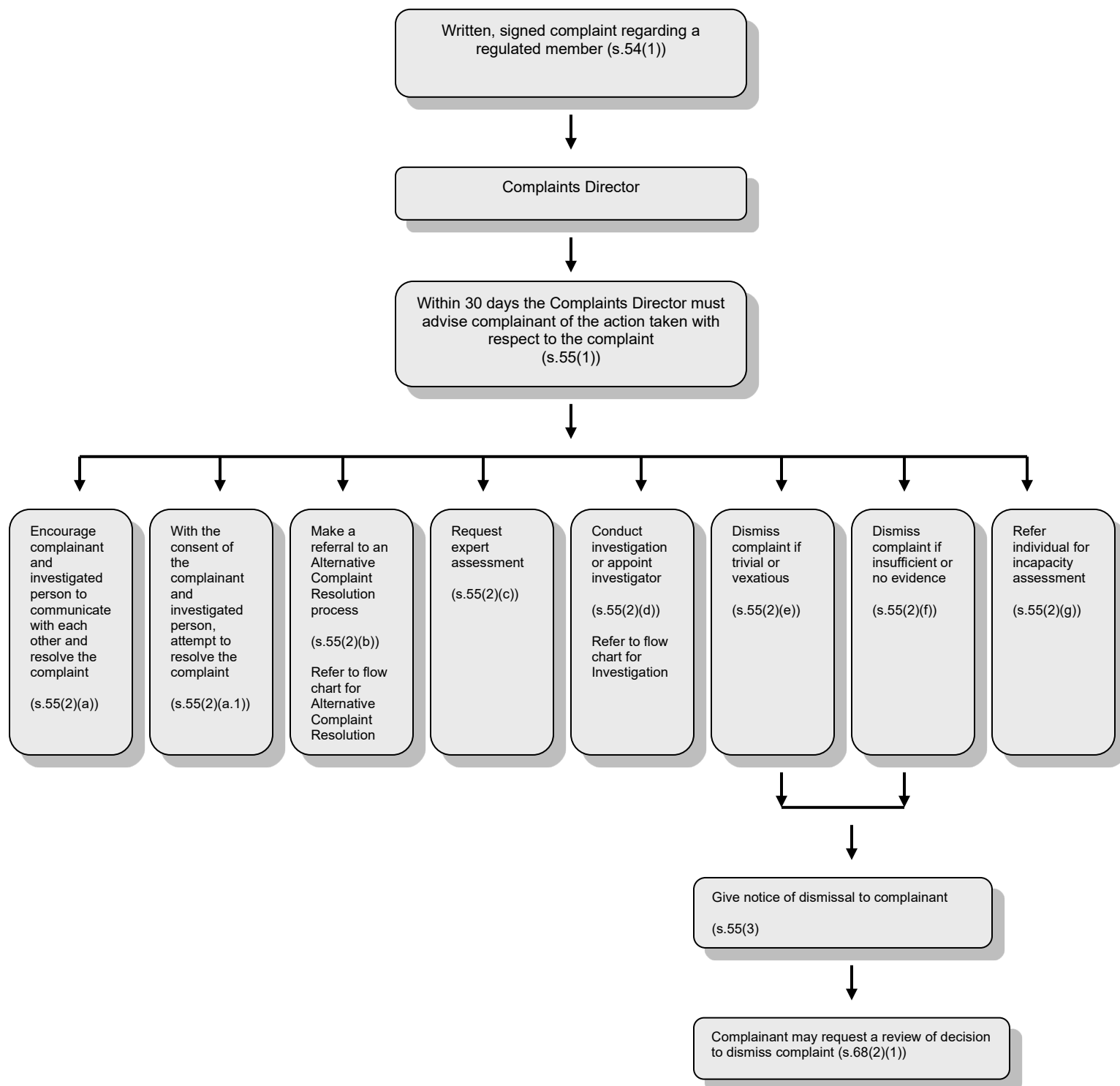
Section 55 of the *HPA* outlines the processes for dealing with a complaint related to the professional conduct of a practitioner. When a complaint is received by the College, the Complaints Director will review the allegations and determine the most appropriate course of action to be taken. The Complaints Director must give notice to the complainant of the course of action that will be taken in regards to the complaint within 30 days of receiving a complaint. The processes outlined in the *HPA* for acting on a complaint include the following:

- Informal communications to resolve issues surrounding a complaint
- Provisions for an Alternative Complaint Resolution (i.e. mediation)
- Provisions for an assessment or investigation
- Dismissal of the complaint if considered trivial or vexatious or if there is insufficient evidence to support the complaint

The possible courses of action for dealing with a complaint with references to the *HPA* are summarized in the “Professional Conduct Flow Chart – Initial Disposition of a Complaint” diagram.

Professional Conduct Flow Chart²⁰

Initial Disposition of a Complaint



²⁰ Casey, James T., *A Guide to the Health Professions Act*. (VII – 12).

Informal Communications

Many complaint situations can be resolved through simple communication between the parties involved. When appropriate, the Complaints Director will encourage the complainant and investigated person to communicate with each other and resolve the issues surrounding the complaint. With the consent of the complainant and the investigated person, the Complaints Director may also work with both parties in an attempt to resolve the complaint.

Informal Communications will not apply to allegations that may cause further harm to a complainant including, but not limited to, allegations of sexual abuse or sexual misconduct.

Alternative Complaint Resolution Process

In situations where informal communications are inappropriate to resolve a complaint, the *HPA* allows for an Alternative Complaint Resolution (ACR) Process. The basic requirements for the ACR Process are outlined in the *HPA* while specific details for the process are provided in the Regulation of each college. The ACR Process may be initiated at any time after a complaint has been received by the College with the exception of when a formal hearing has commenced. Participants in the ACR Process must agree to treat all information shared during the process as confidential. Participation in the ACR Process is voluntary and participants may choose to exit at any time (2, 3).

Alternative Complaint Resolution will not apply to allegations that may cause further harm to a complainant including, but not limited to, allegations of sexual abuse or sexual misconduct.

When a complainant and an investigated person agree to enter into the ACR Process, the Complaints Director of the College will appoint a regulated member of the College or a trained third-party mediator to conduct the process. As per Section 19 of the *Registered Dietitian and Registered Nutritionist Profession Regulation*, “The person conducting the alternative complaint resolution process must in consultation with the complainant and the investigated person establish the procedures for and objectives of the alternative complaint resolution process, which must be set out in writing and signed by the complainant, the investigated person and the representative of the College”²¹. The ACR Process must involve a representative of the College. During the ACR Process, the participants will work towards resolving the complaint; the outcome of the process must be seen to be in the best interests of the public and must be ratified.

Upon reaching agreement on resolving a complaint, the person conducting the ACR Process will report the proposed settlement to the Complaint Review Committee of the College. Based on their review, the Complaint Review Committee may choose one of the following actions, as outlined in the *HPA*:

- To ratify the settlement

²¹ Province of Alberta. *Registered Dietitians and Registered Nutritionists Profession Regulation*; 2002, s. 19.

- With the consent of the complainant and the investigated person, to amend and then ratify the settlement
- To refuse to ratify the settlement

Agreements that are reached through the ACR Process are enforceable and must be adhered to. In the event that the ACR Process does not result in a settlement that is ratified, the College may, depending upon the circumstances, dismiss the complaint, initiate a formal investigation or proceed with a formal hearing.

Colleges are required to retain copies of all ratified settlements and may publish them in accordance with their bylaws.

The ACR Process with references to the *HPA* is summarized in the “Alternative Complaint Resolution (ACR) Flow Chart” diagram, on the following page.

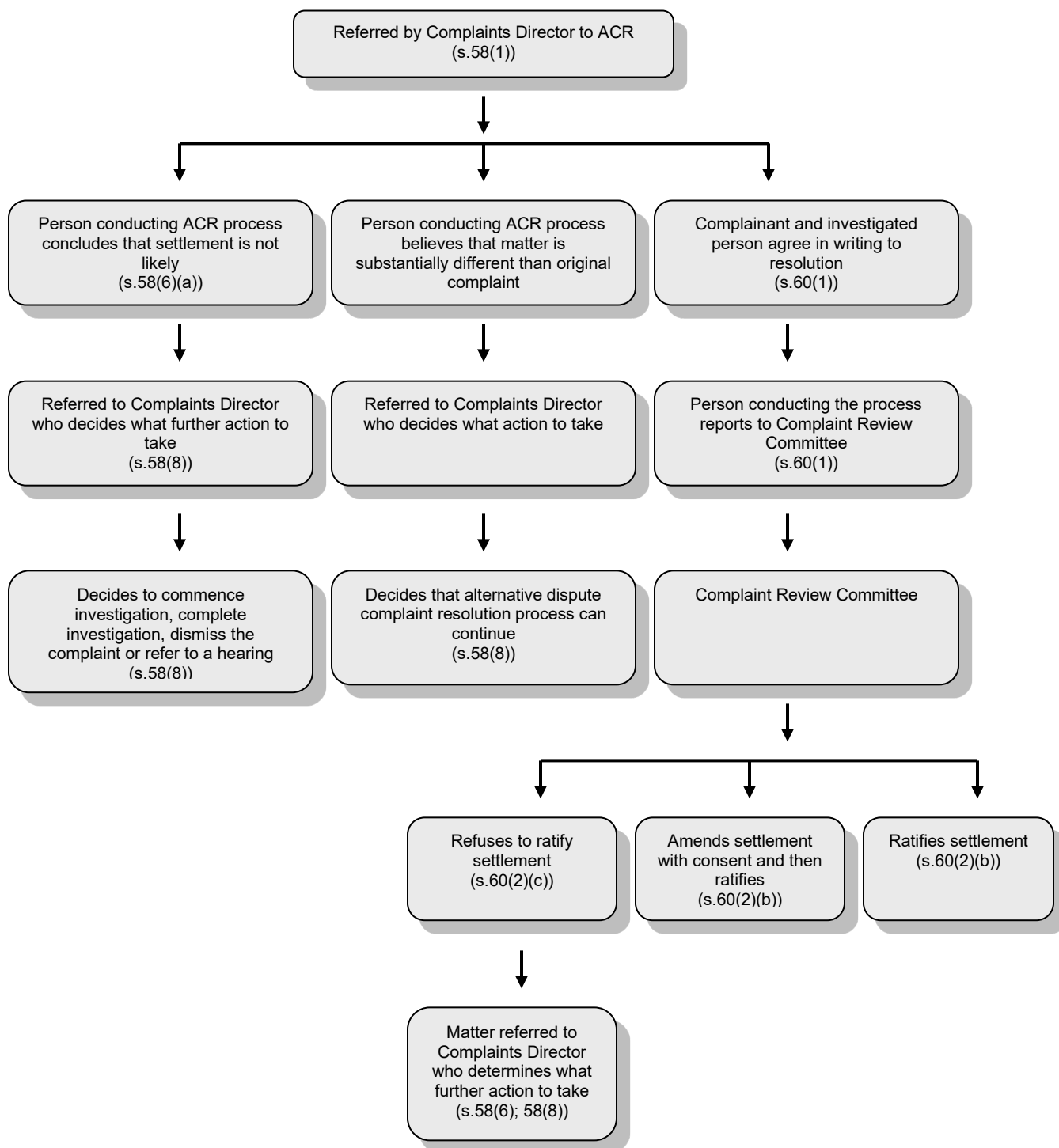
Assessments and Investigations

When dealing with a complaint related to the professional conduct of a regulated member, the Complaints Director of the College may request an expert to assess the issues surrounding the complaint and provide a written report on the matter. The Complaints Director may also initiate an investigation for the purpose of gathering relevant information related to the complaint. The *HPA* outlines the process for the investigation of a complaint and specifies the following (2):

- The regulated member of the College who is being investigated and the complainant are notified that an investigation will take place and that an investigator has been assigned. The College must name the investigator and provide reasonable details of the complaint to the investigated member unless the information could significantly harm the investigation.
- The College Investigator will meet with the complainant and others who have direct knowledge of the investigated member’s conduct for the purposes of gathering information and documents that relate to the complaint.
- The College Investigator will interview the investigated member of the College against whom the complaint has been filed; the investigated member may wish to be accompanied by a representative and / or support person.
- During the course of the investigation, the College Investigator may require any person to answer any relevant questions (if necessary, under oath) and to provide any documents, substances or items relevant to the investigation.
- The College Investigator may at any reasonable time enter and inspect any building (except a private dwelling) where a regulated member provides services.

- The College Investigator has the authority to investigate other matters unrelated to the original complaint that could lead to a finding of unprofessional conduct.

Alternative Complaint Resolution (ACR) Flow Chart²²



²² Casey, James T., *A Guide to the Health Professions Act*. (VII – 14).

- During the investigation process, the investigated member may be subject to conditions on their practice permit or suspension of their practice permit, pending the outcome of a professional conduct hearing.

Upon completion of the investigation, the College Investigator must prepare and submit a report of their findings to the Complaints Director. Based on the information provided in the report, the Complaints Director will choose one of the following courses of action.

- If the Complaints Director finds that the report does not contain sufficient information with which to make a decision, a request for further investigation or for an expert assessment may be made.
- If the Complaints Director finds that the report provides sufficient evidence to support the complaint, the matter will go to a formal professional conduct hearing process and will be referred to the Hearings Director who will make arrangements for the hearing.
- If the Complaints Director finds that there is insufficient evidence, that the complaint is considered trivial or vexatious or that the matter is not within the College's jurisdiction to address, the matter will be dismissed.

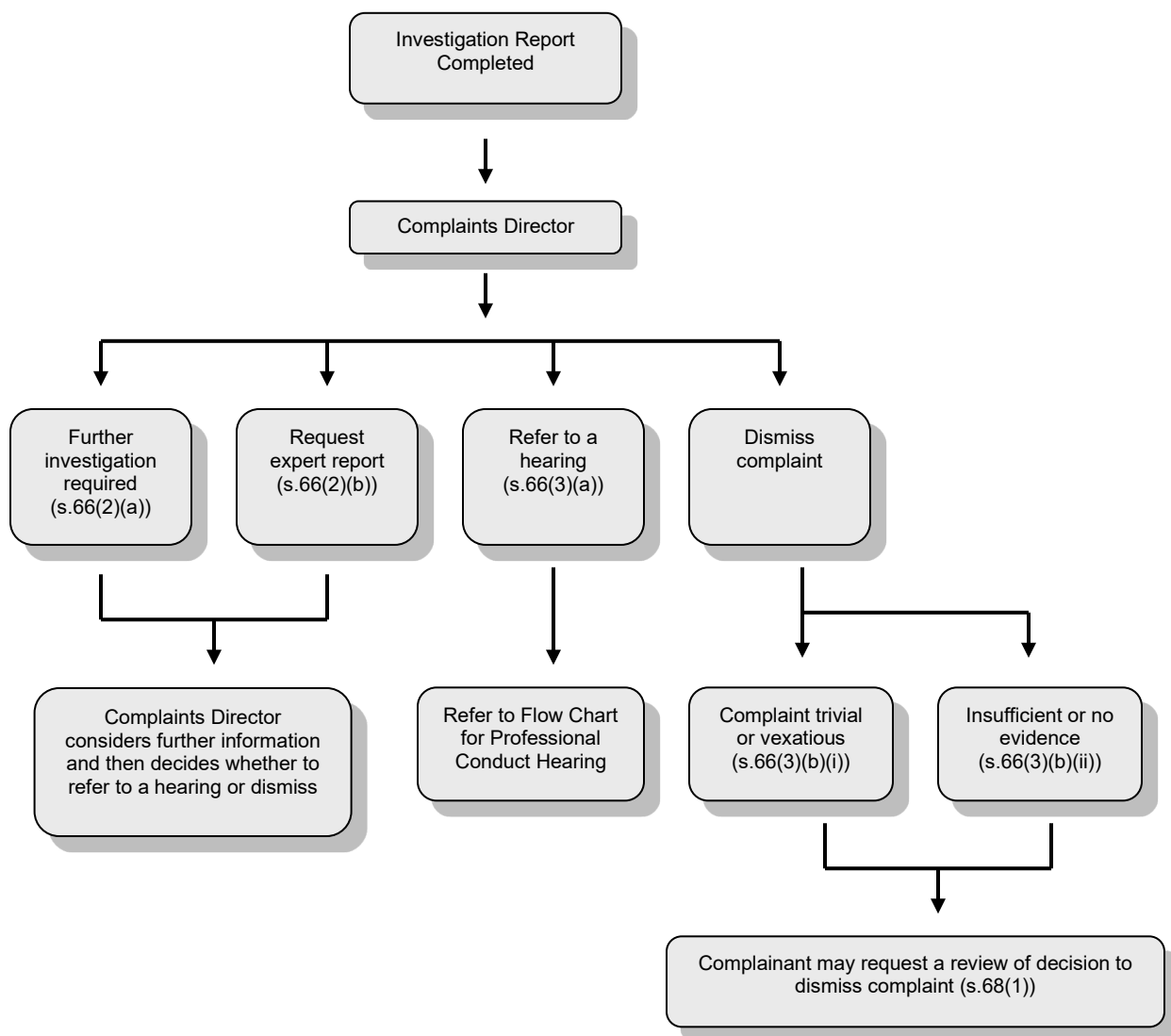
Dismissal of a Complaint

The Complaints Director may dismiss a complaint if they are of the opinion that there is insufficient or no evidence to support the claim or if the complaint is deemed trivial or vexatious. Upon being advised of the decision to dismiss a complaint, the complainant has the right to request a review of the decision. Such a review would be conducted by the Complaint Review Committee of the College and would result in one of the following three actions, as outlined in the *HPA*:

- Referral of the matter to the Hearings Director for a hearing
- Request for further investigation of the matter
- Confirmation that the complaint is dismissed

The Investigation Process with references to the *HPA* is summarized in the "Investigation Flow Chart" diagram.

Investigation Flow Chart²³



²³ Casey, James T., *A Guide to the Health Professions Act*. (VII – 16).

Incapacity Assessments

Under the *HPA*, a regulated member of a college is considered incapacitated if they are “suffering from a physical, mental or emotional condition or disorder or an addiction to alcohol or drugs as defined in the *Pharmacy and Drug Act* or other chemicals that impairs the ability to provide professional services in a safe and competent manner”.²⁴ If the Complaints Director of the College has grounds to believe that a regulated member of the College is incapacitated, they may direct that individual to submit to a physical and / or mental examination. If it is determined that the regulated member is incapacitated, the Complaints Director may direct the individual to submit to treatment and to cease practice until such time that the Complaints Director is satisfied that the regulated member is no longer incapacitated (2).

Professional Conduct Hearings

A hearing is a “legal proceeding where evidence is taken for the purpose of determining an issue of fact and reaching a decision based on that evidence”²⁵. The implications of a professional conduct hearing can be considerable for the regulated professional accused of unprofessional conduct and may range from reprimands, fines, suspensions, or revocation of an individual’s registration with the College. The *HPA* outlines requirements to ensure fairness in hearing procedures; these are as follows (2):

- The investigated person has the right to know the precise allegations so that they are able to fully and adequately defend themselves. The investigated person has the right to be represented by legal counsel if they so choose.
- The investigated person has the right to a hearing before an impartial and unbiased tribunal.
- The investigated person has the right to present comprehensive arguments, present supportive witnesses / documents and to cross-examine witnesses.

All those individuals who are called to a professional conduct hearing are provided with a formal notice to attend the hearing, the date and time of the hearing and the allegations against the investigated person. During a hearing, the following people are typically present:

- The investigated person
- Legal counsel for the investigated person (if applicable)
- The Complaints Director of the College
- Legal counsel for the College

²⁴ Province of Alberta. *Health Professions Act*; R.S.A. 2000, c. H-7. p. 9.

²⁵ <http://wordnet.princeton.edu/>

- The members of the Hearing Tribunal
- Legal counsel for the Hearing Tribunal
- A court reporter
- Witnesses who are called to testify (witnesses are generally excluded from the hearing except during the time when they are called to provide their evidence)

Hearings are open to the public unless the Hearing Tribunal closes all or part of the hearing for reasons as specified in the *HPA*.

Upon completion of its deliberations, the Hearing Tribunal may arrive at one of the following decisions:

- That the conduct of the investigated person ***does not*** constitute unprofessional conduct.
- That the conduct of the investigated person ***does*** constitute unprofessional conduct. In this case, the Hearing Tribunal will determine if and how the investigated person will be dealt with. Possibilities include but are not limited to the following:
 - A caution
 - A reprimand
 - Conditions being placed on the practice permit
 - Suspension of the practice permit
 - Requirement for counseling or treatment
 - Requirement for course of study or supervised practical experience
 - Cancellation of registration and the practice permit
 - Payment of a fine and / or costs related to the hearing

If the Hearing Tribunal finds allegations of sexual abuse are proven, the regulated member's registration will be cancelled, and they will not be allowed to practice for life.

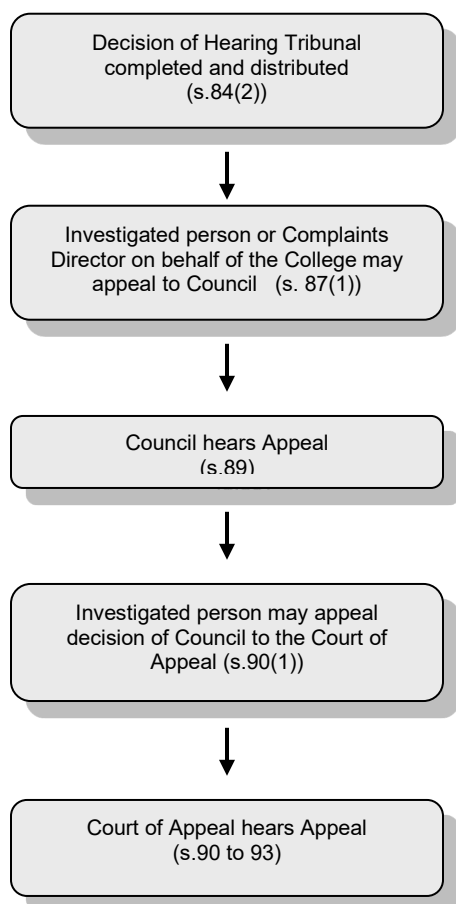
If the Hearing Tribunal finds allegations of sexual misconduct proven, the regulated member's registration will be suspended, and timelines imposed will depend on the circumstances of the case.

The decision of a Hearing Tribunal may be appealed by either the investigated person or the Complaints Director to the College Council. Under the *HPA*, there are also provisions for the investigated person to appeal the decision of the College Council to the Court of Appeal. The complainant does not have the right to appeal.

The Professional Conduct Flow Chart for Hearings and Appeals with references to the *HPA* is summarized in the “Professional Conduct Hearings – Professional Conduct Flow Chart for Hearings and Appeals” diagram.

Professional Conduct Hearings²⁶

Professional Conduct Flow Chart for Hearings and Appeals



Actions a Professional Should Take If a Complaint is Filed

When a complaint arrives at the College, the Complaints Director is required by law to review the complaint to determine if it is valid. If it is determined that the complaint merits further examination, the regulated member who has had the complaint filed against them

²⁶ Casey, James T., *A Guide to the Health Professions Act*, (VII – 20).

will receive notice of the complaint and directions for how to proceed from the College.

In 1997, Richard Steinecke, LLB presented “How to Avoid Being Disciplined or Sued” through a Telemedicine course. In his presentation, Steinecke recommended that if a professional receives notice of a complaint filed against them, they should take the following steps (4):

- Decide whether to retain a lawyer. Although a lawyer is expensive, they can ensure that the professional receives full legal protection.
- Gather as much information as possible about the complaint.
- Respond to the College promptly, providing a full, detailed and fair response.
- Decide whether to offer constructive solutions to the complaint or a letter of apology or regret.
- Do not refuse to respond as this is unprofessional conduct in and of itself.
- Do not approach the complainant directly.
- Avoid revealing emotion in the response.
- Submit all documents required by the College unless they are considered confidential and consent to release them has not been obtained.
- Do not alter any documents.

KEY PRACTICE POINT

If a complaint is filed against a Registered Dietitian or Registered Nutritionist, they are advised to give full cooperation to the College.

Professional Liability Insurance

Professional liability insurance also referred to as “errors and omissions” or “malpractice” insurance refers to insurance that covers errors, omissions or negligence that could occur as a professional carries out their normal duties. Registered Dietitians and Registered Nutritionists often work as employees within the confines of their employer’s property and hours of operation. However, Registered Dietitians and Registered Nutritionists carry with them their special set of skills and knowledge wherever they go. In addition, a Registered Dietitian may work as a contractor and not as an employee, and they may or may not be covered depending on the company’s errors & omissions policy. Additionally, situations such as working part-time with another company, when self-employed, i.e., private practice, or when engaging in volunteer work would not be covered unless the Registered Dietitian carries their own third-party liability insurance. There is very little preventing someone from seeking legal advice or from filing a lawsuit or complaint against a Registered Dietitian

therefore it is important for the professional and the public that Registered Dietitians and Registered Nutritionists carry insurance.

All Registered Dietitians and Registered Nutritionists are required to carry professional liability insurance in an amount not less than two-million dollars per occurrence. Although most Registered Dietitians work in organizations where they have professional liability insurance coverage through their employer, according to Brian J. Curial of Miller Thomson LLP it may be advantageous for health care professionals to obtain their own separate third-party insurance coverage in addition to their employer's coverage (5). The reasons he cites are as follows:

- “1. All of the activities you perform at your job may not be covered by your employer's insurance policy. If your employer argues that damages caused or contributed to by yourself were caused outside of the course of your employment, you may be liable for legal fees to argue that your actions were in the course of your employment or you may not even be covered under your employer's insurance policy.
2. Most employers' liability insurance policies do not cover independent contractors. Although you may consider yourself an employee, in law you may be considered an independent contractor and therefore may not be eligible for coverage under your employer's insurance policy.
3. Insurance policies provided by your employer may not always cover expenses such as paying for your legal defense in professional disciplinary matters, paying for representation at coroner's inquests, or providing coverage for financial penalties such as fines and cost awards at disciplinary hearings.
4. An individual's personal policy would generally cover any legal expenses if coverage under your employer's insurance is disputed.
5. If your employer's insurance company pays out on claims made against you, that insurance company may have the right to go after you personally to reimburse them for any money they have paid out as a result of your actions.
6. Your employer's insurance policy may require you to contribute to the compensation for the harm you have caused.
7. Your own personal insurance policy may cover more claims against yourself, above and beyond negligence claims which your employer's insurance policy may not cover.”²⁷

KEY PRACTICE POINT

Registered Dietitians and Registered Nutritionists practicing in Alberta are advised to carefully consider the purchase of third-party Professional Liability Insurance.

²⁷ Curial, Brian, Professional Liability Insurance, *Communiqué for the Health Industry*, May 21, 2004.

Registered Dietitians and Registered Nutritionists should seek information from their employer's administration or risk management department regarding their liability coverage. Employers should provide Registered Dietitians with the details of their insurance coverage. A regulated member may ask their employer:

- Am I covered under the facility's policy?
- What is the maximum I am covered for?
- What losses are covered for? Am I covered only for claims and actions for negligence or for criminal and disciplinary proceedings too?
- Are my legal fees covered?
- What, if any, are the exceptions to my coverage?

Once the Registered Dietitian has the answers to these questions, they will be able to decide whether or not additional coverage is required.

In past years, there has been a dramatic increase in litigation against professionals in Canada. Some provincial dietetic regulatory bodies, including the College of Dietitians of Alberta, require that all practicing registrants carry professional liability insurance. Registered Dietitians and Registered Nutritionists practicing in Alberta are advised to carefully consider the purchase of additional third-party professional liability insurance; it is a requirement particularly if you are self-employed, or do volunteer or contract work, to protect you in these situations. Professional liability insurance may be purchased through the program of the College of Dietitians of Alberta, Dietitians of Canada, as well as other carriers.

Chapter Summary

It is the expectation of the public, other professionals, employers and government that self-regulated professionals, including Registered Dietitians and Registered Nutritionists will provide competent, safe, ethical services. The College of Dietitians of Alberta defines “patient” in the *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention*: “an individual is a patient of the Registered Dietitian if there is direct interaction between the Registered Dietitian and the individual and: a) the Registered Dietitian has, in respect of a health care/professional service to the individual, charged or received payment from the individual or third party on behalf of the individual, and/or b) the Registered Dietitian has contributed to a health record or file for the individual, and/or c) the individual has consented to the health care/professional service recommended by the Registered Dietitian.” Based on the *Health Professions Act (HPA)* definition, the term “unprofessional conduct” refers to behaviour that is unskilled and / or unethical. Such behaviours are inconsistent with expectations for professional conduct set out in the *Code of Ethics, Standards of Practice*, the *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention* and the *Integrated Competencies for Dietetic Education and Practice*, Acts and Regulations. The top ten causes of unprofessional conduct relate to failure to maintain professional knowledge and competence, failure to seek assistance or make appropriate referrals, difficulties in a professional’s personal life, alcohol and drug additions, poor communication, failure to appropriately address client concerns, environmental factors, personality conflicts, complacency about professional standards and professional documentation. Under the *HPA*, the College of Dietitians of Alberta (the College) is required to deal with allegations of unprofessional conduct lodged against their registrants. All complaints must be reviewed and acted upon. Complaints may be dealt with through informal communications, an Alternative Complaint Resolution Process, an investigation or incapacity assessment; in some instances, a complaint may result in a professional conduct hearing. A complaint may also be dismissed if it is considered trivial or vexatious or if there is insufficient evidence for its support. A professional who has a complaint filed against them is advised to give full cooperation to the College. Registered Dietitians and Registered Nutritionists practicing in Alberta are required to carry professional liability insurance in an amount not less than two-million dollars per occurrence.

Case Scenario 6.1

BB is a new RD who has been hired by the hospital in a mid-size Alberta Community on a .5 FTE basis. Her position was created to augment the services provided by their long-term RD, SS. BB receives a call from SS early one Monday morning indicating that her son is ill and that she won't be in for most of the week. SS asks if BB would check in on her clients at the hospital and at the auxiliary hospital to which BB agrees.

At the auxiliary hospital, BB explains SS's absence and requests to see the charts on all the residents that are being followed for dietary concerns. The nurse gives her a funny look, informing her that she has only seen SS once during the past three weeks.

BB begins to review patient charts, noticing that there have been no entries in the majority of charts in the last three weeks or so, even though SS has indicated to her that she was providing both direct care and consultation services to the residents of the auxiliary hospital two afternoons every week. It appears that some of the charts have had the "dietary" sections removed. BB also came across one chart in which SS had entered a nutrition care plan. As BB studied the chart, she realized that a complete nutrition assessment had never been completed on that particular resident. Furthermore, the nutrition care plan developed for the resident was completely inappropriate for their medical condition. Chart notes from nursing indicated that the resident was suffering from chronic diarrhea and had lost a significant amount of weight.

Extremely upset by her findings, BB decides to file a complaint against SS with the College of Dietitians of Alberta.

Case Scenario 6.1 Questions

1. Outline the process that the College of Dietitians of Alberta would undertake upon receiving the complaint from BB.
2. Describe the types of information that may be collected in the event that the Complaints Director initiates an investigation.
3. Is SS practicing in accordance with the *Code of Ethics*, the *Standards of Practice*, the *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention* and the *Integrated Competencies for Dietetic Education and Practice*? If not, identify the specific areas that she would have contravened.
4. What do you think the outcome would be if the matter went to a Professional Conduct Hearing?

Chapter Quiz

1. All of the following statements are true *except* for the following:
 - a) Poor communication is among the top ten causes of unprofessional conduct.
 - b) Unprofessional conduct refers to behaviour that is unskilled and / or unethical.
 - c) The Alternative Complaint Resolution Process is an informal communication process in which the complainant and the investigated person communicate with each other and resolve the issues surrounding the complaint.
 - d) The purpose of a professional conduct hearing is to determine if the actions of a professional constitute unprofessional conduct or not.

2. When dealing with a complaint related to the professional conduct of a regulated member, the Complaints Director of the College of Dietitians of Alberta (the College) may:
 - a) request an expert to assess the issues surrounding the complaint.
 - b) initiate an investigation for the purpose of gathering relevant information related to the complaint.
 - c) dismiss the complaint if it is considered trivial or vexatious or that the matter is not within the College's jurisdiction to address.
 - d) All of the above
 - e) Answers a and b only

3. In the event that a Registered Dietitian or Registered Nutritionist receives notification from the College that a complaint has been filed against them, they should do all of the following *except*:
 - a) Work cooperatively with the College, providing a full, detailed and professional response.
 - b) Contact the complainant to determine why the complaint was filed.
 - c) Gather as much information as possible related to the complaint.
 - d) Decide whether to retain a lawyer.

4. All of the following statements are true *except* for the following:
 - a) Registered Dietitians and Registered Nutritionists practicing in Alberta are not required to carry third party professional liability insurance.
 - b) Registered Dietitians and Registered Nutritionists who conduct themselves in a professional manner practice in accordance with legislated Acts, Regulations, bylaws, guidelines, the *Standards of Practice*, the *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention*, the *Integrated Competencies for Dietetic Education and Practice* and the *Code of Ethics*.
 - c) A professional conduct hearing is a legal proceeding.
 - d) The Hearing Tribunal is responsible for making a decision regarding the conduct of a Registered Dietitian or Registered Nutritionist based on the evidence presented during a professional conduct hearing.

References

1. James T. Casey, Q.C. of Field LLP, based on a Presentation made to the College of Dietitians of Alberta, April 30, 2007.
2. Province of Alberta. *Health Professions Act*; R.S.A. 2000, c. H-7.
3. Province of Alberta. *Registered Dietitians and Registered Nutritionists Regulation*; 2002.
4. Richard Steinecke, LLB, Telemed Presentation: “How to Avoid Being Disciplined or Sued,” 1997.
5. Curial, Brian, Professional Liability Insurance, *Communiqué for the Health Industry*, May 21, 2004.

Chapter 7 Restricted Activities

CHAPTER OVERVIEW

- Defining Restricted Activities
- Restricted Activities in Dietetic Practice
 - Insertion and Removal of Tubes
 - Prescribing Parenteral Nutrition
 - Prescribing or Administering Diagnostic Imaging Contrast Agents
 - Provision of Drugs, Including Samples
- Activities NOT Considered Restricted Activities
 - Nutritional supplements, vitamin/mineral preparations, enteral products
 - Psychosocial Interventions
 - Swallowing Assessments (tableside/bedside)
- Performance of Restricted Activities
- The Authorization Process
- Chapter Summary
- Case Scenario
- Chapter Quiz
- References

Defining Restricted Activities

In Alberta, the Government has defined “restricted activities” as “procedures or services that require specific professional competence to be performed safely.”²⁸ By law, restricted activities are regulated health services that can only be performed by individuals who are authorized by their College to perform them. “The activities are considered to represent the most significant, invasive, and if not carried out by a qualified, competent service provider, potentially harmful healthcare

KEY PRACTICE POINT

By law, restricted activities may only be performed by individuals who are authorized by their College to perform them.

²⁸ Alberta Health. *Health Professions Act – A new law for regulated health care professionals*. 2002, p. 16.

services.”²⁹ Other provinces, such as Ontario, use the term “controlled acts”. Restricted activities are a key public protection mechanism of the legislation.

The *Health Professions Act (HPA)* recognizes that one or more professions can have the competence necessary to perform the same restricted activity. The term “restricted” means that only competent healthcare practitioners may perform these activities, not that they are “restricted” to a particular profession (1).

The Government gives Colleges the authority in regulation to authorize regulated members to perform restricted activities that are a part of current professional practice, to establish the competencies, standards, and guidelines for the performance of restricted activities and to determine how competence will be demonstrated and maintained. The *Health Professions Restricted Activity Regulation* lists for each college the restricted activities that its regulated members may be authorized to provide.

The 17 restricted activities identified by the Alberta Government include a range of health services such as performing surgical procedures, setting a fractured bone or prescribing drugs, and are found in Section 1.3(1) of the *HPA*.

In addition to outlining which health services are restricted activities, the legislation also states very clearly which activities are not restricted. Section 1.3(2) of the *HPA* states those activities that are **not** restricted activities; they are as follows:

- “(a) activities of daily living, whether performed by the individual or by a surrogate on the individual’s behalf,
- (b) giving information and providing advice with the intent of enhancing personal development, providing emotional support, or promoting spiritual growth of individuals, couples, families and groups, and
- (c) drawing venous blood.”³⁰

Subject to certain exceptions, restricted activities can only be performed by regulated members who are authorized to do so by their profession specific *Health Professions Restricted Activity Regulation*. Not all of the professions regulated under the *HPA* in Alberta have specified restricted activities that their regulated members may be authorized to perform. Some professions have stipulated that only regulated members with specific advanced education and experience are able to perform a particular restricted activity. As with all health care services, it is each professional’s responsibility to ensure that before performing any activity, whether it is specified as a restricted activity or not, that they are competent to perform the activity and that it is in the best interests of the client that the activity be performed.

KEY PRACTICE POINT

Each professional has a responsibility to ensure that before performing any activity, whether specified as restricted or not, that they are competent to perform the activity and that it is in the best interests of the client that the activity be performed.

²⁹ Maxston, B. *Understanding the Health Professions Act, A Practical Guide for Colleges, their Members and Healthcare Stakeholders*. Alberta; 2003, p.14.

³⁰ Province of Alberta. *Government Organization Act*; R.S.A. 2000, c. G-10.

Restricted Activities in Dietetic Practice

The *Health Professions Restricted Activity Regulation* describes the restricted activities and the specific components of each particular restricted activity that are performed by Registered Dietitians and Registered Nutritionists in their practice. These restricted activities are described in detail in the following pages.

Insertion and Removal of Tubes

This restricted activity is applicable to dietetic practice as described in Section 59(1) of the *Health Professions Restricted Activity Regulation* (13) which states that those Registered Dietitians and Registered Nutritionists who are authorized may perform the following restricted activities.

“(a) to insert or remove instruments, devices, fingers or hands beyond the point in the nasal passages where they normally narrow or beyond the pharynx for the purposes of inserting or removing nasoenteric tubes, if in the provision of nutrition support the regulated member is providing enteral nutrition;

(b) to insert instruments, devices, fingers, or hands into or remove them from an artificial opening in the body if, in the provision of nutrition support, the regulated member provides enteral nutrition to clients and inserts or removes gastrostomy or jejunostomy tubes;”³¹

Relevant Definitions

Nutrition Support: The provision of appropriate nutrition therapy in response to the biochemical, physiological, and pharmacological aberrations occurring with disease or trauma. Nutrition support includes both parenteral and enteral nutrition.

Enteral Nutrition: Feeding provided through the gastrointestinal tract via a tube, catheter, or stoma that delivers nutrients distal to the oral cavity. ³²

Link to Dietetic Practice

Registered Dietitians and Registered Nutritionists are performing these restricted activities when they insert or remove nasoenteric tubes or insert or remove replacement gastrostomy and jejunostomy tubes into a well-established site, when providing nutrition support. Registered Dietitians and Registered Nutritionists who perform these restricted activities typically work in acute and chronic care, inpatient, outpatient, and homecare settings.

³¹ Province of Alberta. *Health Professions Restricted Activity Regulation*; 2023.

³² American Society for Parenteral and Enteral Nutrition. Retrieved January 15, 2014 from: http://www.nutritioncare.org/Professional_Resources/Guidelines_and_Standards/Guidelines/2012_Definitions_of_Terms_Style_and_Conventions_Used_in_A_S_P_E_N_Board_of_Directors-Approved_Documents/

The required competence indicators for performance of these restricted activities are summarized in Appendix 6.

Prescribing Parenteral Nutrition

This restricted activity is applicable to dietetic practice as described in Section 59(1) of the *Health Professions Restricted Activity Regulation* which states that those Registered Dietitians and Registered Nutritionists who are authorized may perform the following restricted activities:

“(c) to prescribe a Schedule 1 drug for the purposes of providing nutrition support;

(d) to prescribe parenteral nutrition if the regulated member is providing nutrition support and the member is authorized to prescribe a Schedule 1 drug”³³

Relevant Definitions

Nutrition Support: The provision of appropriate nutrition therapy in response to the biochemical, physiological, and pharmacological aberrations occurring with disease or trauma. Nutrition support includes both parenteral and enteral nutrition.

Parenteral Nutrition: A complex prescription involving macronutrients, micronutrients and pharmacological agents that are administered intravenously either by means of a large central vein (usually the superior vena cava) or a peripheral vein (usually in the hand or forearm).³⁴

Prescribe: The description of “prescribing activity” that is widely accepted across professions is: determining the right dose, the right drug, the right route and the right time for the right person. In the *Pharmacy and Drug Act*, prescription means “a direction by a person who is authorized by an Act of the Legislature of Alberta or an Act of the Parliament of Canada to prescribe drugs, directing that a drug be dispensed to or for the patient named in the direction”³⁵.

KEY PRACTICE POINT

Registered Dietitians and Registered Nutritionists who are authorized to perform restricted activities related to prescribing, recommending, or providing drugs are responsible to understand the drug schedules and to know which schedule drugs that they are working with fall under.

³³ Province of Alberta. *Health Professions Restricted Activity Regulation*; 2023.

³⁴ Adapted from American Society for Parenteral and Enteral Nutrition. Retrieved January 15, 2014 from http://www.nutritioncare.org/Professional_Resources/Guidelines_and_Standards/Guidelines/2012_Definitions_of_Terms_Style_and_Conventions_Used_in_A_S_P_E_N_Board_of_Directors-Approved_Documents/

³⁵ Province of Alberta. *Pharmacy and Drug Act*, R.S.A. 2000, c. P-13.

Drug Schedules: The drug schedules are created by the provincial and federal governments and pharmacy regulators and reflect an assessment of risk to the public from the drug and the level of professional control required for a client's safe and effective drug use (see the National Association of Pharmacy Regulatory Authorities [NAPRA]) (4). Drugs may be moved between the drug schedules due to changes in the assessment of risk and may be found on any or all three of the drug schedules depending on factors such as the concentration of the drug (i.e. vitamin and mineral supplements). Drug schedule information may be found on NAPRA website (<https://napra.ca/>). A brief description of the drug schedules is as follows:

Schedule 1 Drugs

Schedule I drugs require a prescription for sale

Schedule 2 Drugs

Schedule 2 drugs do not require a prescription but are available only from a pharmacist or practitioner who is authorized to provide them. Schedule 2 drugs require professional intervention from the pharmacist (e.g. patient assessment and patient consultation) prior to sale. They are considered “behind the counter” and are located in pharmacies and institutions in an area where there is no public access and no opportunity for self-selection. For example, insulin is a Schedule 2 drug.

Schedule 3 Drugs

Schedule 3 drugs must be sold in a licensed pharmacy but can be sold from the self-selection area of the pharmacy.

Link to Dietetic Practice

Registered Dietitians and Registered Nutritionists are performing these restricted activities when they prescribe parenteral nutrition and Schedule 1 drugs when providing nutrition support. While these two activities are separate restricted activities in legislation, in dietetic practice they are integrated. Registered Dietitians and Registered Nutritionists must be competent to prescribe Schedule 1 drugs in order to receive authorization to prescribe parenteral nutrition. Registered Dietitians and Registered Nutritionists may prescribe Schedule 1 drugs required in the provision of parenteral nutrition only; no other Schedule 1 drugs may be included in the prescription by Registered Dietitians and Registered Nutritionists because there is no authorization in Legislation to do so. Schedule 2 drugs may be included in the formula as they do not require a prescription. Registered Dietitians and Registered Nutritionists who perform these restricted activities typically work in acute and chronic care, in-patient, out-patient, home care and rehabilitation settings.

The required competence indicators for performance of these restricted activities are summarized in Appendix 6.

For information on recommending vs prescribing see the related College document on the College website (5)

Prescribing or Administering Diagnostic Imaging Contrast Agents

This restricted activity is applicable to dietetic practice as described in Section 59(1) of the *Health Professions Restricted Activity Regulation* which states that those Registered Dietitians and Registered Nutritionists who are authorized may perform the following restricted activity:

“(e) to prescribe and administer oral diagnostic imaging contrast agents if, in the provision of medical nutrition therapy, a regulated member performs a videofluoroscopic swallowing study or assists with the study;”³⁶

Relevant Definitions

Medical Nutrition Therapy: The use of specific nutrition services to treat an illness, injury, or condition, involving (a) assessment of the client’s nutritional status and (b) treatment, which includes nutrition therapy, counseling or use of specialized nutrition supplements.³⁷

Link to Dietetic Practice

Registered Dietitians and Registered Nutritionists are performing this restricted activity when they determine the amount of barium contrast agent a client receives and / or administer the contrast agent, by way of mouth, during a videofluoroscopic swallowing study while providing medical nutrition therapy. Registered Dietitians and Registered Nutritionists who perform this restricted activity typically work in acute and chronic care, in-patient, out-patient and rehabilitation settings.

The required competence indicators for performance of this restricted activity are summarized in Appendix 6.

Provision of Drugs, Including Samples

This restricted activity is applicable to dietetic practice as described in Section 59(1) of the *Health Professions Restricted Activity Regulation* which states that those Registered Dietitians and Registered Nutritionists who are authorized may perform the following restricted activity:

“(g) to distribute without payment, for the purposes of nutritional support or medical nutrition therapy, drugs regulated by a schedule to the *Pharmacy and Drug Act* and pursuant to a prescription, if required by the *Pharmacy and Drug Act*,”³⁸

³⁶ Province of Alberta. *Health Professions Restricted Activity Regulation*; 2023.

³⁷ American Dietetic Association: ADA’s definition for nutrition screening and nutrition assessment. *J Am Diet Assoc* **94** (8):838–839, 1994

³⁸ Province of Alberta. *Registered Dietitian and Registered Nutritionist Regulation*; 2002.

Relevant Definitions

Sell (distributing and giving away): The *HPA* defines the term “sell” as follows:

“ ‘sell’ includes

- (i) distribute, trade or barter for money or other valuable consideration,
- (ii) distributing and giving away without expectation or hope of compensation or reward,
- (iii) keeping for sale, and
- (iv) offering for sale;”³⁹

The provision of drugs to clients, free of charge, becomes a restricted activity because of the definition of “sell” in the Legislation.

Medical Nutrition Therapy: The use of specific nutrition services to treat an illness, injury, or condition, involving (a) assessment of the client’s nutritional status and (b) treatment, which includes nutrition therapy, counseling or use of specialized nutrition supplements.⁴⁰

Drug Schedules: Please refer to information included above under Prescribing Parenteral Nutrition.

Link to Dietetic Practice

This restricted activity is ***not*** related to prescribing drugs, but rather is related to the distribution of drugs listed on a drug schedule. The Regulation does not permit Registered Dietitians and Registered Nutritionists to sell drugs. Registered Dietitians and Registered Nutritionists are performing this restricted activity when they provide drugs such as insulin to their clients as samples when providing medical nutrition therapy. In the case of Schedule 1 drugs, they must be given out in accordance with a prescription or written order.

All regulated members of the College must be aware that providing drugs, including samples as part of their practice may be a restricted activity. It is a regulated member’s responsibility to determine whether the drugs they are providing are controlled by a drug schedule. If so, authorization from the College to perform this restricted activity is required. If the drugs or samples being provided are not found on a drug schedule, then authorization is not required as this is not a restricted activity. Registered Dietitians and Registered Nutritionists who perform this restricted activity typically work in acute and chronic care, inpatient, outpatient, and community settings.

The required competence indicators for performance of these restricted activities are summarized in Appendix 6.

³⁹ Province of Alberta. *Health Professions Act*; R.S.A. 2000.

⁴⁰ American Dietetic Association: ADA’s definition for nutrition screening and nutrition assessment. *J Am Diet Assoc* **94** (8):838–839, 1994

Activities NOT considered Restricted Activities

Nutritional supplements, vitamin/mineral preparations, enteral products

Registered Dietitians make recommendations for nutritional supplements, enteral nutrition, vitamins, minerals, and drugs relevant to nutrition care planning, in addition to performing the above restricted activities.

Many vitamin and mineral products are not classified as drugs. Some vitamins and minerals are only considered scheduled drugs above a certain dose. For example, vitamin D is a Schedule I drug in per-pill doses over 2500 IU (5).

Registered Dietitians must be familiar with the NAPRA drug schedules, and familiar with which products they recommend in practice that may be drugs or become drugs on a schedule under certain dosing circumstances. Schedule 1 drugs require a prescription from a regulated health professional with prescribing authority in order to implement. This does not preclude a Dietitian from recommending a Schedule 1 drug relevant to their practice, including discussing with the interprofessional team or making a written recommendation in the health record. The Dietitian cannot write a prescription to give directly to the patient, however.

Nutritional supplements and enteral nutrition formulas are not drugs, and therefore recommending or ordering these products as part of nutrition care planning, is only limited by an individual Dietitian's competence, or policy limitations within the individual health care setting. The term "prescribing" is not relevant to oral or enteral nutritional products.

For more information on this topic, please refer to the College's document *Prescribing and Recommending in RD Practice*, found on the College website (5).

Psychosocial Interventions

Effective December 1, 2017, Registered Dietitians are no longer required to seek authorization from the College to work with eating disorder clients/patients.⁴¹

The restricted activity reads:

59(1)(f) "to perform psychosocial intervention if a regulated member is providing psychonutrition therapy in the treatment of disordered eating patterns."

Following a review of the Restricted Activity of Psychosocial Intervention, the College of Dietitians of Alberta concluded that Registered Dietitians do not perform restricted psychosocial interventions (i.e. psychotherapy with severely ill patients) when working with clients/patients with disordered eating or eating disorder diagnoses.

⁴¹ MHB, December 2019

Despite the fact that providing psychosocial interventions as part of eating disorder treatment no longer requires authorization from the College to perform, competence to work with these high-risk clients/patients requires specialized education and mentorship. Given that nutrition care of eating disorders is a complex area of practice, it is important for Registered Dietitians to be aware that there are situations that may place a patient (and the Dietitian) at risk (See Table 1 for more information):

- The RD is intentionally working *outside* of their own personal or the generally recognized scope of practice related to eating disorder practice, and attempting to treat topics that lie within the expertise and scope³ of Mental Health practitioners (e.g. depression, self-harm, PTSD)
- The RD is using psychotherapy to treat the underlying mental health characteristics of the above patient
- The above patient is grossly impaired (e.g. psychosis, inability to function in everyday life)
- The RD is working in isolation, without support from interprofessional team members

Eating disorders and other serious mental illnesses frequently have co-morbidities such as depression and suicidality. Mortality rates are high (6).

For this reason, Dietitians are urged to work within their individual scope of practice and make every effort to avoid working in isolation from a physician and mental health therapist.

Dietitians do not perform psychotherapy or other therapies with the intention to treat an eating disorder client's underlying psychopathology, in particular when working with acute or grossly impaired clients/patients. When working with clients/patients with disordered eating behaviours or eating disorder diagnoses, Dietitians use medical nutrition therapy, various supportive behaviour modification techniques, strategies and psychosocial interventions that are not considered restricted psychosocial interventions, according to the government's definitions (2).

According to Nutrition Services, Alberta Health Services (2020) (7), although there is often overlap between nutrition and psychological interventions, there are distinct roles and responsibilities that Registered Dietitians have. RDs can be faced with situations that challenge interprofessional boundaries when providing nutrition care for patients with eating disorders. Effective nutrition care interventions can be enhanced by understanding the role of the mental health therapist (8, 9, 10) and the differences between the two disciplines (see Table 1) (11).

Table 1. Contrasting the Role of Mental Health Provider and Dietitian

Mental Health Provider	Registered Dietitian
<ul style="list-style-type: none"> Focuses on conditions found in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) 	<ul style="list-style-type: none"> Focuses on nutrition diagnosis
<ul style="list-style-type: none"> Behavioural background 	<ul style="list-style-type: none"> Health background
<ul style="list-style-type: none"> Specific training in counselling and psychotherapy to meet mental health goals 	<ul style="list-style-type: none"> Uses counselling techniques that are psychology-based; uses components of psychotherapies such as cognitive behavioural therapy to support nutrition goals
<ul style="list-style-type: none"> An in-depth examination of psychosocial issues 	<ul style="list-style-type: none"> Stays on the surface of psychosocial issues
<ul style="list-style-type: none"> Works on mood, personality, belief systems, coping skills and past and present issues affecting mental health e.g. trauma, relationships 	<ul style="list-style-type: none"> Explores eating history, belief systems and factors affecting eating patterns and nutrition
<ul style="list-style-type: none"> Helps patient learn to regulate emotions 	<ul style="list-style-type: none"> Can offer strategies for emotional regulation related to eating behaviours, and reinforce more in-depth strategies outlined by MH practitioners
<ul style="list-style-type: none"> Treats those who are seriously impaired due to mental illness e.g. psychosis 	<ul style="list-style-type: none"> Collaborates with MH to help inform nutrition interventions for those who are seriously impaired due to mental illness.

The College acknowledges that there are overlapping scopes across professions, and that roles and responsibilities should be negotiated within the team environment. The College also suggests that working in isolation in a high-risk patient area such as eating disorder diagnoses is not appropriate, and that a team environment offers the best chances for patient/client success.

In summary, Dietitians with the training and competence to work with disordered eating behaviours and eating disorder diagnoses may do so without authorization from the College. Performing psychotherapy, however, is not within the scope of Registered Dietitians.

For more information on previous legislation please contact the College office.

Swallowing Assessments (tableside/bedside)

Although dosing and/or administering barium as part of a videofluoroscopic swallowing evaluation is a restricted activity, tableside/bedside dysphagia assessment and management is not.

Like working with eating disorder clients, performing dysphagia assessments are considered high risk due to the risk of aspiration pneumonia. Conducting dysphagia assessments and management requires training, experience, and competence to perform safely.

Dietitians working in settings where swallowing assessment and management is a requirement of their position are encouraged to use the *Competencies for Dysphagia Assessment and Management in Dietetic Practice*, found on the College website, for knowledge and skill development and competence maintenance (12).

Performance of Restricted Activities

Under the *Health Professions Restricted Activity Regulation*, the Government gives colleges the authority to regulate the restricted activities that are a part of current professional practice. Section 2 of the *Health Professions Restricted Activity Regulation* clearly states that no person can perform a restricted activity or a portion of it on or for another person unless they are authorized to do so, or they are supervised under specific conditions (13). In this context, “authorized” means that the person meets at least one of the following criteria:

- The individual is a regulated member of a college under the *HPA* and is authorized by the regulation of a college to perform restricted activities.
- The individual is authorized by regulations made by the Minister of Health under the *HPA* to perform restricted activities.
- The individual is authorized to perform the restricted activity by another enactment. *

* Note: in late 2020, during the COVID-19 pandemic, the Health Minister issued a Ministerial Order authorizing Registered Dietitians to perform nasopharyngeal swabs, an activity not previously authorized by the College for regulated members to perform. This order authorized dietitians during these unprecedented circumstances only, when trained by the employer, to perform the activity to facilitate testing opportunities for the public. The usual process for authorization was not required in this special circumstance only.

The terms “supervised” means the following:

- The individual is authorized by a regulation of a college under the *HPA* to perform the restricted activity under supervision; the regulation of the college states how supervision is to be provided.
- The individual has the consent of and is supervised by a regulated member of that college who is authorized to perform the restricted activity.

It should be noted that only a person authorized to perform a restricted activity may consent to supervise and provide supervision of another person performing the

KEY PRACTICE POINT

Only those Registered Dietitians and Registered Nutritionists who are authorized by the College, or those who have notified the College and are appropriately supervised during the training process, may perform restricted activities or any portion of a restricted activity.

restricted activity or a portion of the restricted activity. As previously indicated, no one may require another person to perform a restricted activity or a portion of it if that person is not authorized to perform the restricted activity. If an authorized person is not available, an individual may provide a restricted activity or a portion of the restricted activity to provide comfort to, or to stabilize a person who is ill, injured, or unconscious as a result of an accident or other emergency. Contravention of the Legislation with respect to restricted activities is a serious offence. If the Legislation, the Regulation, or any other guidelines established by the College for the performance of restricted activities are contravened for any reason, the College must be notified immediately.

With respect to restricted activities, the College, regulated members and employers have specific roles and responsibilities. These are summarized as follows:

The College

The College is responsible for regulating the safe performance of restricted activities, authorizing practitioners, and issuing practice permits to allow performance of restricted activities. The College establishes the competencies, standards, and guidelines for the performance of restricted activities and determines how competence will be demonstrated and authorized. The College is also responsible for monitoring the ongoing competent performance of restricted activities and tracking trends in dietetic practice to assess changes in the restricted activities provided by regulated members.

Regulated members

Regulated members have a responsibility to know which activities are restricted by the College and to identify when restricted activities are being performed. Regulated members will decide whether to provide restricted activities or not, based on the context of their practice and the requirements of their workplace. If a regulated member decides to provide a restricted activity, it is the regulated member's responsibility to obtain authorization from the College to perform the activity as part of their practice. Accountability rests with the regulated member performing a restricted activity to ensure that they are authorized and competent to perform restricted activities. Regulated members are responsible for maintaining ongoing competence for those restricted activities that they are authorized to perform.

KEY PRACTICE POINT

Registered Dietitians and Registered Nutritionists are responsible to know which activities are restricted by the College and to identify when restricted activities are being performed.

Employers

Employers are responsible for the provision of health services / health programs and for the distribution and appropriate mix of skills in the health workforce. Employers are accountable as health service providers to ensure that employees and students are appropriately authorized or supervised when performing restricted activities.

Employers have a key role in providing opportunities for employees to receive training and demonstrate competence to perform restricted activities, and for removing any barriers to performance of restricted activities by authorized practitioners.

Universities, Internship Programs, Dietitians of Canada

Universities and internship programs ensure that undergraduate education and training keep pace with changes in dietetic practice and provide a foundation for the development of the competencies required for dietetic practice.

Dietitians of Canada provides support through the development of continuing education programs and resources.

The Authorization Process

Restricted activities are only to be performed by regulated members on the General and Courtesy Registers who have been authorized by the College to perform them. Regulated members with a temporary practice permit may be permitted to train for a restricted activity. Authorization to perform a restricted activity is restricted to General or Courtesy registrants once competent performance has been demonstrated and verified.

Regulated members who wish to become authorized to perform a restricted activity must notify the College to begin the authorization process. After completing the required forms, the regulated member may begin the process which involves development of competence during a supervised training period. Once all of the competencies have been met, the appropriate documentation is forwarded to the College and authorization is granted. Once authorized to perform a restricted activity, the Registered Dietitian or Registered Nutritionist will be required to demonstrate ongoing competence to perform the restricted activity. Important information related to the authorization process is outlined below.

Notification

In order to address safety of the public, the College must be able to inform employers and the public that a restricted activity is being performed by an authorized practitioner, that a practitioner is performing a restricted activity under supervision during the training process, or that a practitioner should not be performing the restricted activity.

Regulated members must notify the College prior to training to perform any restricted activity and must complete the required forms. All individuals who are training to perform restricted activities are noted on the College Register.

Development of Competence

The *HPA* defines competence as “the combined knowledge, skills, attitudes and judgment required to provide professional services”⁴². Within their practice, Registered Dietitians and Registered Nutritionists provide the services they are competent to perform; as professionals, they continually identify, develop, and maintain the skills necessary to maintain competence. The College has identified competency indicators for the knowledge, skills, attitudes, and judgment required to perform each of the restricted activities. These competencies must be developed, demonstrated, and verified in order for a regulated member to be authorized by the College to perform the activity.

While undergraduate education and training establish a foundation for the performance of these activities, Registered Dietitians and Registered Nutritionists generally develop the specialized expertise to perform restricted activities in the workplace. The method for developing competence will vary from one workplace to another, from one practitioner to another, and from one restricted activity to another. The College sets out guidelines for the development and demonstration of competence that must be met by a regulated member to be authorized to perform restricted activities. The guidelines accommodate a variety of training methods while ensuring the safe practice of restricted activities. The College does not approve specific education or training programs for restricted activities, but recognizes combinations of the following methods of competence development as appropriate:

- attending, observing and assisting with procedures in the presence of authorized practitioners
- receiving individualized training from Registered Dietitians and Registered Nutritionists and other authorized practitioners
- participating in clinical teaching presentations, clinical case conferences, teaching rounds and case studies
- taking part in site-based education / training
- self-study, including research and literature review
- completing competency-based education
- ongoing clinical exposure to the restricted activity, client involvement and follow up

As Registered Dietitians and Registered Nutritionists plan their competence development activities, they will need to consider the following:

⁴² Province of Alberta. *Health Professions Act*. R.S.A. 2000, c. H-7. s. 1(1)f.

- the nature of each specific restricted activity they want to be authorized to perform
- the competence indicator being developed
- the availability and appropriateness of training methods
- the consent, supervision and performance requirements, and
- access to appropriate authorized practitioners

Supervision Requirements

A regulated member who performs a restricted activity on a person during competence development / training must have the consent of and be under the supervision of a Registered Dietitian or Registered Nutritionist authorized by the College or a regulated health professional with authorization to perform the restricted activity. The supervising regulated member must be available to consult with and assist when the restricted activity is being performed by the regulated member in training. Supervision by an authorized Registered Dietitian or Registered Nutritionist is not required during competence development / training when the restricted activity is not being performed on a person.

Supervision of Students

According to Regulation and criteria established by the College, students must be enrolled in an internship program approved by the College to perform restricted activities as part of their training. Students may perform a restricted activity as part of their training but must have the consent of and be under the supervision of a Registered Dietitian or Registered Nutritionist authorized by the College to perform the same restricted activity. The supervising regulated member must be onsite and available to consult with and assist when the activity is being performed on a person.

Authorization

Authorization by the College to perform a restricted activity is based on the regulated member demonstrating that they are competent to perform the restricted activity and that the competent performance of the restricted activity has been verified. The College has not set a specific number of times that a procedure must be performed to demonstrate competence as this will vary depending upon the following:

- the particular restricted activity

- frequency of exposure to the restricted activity, and
- the ability of the individual practitioner

Competence in the performance of a restricted activity is met when the combined knowledge, skills, attitudes, and judgment to perform the restricted activity have been developed, demonstrated, and verified. Once the competent performance of the restricted activity has been observed and verified by an authorized health professional, the regulated member will be issued a practice permit that authorizes them to practice the restricted activity.

It should be noted that regulated members with a temporary practice permit also may be authorized to perform a restricted activity once competent performance has been demonstrated and verified.

Ongoing Competence

Regulated members must be competent every time they perform a restricted activity. Authorization to perform restricted activities must be renewed annually; each year when a regulated member applies to renew their practice permit, they will be required to sign a declaration stating that the competence requirements for the restricted activities that they are authorized to perform continue to be met.

If skills have lapsed during the year for any reason, it is the responsibility of the regulated member to upgrade or refresh skills before continuing to perform a restricted activity. The process of maintaining competence to perform restricted activities is part of the Continuing Competence Program (CCP) of the College. As part of this program, a regulated member who performs restricted activities must complete the self-assessment process and develop one Competence Plan for each restricted activity that they are authorized to perform. It should be noted that development of Competence Plans related to the performance of restricted activities is done in addition to the basic requirements of CCP.

As noted above, during the COVID-19 pandemic, beginning in late 2020, the usual processes for restricted activity authorization related to performing nasopharyngeal swabs was not required as a result of the Ministerial Order to facilitate increased testing.

Chapter Summary

In Alberta, the Government has defined “restricted activities” as “procedures or services that require specific professional competence to be performed safely.”⁴³ By law, restricted activities are regulated health services that can only be performed by individuals who are authorized by their College to perform them. The term “restricted” means that only competent healthcare practitioners may perform these activities, not that they are “restricted” to a particular profession. The Government gives Colleges the authority in regulation to authorize regulated members to perform restricted activities that are a part of current professional practice, to establish the competencies, standards, and guidelines for the performance of restricted activities, and to determine how competence will be demonstrated and maintained. The 17 restricted activities identified by the Alberta Government are found in Part 0.1 of the *Health Professions Act*. The *Health Professions Restricted Activity Regulation* describes the restricted activities and the specific components of each particular restricted activity that are performed by Registered Dietitians and Registered Nutritionists in their practice. These include the following:

- To insert or remove nasogastric, gastrostomy and jejunostomy tubes when providing nutrition support.
- To prescribe parenteral nutrition, including Schedule 1 drugs, when providing nutrition support.
- To prescribe and / or administer oral diagnostic imaging contrast agents during a videofluoroscopic swallowing study when providing medical nutrition therapy.
- To distribute drugs regulated by the *Pharmacy and Drug Act*, according to a prescription when providing nutrition support or medical nutrition therapy.

The College notes several activities that are **not** restricted activities: recommending or ordering nutritional supplements, most vitamin/mineral preparations, and enteral products; psychosocial interventions when working with eating disorder clients; and tableside/bedside swallowing assessments.

Registered Dietitians and Registered Nutritionists who wish to become authorized to perform a restricted activity must notify the College to begin the authorization process. After completing the required forms, the Registered Dietitian or Registered Nutritionist may begin the process which involves development of competence during a supervised training period. Once all of the competencies have been met, the appropriate documentation is forwarded to the College and authorization is granted. Once authorized to perform a restricted activity, Registered Dietitians and Registered Nutritionists are required to demonstrate ongoing competence to perform the restricted activity. In 2020, during the novel coronavirus pandemic, Registered Dietitians were authorized under the special circumstances of a Ministerial Order to perform nasopharyngeal swabs in an effort to enhance testing opportunities for the public.

⁴³ Alberta Health and Wellness. *Health Professions Act – A new law for regulated health care professionals*; 2002, p. 16.

Case Scenario 7.1

AA, a newly graduated Registered Dietitian accepted a position in a hospital in a small city, which provides services to a large rural area. Unable to secure full time employment in a large metropolitan area, AA believed that she would be okay as a new graduate in this setting, with her University degree and internship experiences being sufficient to ensure competency. She received a referral for a videofluoroscopic evaluation of an elderly gentleman who had suffered a head injury and consequently was experiencing difficulty swallowing. AA reviewed her coursework and internship notes on dysphagia and felt prepared to perform her designated role as a Registered Dietitian during the assessment. She was glad that according to the policy of the facility, there would be another professional present during the assessment. Arriving at the assessment room, AA discovered that her co-assessor was a newly graduated speech language pathologist who had never conducted a videofluoroscopic evaluation independently. As the client was fully prepped, the two newly graduated professionals proceeded with the assessment.

Case Scenario 7.1 Questions

1. Is AA practicing within the practice statement for Registered Dietitians and Registered Nutritionists stated in the *Health Professions Act*?
2. Do you think the College of Dietitians of Alberta would have any concerns with AA's decision to proceed with the videofluoroscopic assessment? Explain your answer.
3. What different decisions / actions could AA have taken to safeguard the safety of the client?

Chapter Quiz

1. All of the following statements are true *except* for the following:
 - a) Restricted activities are procedures or services that require specific professional competence to be performed safely.
 - b) Restricted activities may only be performed by individuals who are authorized by their College to perform them.
 - c) The term “restricted activity” means that an activity is restricted to a particular profession.
 - d) It is the responsibility of each Registered Dietitian and Registered Nutritionist to know which activities are restricted by the College of Dietitians of Alberta and to identify when restricted activities are being performed.
2. Prior to performing a restricted activity, each Registered Dietitian and Registered Nutritionist has a responsibility to ensure that:
 - a) they are authorized by the College of Dietitians of Alberta to do so.
 - b) they are competent to perform the activity.
 - c) performing the activity is in the best interests of the client.
 - d) All of the above
 - e) Answers a and b only
3. All of the following are restricted activities in dietetic practice *except* for the following:
 - a) Providing nutrition support, medical nutrition therapy or a diet plan to a client.
 - b) Prescribing parenteral nutrition, including Schedule 1 drugs for a client who requires nutrition support.
 - c) Providing a client with a medication sample that is regulated by a drug schedule to the *Pharmacy and Drug Act*.
 - d) Administering barium (an oral diagnostic imaging contrast agent) during a videofluoroscopic swallowing study.
4. Registered Dietitians and Registered Nutritionists who wish to become authorized to perform a restricted activity must:
 - a) develop, demonstrate, and verify that they have met the competency requirements for the restricted activity.
 - b) be supervised during the competence development / training period by a professional who is authorized to perform the particular restricted activity.
 - c) notify the College of Dietitians of Alberta to initiate the training process.
 - d) All of the above
 - e) Answers a and b only

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Chapter 8 Confidentiality

CHAPTER OVERVIEW

- **Duty of Confidentiality**
- **Information Legislation**
 - Provincial
 - Federal
- **Collection of Information**
- **Protection of Information**
- **Use of Information**
- **Disclosure of Information**
- **Client Access to Their Information**
- **Duty to Report**
 - **Health Professions Act (HPA)**
 - **Protection for Persons in Care Act (PPCA)**
 - **Child, Youth & Family Enhancement Act (CYFEA)**
- **Chapter Summary**
- **Case Scenario**
- **Chapter Quiz**
- **References**

Duty of Confidentiality

The Canadian Medical Association *Health Information Privacy Code* defines “confidentiality” to “mean that health information that is confided by a patient is to be kept a secret and not disclosed or made accessible to others unless authorized by patient consent. A breach of confidentiality occurs whenever a health professional discloses or makes health information available to others without or inconsistent with the patient’s consent.”⁴⁴ While this definition relates specifically to health information, it would also be applicable to any other type of client information.

As with all professionals, Registered Dietitians and Registered Nutritionists are obligated to maintain confidentiality of client information. Contravention of confidentiality obligations may constitute unprofessional conduct, as defined in the *Health Professions Act (HPA)*. Confidentiality requirements are reflected in Section 2.3 of the *Code of Ethics* of the College of Dietitians of Alberta (the College) which states the following:

⁴⁴ Canadian Medical Association. *Health Information Privacy Code*; 1998.

“2.3 Confidentiality

- (1) The dietitian respects the confidentiality of information obtained in providing professional services.
- (2) The dietitian discloses confidential information only when the client consents to disclosure, when disclosure is required or permitted by law, or when disclosure is necessary to protect the client or another individual from harm. See Duty to Report.
- (3) The dietitian avoids indiscreet or public conversations about the client or their treatment.
- (4) The dietitian does not access information in databases or records about individuals who are not clients or information that is not required to provide professional services.
- (5) The dietitian limits access to professional records by others to preserve confidentiality of information.”⁴⁵

Professional obligations for Registered Dietitians and Registered Nutritionists are also stated in the *Standards of Practice* and the *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention*. Standard 11. Privacy/Confidentiality states:

“Standard

Registered Dietitians uphold and protect clients’ rights to privacy and confidentiality of information collected during the provision of professional services by complying with applicable legislative and regulatory requirements.

Indicators

To demonstrate this standard, Registered Dietitians will:

- a) Ensure client consent is obtained prior to collecting or disclosing personal, organizational, and/or business information, unless duty to report obligations is required.
- b) Access and collect only the client information that is essential to carry out the provision of safe, competent, ethical services.
- c) Use physical, technical, and administrative safeguards (e.g., locked filing cabinets, passwords, encrypting documents, laptops, and PCs) to protect paper-based, audio, video, electronic or other client information.
- d) Avoid conversations about clients and/or professional services provided that can be overheard and/or breach privacy and confidentiality.”⁴⁶

⁴⁵ College of Dietitians of Alberta. *Code of Ethics*; 2007.

⁴⁶ College of Dietitians of Alberta. *Standards of Practice*. 2018

For more information on obtaining client consent, please refer to Chapter 9 Consent to Treatment, and from the *Standards of Practice*, Standard 8. Consent.

Contravention of privacy and confidentiality obligations may constitute unprofessional conduct as defined in the *HPA* which states the following:

“1(1) In this Act,

(pp) “unprofessional conduct” means one or more of the following, whether or not it is disgraceful or dishonorable:

(ii) contravention of this Act, a code of ethics or standards of practice;”⁴⁷

Organizations providing health care services need to have access to information in order to treat clients, manage the health care system and conduct research. Most clients understand that numerous individuals require access to their health information in order to provide care and treatment. However, clients also expect that their privacy will be respected, and their information will be treated confidentially.

In 2020, during the COVID-19 pandemic, there was an increased need for virtual health care service provision in order to enhance patient safety. The protection of privacy, confidentiality and health information collected virtually was highlighted as a risk. The information in this chapter remains applicable to any client care service provision including in-person, via telephone or virtual platforms.

To ensure that confidentiality obligations are met, and that health information is handled correctly, Registered Dietitians and Registered Nutritionists require a good understanding of provincial and federal legislation that addresses the protection of personal information. This legislation outlines the specific rules regarding how information must be dealt with, balancing the need for privacy and confidentiality against the need for the collection, use and disclosure of information.

Information Legislation

Provincial

There are three key pieces of legislation that outline how information must be dealt with in Alberta, each of which may be found at the following web site: <https://www.alberta.ca/alberta-kings-printer.aspx>. Each of these laws sets rules for how information can be collected, used, and disclosed, as well as give individuals the rights to access information and to request a correction of information. These laws differ in regard to the types of information that they apply to (i.e. health information versus non-health information) and to which sector of people / organizations that they apply to (i.e. public versus private). A summary of each is as follows:

⁴⁷ Province of Alberta. *Health Professions Act*; R.S.A. 2000, c. H-7.

Health Information Act

The *Health Information Act (HLA)* governs health information used primarily in Alberta's publicly funded health care system. This Act also applies to health information used by pharmacists and pharmacies in both the public and private sector. The Act primarily addresses the protection of individually identifying health information.

The *HLA* defines the people and organizations it applies to as either “custodians” or “affiliates”. Custodians include provincial health boards, regional health authorities, nursing home operators, licensed pharmacies, and the Ministry of Health. It is the responsibility of custodians to determine what information they will collect, what information they will share, and with whom. An affiliate is anyone who provides services on behalf of the custodian and includes employees, volunteers, and students. A Registered Dietitian or Registered Nutritionist who is employed by a regional health authority is an example of an affiliate. Both custodians and affiliates are responsible to ensure that they practice in compliance with the rules written in the *HLA* (1).

Personal Information Protection Act

The *Personal Information Protection Act (PIPA)* governs personal information (both health information and non-health information) held by private sector organizations in Alberta. The private sector organizations that *PIPA* applies to include businesses (including private practice businesses that provide dietetic services), non-profit organizations and professional regulatory organizations. *PIPA* does not apply to health information held by pharmacists and pharmacies, as this information is governed by the *HLA* (2).

Freedom of Information and Protection of Privacy Act

The *Freedom of Information and Protection of Privacy Act (FOIP)* addresses issues to ensure the following:

- That public bodies in Alberta are open and accountable to the public by providing a right of access to records;
- That the privacy of individuals will be protected by controlling the manner in which public bodies in Alberta collect, use and disclose personal information.

Accordingly, *FOIP* governs public bodies which include Government of Alberta ministries, boards, agencies and commissions, school boards, post-secondary educational institutions, municipalities, police services and commissions, health care bodies, Métis settlements, public libraries, drainage and irrigation districts and housing management bodies. The *FOIP* applies to non-health personal information,

as well as general information (i.e. non-personal information) such as budget information (3).

Key aspects of each of these Acts are summarized in Table 8.1 Summary of Information Protection Legislation in Alberta.

Table 8.1 Summary of Information Protection Legislation in Alberta

	<i>Health Information Act (HIA)</i>	<i>Personal Information Protection Act (PIPA)</i>	<i>Freedom of Information and Protection of Privacy Act (FOIP)</i>
Applicable Sector	All segments of the publicly funded health care system and both public and private pharmacies / pharmacists. Applies to “custodians” and “affiliates” which include provincial health boards, regional health authorities, nursing home operators, licensed pharmacies and the Ministry of Health.	Private sector organizations, individuals and professional regulatory bodies.	Public bodies i.e. Government of Alberta ministries, boards, agencies and commissions, school boards, post-secondary educational institutions, municipalities, police services and commissions, health care bodies, Métis settlements, public libraries, drainage and irrigation districts and housing management bodies.
Types of Information Protected	<p>Health Information; this consists of the following three categories:</p> <p>(i) Diagnostic, treatment and care information</p> <ul style="list-style-type: none"> • A person’s physical or mental health • Treatment they are or have received • Drugs, health care aids or products they have received • Amount of health care benefits paid or payable for services they have received <p>(ii) Registration information</p> <ul style="list-style-type: none"> • Demographic information • Location, residency and telecommunications information • Health service eligibility information • Billing information <p>(iii) Health Services Provider Information</p> <ul style="list-style-type: none"> • Name, address, gender, education, competencies, job classification and employment status of the individual providing the health service 	<p>Personal Information (Health and Non-Health)</p> <ul style="list-style-type: none"> • Name, home address, home telephone number, email address, ID numbers • Physical description, educational qualifications, blood type • Payment information 	<p>Personal Information (Non-Health)</p> <ul style="list-style-type: none"> • Name, home or business address / telephone numbers / email address • Race, nationality / ethnic origin, colour, religious / political beliefs / associations • Age, sex, marital status, family status • Identifying number or symbol • Educational, financial, employment or criminal history <p>General Information</p> <ul style="list-style-type: none"> • Budget planning • Resource allocation • Survey information

Federal

The *Personal Information Protection and Electronic Documents Act (PIPEDA)* sets out ground rules for how private sector organizations may collect, use or disclose personal information in the course of commercial activities. This legislation gives individuals the right to access and request correction of the personal information that organizations may have collected about them. The *PIPEDA* is applicable to personal information collected, used or disclosed by commercial organizations such as the retail sector, publishing companies, the service industry, manufacturers and other provincially regulated organizations. This legislation does not apply to the personal information of employees of these provincially regulated organizations.

Alberta is one of the provinces with laws that are recognized as substantially similar to *PIPEDA*. Therefore, Registered Dietitians and Registered Nutritionists who practice in compliance with provincial information laws will very likely (but not necessarily) meet the standards of federal information legislation (4). The *PIPEDA* may be found at <https://www.priv.gc.ca/en/privacy-topics/privacy-laws-in-canada/the-personal-information-protection-and-electronic-documents-act-pipeda/>

In 2020, in response to the COVID-19 pandemic, the College saw an increase in virtual practice to help meet patient/client needs, while maintaining safe physical distance to minimize spread of the virus. The information in the following sections related to collecting, protecting, using and disclosing information also applies to virtual practices. Please also refer to *Virtual, electronic communications during the Pandemic* on the College website (5)

Collection of Information

Collection of information is an important component of providing services to clients in the practice of many Registered Dietitians and Registered Nutritionists. Any information that is collected must be collected in accordance with the *Standards of Practice* and legislation. Legislation authorizes the collection of information for certain purposes only. The following rules should be applied when collecting information (6 -8):

KEY PRACTICE POINT

Collect only as much information as is essential to carry out the purpose for the collection.

- Collect only the information that is essential to carry out the purpose for which the information is being collected
- Collect information maintaining the highest degree of anonymity
- Collect information directly from an individual unless an exception is applicable (refer to information that follows)

When collecting information directly from an individual, reasonable steps must be taken to inform the person of the purpose for which the information is being collected, and the

specific legal authority for collecting the information. Contact information for an appropriate individual who can answer questions about the collection of information should be provided. Organizations often appoint a Privacy Officer to carry out this responsibility.

In all situations, including virtual services, the client should be informed of what information will be collected, from whom and the purposes for which the information will be used. For more information on obtaining client consent, refer to Chapter 9 Consent to Treatment and from the *Standards of Practice*, Standard 8. Consent.

Under the *HLA*, clients under the age of 18 who are capable of making their own decisions related to their health care must be allowed to do so. Generally, they are considered capable when it is clear that they understand the nature and consequences of their decision making. Exceptions to when health information may be collected from someone other than the individual to whom the information pertains to include the following:

- If there are reasonable grounds to believe that direct collection would be detrimental to the client or another individual or may result in the collection of inaccurate information.
- In situations where direct collection is not reasonably practicable (i.e. emergency situations, if a client is unconscious or confused).

Written consent must be obtained from a client prior to collecting information through the use of a recording device, camera or any other device that may not be obvious to the individual (1). Verbal consent may be obtained prior to or at the time that virtual services are provided.

Under *PIPA*, organizations are required to obtain consent to collect personal information as stated below:

“Consent required

7(1) Except where this Act provides otherwise, an organization shall not, with respect to personal information about an individual,

- (a) collect that information unless the individual consents to the collection of that information
- (b) collect that information from a source other than the individual unless the individual consents to the collection of that information from the other source,”⁴⁸

Generally, consent is obtained at the time that the information is collected. Consent may be “expressed” in writing or verbally, or “implied” when a client volunteers information. In certain circumstances, clients may also provide “opt-out consent” which means that clients can specify those purposes for which their information may be collected and used (2).

⁴⁸ Province of Alberta. *Personal Information Protection Act*, 2003, c. P-6.5.

The *FOIP* requires that personal information be collected directly from the person who the information is about, except in specific circumstances which are outlined in the legislation (3). Section 33 states the following:

“Purpose of collection of information

- 33) No personal information may be collected by or for a public body unless
- (a) the collection of that information is expressly authorized by an enactment of Alberta or Canada,
 - (b) that information is collected for the purposes of law enforcement, or
 - (c) that information related directly to and is necessary for an operating program or activity of the public body.”⁴⁹

Overall, health care settings, private sector organizations and public bodies must establish and implement policies and procedures that outline what information is routinely collected, who is allowed to collect it and mechanisms to ensure that they are not contravening rules of their applicable Act(s).

Protection of Information

All professionals including Registered Dietitians and Registered Nutritionists are responsible to ensure that reasonable steps are taken to maintain physical, technical and administrative safeguards to protect health information (6 - 8). The intent of these safeguards is as follows:

- To protect the confidentiality of information
- To protect the privacy of individuals
- To protect against anticipated threats or hazards to the security or integrity of health information
- To protect against the loss, unauthorized use, disclosure or modification of health information
- To ensure compliance with the applicable Act(s)

Examples of practices that would facilitate maintaining safeguards are as follows:

⁴⁹ Province of Alberta, *Freedom of Information and Protection of Privacy Act*; R.S.A. 2000, c. F-25.

Physical Safeguards

- Lock filing cabinets and secure areas where health information is stored; restrict access to authorized individuals
- Ensure that devices (for example, computer terminals), white boards, etc. with client information are positioned where they cannot be seen or accessed by unauthorized users
- Avoid taking items such as files, disks, memory sticks, devices (computers, laptops, phones, etc.) that contain information away from the workplace; if these items must be taken to a virtual office setting, all necessary safeguards must be taken to protect client information.
- Ensure that when disposing of physical copies of client information, appropriate methods (i.e. shredding, burning) are used
- Ensure that devices have all client information completely removed prior to being sold or disposed of

KEY PRACTICE POINT

Take all reasonable steps to maintain physical, technical, and administrative safeguards to protect information from unauthorized access.

Technical Safeguards

- Use regulated, secure, encrypted health-specific platforms or technologies for virtual practice when possible (5)
- If an unregulated platform is to be used, encrypted applications are recommended (including encrypted email).
- Transmit and store information in an encrypted format (5)
- Use approved devices when accessing client information; do not use personal devices
- Use passwords to restrict device access; change passwords frequently
- Use a document tracking system that indicates when a document is removed, who has it and when it was returned
- Ensure devices have virus scanners and firewalls in place
- Use screen savers / security screens to prevent those who are unauthorized from viewing devices

Administrative Safeguards

- Ensure staff receive ongoing training on policies related to protection of health information, the importance of the policies and consequences of a contravention to the policies
- Implement security checks
- Have staff take an oath of confidentiality
- Control the types of information that can be transmitted by fax or e-mail
- Minimize the risk of errors by using pre-programmed addresses / phone numbers on faxes and e-mails that are regularly sent to certain places; on a regular basis, confirm that addresses / phone numbers have not changed

For more information on the security and confidentiality of records being transmitted by email and when communicating with clients via email, please refer to Chapter 10 Record Keeping.

Use of Information

According to the *HLA* definition, “use” of health information means “to apply health information for a purpose and includes reproducing the information but does not include disclosing the information.”⁵⁰ The *HLA* allows the use of individually identifying health information for a number of authorized purposes. The most common purposes are for

KEY PRACTICE POINT

Use only the amount of information necessary to carry out the authorized purposes for which the information was provided and at the highest degree of anonymity.

providing a health service or determining / verifying a person’s eligibility to receive a health service. Health information may be used in other circumstances (i.e. when conducting investigations, discipline proceedings, practice reviews); while conducting research; in educating health services providers; and in managing internal operations.

Reasonable steps must be taken to ensure that the information is accurate and complete before using it. Specifically, this involves ensuring that the information is correct, up to date, complete, relevant and not misleading.

The *PIPA* and *FOIP* also outline similar rules for use of information. Regardless of practice setting, Registered Dietitians and Registered Nutritionists should use only the amount of

⁵⁰ Province of Alberta. *Health Information Act*, R.S.A. 2000, c. H-5.

information necessary to carry out the authorized purposes for which the information was provided and at the highest degree of anonymity.

Disclosure of Information

Under the *HLA*, “disclosure occurs when a custodian provides health information to another custodian within the controlled arena (public health care system and both public and private pharmacy operations) or to other entities outside the controlled arena.”⁵¹ The *HLA* outlines restrictions for the disclosure of individually identifying information. Custodians are responsible to ensure that they and their affiliates only disclose information when the Act allows them to and in the manner set out in the Act.

KEY PRACTICE POINT

Ensure that where appropriate, written consent to disclose information has been received; disclose only as much information as is essential to carry out the purpose for the disclosure.

In general, custodians may disclose individually identifying information to the person who is the subject of the information or to authorized persons acting on their behalf (i.e. a Guardian under a Guardianship Order, or Agent under a Personal Directive). Clients under 18 years of age who understand their rights as outlined in the *HLA* and the consequences of exercising those rights must be treated as any other competent person. In the case of a client who does not have the mental capacity to consent to disclosure, a custodian may disclose information about that individual without their consent if it is in the best interest of that client. Unless an exception applies, an individual must provide consent prior to

disclosure of information to a third party. Consent must be given in writing or electronically and must include the following:

- The information to be disclosed
- The purpose for which the information is to be used
- The person who will be receiving the information
- An acknowledgement of awareness as to why the information is needed and the risks / benefits of giving / refusing the consent
- The date that the consent is effective and expires
- A statement advising the individual of their right to revoke the consent at any time (1, 6)

The following sets out some of the exceptions under *HLA* of when consent to release information is not required (1, 6):

⁵¹ Office of the Information and Privacy Commissioner. *Health Information: A Personal Matter – A Practical Guide to the Health Information Act*; 2003, p. 31.

“Have To Disclose”

In certain situations, custodians must disclose health information in order to comply with legislation or court orders that require disclosure. For example, the *Public Health Act* requires disclosure about individuals who have or may have a notifiable infectious disease.

“Want To or Have Been Requested To Disclose Without Consent”

Disclosure without consent may be necessary in certain circumstances either because of a desire to respond to a request of a Third Party or because the health care provider desires to disclose on their own initiative. Examples of disclosures that fall under this category where the *HLA* allows for disclosure without consent include the following:

Disclosure to Other Custodians: A custodian may disclose information to another custodian, without consent, for the purpose of providing health services to a client.

Disclosure to Continuing Care Providers: Disclosure is allowed to persons who are responsible for the provision of continuing care and treatment to an individual client. This may include other custodians as well as family members or parents.

Disclosure Due to Family / Close Personal Relationship: A limited amount of health information may be disclosed to advise family members and / or persons whom the client has a close personal relationship with about the client’s general condition and prognosis, as long as the client has not expressly requested that disclosure not be made.

Disclosure in Judicial or Quasi-Judicial Proceedings: Custodians may disclose health information to comply with a court order, subpoena or warrant and may provide information required in court or other quasi-judicial proceedings, but should be cautious to only disclose the information that they are required to disclose.

Disclosure to Prevent Fraud, Abuse of the System or Offences: A custodian may disclose information to another custodian if they have a reasonable expectation that the disclosure will detect or prevent fraud, limit abuse of health services or prevent an offence.

Disclosure to Police: Disclosure of information may be made to the police for the purpose of investigating an offence that involves a life-threatening personal injury to a client. However, this disclosure may only take place providing it is not against the express wishes of the client. Disclosure of information may also be made to the police for the purpose of avoiding an imminent danger to the health or safety of any person.

Disclosure to Preserve Health / Safety: A custodian may disclose information to any person in the event that they have reasonable grounds to

believe that the disclosure would prevent or minimize an imminent danger to the health or safety of any person.

Disclosure for Research Purposes: The *HLA* outlines rules governing the disclosure of health information for research purposes, which includes approval by an approved research ethics committee. Even with committee approval, disclosure of information is at the discretion of the custodian. If the custodian does agree to disclose the information, an agreement outlining the conditions of the ethics committee and procedures for protecting the information and identities of the persons involved in the research must be signed.

Generally, disclosure of health information is at the discretion of the custodian. When disclosing information, disclose only that information that is essential to allow the recipient to carry out the purpose for which the information is being disclosed. The *HLA* also requires that custodians make reasonable effort to ensure that disclosure is made to the correct person who is authorized and designated to receive the information.

When a custodian discloses individually identifying health information, the custodian must inform the recipient in writing of the purpose for the disclosure and the authority under which the disclosure is made. (This is not required if the disclosure is to another custodian for the purpose of providing a health service.) Custodians are also required to create a log of disclosures of records containing health information that includes the name of the person to whom the information was disclosed, the date and purpose of the disclosure and a description of the information that was disclosed; the log must be retained for a period of ten years. The obligation to create a log does not apply to disclosures between custodians where an electronic log is already created (1).

The *PIPA* and *FOIP* also outline similar rules for the use and disclosure of personal information. Regardless of practice setting, Registered Dietitians and Registered Nutritionists should disclose only as much information as is essential to carry out the purpose for the disclosure, and ensure that written consent, where appropriate, has been received.

For more information on Consent, please refer to Chapter 9 Consent to Treatment, and from the *Standards of Practice*, Standard 8. Consent.

Client Access to Their Information

A client has the legal right under the *HLA*, *PIPA* and *FOIP* to request access to any record that contains information about that person that is in the custody or control of a health care setting, private sector organization or public body (1 - 3). The *HLA* requires that access to information be refused in situations where the request is for access to information about a person other than the applicant, where disclosure is prohibited by another law or where the information outlines procedures or contains results of an investigation, discipline hearing, practice review or an inspection related to a service provider. Other circumstances in which access to information may be refused include situations where the disclosure could

reasonably be expected to result in harm to the health and safety of the individual requesting the information, or where the disclosure might compromise a case where information was supplied in confidence. When appropriate, partial access of information may be provided by severing information that should not be disclosed to the applicant (1).

Custodians in health care settings, private sector organizations and public bodies must make every reasonable effort to respond within legislated time frames and assist the applicant with their request (1 - 3). Under the *HLA*, a custodian is required to inform an applicant of whether they will receive access to all or part of the information as well as where, when, and how the access will be given, if applicable. If access to all or part of the record is refused, the applicant must be informed of the reason for the refusal, the provisions of the legislation that support refusal to access, a contact person who can answer questions about the refusal and the applicants right to ask the Information and Privacy Commissioner to review the decision to refuse access (1). The legislation permits health care settings, private sector organizations and public bodies to charge certain fees for providing access to information records (1 - 3).

Duty to Report

While professionals have an obligation to treat information confidentially, there are certain circumstances where there is a duty to report information to the proper authority. Disclosing information to fulfill a duty to report is usually permitted under one of the exceptions to consent, as outlined earlier in this chapter, most commonly where another law requires or authorizes the disclosure. The duty to report obligations of Registered Dietitians and Registered Nutritionists are reflected in section 1.4 of the *Code of Ethics* of the College which states the following:

“Duty to Report

- (1) The dietitian reports to the College with respect to any actions they are subject to including: any legal actions and any actions taken by professional regulatory bodies or employers with respect to their practice and also reports the outcome of any action taken to the College.
- (2) The dietitian communicates confidential information to prevent harm if the dietitian becomes aware that an individual poses a serious risk of harm to themselves or others. The disclosure of information should be limited to individuals who reasonably need to know and to the extent necessary in the circumstances.
- (3) The dietitian must be familiar with the laws concerning the reporting of abuse of children and vulnerable adults and must comply with those laws.
- (4) The dietitian discloses adverse events and takes all necessary actions according to established guidelines to minimize harm arising from an adverse event and to prevent recurrence.

- (5) The dietitian takes appropriate precautions and follows established guidelines with respect to communicable or infectious diseases including hepatitis, AIDS, blood-borne infections, influenza.
- (6) If the dietitian believes they may have been in contact with an individual who has a communicable or infectious disease or has contracted a communicable or infectious disease that involves a risk to the health or safety of clients or the public, the dietitian discloses the information to the appropriate individuals (may include the employer, the medical officer of health) and takes all required precautions (may include protective gear, testing, monitoring, isolation).
- (7) If the dietitian believes that institutional, facility or workplace policies, procedures or practices involve a risk to the health or safety of clients or the public, the dietitian discloses the information to the appropriate individuals (may include the employer, the medical officer of health) and takes all required precautions.”⁵²

Registered Dietitians and Registered Nutritionists should be aware of legislation that addresses the specific circumstances in which there is a duty to report. These are summarized below.

Health Professions Act (HPA)

In 2007 the *HPA* was amended to include the following:

“Public health threat

1.1(1) Despite this Act, the bylaws and any enactment that governs practice of a regulated member or health practitioner, college or regulatory organization, if any of the following persons knows of or has reason to suspect the existence of a nuisance or a threat that is or may be injurious or dangerous to the public health, that person must immediately notify the medical officer of health of the appropriate regional health authority by the fastest means possible:

- (a) a regulated member;
- (b) a health practitioner who provides health services described in a Schedule;
- (c) a member of a council of, or an officer, employee or agent of, a college

KEY PRACTICE POINT

Registered Dietitians and Registered Nutritionists have a duty to report the following:

- **The existence of a threat that may be injurious or dangerous to public health**
- **Situations of abuse or neglect as described in the *Protection for Persons in Care Act* and the *Child, Youth and Family Enactment Act***

⁵² College of Dietitians of Alberta. *Code of Ethics*; 2007.

- (d) a member of a board or council of, or an officer, employee or agent of, a regulatory organization that governs the practice of a health practitioner who provides health services described in a Schedule.”⁵³

Under the *HPA*, any finding of unprofessional conduct made in another jurisdiction must be reported by the regulated member to any other regulator(s). This also includes findings of professional negligence. Additionally, a regulated member must report any conduct believed to be sexual abuse or sexual misconduct to the Complaints Director, even if the conduct occurs by a regulated member of another regulatory college.⁵⁴

Under the *HPA*, employers have a legal obligation to inform the Complaints Director as soon as reasonably possible if the employment of a regulated member is terminated, suspended, or if the regulated member has resigned for reasons related to unprofessional conduct. Additionally, a mandatory report must be submitted to the College as soon as possible where an employer suspects sexual abuse or sexual misconduct.⁵⁵

Protection for Persons in Care Act (PPCA)

The *PPCA* promotes the safety of adults in care by requiring all Albertans to report incidents where they have reasonable and probable grounds to suspect that there is or has been abuse against a client. The *PPCA* is applicable to all adult clients in publicly funded care facilities which include hospitals, long term care centres and group homes. Section 2(1) of the *PPCA* states the following:

“2(1) Every individual or service provider who has reasonable and probable grounds to believe and believes that there is or has been abuse against a client shall report that abuse to the Minister of Community Development or a police service or a committee, body or person authorized under another enactment to investigate such an abuse.”⁵⁶

According to the *PPCA*, “abuse” is defined as follows:

“(a) “abuse” means:

- (i) intentionally causing bodily harm,
- (ii) intentionally causing emotional harm, including, but not limited to, threatening, intimidating, humiliating, harassing, coercing or restricting from appropriate social contact,
- (iii) intentionally administering or prescribing medication for an inappropriate purpose,

⁵³ Province of Alberta. *Health Professions Act – Amendments*; 2007.

⁵⁴ Province of Alberta. *Health Professions Act*. s. 127.

⁵⁵ Province of Alberta. *Health Professions Act*. s. 57

⁵⁶ Province of Alberta. *Protection for Persons in Care Act*; R.S.A. 2000, c. P-29.

- (iv) subjecting to non-consensual sexual contact, activity or behaviour,
- (v) intentionally misappropriating or improperly or illegally converting money or other valuable possessions, or
- (vi) intentionally failing to provide adequate nutrition, adequate medical attention or other necessity of life without a valid consent”¹¹

Child, Youth & Family Enhancement Act (CYFEA)

The *CYFEA* protects children and teens under the age of 18 years who are in need of intervention due to physical, emotional, sexual abuse and neglect. Section 4(1) of the *CYFEA* states the following:

“4(1) Any person who has reasonable and probable grounds to believe that a child is in need of intervention shall forthwith report the matter to a director.”⁵⁷

The Interpretation Section of the *CYFEA* states the following:

“(2) For the purposes of this Act, a child is in need of intervention if there are reasonable and probable grounds to believe that the survival, security or development of the child is endangered because of any of the following:

- (a) the child has been abandoned or lost;
- (b) the guardian of the child is dead and the child has no other guardian;
- (c) the child is neglected by the guardian;
- (d) the child has been or there is substantial risk that the child will be physically injured or sexually abused by the guardian of the child;
- (e) the guardian of the child is unable or unwilling to protect the child from physical injury or sexual abuse;
- (f) the child has been emotionally injured by the guardian of the child;
- (g) the guardian of the child is unable or unwilling to protect the child from emotional injury;
- (h) the guardian of the child has subjected the child to or is unable or unwilling to protect the child from cruel and unusual treatment or punishment.”⁵⁸

⁵⁷ Province of Alberta, *Child, Youth & Family Enhancement Act*, R.S.A. 2000, c. C-12.

⁵⁸ Province of Alberta, *Child, Youth & Family Enhancement Act*, R.S.A. 2000, c. C-12.

If a complaint is made, the report is reviewed to determine if the appropriate legislation provides the legal authority to investigate the complaint. If so, an investigator will be appointed to collect information and prepare a report. The report is then submitted to the appropriate Minister who will make a decision regarding the matter.

Reporting situations of abuse or need of intervention as described in the *HPA*, *PPCA* or *CYFEA* is not considered a breach of confidentiality. In fact, failing to make a report would constitute unprofessional conduct. Under the *PPCA* and *CYFEA*, no legal action can be taken against a complainant unless the report is made with no grounds or is done in a malicious manner. Failure to report situations of abuse or need of intervention could result in a fine, imprisonment or both (9, 10).

Chapter Summary

Registered Dietitians and Registered Nutritionists have an obligation to maintain confidentiality of all client information. The key pieces of legislation that outline how information must be dealt with are the *Health Information Act (HIA)*, *Personal Information Protection Act (PIPA)*, the *Freedom of Information and Protection of Privacy Act (FOIP)* and the *Personal Information Protection and Electronic Documents Act (PIPEDA)*. While each of these Acts are unique in their focus, they each contain similar underlying directives, all relating to the collection, use, disclosure and protection of information. Registered Dietitians and Registered Nutritionists should apply the following general rules in their practice:

- Collect only as much information as is essential to carry out the purpose for the collection.
- Take all reasonable steps to maintain physical, technical and administrative safeguards to protect information from unauthorized access.
- Use only the amount of information necessary to carry out the authorized purposes for which information was provided and at the highest degree of anonymity.
- Ensure that where appropriate, written consent to disclose information has been received; disclose only as much information as is essential to carry out the purpose for the disclosure.

A client has the legal right to request access to any record that contains information about themselves; such requests may be accommodated, depending on circumstances as outlined in legislation. Registered Dietitians and Registered Nutritionists have a duty to report situations of possible threat to public safety as described in the *Health Professions Act*, and abuse or need of intervention as described in the *HPA*, the *Protection for Persons in Care Act* and the *Child, Youth and Family Enhancement Act*; reporting such situations is not considered a breach of confidentiality.

Case Scenario 8.1

DD is an elderly widow who lives by herself; she has a son who lives nearby with his family. She has insulin dependent diabetes who has been a regular client at the Diabetes Centre for approximately 6 years. During her most recent follow up visit to the Diabetes Centre, a dietitian completed a nutrition assessment on DD. The dietitian was quite concerned with the results of the assessment. Specifically, DD's blood glucose levels were often high, but sometimes she had extreme lows. She indicated she often skipped meals / snacks and could not always remember if she had taken her insulin. The dietitian suspected that DD was no longer able to manage her diabetes effectively on her own.

Case Scenario 8.1 Questions

1. Does the dietitian have legal authorization to inform DD's physician at the Diabetes Centre of her concerns?
2. Does the dietitian have the legal authorization to inform DD's son of her concerns?
3. Does the dietitian have the legal authorization to inform DD's son of her concerns in the event that DD requests that her family not be made aware of her health situation?

Chapter Quiz

1. The _____ is legislation that addresses issues related to the collection, use, disclosure and protection of information in Alberta:
 - a) *Health Information Act*
 - b) *Personal Information Protection Act*
 - c) *Freedom of Information and Protection of Privacy Act*
 - d) All of the above
 - e) Answers a and b only

2. All of the following statements are true *except* for the following:
 - a) It is not necessary to have client consent to release information as long as the information remains within the province.
 - b) One should only use the amount of information necessary to carry out the authorized purposes for which information is provided.
 - c) Information should be used at the highest degree of anonymity.
 - d) One should collect only as much information as is essential to carry out the purpose for the collection.

3. An elderly client in a long-term facility is in tears as she tells you of abusive behaviours directed towards her by a certain staff member. You have reasonable grounds to believe what you have been told. Being aware of this information, you are obligated to:
 - a) report the situation in compliance with the *Health Information Act*.
 - b) report the situation in compliance with the *Protection for Persons in Care Act*.
 - c) approach the staff member to discuss what you have been told.
 - d) All of the above
 - e) Answers a and b only

4. All of the following statements are true *except* for the following:
 - a) One should take all reasonable steps to maintain physical, technical, and administrative safeguards to protect information from unauthorized access.
 - b) Decisions related to the collection and disclosure of information for clients under the age of 18 must be made by the parents or guardian of the client.
 - c) The Canadian Medical Association *Health Information Privacy Code* defines “confidentiality” to mean that “health information that is confided by a client is to be kept a secret and not disclosed or made accessible to others unless authorized by client consent”.
 - d) One should disclose only as much information as is essential to carry out the purpose for the disclosure, providing that appropriate written consent to disclose information has been received.

References

1. Province of Alberta. *Health Information Act*, R.S.A. 2000, c. H-5.
2. Province of Alberta. *Personal Information Protection Act*, 2003, c. P-6.5.
3. Province of Alberta. *Freedom of Information and Protection of Privacy Act*, R.S.A.2000, c. F-25.
4. Government of Canada. *Personal Information Protection and Electronic Documents Act*, 2000.
5. College of Dietitian of Alberta. *Virtual, electronic communications during the Pandemic*. 2020.
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6. Office of the Information and Privacy Commissioner. *Health Information: A Personal Matter – A Practical Guide to the Health Information Act*, 2007.
7. Alberta Government Services and Office of the Information and Privacy Commissioner. *A Guide for Businesses and Organizations on the Personal Information Protection Act*, 2007.
8. Government of Alberta. *Freedom of Information and Protection of Practice Act – Guidelines and Practices*, 2005.
9. Province of Alberta. *Protection for Persons in Care Act*, R.S.A. 2000, c. P-29.
10. Province of Alberta. *Child, Youth & Family Enhancement Act*, R.S.A. 2000, c. C-12.

Chapter 9 Consent to Treatment

CHAPTER OVERVIEW

- Defining Consent to Treatment
- Elements of Consent to Treatment or Professional Services
- Types of Consent to Treatment or Professional Services
 - Implied Consent
 - Expressed Consent
- Right to Refuse and Withdrawal of Consent to Treatment
- Disclosure of Harm to Clients
- Chapter Summary
- Case Scenario
- Chapter Quiz
- References

Defining Consent to Treatment

The term “consent to treatment” refers to the consent or agreement of a client to undergo an assessment process or treatment intervention, after gaining an understanding of the relevant facts and risks involved. The notion of consent to treatment stems from the legal and ethical principles that an individual has the right to decide what will be done to them. It is the responsibility of health care professionals to provide all of the necessary information to allow clients to make informed decisions about their care.

In this chapter, treatment also refers to professional services and the two terms may be used interchangeably but the obligations remain the same for both.

The obligations of Registered Dietitians and Registered Nutritionists related to consent to treatment are reflected in Section 2.2 of the College of Dietitians of Alberta *Code of Ethics* which states the following:

“2.2 Informed Consent

- (2) The dietitian ensures that informed consent has been obtained for the provision of professional services in accordance with applicable laws and:

- a) Provides sufficient information to enable clients to make informed decisions about recommended services including information about expected benefits, risks, options, and alternatives;
- b) Communicates information using appropriate language, terminology and comprehension level to ensure understanding;
- c) Takes all reasonable steps to ensure that consent is not given under conditions of coercion or undue pressure;
- d) Provides new information when it could be significant or relevant to the original or ongoing informed consent in a timely manner;
- e) Respects the right of the client to refuse treatment or withdraw consent for care at anytime.”⁵⁹

KEY PRACTICE POINT

Ensure that the appropriate informed consent has been obtained from each client prior to provision of professional services.

The obligations of Registered Dietitians and Registered Nutritionists related to consent are also reflected in the *Standards of Practice*:

“Standard 8. Consent

Standard

Registered Dietitians obtain appropriate **client consent** in the provision of **professional services**.

Indicators

To demonstrate this standard, Registered Dietitians will:

- a) Provide clients with complete and objective information regarding the options for treatment and/or professional services and their respective risks and benefits as appropriate.
- b) Obtain client consent prior to the provision of services and document as required.
- c) Take all reasonable steps to ensure that consent is given freely, without evidence of coercion.
- d) Inform clients in a timely manner of proposed changes to the agreed-upon intervention plan and/or provide new information relevant to consent.
- e) Respect clients’ rights to: make choices, consult, and request additional information; refuse proposed interventions; and withdraw previously provided consent at any time.
- f) Obtain approval from the appropriate research ethics board and consent from clients participating in research studies.”

⁵⁹ College of Dietitians of Alberta. *Code of Ethics*; 2007.

Elements of Consent to Treatment or Professional Services

In *A Physical Therapist's Guide to Consent*, author Mark Raven-Jackson, LLB of Field Law identifies four key elements that are required in order for consent to treatment to be considered valid. These are as follows (1):

1. *Consent to treatment must be given voluntarily.*

Consent to treatment must be given freely and not be obtained through undue influence or coercion. It is important to remember that when ill, many clients are anxious, receive a multitude of advice from well-meaning family and friends, and sometimes are intimidated by the inherent power of health care professionals (1). “Health care practitioners should always ensure that consent is given in an environment free of fear and compulsion from others.”⁶⁰

KEY PRACTICE POINT

Consent to treatment must be given freely and not be obtained through undue influence, coercion or by fraudulent misrepresentation of information.

In addition, consent to treatment must not be obtained by fraudulent misrepresentation of information. A practitioner may express an opinion as to a recommended course of action but must ensure that the client is given accurate and impartial information related to the nature of the treatment as well as treatment alternatives (1).

2. *The client must have the capacity to give consent to treatment.*

In order for consent to treatment to be valid, the person giving it must have the legal and mental capacity to give the consent. In *The Canadian Law of Consent to Treatment*, Rozovsky defines capacity as “the intellectual ability to reach a reasoned choice about treatment”⁶¹. This suggests that a client understands the information given to them, is able to use the information in making a decision concerning their treatment and understands the consequences of their decision or a lack of decision.

If a client has the capacity to give consent to treatment, no one else’s consent is required. There are however, two groups in which concerns related to capacity often occur – these are minors and adults with disabilities.

Minors: In Alberta, children under the age of 18 years of age are capable of giving or refusing consent to treatment providing that they are able to appreciate the nature and purpose of the treatment and the consequences of their decision. If a child has the capacity to give consent to treatment, the consent of the child is required and considered sufficient in law. This is commonly referred to as the

⁶⁴ Raven-Jackson, Mark, LLB. *A Physical Therapists Guide to Consent*; 2000.

⁶¹ Rosovsky, Lorne E., *The Canadian Law of Consent to Treatment*, Toronto: Butterworths, 1997, p. 6.

“Mature Minor” doctrine. If a professional decides that a minor is sufficiently mature, steps should be taken to document the basis for this finding. In such circumstances, consent to treatment from parents is not required; parents also may not override the decision of the child (1).

In the event that a child does not have the capacity to make a decision regarding their treatment, the child’s parents or legal guardian have the legal authority to do so. However, in the event that the decision of the parents or legal guardian is

KEY PRACTICE POINT

Clients must have the capacity or intellectual ability to understand the information given to them and to use the information in making their decision to give consent to treatment.

not considered to be in the best interest of the child, the decision may be overridden. For example, if a parent or legal guardian refuses to give consent to a treatment that is considered to be in the best interest of a child, an application may be made for a Court Order authorizing the treatment pursuant to the *parens patriae* principle. Alternatively, Child Welfare Authorities may apprehend a “child in need of protective services” (which includes a child in need of necessary medical treatment) under the *Child, Youth and Family*

Enhancement Act. Refusal of parents and legal guardians to consent to necessary medical treatment may also result in criminal liability as outlined in the *Canadian Criminal Code* which requires that the necessities of life (including necessary medical care) be provided by the parents or legal guardians of a child under 16 years of age (1).

Adults with a Disability: In the event that a client lacks the capacity (whether temporary or permanent) to make a decision regarding their care, a substitute decision maker with lawful authority should be identified and give the proper informed consent to treatment prior to treatment being provided. An individual appointed as an Agent through a Personal Directive may, so long as the Personal Directive so provides, give consent to treatment on behalf of a client who does not have the capacity to make decisions regarding their care. If a Personal Directive is not in place, a Guardian may be appointed under a Guardianship Order by the court. Family members often act on behalf of clients who lack capacity to make decisions regarding their care; however, common law gives them no authority to do so (1). From a legal perspective, in the absence of an Agent or Guardian, the direction and input of family members only serves to inform health care professionals as to what is in the client’s best interest. It should also be noted that the capacity of a client to make decisions regarding their care may be influenced by fatigue, pain, medications, etc. Consequently, Canadian courts acknowledge that capacity may be transient. Therefore, capacity to make decisions regarding treatment may change and may need to be reassessed (2).

3. *The consent must refer to the treatment (or professional services) and the person who will administer it.*

In order to make an informed decision to consent to treatment, the client must be given a specific description of the treatment that will be provided; this information will serve to enable the client to gain a clear and accurate understanding of the nature of the treatment that will be provided. If the proposed treatment involves a series of steps or a course of treatment, the main elements of the treatment should be identified for the client (1).

Clients should also be informed of who will be administering the treatment, the qualifications of that individual and if any assistants will be present. Clients should also be informed and have the opportunity to give consent for students to be present during any treatment (1, 2). A survey conducted by Lynöe, Sandlund, Westberg, and Duchek found that 80% of clients were upset if they were treated by medical students without being informed. However, 88% of these same clients were in principle willing to participate in student training (3).

4. *The client must be informed.*

As previously indicated, consent to treatment is not considered valid unless a client is properly informed of the nature of the treatment, the consequences of providing or refusing consent, and the person who will be administering the treatment. In doing so, clients must, at a minimum, be informed of the following (1, 3, 4):

KEY PRACTICE POINT

Prior to giving consent to treatment, a client must be *fully* informed.

- The reason for and expected benefits of the treatment
- The effects, risks or side effects of the treatment
- All possible, reasonable alternatives to the treatment
- Consequences of refusing the treatment

Clients should also be given the opportunity to have their specific questions or concerns regarding the treatment addressed (1, 3, 4). It is important to remember that consent to treatment is more than a signed document – it is a communication and education process. The document only serves to create a paper trail of the process that occurred.

Types of Consent to Treatment or Professional Services

Consent to treatment may be implied or expressed by the client. Each of these types of consent to treatment are explained further below.

Implied Consent

In many situations, consent to treatment is simply implied through the words and / or conduct of a client. For example, Registered Dietitians and Registered Nutritionists frequently engage in a face-to-face consultation with clients. During such consultations, it is normal practice that the client is asked questions relevant to their nutrition status or is provided with education / counseling related to their nutrition care plan. By participating in such a dialogue and agreeing for the consultation to continue, the client has implied consent to treatment.

Expressed Consent

In circumstances where more specific dietetic interventions are required, a more formal approach to obtaining consent should be taken. Such interventions could include weighing a client, touching a client (i.e. measuring skinfold thickness, measuring waist circumference), ordering or administering a specific treatment regime (i.e. restricted diet, enteral / parenteral nutrition, behaviour modification therapy, etc.).

Expressed consent to treatment involves obtaining the consent or agreement of a client to undergo an assessment process or treatment intervention after the client has gained an understanding of the relevant facts and risks involved. Expressed consent to treatment may be given in a verbal or in written form. While legislation in Alberta does not require that consent to treatment be in written form, written consent, as noted above, is advantageous in that it creates further evidence of the process that took place. In situations where a written consent to treatment is not obtained, practitioners should document in the client chart that informed consent was given verbally.

A written “Consent to Treatment” form should include the following (1, 3):

- The printed name and signature of the client
- The date
- A clear and specific description of the proposed treatment that is understandable by the client
- The name of the person who will be providing the treatment or procedure
- Evidence that the client understands the following:
 - Why they should have the treatment or procedure
 - Alternatives to having the treatment or procedure
 - The effects, risk and side effects of the treatment

- What might happen if the client does not have the treatment
- The printed name and signature of a witness

It should be noted that in the event of an emergency situation, consent to treatment is not required if the delay in obtaining the consent would prolong suffering or place the client at risk of sustaining serious harm. Another example of a circumstance where consent to treatment is not required is when an enactment such as the *Public Health Act* or *Mental Health Act* dispenses with the need for consent to treatment.

Right to Refuse and Withdrawal of Consent to Treatment

KEY PRACTICE POINT

A client with the capacity to consent to treatment also has the right to refuse or withdraw consent to any treatment; if this occurs, the client should be made aware of the benefits and risks of the treatment to ensure that the refusal or withdrawal is informed.

A client with the capacity to consent to treatment also has the right to refuse or withdraw consent to any treatment, regardless of the consequences of their decision. "...the right to refuse unwanted medical treatment is so fundamental, it is protected not only by common law, but also by the Constitution, falling within the right to liberty and security of a person under Section 7 of the *Canadian Charter of Rights and Freedoms*."⁶² This right is also affirmed in the College of Dietitians of Alberta *Code of Ethics*.

In the event that a client refuses or withdraws consent to treatment, the Registered Dietitian or Registered Nutritionist should ensure that the implications of refusal or withdrawal of consent to treatment is understood (5). When consent to treatment is withdrawn, Registered Dietitians should

discontinue the intervention as soon as possible and advise the client on any necessary steps to stop the treatment safely (5). The decision to refuse or withdraw consent to treatment must be documented. Many health care facilities have policies and forms that must be signed by clients which indicate that they have made a choice to refuse or withdraw consent to treatment contrary to professional advice and that they are aware of and understand the risks of doing so (1).

Disclosure of Harm to Clients

Health care professionals have an ethical responsibility to act in the best interests of their clients and to ensure that clients have all of the necessary information with which to make informed decisions about their care. However, in some situations, a treatment or service provided may result in harm or potential harm to the client. In the event that a client experiences harm while receiving care, full and complete disclosure must occur (6). Harm is defined as "an unexpected or normally

KEY PRACTICE POINT

In the event that a client experiences harm while receiving care, full and complete disclosure must occur.

⁶² Raven-Jackson, Mark, LL.B. *A Physical Therapists Guide to Consent*; 2000.

avoidable outcome that negatively affects the patient's health and / or quality of life, which occurs or occurred in the course of health care treatment and is not due directly to the patient's illness".⁶³

The obligations of Registered Dietitians and Registered Nutritionists related to disclosure of harm are reflected in Section 1.4 of the College of Dietitians of Alberta *Code of Ethics* which states the following:

“(4) The dietitian discloses adverse events and takes all necessary actions according to established guidelines to minimize harm arising from an adverse event and to prevent recurrence.”⁶⁴

Prior to disclosing a harmful situation, Registered Dietitians and Registered Nutritionists are advised to refer to the policies and procedures of their employer. Care must be taken to ensure that the disclosure is handled in the appropriate manner, considering the following:

- What information will be disclosed?
- Who should disclose the information?
- To whom should the disclosure be made?

During a disclosure of harm meeting, it is important to use good communication techniques to ensure that the client and / or their family fully understand the nature of the discussion.

“The initial disclosure conversation should include:

1. An appropriate apology
2. Known and agreed upon facts
3. Patient's questions / concerns
4. Consequences of harm and any side effects to look for
5. Discussion of ongoing care
6. What happens next (investigation of adverse event and feedback)
7. Arrangement for future meetings
8. Contact details in case of further concerns or questions”⁶⁵

⁶³ College of Physicians and Surgeons of Ontario. Disclosure of Harm Policy. 2003. Available from: <http://www.cpso.on.ca/Policies-Publications/Policy/Disclosure-of-Harm>

⁶⁴ College of Dietitians of Alberta. *Code of Ethics*; 2007.

⁶⁵ Health Quality Council of Alberta. *Disclosure of Harm to Patients and Families*. Provincial Framework. July 2006. Available from: <http://www.hqca.ca/index.php?id=58>

When any disclosure of harm meeting takes place with a client and / or their family, it is important to document the details of the communication that occurred (6).

The Health Quality Council of Alberta has excellent resources to guide health care professionals in the disclosure of harm to clients. These resources may be accessed at the following web site:

https://www.hqca.ca/wp-content/uploads/2018/05/DCL_Framework.pdf (6)

Chapter Summary

The term “consent to treatment” refers to the consent or agreement of a client to undergo an assessment process or treatment intervention, after gaining an understanding of the relevant facts and risks involved. Consent to treatment must be given freely and not be obtained through undue influence, coercion or by fraudulent misrepresentation of information. Clients must have the capacity or intellectual ability to understand the information given to them and to use the information in making their decision to give consent to treatment. Prior to giving consent to treatment, a client must be informed, at a minimum, of the following: the nature of the treatment that will be provided; who will be administering the treatment; the reason for and expected benefits of the treatment; the effects, risks or side effects of the treatment; all possible, reasonable alternatives to the treatment; and the consequences of refusing the treatment. Consent to treatment may be implied through the words and / or conduct of a client or expressed verbally or in written form. In the event of an emergency situation, consent to treatment is not required if the delay in obtaining the consent would prolong suffering or place the client at risk of sustaining serious harm. A client with the capacity to consent to treatment also has the right to refuse or withdraw consent to any treatment; if this occurs, the client should be made aware of the benefits and risks of the treatment to ensure that the refusal or withdrawal is informed. In the event that a client experiences harm while receiving care, full and complete disclosure must occur.

Case Scenario 9.1

JJ is an 80-year-old male who was admitted to hospital after suffering a cerebral vascular accident. Upon admission to the hospital, he signed a general consent to treatment form. The dietitian received a referral to see JJ regarding concerns that he was having difficulty chewing and required very long periods of time to consume meals. He had lost weight and was dehydrated. The dietitian completed a chart review on JJ noting his medical history, social history, height, weight, and laboratory data. She then visited JJ at which time she conducted a diet history, completed a physical assessment of JJ, including measurement of skinfold thickness. The dietitian determined JJ's nutritional requirements and in collaboration with him, developed a nutrition care plan to include softer, easy to eat foods. JJ's situation improved for a few days, but then he suffered another cerebral vascular accident after which he had severe difficulty with both chewing and swallowing. The dietitian requested a videofluoroscopic swallowing study. The results of the study indicated that JJ was unable to swallow any food consistency in a safe manner. The dietitian recommended enteral feeding until such time that it was determined that JJ was able to swallow without aspirating.

Case Scenario 9.1 Questions

1. Did the dietitian require consent to treatment from JJ when she completed the chart review? The diet history? The physical assessment? Measurement of his skinfold thickness? If so, what type of consent to treatment would be most appropriate?
2. Would JJ be required to provide consent to undergo the videofluoroscopic swallowing study? If so, what specific information would he require prior to making his decision?
3. Would any consent to treatment that JJ provided at the time that his initial nutrition care plan was developed and implemented still apply if enteral feeding is initiated? Explain your answer.

Chapter Quiz

1. All of the following statements are true *except* for the following:
 - a) “Consent to treatment” refers to the consent or agreement of a client to undergo an assessment process or treatment intervention after gaining an understanding of the relevant facts and risk involved.
 - b) Consent to treatment must be given by an individual who is 18 years of age or more in order to be valid.
 - c) Consent to treatment may be implied through the words and / or conduct of a client.
 - d) A client with the capacity to provide consent to treatment also has the right to refuse or withdraw consent to any treatment.
2. In order for a consent to treatment to be valid:
 - a) the client must be informed of the nature of the treatment that will be provided; who will be administering the treatment; the reason for and expected benefits of the treatment; the effects, risks or side effects of the treatment; all possible, reasonable alternatives to the treatment; and the consequences of refusing the treatment.
 - b) the client must have the intellectual ability to reach a reasoned choice about the treatment.
 - c) both the client and their family must be in agreement to give the consent to treatment.
 - d) All of the above
 - e) Answers a and b only
3. Which of the following is an example of “expressed consent”?
 - a) A client who will be undergoing psychonutrition therapy for the treatment of an eating disorder signs a form indicating their consent to treatment.
 - b) The parent of an infant who requires enteral feeding signs a form indicating their consent to treatment for their child.
 - c) A dietitian weighs a client after obtaining their verbal approval to do so.
 - d) All of the above
 - e) Answers a and b only
4. A written consent to treatment:
 - a) provides the best evidence that the client has given consent for a specific treatment.
 - b) should be signed by the client and a witness.
 - c) is required by law in Alberta.
 - d) All of the above
 - e) Answers a and b only

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Chapter 10 Record Keeping

CHAPTER OVERVIEW

- Purpose of Record Keeping
- Types of Records
- Record Keeping Systems and Methods
- Joint and Private Records
- Record Keeping Guidelines – Good Communication Practices
- Client Requests for Corrections or Amendments to Their Records
- Security and Confidentiality of Records
- Record Retention and Disposal
- Closing or Transferring a Practice
- Chapter Summary
- Case Scenario
- Chapter Quiz
- References

Purpose of Record Keeping

The term “record” means information in any form or medium that includes notes, images, audiovisual recordings, x-rays, books, documents, maps, drawings, photographs, letters, vouchers and papers and any other information that is written, photographed, recorded, or stored in any manner (1 - 3).

Record keeping involves activities related to the creation, maintenance and disposition of records and is an important aspect of the practice of all Registered Dietitians and Registered Nutritionists. Clear, comprehensive, and accurate records are essential to communicate the delivery of professional services and to support professionals in responding to accountability issues. Record keeping is best approached in an organized and systematic manner that will support the creation of efficient records, maintain their confidentiality, and prevent unauthorized disclosure.

KEY PRACTICE POINT

Clear, comprehensive, and accurate records are essential to communicate the delivery of professional services and to support professionals in responding to accountability issues.

The key purposes of record keeping are as follows:

Documentation of Daily Practice Activities

Records play an important role in assisting Registered Dietitians and Registered Nutritionists in their daily practice by providing an account of what has been planned and the services that have been provided.

Communication with colleagues/the Inter-Professional Team

Records are useful for communicating with other members of the inter-professional team. Clear, complete, accurate and timely documentation in a client health record is essential to ensure that all members of the inter-professional team involved in the care of a client have access to reliable, pertinent, and current information from which to plan and evaluate their treatment interventions. Physicians, nurses, therapists, and other health care providers frequently refer to documentation entered in the client health record by other professionals as they develop their treatment plans or implement nutrition care plans. The information in a client record assists health care providers in providing continuity of care to clients. Records that are incomplete, incorrect, or entered too late can result in inappropriate treatment decisions (4). Records can also play an important role in the education of students and medical residents.

Professional Accountability

Good record keeping practices are valuable in demonstrating that the knowledge, skills, attitudes and judgment of the Registered Dietitian or Registered Nutritionist have been applied in accordance with the *Code of Ethics* and *Standards of Practice*. Good record keeping practices not only reflect the services provided, but also demonstrate professional accountability.

The obligations of Registered Dietitians and Registered Nutritionists related to record keeping are reflected in Section 3.4 of the College of Dietitians of Alberta *Code of Ethics* which states the following:

“3.4 Records

- (1) The dietitian makes and retains complete, accurate records of professional services and signs and dates records that they create.
- (2) The dietitian stores and disposes of paper, electronic and other records in a manner that ensures the security and confidentiality of the records.
- (3) The dietitian plans for the proper transfer or disposition of records when closing practice or in case of their death.”⁶⁶

⁶⁶ College of Dietitians of Alberta. *Code of Ethics*; 2007.

Professional obligations related to record keeping are also stated in the *Standards of Practice*. The applicable Standard is as follows:

“Standard 14. Record Keeping

Standard

Registered Dietitians document and manage client records and /or other data in compliance with applicable legislative, regulatory, and/or organizational/employer requirements.

Indicators

To demonstrate this standard, Registered Dietitians will:

- a) Document, sign, and date complete, accurate, timely records related to professional services.
- b) Maintain, retain, share, transport, store, and dispose of all paper and/or electronic documentation and records in compliance with applicable legislative, regulatory, and organizational/employer requirements.
- c) Secure all personal client information through appropriate use of physical, technical, and electronic safeguards to protect the privacy and confidentiality of client information.
- d) Maintain complete and accurate financial records for all relevant professional services.
- e) Maintain equipment service records (e.g., preventative maintenance logs) according to applicable legislative, organizational/employer, and manufacturer recommendations.
- f) Plan for and ensure the transfer or disposition of records when leaving a position or ceasing to practice.”

The importance of the client record as a legal document cannot be overemphasized. The client record may be entered as evidence at a trial or professional conduct hearing, providing an account of the services and care that were provided, including but not limited to the following:

- Record of dates / times and events that occurred
- Whether or not orders were carried out
- If services provided were appropriate and timely
- If professional and ethical standards of care were met (e.g. obtaining or withdrawal of consent; performance of a restricted activity)
- The client’s progress with the plan of care

Proper documentation of the services provided is the best defense in the event of any legal proceedings: “Most adjudicators will have serious difficulty rejecting a client’s claim that something was not done if the chart has no record of it, regardless of evidence provided by the dietitian. Similarly, most adjudicators will generally accept that something did occur if the dietitian recorded it, regardless of evidence to the contrary provided by a client.”⁶⁷

Preparation of Reports

Records are commonly used to prepare reports that may be used for various purposes. For example, reports can be used in making funding and resource management decisions. Records may also be used for audits, health care billing, professional conduct reviews, accreditation surveys, in clinical research and in the assessment of the quality of services provided in quality improvement / risk management programs. The information included in such reports may be used by a variety of individuals including other health care professionals, insurance providers, employers, and lawyers (4).

Types of Records

Records are kept in all practice settings; the types of records kept will vary from organization to organization. In dietetic practice, records typically relate to equipment, finances, and client care. Details of each are as follows:

Equipment Service Records

Equipment service records, including preventative maintenance records, are of importance, particularly where proper function of a piece of equipment is critical to client health and safety. For example, dishwashing machines are serviced regularly to ensure that they wash and sanitize dishes properly. A record that includes the date, the inspection or service that was provided and who completed the inspection or service becomes critical if a problem develops later. Equipment service records can also serve as a useful reminder when inspections or preventative maintenance are required (4).

Financial Records

Systems must be in place to monitor and manage the finances of an operation. Accurate records must be kept of revenues and expenditures; good records are essential for the preparation of financial statements which are used in assessing profitability and in making decisions related to operation. Financial records are also used in the preparation of budgets and for tax related purposes as required by Revenue Canada.

⁶⁷ Steinecke, Richard, LLB and the College of Dietitians of Ontario, *The Jurisprudence Handbook for Dietitians in Ontario*, Ontario; 2003, p. 65.

For Registered Dietitians and Registered Nutritionists who work in private practice or non-publicly funded settings, financial records are also important in relation to client billing. Typically, financial records would include the following (4):

- A client identifier
- The date
- The nature of the service provided
- The length of time required to provide the service
- The actual fee charged and the method of payment

The *Standards of Practice* outline obligations related to Fees and Billing are as follow:

“Standard 10. Fees and Billing

Standard

Registered Dietitians ensure that fees and billing for professional services and/or products are fair, transparent, and in compliance with legislative and regulatory requirements.

Indicators

To demonstrate this standard, Registered Dietitians will:

- a) Be responsible and accountable for all billing under their registration number.
- b) Ensure that fees charged for professional services and/or products are fair, reasonable, and justifiable.
- c) Disclose fee schedules for all applicable professional services and/or products including accepted methods of payment, potential additional fees (e.g., cancellation fees, photocopying, mailing), and the process for fee dispute resolution, prior to provision of professional services.
- d) Maintain comprehensive records regarding the provision of professional services and/or sale of products.”

Client Health Records

The client health record serves as a basis for planning client care, documenting communication among health care professionals contributing to the care of the client, assisting in protecting the legal interests of the client and the health care professionals responsible for the care of the client, and documenting the care and services provided to the client. The goal of entries made on the client health record is to provide a clear and accurate account of what occurred during a visit with the client, when it occurred, and who was involved.

KEY PRACTICE POINT

The goal of the client health record is to provide a clear and accurate account of what occurred during a visit with a client, when it occurred, and who was involved.

The *Operation of Approved Hospitals Regulation* under the *Hospitals Act* states the following:

“Medical records

13(1) The board of each approved hospital shall cause to be kept by the attending health practitioner a record of the diagnostic and treatment services provided in respect of each in-patient and out-patient in order to assist in providing a high standard of patient care.

(2) For each admission, a record of diagnostic and treatment services shall be maintained that shall

- (a) identify the patient, and
- (b) provide sufficient information to justify the diagnosis and warrant the treatment given, including
 - (i) provisional and final diagnosis,
 - (ii) reports of diagnostic and treatment procedures,
 - (iii) reports of consultations,
 - (iv) surgical reports,
 - (v) progress notes,
 - (vi) orders for treatment,
 - (vii) discharge summary as applicable, and
 - (viii) the signature of the attending health practitioner.”⁶⁸

⁶⁸ Province of Alberta. *Operation of Approved Hospitals Regulation*, 1990.

When considering the content of documentation in a health record, it is important to first follow all facility-specific policies, governing rules, regulations, or legislation for documentation. The development of organization-specific policies around record keeping is important to manage a variety of issues, such as maintaining confidentiality of client health records and facility-approved abbreviations. As always, what is recorded by the Registered Dietitian should be dictated by purpose as much as professional, legal, and ethical reasons for documentation. Not all information from the client health care record need be reiterated in the nutrition care notes (4).

In practice settings where Registered Dietitians and Registered Nutritionists are working with other health professions, the full record in its entirety makes up the complete client health record. For Registered Dietitians working in private practice or as sole practitioners, documentation may be more extensive for a comprehensive client health record. The following guideline lists the components for inclusion in a comprehensive client health record [adapted from College of Dietitians of Ontario (4) and the Physiotherapy Alberta College and Association (5)]:

- The client's full name and address;
- The name and address of the primary service provider and any other referring health professional, if applicable;
- Every part of a client health record must have a reference identifying the client or client health record;
- The client's relevant health history including medical, social, familial, and economic data related to the nutrition assessment. When background health information is provided by another practitioner, it need not be duplicated; however, a reference to the appropriate section should be included;
- Chronological information including:
 - The date of each of the client's visits to the RD;
 - The reason for RD referral, if applicable;
 - Record of consent obtained or withdrawn (whether implied, verbal or written);
 - The assessment conducted, the findings obtained, the problems identified, the goals for nutrition intervention and the nutrition care plan;
 - All recommendations made and/or implemented by the RD including, but not limited to, diet orders, enteral nutrition, nutrition/vitamin/mineral supplements, nutrition-related

medications, diagnostic tests, consultations to be performed by any other professional, and/or education/counseling provided;

- Any/all restricted activities performed; if prescribing parenteral nutrition and related Schedule I drugs, ensure prescription is clear, comprehensive, and communicated verbally to team members as required;
 - Progress notes containing a record of services rendered, subjective and objective evaluation/re-evaluation and changes in the client's nutritional status, or client goals;
 - Every written report received by the RD with respect to examinations, diagnostic tests and consultations;
 - Particulars about discharge planning, including referral of the client by the RD to another health professional, when applicable;
 - Any reason a client may give for cancelling an appointment or refusing the service of an RD, as applicable;
 - Particulars of nutrition service that was commenced but not completed, including reasons for non-completion;
 - Copies of reports compiled by the RD that are issued to other sources (e.g., health care providers/organizations) with appropriate consent forms, where applicable;
 - Sufficient detail to allow the patient/client to be managed by another RD
- RDs must clearly identify themselves when documenting their dietetic services, including their name and professional designation.

Records of Consent to Treatment

“Consent to treatment” refers to the consent or agreement of a client to undergo an assessment process or treatment intervention, after gaining an understanding of the relevant facts and risks involved. A record of consent to treatment should be obtained from a client or substitute decision maker who is legally authorized to provide consent on behalf of a client prior to providing dietetic services (4)

Please refer to Chapter 9 Consent to Treatment for further information.

Other Records

Organizations may keep other records for legal or tracking purposes. Such records may include, but not limited to: safety audits, health inspection reports, staff schedules, performance reviews and management, recruitment records, research/clinical trial records, contract documents for third party providers, incident reports, business plans, and/or FOIP requests.

Record Keeping Systems and Methods

While many organizations continue to use paper-based record keeping systems, electronic record keeping systems are becoming the norm. Regardless of whether an organization uses a paper based or electronic record keeping system, the principles of good record keeping practices must be maintained. Information recorded must be organized in such a way that it provides a clear, accurate and honest account of what occurred, when it occurred and who was involved.

KEY PRACTICE POINT

Registered Dietitians and Registered Nutritionists have a responsibility to follow the record keeping directives established by their employers.

Most organizations have record keeping policies, procedures, guidelines, systems, methods, and forms / software in place; all Registered Dietitians and Registered Nutritionists have a responsibility to follow the record keeping directives established by their employers. Although the College does not promote one documentation style over another, some of the record keeping systems commonly used to document client care activities are described below.

Written Narrative

The actions of health care professionals and client responses are recorded in chronological order, describing the care that was provided. Records may be handwritten on paper or typed in an electronic format.

Forms / Checklists

Pre-established forms / checklists can provide a quick and efficient method for recording client information. Such forms / checklists may be completed in paper or electronic mediums. While forms / checklists save time, health care professionals must be cautious to ensure that they are completed carefully and accurately. Extra space should also be provided for the addition of information that is not captured by a particular form / checklist.

Dictation

Dictation involves creation of a verbal record of information that will be later transcribed into a written / typed paper or electronic record. As there is potential for errors related to word recognition / interpretation during the transcription

process as well as the possibility of misfiling or loss of the record, Registered Dietitians and Registered Nutritionists are advised to track dictated records carefully and to review and sign all records to ensure accuracy.

Record keeping methods used are generally outlined in the policies and procedures of each individual facility/organization. Registered Dietitians are encouraged to review their employers' documentation policies and procedures. Various methods of documenting client care information exist including ADIME (Assessment, Diagnosis, Intervention, Monitoring and Evaluation), DARP (Data, Action, Response, Plan), PIE (Problem, Intervention, Evaluation), SOAP (Subjective, Objective, Assessment, Plan), among others. Some of the methods of record keeping commonly used to document client care activities are described below.

Charting by Exception

“Charting by Exception” is an approach in which only unusual or out of the ordinary events are documented, thereby reducing repetition and time that is spent documenting. Clearly written protocols are important to specify what is and what is not implied by a lack of chart entries (4).

Charting by Reference

“Charting by Reference” is an approach in which the documentation of a health care provider refers to a medical directive, assessment protocol or established treatment regime. Accurate record keeping using this method relies on references that are accurate and complete (4).

Standardized Nutrition Language: International Dietetics and Nutrition Terminology (IDNT)

The adoption of the Nutrition Care Process (NCP) and International Dietetics Nutrition Terminology (IDNT) is becoming commonplace in many health care facilities in Alberta. The College supports its use as it has the potential to facilitate consistent, safe, and quality dietetic record keeping across a variety of dietetic practice environments. There are several advantages for using standardized nutrition language (4):

- Systematic approach – Encourages critical thinking and problem solving;
- Client-Centred Care – Emphasizes a client-centred approach that facilitates interprofessional collaboration;
- Enhanced Communication – Clear, concise and consistent approach to documenting essential nutrition information;
- Prioritization – Enables RDs to identify and prioritize nutrition problems;

- **Applicability** – Can be used in a variety of dietetic practice settings including those targeting individuals and groups to enable clear and consistent documentation;
- **Continuous Quality Improvement** – Uses an evaluation framework to identify the effectiveness of intended goals and interventions that demonstrate success;
- **Research** – Supports evidence-based practice and can facilitate large-scale data collection on the efficacy of nutrition intervention; and
- **Streamlined Training & Education** – Provides clear documentation expectations for RDs during workplace orientation, performance evaluations and/or College practice assessments.

For more detailed information on Standardized Nutrition Language, including incorporation into electronic health records refer to Dietitians of Canada and the Academy of Nutrition and Dietetics.

The Nutrition Care Process may be used in conjunction with other documentation formats as follows (6):

ADIME

A = Assessment

D = Diagnosis or PES statement

I = Intervention

Nutrition prescription

Nutrition Intervention

Goal

M = Monitoring

E = Evaluation

DARP

D = Data

Diagnosis or PES statement

A = Action

Nutrient Prescription

Nutrition Intervention

Goal

R = Response

P = Plan

Monitoring and Evaluation

PIE

P = Problem

Diagnosis or PES statement

I = Intervention

Nutrition Intervention

Goal

E = Evaluation

Monitoring

SOAP

S = Subjective data

O = Objective data

A = Assessment

Diagnosis or PES statement

Nutrient Prescription

P = Plan

Nutrition Intervention

Goal

Monitoring

Adapted from A. Skipper, 2007 (6)

Joint and Private Records

Most Registered Dietitians and Registered Nutritionists work in settings where they use a “joint record” or record that is used by all members of the inter-professional team. Joint records are an important component of the communication process necessary to ensure that all members of the inter-professional team involved in the care of a client have access to reliable, pertinent, and current information upon which to plan and evaluate their treatment interventions. The joint record keeping practices of all Registered Dietitians and Registered Nutritionists should be consistent with the directives stated in legislation and established by their employer.

Registered Dietitians and Registered Nutritionists who are employed in privately operated facilities or programs may find less formalized record keeping policies and procedures in place. In such settings, extra efforts are often required to ensure that record handling practices meet the minimum professional expectations; practitioners are advised to follow the principles listed below (4):

- Ensure the security of all records
- Ensure confidentiality of all records (Please refer to Chapter 8)
- Provide reasonable client access to records (Please refer to Chapter 8)
- Implement and follow an appropriate policy for correction of documentation errors
- Retain records for a minimum of 10 years following the date of last service; in the case of minor clients, records should be kept for at least two years past the age of majority or for 10 years, whichever is longer
- Ensure a reasonable plan for transfer of records should the facility or program close

Some Registered Dietitians and Registered Nutritionists may keep their own private records of assessment notes, calculations, treatment plans, etc. apart from the joint record keeping system. This practice is not recommended for the following reasons (4):

- It is generally more difficult to ensure the security and confidentiality of such records
- Information that may be valuable to other members of the inter-professional team is inaccessible to them
- The legislated obligations of the facility related to record keeping practices, record retention and destruction of records may not be met

- In the event that the record is required in a legal proceeding, all pertinent information must be included in the official record

Overall, in terms of keeping private records, Registered Dietitians and Registered Nutritionists are advised to carefully consider the following options (4):

- Do not keep private records. All information that should be documented should be recorded in the official client record or chart, or
- If keeping private records is approved by the employer, maintain such records in compliance with established policies and procedures that include appropriate record keeping practices, ensuring the security and confidentiality of all records.

KEY PRACTICE POINT

All pertinent information that should be documented, should be recorded in the official client record.

Ensure that sufficient detail is documented in the official record to allow another Registered Dietitian to manage that client/patient without the need of a private record (5).

Record Keeping Guidelines – Good Communication Practices

Many complaints against health care practitioners are related to miscommunication; the following record keeping guidelines are helpful in reducing the risk of legal liability of Registered Dietitians and Registered Nutritionists by optimizing communication (4,5,8):

- Record entries should include the date, time, name and professional designation of the person documenting the information
- Record accurately, precisely, objectively, and legibly, ensuring that information is supported by facts; avoid judgmental or derogatory remarks
- Record clearly, ensuring the absence of any ambiguity
- Record concisely, including only that information which is relevant and essential; do not duplicate information found elsewhere in the health record
- Record events chronologically
- Record immediately or as soon as possible; if a late entry is made, it should include the current date and time, identification that the entry is late and the date and time that the intervention occurred
- Documentation must be made by the person who was directly involved in the event recorded; never chart or sign on behalf of another individual

- Use correct spelling and terminology that is understood by others
- Avoid using abbreviations that could lead to misunderstanding (Please refer to Appendix 7 for further information on “Health Quality Council of Alberta - Improving Patient Safety by Eliminating Unsafe Abbreviations from Medication Prescribing”.)
- Co-sign record entries completed by dietetic interns in accordance with the established policies and procedures of the workplace to verify the accuracy of the entry
- Include sufficient relevant detail in the record to allow the client to be managed by another RD

KEY PRACTICE POINT

All records must provide a clear, accurate and honest account of what occurred and when it occurred.

Additional Guidelines for Paper Based Record Keeping

- Write legibly in ink; do not use pencils, gel pens or coloured highlighters as they are not permanent
- Do not change pens in the middle of writing an entry; if this becomes necessary, note why the ink has changed
- Record entries should be signed by the person who made the entry including their name and credentials
- If corrections are required, ensure that they are legible. Use the following suggestions for correcting written entries:
 - Draw a single line through the entry so that it is clearly deleted, yet still readable
 - Indicate the location of the correct entry
 - Record the correction with the date and time
 - Sign the correction
 - Never remove pages from the record
- Do not leave blank lines or white space between entries in the record to avoid the risk of additional information being added by another individual

Benefits of Electronic Record Keeping:

- Improved legibility
- Increased privacy and security
- Improved audit trail
- Increased access to records
- Improved efficiency in documentation to ensure safe client-centred care
- Enhanced interprofessional collaboration – facilitates sharing of information/may rely on information documented by others
- Minimizes duplication
- More efficient access to results, referrals, reports
- Ability to track statistics for funding, research and other purposes

Format (4):

Pre-established computerized forms can be helpful and efficient when documenting dietetic services with drop-down menus, check boxes, and the like. There are several advantages to computerized forms including monitoring trends, transmitting specific information for accreditation purposes, and collecting statistics for evaluation and research.

Electronic documentation systems typically also include a section for Registered Dietitians to document narrative or free-flow text to provide an opportunity to capture relevant information not covered in drop-down menus or check boxes. As long as the relevant information is recorded, facilities and individual Registered Dietitians in all areas of practice can find electronic documentation systems that meet their needs.

Individual Logins, Audit Trails & Electronic Signatures (4):

Multi-user electronic documentation systems should contain individual logins that clearly identifies each user accessing a record. They should also include an audit trail to demonstrate when and who viewed or accessed the records and by whom the documentation was completed.

Additional Guidelines for Electronic Record Keeping

- Use an electronic medium that is permanent and cannot be altered; all entries made / stored electronically are considered a permanent part of the client health record and may not be deleted
- Use the appropriate features of the electronic documentation system to make corrections or late entries
- Ensure that the program used leaves an audit trail that can reveal when each change was made and by whom

The Alberta Electronic Health Record.

The *Alberta Electronic Health Record Regulation* (AEHRR) defines the Alberta Electronic Health Record⁶⁹ as the integrated health information system established to provide shared access by authorized custodians (e.g., Alberta Health Services, the Minister and the Department, and independent health service providers), to prescribed health information in a secure environment (9).

Under the AEHRR, authorized custodians who use prescribed health information through Netcare must keep an electronic log containing specific user information. A detailed listing of this information and additional details regarding the AEHRR may be accessed by visiting the Alberta King's Printer website at: <https://www.alberta.ca/alberta-kings-printer.aspx>.

For more information on electronic records, please see below.

Client Requests for Corrections or Amendments to Their Records

As discussed in Chapter 8 Confidentiality, clients have the legal right under the *Health Information Act* (HIA), *Personal Information Protection Act* (PIPA) and the *Freedom of Information and Protection of Privacy Act* (FOIP) to request access to any record that contains information about that person that is in the custody or control of a health care setting, private sector organization or public body (1 - 3).

Under the HIA, PIPA and FOIP, if a client believes that their information contains an error or omission, they may request that the custodian who has control of that information correct or amend the record. Applicants must make their request to correct or amend their information in writing. Custodians in health care settings, private sector organizations and public bodies must make every reasonable effort to respond within legislated time frames and assist applicants with their requests. Custodians are obligated to ensure that information

⁶⁹ Alberta Government. *Health Information Act: Alberta Electronic Health Record Regulation* (2018). Accessed at: https://open.alberta.ca/publications/2010_118

is accurate and complete; the custodian of the record should consult with the individual who made the entry under question prior to taking any action. If a custodian agrees that a change or amendment is required, they must provide the applicant with written notice that the correction or amendment has been made and where appropriate, send a notice of the correction or amendment to any organization to which the incorrect information had been disclosed. Despite the request of an applicant, custodians should not make a correction or amendment to a professional opinion or observation made by a health services provider, or to a record that was not originally created by the custodian. (1 - 3).

When a correction or amendment is made, the audit trail must not be compromised. Therefore, the original entry should not be obliterated. Rather, the corrected entry or amendment should be inserted indicating the date and the name of the person making the correction or amendment (4).

Under the *HLA*, if a custodian refuses to make a change or amendment as requested by an applicant, the custodian must advise the applicant that they may do one of the following (1):

- Request that the Information and Privacy Commissioner review the decision of the custodian, or
- Submit a statement of disagreement outlining the requested change or amendment and their reasons for disagreeing with the decision of the custodian not to make the change or amendment.

Security and Confidentiality of Records

As noted above and in Chapter 8 Confidentiality, the three key pieces of privacy legislation that set rules for how information is to be collected, protected, used, disclosed, and amended in Alberta are: the *Health Information Act (HLA)*; the *Personal Information Protection Act (PIPA)*; and *The Freedom of Information and Protection of Privacy Act (FOIP)*. For more information on these Acts please refer to Chapter 8 Confidentiality.

Regardless of whether records are in a paper based or electronic format, all health care professionals are obligated to maintain the security and confidentiality of all records at all times. Section 2.4 of the *Code of Ethics* of the College of Dietitians of Alberta (the College) states the following:

“2.4 Confidentiality

- (1) The dietitian respects the confidentiality of information obtained in providing professional services.
- (2) The dietitian discloses confidential information only when the client consents to disclosure, when disclosure is required or permitted by law, or when disclosure is necessary to protect the client

KEY PRACTICE POINT

Regardless of whether records are in a paper based or electronic format, all health care professionals are obligated to maintain the security and confidentiality of all records at all times.

or another individual from harm. See Duty to Report.

- (3) The dietitian avoids indiscreet or public conversations about the client or their treatment.
- (4) The dietitian does not access information in databases or records about individuals who are not clients or information that is not required to provide professional services.
- (5) The dietitian limits access to professional records by others to preserve confidentiality of information.”⁷⁰

Professional obligations for Registered Dietitians and Registered Nutritionists related to maintaining the security and confidentiality of all records are also outlined in the *Standards of Practice* which states the following:

“Standard 11. Privacy/Confidentiality

Standard

Registered Dietitians uphold and protect clients rights to privacy and confidentiality of information collected during the provision of professional services by complying with applicable legislative and regulatory requirements.

Indicators

To demonstrate this standard, Registered Dietitians will:

- e) Ensure client consent is obtained prior to collecting or disclosing personal, organizational, and/or business information, unless duty to report obligations is required.
- f) Access and collect only the client information that is essential to carry out the provision of safe, competent, ethical services.
- g) Use physical, technical, and administrative safeguards (e.g., locked filing cabinets, passwords, encrypting documents, laptops and PCs) to protect paper-based, audio, video, electronic or other client information.
- h) Avoid conversations about clients and/or professional services provided that can be overheard and/or breach privacy and confidentiality.”

And

“Standard 14. Record Keeping

Standard

Registered Dietitians document and manage client records and /or other data in compliance with applicable legislative, regulatory, and/or organizational/employer requirements.

Indicators

⁷⁰ College of Dietitians of Alberta. *Code of Ethics*; 2007.

To demonstrate this standard, Registered Dietitians will:

- a) Document, sign, and date complete, accurate, timely records related to professional services.
- b) Maintain, retain, share, transport, store, and dispose of all paper and/or electronic documentation and records in compliance with applicable legislative, regulatory, and organizational/employer requirements.
- c) Secure all personal client information through appropriate use of physical, technical, and electronic safeguards to protect the privacy and confidentiality of client information.
- d) Maintain complete and accurate financial records for all relevant professional services.
- e) Maintain equipment service records (e.g., preventative maintenance logs) according to applicable legislative, organizational/employer, and manufacturer recommendations.
- f) Plan for and ensure the transfer or disposition of records when leaving a position or ceasing to practice.”

Security and Confidentiality of Information Collected Electronically in Private Practice

The above Standards apply to information collected and documented using both traditional face to face consultations / paper charting, and electronic consultations / documentation. There are however additional risks to the confidentiality and privacy of information online. Chapter 8 Confidentiality outline technical security measures to take to ensure client health information remains protected.

Registered Dietitians and Registered Nutritionists who store personal client information on personal computers, laptops, or mobile devices must ensure that the information is protected in case the device is lost or stolen. Registered Dietitians and Registered Nutritionists must take measures to guard against unauthorized access to information. Safeguards include password protection, anti-virus/malware software, and encryption of personally identifying information. For mobile devices specifically, ensure the device is set to auto-lock when not in use, and is locked to furniture or stored securely when left unattended (9).

Communicating with clients via email

According to the *HLA*, any custodian or affiliate (in this case the Registered Dietitian) has the duty to protect the privacy of clients and the confidentiality of health information within their custody or control (7).

Emailing clients can improve quality of care and efficiency when sending out appointment reminders, sharing information and resources or following up on treatment plans, however there are risks associated with email transmission of information including the following (7):

- Interception: information intended for the client, is read by a family member;
- Misdirection: two clients have similar email addresses, and sensitive health information is sent unintentionally to the wrong client
- Alteration: lab results sent to a client are altered and passed on to another health care professional as reliable information
- Loss: electronic information is lost by providers

Registered Dietitians and Registered Nutritionists must mitigate these risks by encrypting data and limiting the amount of health information sent in an email (see below for more information).

As noted above, Registered Dietitians and Registered Nutritionists must consider the retention of information collected. For example, is a copy of an email required as part of the health record? Refer to the next section for more information on retention of records.

For more information on confidentiality, please refer to Chapter 8.

The security and confidentiality of records is at increased risk when records are transmitted from one location to another. Health care professionals should ensure that all necessary steps are taken to reduce such risk. The following guidelines are helpful in reducing the risks to the security and confidentiality of records during transmission processes.

Transmission of Records

The security and confidentiality of records is at increased risk when records are transmitted from one location to another. RDs should ensure that all necessary steps are taken to reduce such risk (4).

Records Being Transmitted Via Mail or Courier

- Place information in a sealed envelope, clearly identified as confidential.
- As a tracking mechanism, document the date that mail was sent in the client's record.

Records Being Transmitted Via Facsimile

- Use secure and confidential systems. If possible, use encryption technology or other technology to secure fax transmissions.

- Ensure that the facsimile will be retrieved immediately or stored in a secure area where unauthorized persons cannot see the documents. If there is no appropriate location, someone should be watchful of the machine while in operation.
- Verify fax numbers and distribution lists prior to transmitting.
- Check activity reports to verify successful transmission.
- Include a confidentiality statement on the cover sheet stating that the information is confidential, to be read by the intended recipients only and a request for verification that facsimiles received in error were destroyed without being read.
- Be aware that your fax number can be re-assigned once you give it up. It is possible to “purchase” the rights to that line so that the number is never re-assigned.

Records Being Transmitted Electronically

- Use secure and confidential systems.
- If possible, use encryption technology to ensure safe transmission.
- Password protection of electronically transmitted files containing personal information may be considered in situations where files are not encrypted, but one has control over both the sending and receiving ends of the electronic exchange.
- If necessary, for the purposes of transmission, consider removing identifying information (e.g., individual identifier numbers, last names) from email messages or electronically transmitted reports (e.g., when you are sending a draft report to someone else to review content). This information can be re-entered once confirmed and then a final copy can be sent via a more secure approach.
- Verify email addresses of intended recipients prior to transmitting.
- Request an acknowledgement of receipt.
- Include a confidentiality statement stating that the information is confidential, to be read by the intended recipients only, and that the email and any attachments are to be deleted if received in error.

Note that personal information that is transferred to another country (i.e., stored on a server in another country) is subject to the laws of that jurisdiction. Information about where cloud technology is housed should, therefore, be disclosed to clients. (9)

Records Being Transmitted Via Mail or Courier

- Place information in a sealed envelope, clearly identified as confidential
- Use a system to track the delivery and receipt of items

Record Retention and Disposal

Policies related to the storage, retention, and disposal of various types of records will differ depending upon the type of documents and the practice setting / organization. Registered Dietitians and Registered Nutritionists are responsible to follow the policies for storage, retention and disposal of records as established by their employers.

The *Operation of Approved Hospitals Regulation* under the *Hospitals Act* states the following:

“Retention of medical records

15(1) Diagnostic and treatment service records shall be retained by the hospital for

- a period of 10 years from date of discharge from hospital, and
- in addition, in the case of the patient being a minor, for a period of at least 2 years following the date on which the patient reached the age of 18 years.”⁷¹

KEY PRACTICE POINT

Registered Dietitians and Registered Nutritionists should ensure that client records are retained for a minimum of 10 years following the date of last service; in the case of minor clients, records should be kept for at least two years past the age of majority or for 10 years, whichever is longer.

Client records should be retained according to these guidelines even in the event that a client passes away, as the estate of the client may require information related to the care and services that a client had received (4).

When the appropriate amount of time has elapsed, records should be destroyed, using a method that will ensure the security and confidentiality of the records during the disposal process. A record should be kept of the name of the client, file number, the last date of treatment and the date that the file was destroyed (4).

Closing or Transferring a Practice

Registered Dietitians and Registered Nutritionists may leave their practice for a number of reasons which may include health problems, retirement, relocation and even unexpected death. Practitioners who work in private practice settings in particular must ensure that the necessary arrangements are in place to provide continuous care for their clients upon closure

⁷¹ Province of Alberta. *Operation of Approved Hospitals Regulation*, 1990.

of a practice. Records must also be dealt with in an appropriate manner upon closure of the practice. The College of Physicians and Surgeons of Alberta has established guidelines for managing client records upon closure of a medical practice. Based on these guidelines, Registered Dietitians and Registered Nutritionists who are in private practice settings are advised to consider the following in the event that they close their practice (8):

Practitioners who work in private-practice settings are responsible for ensuring that records are dealt with in an appropriate manner upon closure or transfer of the practice. The following guidelines are recommended (8,9):

- A regulated member who closes or leaves a private practice is responsible for the secure storage and disposition of the patient records from that private practice.
- Records should be transferred, as necessary, to another Registered Dietitian.
- In the case where a Registered Dietitian's business is sold to a new owner, custody of records can be transferred to the new owner. This should be stipulated in the contract for the sale of the business and should specify that the new owner retain the files in a manner consistent with the requirements of privacy legislation and the Standards of Practice.
- Clients should be informed of file transfers and should also be given the option of having their records transferred to an RD of their own choice.
- If the clinician is unable to provide ongoing management or storage of the client records on their own premises, they are responsible for the secure storage and disposition of the client records, including placing them in commercial storage for custody as appropriate.
- If there is no receiving RD available, records should be transferred directly to the individual client.
- RDs who maintain custody and control of records (or those who are most responsible for records) in a private practice must ensure that there are plans in place for all aspects of record management and maintenance to ensure that client records are not abandoned. Regulated members should appoint another health care professional (preferably a member of the same profession) who agrees to serve as the successor custodian if they cannot fulfill their duties.

Chapter Summary

Record keeping involves activities related to the creation, maintenance and disposition of records and is an important aspect of the practice of all Registered Dietitians and Registered Nutritionists. Clear, comprehensive, and accurate records are essential to communicate the delivery of professional services and to support professionals in responding to accountability issues. Record keeping is best approached in an organized and systematic manner that will support the creation of efficient records, maintain their confidentiality, and prevent unauthorized disclosure. The key purposes of record keeping are as follows:

- Documentation of daily practice activities
- Communication with colleagues / the inter-professional team
- Professional accountability
- Preparation of reports

Records are kept in all practice settings; the actual types of records kept will vary from organization to organization. In dietetic practice, typical records kept include equipment service records, financial records, client health records and consent to treatment records. Regardless of whether an organization uses a paper based or electronic record keeping system, the principles of good record keeping practices must be maintained. Most organizations have record keeping policies, procedures, guidelines, systems, methods, and forms / software in place; all Registered Dietitians and Registered Nutritionists have a responsibility to follow the record keeping directives established in legislation and by their employers. If a client believes that the information in their record contains an error or omission, they may request that the custodian who has control of that information correct or amend the record. Such requests may be accommodated, depending on circumstances as outlined in legislation. Registered Dietitians and Registered Nutritionists are responsible to follow the policies for storage, retention and disposal of records as established by their employers. Regardless of whether records are in a paper based or electronic format, all health care professionals are obligated to maintain the security and confidentiality of all records at all times. Client records should be retained for a minimum of 10 years following the date of last service; in the case of minor clients, records should be kept for at least two years past the age of majority or for 10 years, whichever is longer. Registered Dietitians and Registered Nutritionists who work in private practice are responsible to ensure that records are dealt with in an appropriate manner upon closure of their practice.

Case Scenario 10.1

WW is a 63-year-old female who was admitted to hospital to stabilize her diabetes mellitus. She was seen by FF, the dietitian on the unit who completed a comprehensive nutrition assessment and developed a nutrition care plan that would help WW meet her nutrition goals. After finishing with WW, FF visited a number of other clients. At the end of the day, she returned to the office with her rough notes. She organized all of her notes from the day and advised the diet office and kitchen staff of the various nutrition care plans to be implemented, including WW's new meal plan. FF was concerned about the time as she had tickets for a concert and was already running late. She decided to come in a bit early the next morning and complete her charting at that time – she left her rough notes on her desk as a reminder; she would destroy them after completing her charting. (Hospital policy states that no health care provider will keep private notes.) On her way home from the concert, FF was in an accident and was unable to return to work for one month.

Case Scenario 10.1 Questions

1. Describe any concerns that you might have related to the record keeping practices of FF.
2. Are the record keeping practices of FF in accordance with the *Code of Ethics* and the *Standards of Practice*? If not, identify the specific areas that she would have contravened.
3. In the event that WW filed a complaint against FF and the case went to a professional conduct hearing, would the rough notes left on FF's desk be sufficient to demonstrate professional accountability and the care provided by FF?
4. If FF were a friend of yours, what advice would you give her?

Chapter Quiz

1. All of the following statements are true *except* for the following:
 - a) All information that should be documented should be recorded in the official client record or chart.
 - b) If a client believes that the information in their record contains an error or omission, they have the legal right to request that the custodian who has control of the information correct or amend the record.
 - c) Private records are an important component of the communication process necessary to ensure that all members of the inter-professional team involved in the care of a client have access to reliable, pertinent, and current information upon which to plan and evaluate their treatment interventions.
 - d) Good record keeping practices are essential to communicate the delivery of professional services and to support professionals in responding to accountability issues.
2. In the case of adults, client care records should be retained for a minimum of _____ years following the date of last service.
 - a) 5
 - b) 10
 - c) 15
 - d) None of the above
3. Which piece of Alberta legislation states what must be recorded in the medical record of hospital patients?
 - a) *Health Professions Act*
 - b) *Health Information Act*
 - c) *Personal Information Protection Act*
 - d) *Operation of Approved Hospitals Regulation*
4. All of the following statements demonstrate acceptable practices *except* for the following:
 - a) The mother of a Registered Dietitian is admitted to hospital; the Registered Dietitian accesses the electronic health record system to find out the diagnosis and treatment plan for her mother.
 - b) A Registered Dietitian forwards a client care report to the attending physician using a courier. The report is in a sealed envelope that is marked “confidential”. Arrangements are made to have the delivery and receipt of the envelope tracked.
 - c) A Registered Dietitian who is closing their private practice makes arrangements to have their client records put into commercial storage for custody until such time that the records can be destroyed.
 - d) All of the above demonstrate good record keeping practices.

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Chapter 11 Conflicts of Interest

CHAPTER OVERVIEW

- Defining Conflict of Interest
- Identifying Potential Conflicts of Interest
- Managing Conflicts of Interest
 - Disclosure
 - Recusal, Exclusion or Removal
 - Conflict of Interest Situations That Should Be Avoided Entirely
- Chapter Summary
- Case Scenarios
- Chapter Quiz
- References

Defining Conflict of Interest

The term “conflict of interest” refers to a real or perceived “situation in which a person has a private or personal interest sufficient to appear to influence the objective exercise of their official duties as, say, a public official, an employee, or a professional.”⁷² In other words, a conflict of interest occurs when one has an obligation to promote one interest, but promotes a competing interest instead, or has an obligation to promote two competing interests. Most conflicts of interest arise when a person stands to profit personally by promoting a competing interest. However, a conflict of interest can also occur when the interests of friends, relatives or other business associates are promoted.

In the provision of professional services, Registered Dietitians and Registered Nutritionists must use discretion when performing their assigned responsibilities, exercising professional judgment when deciding to take certain actions. There is a potential conflict of interest whenever the following conditions exist (1):

KEY PRACTICE POINT

A conflict of interest occurs when one has an obligation to promote one interest, but promotes a competing interest instead; most conflicts of interest occur when a person stands to profit personally by promoting the competing interest.

⁷² Chris MacDonald, Michael McDonald, and Wayne Norman. “Charitable Conflicts of Interest”, *Journal of Business Ethics* 39:1-2, 67-74, August 2002, p.68.

- An employee or their close friend(s), relative(s) or associate(s) has a strong personal interest in a particular situation which is promoted,
- An employee promotes a strong personal interest in a particular situation when involved in decision making or influencing others authorized to make decisions on behalf of an organization,
- An employee's interest or perceived interest may cause the employee to exercise their decision-making power to further their personal interest rather than that of the organization (or client), to the detriment of the organization (or client).

It is the expectation of the public, other professionals, employers and government that regulated professionals, including Registered Dietitians and Registered Nutritionists will provide competent, safe, ethical services. Professionals who maintain high standards in their practice and are conscious of their professional conduct build trust and confidence in their profession. A conflict of interest situation can undermine that trust and confidence.

The obligations of Registered Dietitians and Registered Nutritionists related to conflicts of interest are reflected in Section 3.8 of the College of Dietitians of Alberta (the College) *Code of Ethics* which states the following:

“3.8 Conflict of Interest

- (1) The dietitian avoids real or perceived conflict of interest in which their professional integrity, professional independence or the provision of professional services could be influenced or compromised.
- (2) When the dietitian identifies a conflict of interest the dietitian must resolve the conflict by fully acknowledging the conflict, ensuring that it is understood and accepted by all parties or discontinue professional services.”⁷³

Professional obligations are also noted in the *Standards of Practice*:

“Standard 7. Conflict of Interest

Standard

Registered Dietitians will avoid real or perceived conflicts of interest in which professional integrity, professional independence or the provision of professional services could be compromised. Conflicts of interest which cannot be avoided must be disclosed and managed.

Indicators

To demonstrate this standard, Registered Dietitians will:

- a) Recognize any situations in which a conflict of interest could have an impact on their professional judgment.

⁷³ College of Dietitians of Alberta. *Code of Ethics*; 2007.

- b) Avoid any conflict of interest in which professional services could be compromised.
- c) When a conflict of interest cannot be avoided, disclose to the appropriate authority (e.g., manager, team leader), manage the situation, and/or discontinue professional services.
- d) Document any conflict of interest, the efforts to manage it, and the outcome(s).
- e) Provide options for the provision of services and/or products when a conflict of interest exists.
- f) Refrain from accepting personal incentives from service and/or product sponsors when the Registered Dietitian stands to profit personally and/or financially.
- g) Refrain from offering incentives to clients that places the Registered Dietitian's personal gain above their professional responsibilities.”

Identifying Potential Conflicts of Interest

Conflicts of interest may occur in a variety of circumstances and forms. Identifying a potential conflict of interest is one of the most important steps towards managing the situation. Conflicts of interest typically exist when an individual puts their own interest above the interests of their clients and employers. Some of the more common conflict of interest situations are the result of inappropriate practices related to the following:

- A practitioner uses their position or professional influence to coerce a client or other individual to make a decision that is in the best interest of the practitioner rather than that of the client or other individual,
- A practitioner recommends that a client purchase a product or service from a company or supplier that will result in financial gain for that practitioner,
- A practitioner who serves on a board or committee influences that board or committee to make a decision that will result in financial gain for that practitioner,
- A practitioner accepts a personal gift or benefit from a supplier for agreeing to promote, endorse or purchase a product,
- A practitioner is responsible for hiring, supervising and / or determining promotions and pay raises of relatives / close friends.

Professionals, including Registered Dietitians and Registered Nutritionists are generally respected and held in high regard by others; in a professional relationship, clients are generally vulnerable and will typically hold the advice of a professional in high regard. To minimize the risk of a potential conflict of interest, Registered Dietitians and Registered Nutritionists must conduct themselves carefully in all of their professional practice activities.

There is limited legislation available to direct the practice of health care professionals in relation to conflicts of interest; by and large, conflicts of interest are ethical issues. The *Code of Ethics* of the College is a document that is extremely useful in helping Registered Dietitians and Registered Nutritionists identify conflict of interest situations. The obligations of Registered Dietitians and Registered Nutritionists in relation to “Advertising / Promotion and Endorsements”, “Financial and Business Arrangements” and “Products and Services” are stated in the *Code of Ethics* of the College, and read as follows:

KEY PRACTICE POINT

The *Code of Ethics* of the College is a document that is extremely useful in helping Registered Dietitians and Registered Nutritionists identify conflict of interest situations.

“3.7 Advertising / Promotion and Endorsements

- (1) The dietitian does not engage in any form of advertising / promotion or endorsement of products and services that:
 - a) takes advantage of or exploits vulnerable individuals;
 - b) makes statements or claims that are false, misleading, inaccurate or unverifiable;
 - c) creates an unjustified expectation about the results that can be achieved;
 - d) compares the quality of services or fees to those of another individual.
- (2) The dietitian does not allow their name or professional titles and initials to be used in connection with any product or service that:
 - a) provides an endorsement that has not been given;
 - b) has not been evaluated by the dietitian;
 - c) misrepresents the product or service;
 - d) misrepresents the association of the dietitian with the product or service;
 - e) affects the credibility of the dietitian or the profession.
- (3) The dietitian must keep a copy of any advertising / promotion or endorsement for a period of one year following the date in which it last appears. The dietitian must provide a copy to the College on request.

3.9 Financial and Business Arrangements

- (1) The dietitian does not accept or offer fees, compensation, gifts or other benefits for making or receiving referrals for professional services.
- (2) The dietitian does not accept contracts, consulting fees, funding including research funding, fees, compensation, gifts or other benefits that compromise

professional integrity, professional independence or influence the provision of professional services.

3.10 Products and Services

- (1) The dietitian does not recommend, promote, advertise, distribute, endorse or sell products or services in the provision of professional services where the efficacy or safety of products or services:
 - a) is not supported by evidence-based research;
 - b) has not been tested or verified by credible sources.
- (2) The dietitian does not recommend, promote, advertise, distribute, endorse or sell products or services in which the dietitian, or individuals connected to the dietitian, have a financial or other interest unless the dietitian at the same time:
 - a) fully discloses the financial or other interest;
 - b) informs the client they have the option of using alternative products or services;
 - c) assures the client that choosing alternative products or services will not affect the quality of professional services provided by the dietitian.
- (3) The dietitian does not use professional titles and initials or make any reference to being a member of the dietetic profession or the College, or having dietetic education and training with respect to any products or services that do not relate to the provision of dietetic professional services.⁷⁴

Professional obligations related to the promotion and advertising of products are also addressed in the *Standards of Practice*, Standard 13. Promotion/Advertising:

To demonstrate this standard, Registered Dietitians will:

- d). Adhere to the CDA Code of Ethics and refrain from using advertising that directly or indirectly:
 - iv. endorses, promotes or recommends exclusive use of a product/brand used/sold as a component of professional services, unless supported by evidence.

⁷⁴ College of Dietitians of Alberta. *Code of Ethics*; 2007.

Managing Conflicts of Interest

Registered Dietitians and Registered Nutritionists have a professional obligation to avoid real or perceived conflict of interest situations in which their professional integrity, professional independence or the provision of professional services could be influenced or compromised (2). In managing these situations, it is important to recognize that not all conflict of interest situations are prohibited. However, each conflict of interest situation does require some sort of action (3).

KEY PRACTICE POINT

Conflicts of interest may be managed through safeguards which include disclosure, recusal, exclusion, or removal. However, some conflict of interest situations are best managed by being avoided entirely.

Whenever a professional identifies that they are in a potential conflict of interest, they must determine whether the situation can be managed through safeguards that involve openness and transparency or should be avoided entirely (4). Strategies for which potential conflicts of interest may be managed include disclosure, recusal, exclusion, or removal. Each of these concepts is explained below.

Disclosure

Disclosure is one of the primary safeguards in managing any potential conflict of interest. As long as an agent (employee, officer, board members, etc.) discloses the nature of a conflict of interest and the potential benefits that they stand to gain, the organization, client or other party is in a position where they are free to either reject the agent and find someone who has no such conflict, or to accept the agent with the understanding that the agent will serve the organization, client or other party fairly, despite the conflict of interest. Disclosure that occurs at the beginning of a relationship can help prevent suspicion and the perception of dishonesty that could arise if the conflict were to become apparent at a later time. In some situations, disclosure may not be sufficient to manage or resolve a conflict of interest. However, failing to disclose a conflict of interest will usually exacerbate the situation and almost always be considered a breach of the *Code of Ethics* of the College (1, 3, 5).

When disclosure of a potential conflict of interest is made, the agent is advised to provide the organization, client or other party with options for acquiring similar products or services from another source, thereby allowing the organization, client or other party to make an informed choice. It is also important to reassure the organization, client or other party that should they choose to select products or services from the options provided, the quality of the professional services provided by the agent will not be affected. For example, in the case of selling a product for profit, disclosure would involve informing the client that the product is being sold for a profit and that the client is free to check other suppliers (6).

Some organizations have a disclosure policy to help manage and prevent potential conflicts of interest. In order to be effective, a disclosure policy must clearly identify the types of situations that may constitute a conflict of interest, requirements for ongoing disclosure (often in the form of an annual statement and requirements to provide disclosure when circumstances change, thereby creating a conflict of interest situation) and obligations to make any disclosures public to the applicable decision makers (1).

Recusal, Exclusion, or Removal

In some circumstances, a conflict of interest is not an ongoing matter, but rather relates to a particular decision that needs to be made by an organization, client or other party. In such situations, many organizations will consider it appropriate for any agent (employee, officer, board member, etc.) in a conflict of interest situation to recuse themselves by withdrawing from participation in that particular situation.

While recusal is an acceptable strategy for managing a conflict of interest that is temporary or infrequent, it is not effective for situations that are ongoing. In such circumstances, the organization, client or other party must find a way to end the conflict by either changing the nature of the agent's employment (i.e. moving them to another department where the conflict will no longer exist) or by removing the agent from the employment relationship (1).

Conflict of Interest Situations That Should Be Avoided Entirely

With some conflicts of interest, safeguards are insufficient to effectively manage the situation. Such situations should be avoided entirely; consider the following examples:

Conflicts Involving Acceptance of Gifts or Other Benefits

Accepting a gift or other benefit from a client or supplier of products /services may or may not create a conflict of interest situation. Depending upon the policy of an organization, accepting smaller gifts such as a pen, mug, box of chocolates, lunch, concert, theater or sporting event tickets, etc. may be permissible while accepting larger gifts such as vacation packages are not. It should be recognized that no amount of disclosure to the organization, clients or other parties will provide an objective level of confidence and trust in a Registered Dietitian or Registered Nutritionist who accepts a tropical vacation from a supplier whose products they recommend. Accepting such large gifts or benefits should be avoided entirely (4).

If the policy of an organization allows gifts or other benefits to be accepted, Registered Dietitians and Registered Nutritionists must consider whether or not others may perceive that acceptance of a gift or other benefit will have an improper influence on their professional judgment. In determining whether or not to accept a gift or other benefit, the following should be considered (4,6):

- The cost or value of the gift or benefit
- The frequency in which gifts or benefits are provided by the supplier
- Who actually uses or consumes the gift or benefit
- The existing policies of the organization

- The employer's knowledge and approval of receiving the gift or benefit
- Practices that are generally accepted in the profession

As previously discussed, the professional obligations of Registered Dietitians and Registered Nutritionists in relation to accepting gifts or other benefits are stated in the *Code of Ethics* of the College. Registered Dietitians and Registered Nutritionists are also responsible to be aware of and practice in accordance with the policies established by their employers in relation to accepting gifts or other benefits.

If gifts or other benefits are accepted, it is important to carefully consider the possible consequences of accepting the gift or other benefit and any possible harm that may result. Registered Dietitians and Registered Nutritionists should ensure that their ability to conduct business in a fair and objective manner is not compromised. Clients / suppliers who provide gifts or other benefits should be made aware that the gifts or other benefits that they provide will be shared equally among all employees. When possible, gifts or other benefits that are accepted should be reciprocated i.e. if a client or supplier buys coffee or lunch one time, the practitioner or organization should buy the next time.

The following "gift checklist" included in a presentation provided on behalf of the Organization for Economic Co-operation and Development provides a series of questions to ask that are helpful in avoiding conflicts of interest related to accepting gifts or other benefits (7).

Genuine: Is the gift genuine, given in appreciation for something that you have done and not sought out or encouraged by you?

Independent: If you accepted the gift, would a reasonable person have any doubts that you would be able to be independent in doing your job in the future when the person who gave the gift is involved or affected?

Free: If you accepted the gift, would you feel free of any obligations to do something in return for the person giving the gift, or their family / friends / associates?

Transparent: Are you able to declare the gift and its source transparently to your organization, its clients, to your colleagues, to the media and to the public?

Conflicts Involving Clients

In the case of *McInerney v. MacDonald*, the Supreme Court of Canada recognized the physician-patient relationship as a fiduciary or trust relationship, requiring a high

duty of care by the physician, and an obligation for physicians to act in accordance with the best interests of the patient and to avoid promoting their own interests (8,9).

It is reasonable to expect that the same type of relationships exist between clients and other health care professionals, including Registered Dietitians and Registered Nutritionists.

Clients are generally more vulnerable and less able to protect themselves than the practitioners who provide services for them. Registered Dietitians and Registered Nutritionists must entirely avoid any practices that would take advantage of or exploit their clients. Examples of such practices include but are not limited to the following:

- A practitioner receives a commission or bonus for each client that they refer to a health club
- A practitioner sends a client to their relative's or friend's store or online business to purchase nutrition supplements or other products
- A practitioner with strong religious or moral values related to consuming certain foods instructs a client to adapt their diet based on the values of the practitioner
- A practitioner asks a client to donate or lend them money for their business, to conduct a research project or to support a particular charity

Conflicts Involving Donations or Funding

Some Registered Dietitians and Registered Nutritionists are in positions where they must solicit donations or funding in order to conduct a research project, operate their business, etc. Any such dealings must be handled with honesty and fairness. Examples of conflicts of interest surrounding solicitation of donations / funding that should be avoided entirely include but are not limited to the following:

- A practitioner receives funding from a food company to research the benefits of a new food product that they have manufactured; the practitioner alters the findings of the research study to ensure continuous funding for the project
- A practitioner receives funding to attend a national conference from a company in exchange for agreeing to promote and endorse the products of that company

Conflicts Involving Use of Items Belonging to Others

Registered Dietitians and Registered Nutritionists are obligated to conduct themselves with honesty in their practice. Section 3.5 of the *Code of Ethics* of the College states the following:

“3.5 Honesty

- (1) The dietitian acts with honesty in their professional relationships and in the provision of professional services.”⁷⁵

The potential for a conflict of interest situation exists when practitioners do not act with honesty. Registered Dietitians and Registered Nutritionists should be aware of and practice in compliance with the policies of their employers when using resources of the organization for personal use. Examples of conflicts of interest that should be avoided entirely when using items belonging to others include but are not limited to the following:

- A practitioner uses the photocopy machine, fax machine, etc. of their employer / client for personal use,
- A practitioner surfs the Internet or otherwise uses the Internet for personal use during work time,
- A practitioner develops and delivers a presentation for an outside organization during work time.

Conflicts Involving Research

A real or perceived conflict of interest in a research setting can compromise the integrity and effectiveness of a study by undermining the trust between researchers, research participants, research sponsors, research institutions and the general public. A conflict of interest situation may arise when professional judgment concerning the primary interest (i.e. the welfare of the research participants, the validity of the research, etc.) becomes unduly influenced by a secondary interest (i.e. financial gain, career advancement of the researcher through publication of study results in reputable journals, peer recognition, satisfying research sponsors, etc.) (10). As previously discussed, all practitioners including Registered Dietitians and Registered Nutritionists have an ethical obligation to practice with honesty and in the best interests of their clients rather than promoting their own personal interest. Examples of conflicts of interest surrounding research that should be avoided entirely include but are not limited to the following:

⁷⁵ College of Dietitians of Alberta. *Code of Ethics*; 2007.

- A research practitioner receives a substantial recruitment fee from a pharmaceutical company to research the benefits of a particular nutrient supplement; the research practitioner is offered further monies for retaining participants in the study

Managing conflicts of interest can be challenging in that the circumstances of every situation are different and must be managed accordingly. In order to gain a better understanding of how conflicts of interest can be identified and managed most effectively, consider the following case examples.

Case Example 1: A Registered Dietitian / Registered Nutritionist (RD) has contracts with several junior hockey teams for which she provides information on diet and nutrition for athletic performance. Several of the team players have asked her about nutritional supplements, vitamins, minerals, protein drinks etc. The RD knows that many professional athletes use and endorse these products and she is aware that some of the team members are purchasing nutritional supplements through the local health food store. After reading the ingredient listing on the products, she comes to the conclusion that there is probably nothing in the supplements that will harm the players. She hedges her answers and avoids providing an outright endorsement that using the nutritional supplements will make the team members better hockey players.

Knowing of the RD's involvement with the hockey teams, a representative of a nutritional supplement company makes arrangements to meet with the RD. The RD is offered an exclusive contract with the company if she will, as a RD, endorse the nutritional supplements as being beneficial for athletes. In exchange for her endorsement, she will receive a bonus for signing on with the company, a free trip to a Mexican resort including use of the company condo, as well as a commission for every supplement sold.

Based on the *Code of Ethics* of the College, the RD is placing herself in a potential conflict of interest situation as described below:

- The practitioner would be exploiting vulnerable individuals (hockey players who will hold her expertise in high regard and trust her recommendations)
- The practitioner would be creating an unjustified expectation about the benefits of the product for athletes
- The practitioner would be endorsing a product that is not supported by scientific evidence
- The practitioner would be accepting compensation, benefits, gifts, etc. in exchange for her endorsement

Overall, Registered Dietitians and Registered Nutritionists must use caution when promoting nutrition related products. If a Registered Dietitian or Registered Nutritionist uses their position or expertise to promote a product to a client / consumer when they have a competing interest, there is a conflict of interest. In this case example, the real or perceived conflict of interest is in whether the interests of the Registered Dietitian or Registered Nutritionist lie with the company (and ultimately herself) or with the client / consumer.

The goal of the company that is hiring the Registered Dietitian or Registered Nutritionist is to generate a profit through sales of the product that the dietetic professional is being asked to promote. As previously discussed, professionals are held in high regard by others and clients / consumers will typically hold the advice of a professional in high regard. In the above case example, the company is buying the respect and trust that clients / consumers have for the nutrition expertise and opinion of the Registered Dietitian or Registered Nutritionist.

Any time that a Registered Dietitian or Registered Nutritionist is involved in advertising, promoting or endorsing a product or service, they must ensure that they are acting in the best interests of their clients / consumers and that the basis for their actions is evidence based. The conflict of interest in this case example would be best managed by the Registered Dietitian or Registered Nutritionist through avoidance of the situation entirely and by refusing to accept the contract offered by the company.

It should be noted that some Registered Dietitians and Registered Nutritionists are employed as representatives by companies who produce and / or distribute various types of products. Practitioners employed in such settings must ensure that any nutrition information provided in relation to the products represented is evidence based. When dealing with the public, such practitioners are advised to identify themselves as a representative of the company they are employed by, and avoid creating any perception that they are making a clinical recommendation to anyone (3).

Case Example 2: A Registered Dietitian / Registered Nutritionist (RD) who works in a large active treatment health care facility is on a committee responsible for establishing purchasing contracts with suppliers. Each year, products and pricing are reviewed after which the committee determines which companies will be granted contracts. The committee is currently reviewing information to determine which company will be contracted to supply all of the cleaning and sanitation products used by the facility. The husband of the RD is the regional sales manager for one of the companies under consideration by the committee. The RD is well aware that if she is able to sway the decision of the committee in favor of her husband's company, his income will sky rocket for the next year.

- Based on the *Code of Ethics* of the College, the RD is placing herself in a potential conflict of interest situation by influencing the committee to sway their decision, the practitioner would experience personal financial gain.

Any time that a Registered Dietitian or Registered Nutritionist provides recommendations or makes decisions on behalf of their employer, they must ensure that they are acting in the best interests of their employer. If a Registered Dietitian or Registered Nutritionist uses their position to influence or sway a decision in such a way that they will personally benefit, there is a conflict of interest. In this case example, the real or perceived conflict of interest is in whether the interests of the Registered Dietitian or Registered Nutritionist lie with her employer or herself. The conflict of interest in this case example would be best managed by the Registered Dietitian or Registered Nutritionist through disclosure or refusal.

Case Example 3: A Registered Dietitian / Registered Nutritionist (RD) works in the community in a school lunch program for elementary school age students. In addition to ensuring that the children receive a nutritious lunch each day, the RD also incorporates nutrition education into the program, with the hopes that the students will learn to make healthy food choices.

The school lunch program is a non-profit program. One aspect of the RD's responsibilities involves soliciting funds and donations from suppliers to help operate the program. Currently, the RD is soliciting funds and donations for the upcoming kick off for the annual Nutrition Month campaign. One of the companies that is keen to participate is the Crispo Potato Chip Company; they are particularly eager to see their products associated with the name of an RD. The company is willing to provide a generous cheque to the school lunch program and a free bag of potato chips to each of the children.

Based on the *Code of Ethics* of the College, the RD is placing herself in a potential conflict of interest situation as described below:

- The practitioner would be sending a mixed message in terms of what constitutes healthy eating by allowing her name and professional title to be used in association with the products produced by the company
- The practitioner is at risk of affecting her credibility and that of the dietetic profession

Registered Dietitians and Registered Nutritionists must always consider the best interests of their clients when making decisions on their behalf. In this case example, the real or perceived conflict of interest is more difficult to identify in that the competing interests are somewhat indirect. The practitioner must determine what is in the best interests of the students (for whom the practitioner is responsible to provide nutrition education) and of the school lunch program (which relies on funding and donations in order to operate). The nutrition education messages that have been delivered to the children could be compromised by accepting the donation of the potato chips.

Overall, Registered Dietitians and Registered Nutritionists are advised to exercise caution when allowing their name and professional title to be used in association with a product or service. They should ensure that their actions will not result in sending mixed messages to their clients or affect the credibility of the practitioner and the dietetic profession. Furthermore, to promote fair business practices, Registered Dietitians and Registered Nutritionists are advised to avoid promoting specific brand names of products and services.

The conflict of interest in this case example would be best managed through avoidance of the current situation. The Registered Dietitian or Registered Nutritionist would be advised not to risk sending mixed messages to her clients (the children) or to compromise her credibility or that of the profession by allowing her name and professional title to be used in association with the products sold by the company. If at all possible, the Registered Dietitian or Registered Nutritionist should attempt to negotiate a reasonable solution such as to have the company provide a “healthier” version of their product (i.e. a potato chip that is lower in sodium and fat). The practitioner could then provide the appropriate nutrition education on label reading and choosing healthier products.

Chapter Summary

A conflict of interest occurs when one has an obligation to promote one interest, but promotes a competing interest instead, or has an obligation to promote two competing interests. Most conflicts of interest arise when a person stands to profit personally by promoting the competing interest; a conflict of interest can also occur when the interests of friends, relatives or other business associates are promoted. Conflicts of interest may occur in a variety of circumstances and forms. Identifying a potential conflict of interest is one of the most important steps towards managing the situation. Professionals, including Registered Dietitians and Registered Nutritionists are generally respected and held in high regard by others; in a professional relationship, clients are generally always vulnerable and will typically hold the advice of a professional in high regard. To minimize the risk of a potential conflict of interest, Registered Dietitians and Registered Nutritionists must conduct themselves carefully in all of their professional practice activities. Registered Dietitians and Registered Nutritionists have a professional obligation to avoid real or perceived conflict of interest situations in which their professional integrity, professional independence or the provision of professional services could be influenced or compromised. The *Code of Ethics* of the College is a document that is extremely useful in helping Registered Dietitians and Registered Nutritionists identify and manage conflict of interest situations. Some conflicts of interest may be managed through safeguards which include disclosure, recusal, exclusion, or removal. However, some conflicts of interest are best managed by being avoided entirely.

Case Scenario 11.1

ZZ is a Registered Dietitian who works in an out-patient clinic at a hospital on a part time basis. Most of the clients that he sees in his practice have been referred for weight loss. ZZ uses a client centered approach as he assists clients in determining their nutrition goals and developing their nutrition care plans. Over time however, he has noted that many of the clients have not experienced long term success with their weight loss.

A few months back, ZZ started a private practice to supplement his income. Recently, he has become aware of a new meal replacement product that is being promoted for weight loss. After studying the product, ZZ is impressed and decides to become a distributor of the product.

At the hospital, clients are expressing their dissatisfaction with the wait times to see the Registered Dietitian and the lack of success that they are having with their weight loss. ZZ suggests that they come to see him in his private practice where he can also sell them a weight loss product “that really works”.

Case Scenario 11.1 Questions

1. What are the concerns in the way in which ZZ is conducting his practice?
2. Based on the *Code of Ethics* of the College, is ZZ placing himself in a potential conflict of interest situation? If so, identify the specific sections of the *Code of Ethics* that he is at risk of contravening.
3. If ZZ were a friend of yours, what advice would you give him?

Case Scenario 11.2

Ever since TT could remember, their family has been “food focused”. TT’s father was a food broker, purchasing and subsequently selling food in his business. Their mother stayed at home, preparing food from scratch, ensuring that ingredients were fresh and appetizing. As the eldest of five children, TT had a nurturing role to play in caring for their younger siblings. Infants in the family were bottle fed infant formula, obtained through dad’s business. Often the baby and a bottle would be handed to TT while Mom was busy with other tasks.

Coming from such a food focused family, it was no surprise that TT became a Registered Dietitian. At university, they were exposed to information and debate regarding the relative merits of breast feeding versus formula feeding on infant development and the bonding experiences between mother and infant. After graduating, TT was hired by Community Services, to be part of a mobile health team traveling to remote communities in northern Alberta, providing education sessions and one-on-one nutrition counseling to individuals and groups.

TT found this job was a real eye-opener. Never had they seen people living in homes that were run-down, without the benefits of running water, electricity, gas heating or reliable phone service. At one home, there was a young adolescent charged with the care of an infant who was obviously hungry. After seeing this, TT returned to this home with a box of infant formula provided through their dad’s brokerage business. Being mindful that finances were a problem, TT made arrangements with the family to provide the formula at a reduced cost. The formula was concentrated and needed to be mixed with water prior to being fed to the baby.

Soon it became known in the community that inexpensive infant formula was available when the mobile clinic came to visit. TT took orders from community families and filled them through the brokerage warehouse, giving their dad the money. Over time, TT no longer provided breast feeding information to expectant mothers, nor did they speak about the importance of quality and balancing fresh food with the packaged food they made available through the brokerage firm. TT left a catalogue describing all the food available through the brokerage firm with a few of the families in each community and would collect their orders when the mobile health unit came to visit.

Some community members noticed that more infants than usual seemed to be ill with intestinal problems, diarrhea etc. but as illness and morbidity rates were high in these isolated communities, little attention was paid to these comments. It was later determined that the community’s water supply was contaminated with animal wastes. Although TT knew that families were using this water to make the infant formula and that this may be contributing to the infants’ illnesses, they rationalized that living conditions were such that there could be many causes for the infants’ poor health. TT did not inform the families, or the community at large of the possible connection between the contaminated water and the making of the infant formula that they were distributing throughout the community.

Case Scenario 11.2 Questions

1. What are the concerns in the way in which TT is conducting their practice?
2. Based on the *Code of Ethics* of the College, is TT placing themselves in a potential conflict of interest situation? If so, identify the specific sections of the *Code of Ethics* that they are at risk of contravening.
3. If TT were a friend of yours, what advice would you give them?

Case Scenario 11.3

CC has been a dietitian for seventeen years in a busy, acute care hospital in a large city. Over the years, she has seen and had to adapt to numerous changes. Many services have been contracted out to external providers through a request for proposal and a subsequent bidding process. The contract for provision of foodservice recently went out to tender with a new external provider being chosen. Food arrives at the hospital via the contractor's trucks, in pre-measured containers that are then re-heated at the hospital and placed on patient trays by dietary aides. Initially, CC was concerned about the freshness and the quality of the food patients would be receiving from the external foodservice contractor. However, she has come to realize that there are significant cost savings when food is not prepared "in-house".

There is no longer a "dietary and foodservices" department at the hospital. With program-based management in place, the dietitians employed at the hospital are assigned to "programs" according to the patients they see, i.e. cardiology, diabetes, internal medicine, dysphagia, etc. The dietitians meet once a month to discuss issues of concern from a practice perspective. CC chairs these meetings and as the "practice lead" is responsible for addressing concerns raised by the dietitians and dietary aides.

Recently, the dietitians have been complaining that the food provided by the external foodservices company is not fresh, nor is it prepared in a healthy manner, i.e. the food is very salty, vegetables are "swimming" in oil, food is deep fried rather than steamed or boiled, etc. At the last practice meeting, CC stated that she would bring the concerns of the dietitians to her brother-in-law who is a partner in the foodservice company.

Upon hearing this, one of the dietitians questioned whether or not CC knew that her brother-in-law's company was bidding on the foodservice contract. CC replied that she knew. In fact, she had informed her brother-in-law that the contract was coming up for tender and that if he was interested in obtaining any information additional to that provided in the Request for Proposals, she would access it for him. She also added that after the company was informed that their bid was successful, they all went for dinner to celebrate.

Case Scenario 11.3 Questions

1. What are the concerns in the way in which CC is conducting her practice?
2. Based on the *Code of Ethics* of the College, is CC placing herself in a potential conflict of interest situation? If so, identify the specific sections of the *Code of Ethics* that she is at risk of contravening.
3. If CC were a friend of yours, what advice would you give her?

Chapter Quiz

1. All of the following statements are true *except* for the following:
 - a) A conflict of interest occurs when one has an obligation to promote one interest, but promotes a competing interest instead.
 - b) Most conflicts of interest occur when a person promotes the best interest of their clients.
 - c) A conflict of interest may be real or perceived.
 - d) Conflicts of interest are generally ethical issues.
2. Strategies for dealing with potential conflicts of interest include:
 - a) disclosure
 - b) recusal or exclusion
 - c) avoidance of the conflict of interest entirely
 - d) All of the above
 - e) Answers a and b only
3. The _____ is a document that is extremely useful in helping Registered Dietitians and Registered Nutritionists identify conflict of interest situations.
 - a) *Code of Ethics*
 - b) *Integrated Competencies for Dietetic Education and Practice*
 - c) *Health Professions Act*
 - d) *Registered Dietitian and Registered Nutritionist Profession Regulation*
4. All of the following statements describe a conflict of interest situation *except* for the following:
 - a) A Registered Dietitian recommends that a client take a nutrition supplement. She refers the client to her father's pharmacy where the client should be able to get a "good deal".
 - b) A Registered Dietitian endorses and promotes a specific brand of high fiber cereal to their clients after receiving sponsorship from the manufacturer of the cereal to attend an international fiber symposium.
 - c) A company that supplies coffee to a foodservice operation provides a travel mug to each employee of the operation as part of their launch of a new line of coffees. The policies of the organization state that small gifts such as the mugs may be accepted.
 - d) A Registered Dietitian who represents a large foodservice equipment supplier is also a member of the Board of Directors for a non-profit organization that provides meals for seniors. The Board of Directors is in the process of determining which company to contract for kitchen equipment upgrades, one of which is the company that the Registered Dietitian is employed with. The Registered Dietitian considers recusing himself from the decision-making process, but instead decides to participate so that he can help the organization get a "good price".

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Chapter 12 Professional Boundaries

CHAPTER OVERVIEW

- The Professional – Client Relationship
- Defining Boundaries
- Establishing and Managing Boundaries
- Boundary Crossings
- Boundary Violations
- Touching a Client
- Boundaries that Protect the Professional
- Chapter Summary
- Case Scenario
- Chapter Quiz
- References

The Professional – Client Relationship

Every relationship has a foundation shaped by specific purposes and needs. The professional – client relationship is a working relationship that is established between a professional and a client or substitute decision maker, based on the individual needs of each client for competent, safe, ethical, professional care / services. As such, the professional – client relationship is established solely to meet the needs of the client (1, 2).

The professional – client relationship differs from non-professional, casual, social, and personal relationships. Clients are generally more vulnerable and less able to protect themselves than the professionals who provide care / services for them. As discussed in Chapter 11 Conflicts of Interest, the professional – client relationship is a fiduciary or trust relationship which requires a high duty of care by the professional. All professionals, including Registered Dietitians and Registered Nutritionists have an obligation to act in accordance with the best interests of their clients and to avoid promoting their own interests.

Gaining an understanding of the differences between a professional – client relationship and a non-professional relationship is fundamental to establishing and managing appropriate

KEY PRACTICE POINT

The professional – client relationship is a working relationship that is established between a professional and a client or substitute decision maker, based on the individual needs of each client for safe, ethical, professional care / services.

professional boundaries. These differences, as related to the practice of Registered Dietitians and Registered Nutritionists, are summarized below.

Differences Between Professional and Non-Professional Relationships

Characteristic	Professional Relationships between Registered Dietitian or Registered Nutritionist (RD) and the Client	Non-Professional Relationships (Casual, social, personal, friendship, romantic, etc.)
Remuneration	RD paid for provision of professional services to client	No payment for being in the relationship; shared between friends
Length of Relationship	Limited to the duration of treatment	Unlimited
Location of Relationship	Place defined and limited to treatment location	No restriction
Purpose of Relationship	To provide professional services to client	Pleasure, interest-directed
Structure of Relationship	Structured around professional services to client	Spontaneous and unstructured
Power Balance	Unequal - RD has more power due to authority, knowledge, influence and access to privileged information about the client	Shared
Responsibility for the Relationship	RD responsible for establishing and maintaining the professional relationship, not the client	Shared
Preparation for the Relationship	RD requires formal knowledge, preparation, orientation and training; client places trust in this knowledge	Does not require formal knowledge, preparation, orientation or training; equal
Time Spent in the Relationship	RD employed under contractual agreement that outlines hours of work for contact between RD and client	Personal choice for how much time is spent in relationship

Adapted from: Physiotherapy Alberta (2), Milogrom (3)

The *Standards of Practice* of the College outline the requirements regarding professional boundaries:

“Standard 2. Boundaries

Standard

Registered Dietitians maintain clear and appropriate professional boundaries with clients and team members.

Indicators

To demonstrate this standard, Registered Dietitians will:

- a) Be sensitive to their position of relative power or influence in professional relationships and not use this status to take physical, emotional, sexual, financial, or other types of advantage of clients and team members.
- b) Establish and maintain appropriate professional boundaries in relationships with clients and team members.
- c) Respect, establish, and manage effectively, the boundaries that separate their personal and professional relationships/roles in all contexts (e.g., face-to-face, virtual dietetic practice, social media).
- d) Obtain consent prior to touching a client.
- e) Refrain from entering professional relationships when current or previous personal, financial, employment, and/or legal affiliations would compromise professional services or integrity.
- f) Minimize the risk of boundary violations when boundary crossings cannot be avoided (e.g., treatment of family/friend in specialized or rural practice), by reporting the boundary crossing to the appropriate authority (e.g., manager, team leader) and by documenting management strategies (e.g., in the client file, record).
- g) When professional boundaries cannot be maintained, take necessary action as required (e.g., end professional relationships with clients, transfer care), and document how the situation was managed.”

Further to this Standard referring to maintaining appropriate boundaries with clients in general, *the Standards of Practice: Sexual Abuse and Sexual Misconduct*, required under *Bill 21: An Act to Protect Patients*, addresses Sexual Abuse and Sexual Misconduct specifically. This Standard of Practice establishes who is considered to be a “patient” for the purposes of a complaint of unprofessional conduct in relation to Sexual Abuse or Sexual Misconduct under the *Health Professions Act* (HPA):

“Standard 1.

Registered Dietitians abstain from conduct, behaviour, or remarks towards patients that constitutes sexual abuse or sexual misconduct as defined in the *Health Professions Act*.

Indicators

To demonstrate this standard, Registered Dietitians will:

- a) Not engage in a sexual relationship with a patient (or their immediate family member) (constitutes sexual abuse) where:

- i. An individual is a patient of the Registered Dietitian if there is a direct interaction between the Registered Dietitian and the individual and:
 - a. the Registered Dietitian has, in respect of health care/professional service to the individual, charged or received payment from the individual or third party on behalf of the individual, and/or
 - b. the Registered Dietitian has contributed to a health record or file for the individual, and/or
 - c. the individual has consented to the service or receiving the service recommended by the Registered Dietitian.
- ii. An individual is not a patient if:
 - a. there is an ongoing, pre-existing sexual relationship between the individual and the Registered Dietitian, or the individual is the Registered Dietitian's spouse; and/or
 - b. the Registered Dietitian provides the health care/professional service to the individual in emergency circumstances; and/or
 - c. the Registered Dietitian has taken reasonable steps to transfer the care of the individual to another Registered Dietitian or alternate service provider, or there is no reasonable opportunity to transfer care to another Registered Dietitian/service provider.
- b) Not engage in any incident or repeated incidents of objectionable or unwelcome conduct, behaviour or remarks of a sexual nature toward a patient (constitutes sexual misconduct).

Standard 2.

The Registered Dietitian or former Registered Dietitian does not engage in a sexual relationship with a former patient (or their immediate family member) until at least one year has passed from the time of the last documented health care/professional service interaction.

Indicators

To demonstrate this standard, current or former Registered Dietitians will:

- a) Not engage in a sexual relationship with a former patient (or their immediate family member) for a minimum of one year from the date the professional relationship was terminated unless:
 - i. Professional service was provided as part of episodic care only, in which case, the professional relationship ended when the episode of care was concluded.
- b) Not engage in a sexual relationship with any former patient (or their immediate family member) who required psychosocial nutrition interventions as a result of an eating disorder diagnosis.
- c) Not engage in a sexual relationship with any former patient (or their immediate family member) when there is a risk that there will be a continuing power imbalance between the Registered Dietitian and the former patient, as determined by considering the following:
 - The number of times that the Registered Dietitian and the patient had a professional interaction;

- The duration of the professional relationship;
- The nature of the professional interactions;
- Whether sufficient time has passed since the last professional interaction occurred (one year or more);
- Whether the patient has confided personal information to the Registered Dietitian beyond that which was necessary for the purposes of receiving professional services;
- Whether the patient was emotionally dependent on the Registered Dietitian; and
- Whether the patient is particularly vulnerable as a result of factors such as: age, gender identity, socioeconomic status, or as a result of a mental, intellectual or physical disability.”

Components of a professional – client relationship that must be considered by Registered Dietitians and Registered Nutritionists when establishing and managing boundaries within a relationship are power, trust, respect, sensitivity, and closeness; each of these components are discussed below.

Power

In a professional – client relationship, the professional is inherently in a position of having more power than their client; this is due to the following:

- The Registered Dietitian or Registered Nutritionist has formal authority through their position within the health care system
- The Registered Dietitian or Registered Nutritionist has unique and specialized knowledge that the client does not
- The client is dependent on the care / professional services that the Registered Dietitian or Registered Nutritionist is providing
- The Registered Dietitian or Registered Nutritionist has access to privileged information regarding the client
- The Registered Dietitian or Registered Nutritionist has the ability to influence others in relation to the care of the client

Clients may be hesitant to compromise the professional – client relationship by challenging the knowledge and expertise of the Registered Dietitian or Registered Nutritionist. Furthermore, some clients may feel vulnerable in a relationship where they must trust that the Registered Dietitian or Registered Nutritionist will act in the best interests of the client.

It is the responsibility of all Registered Dietitians and Registered Nutritionists to use their inherent power in an appropriate manner, ensuring that the needs of their clients are met in a safe and positive environment (1, 2).

Trust

In the professional – client relationship, clients trust that Registered Dietitians and Registered Nutritionists have the required knowledge, abilities, skills, and expertise to provide competent, safe, professional services. Registered Dietitians and Registered Nutritionists have a responsibility to act in the best interests of their clients and to avoid any actions that would undermine the confidence and trust of their clients.

Respect

Respect for the client and their decisions are fundamental to a positive professional – client relationship. The obligations of Registered Dietitians and Registered Nutritionists related to respecting the individuality and autonomy of others are reflected in the College of Dietitians of Alberta (the College) *Standards of Practice*, Standard 2: Boundaries which states the following:

- c). Respect, establish, and manage effectively, the boundaries that separate their personal and professional relationships/roles in all contexts (e.g., face-to-face, virtual dietetic practice, social media).

The *Standards of Practice*, Standard 3. Client-Centred Services, also addresses respect:

- a). Acknowledge and respect the rights, dignity, and uniqueness of each client (e.g., ethnic/cultural background, religion, age, gender, social status, marital status, sexual orientation, political beliefs, physical/mental ability, corporate mission, and values).
- c). Acknowledge and respect clients' rights to autonomy and decision making over their own health.

Sensitivity

Sensitivity is needed to protect the trust and respect of the professional - client relationship. A patient's sense of vulnerability may be increased by the physical proximity, varying degrees of undress and personal disclosure inherent in physiotherapy practice (2).

Closeness

In a professional – client relationship, individuals are typically placed in an atmosphere or setting that requires physical, emotional, and psychological closeness that is not typically found in other everyday relationships. However, the nature and degree of closeness in such relationships differs from the closeness of social, romantic, or sexual relationships. Closeness during the provision of professional services to a client by a

Registered Dietitian or Registered Nutritionist may include but is not limited to the following:

- Physical closeness i.e. during measurement of anthropometric data, or Subjective Global Assessment
- Varying degrees of undress i.e. during measurement of anthropometric data
- Disclosure of personal information
- Expression of emotions

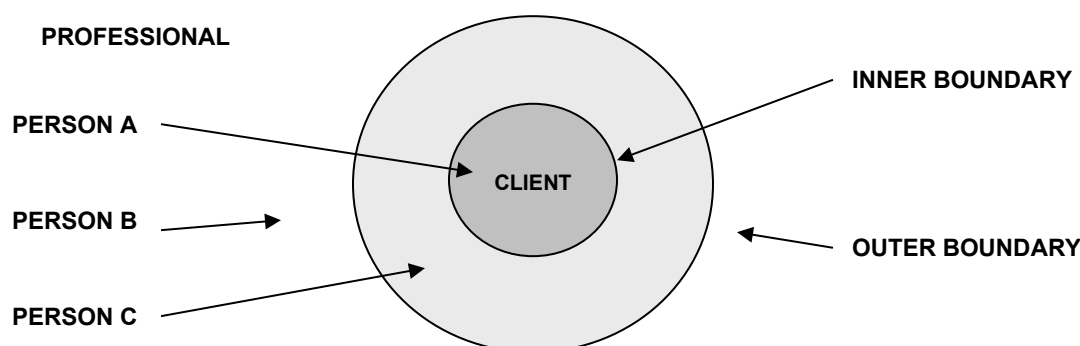
Each of these aspects of closeness within a professional – client relationship is acceptable when carried out appropriately. As indicated in the *Standards of Practice*, Standard 3. Client-Centred Services, Registered Dietitians and Registered Nutritionists have a responsibility to respect the individuality and autonomy of others. Registered Dietitians and Registered Nutritionists should ensure that their clients are informed of and provided consent to perform the care / services that are being provided and that clients are able to share control in decisions that are made in relation to the professional services that they receive.

When closeness becomes unacceptable, in the case of a sexual relationship with a patient, it is important to know that a patient/client *can never* consent to a sexual relationship. Regardless, if a patient initiates or agrees to the relationship, it is always considered sexual abuse of a patient (9).

Defining Boundaries

Professional boundaries set limits to define the parameters of a safe, therapeutic connection between Registered Dietitians or Registered Nutritionists and their patients (2).

A “boundary” defines the comfort zone or personal space of an individual. A “personal boundary” is the point where a client sets limits for a professional in the professional – client relationship. The “inner” and “outer” boundaries are two important contact points in the professional – client relationship which are depicted in the diagram below (5, 6).



The “inner boundary” is the line that separates the client from the professional. When a professional such as Person A in the diagram “crosses” the inner boundary of the client, they have intruded on the client either physically, emotionally, or psychologically, resulting in an invasion of the comfort zone or personal space of the client. A client will generally feel a certain amount of discomfort or bad feelings when their inner boundary is crossed. Registered Dietitians and Registered Nutritionists must be sensitive to the expression, posture, gestures and voice quality of the client, or any other signs that may indicate that the client is experiencing discomfort or bad feelings (4,5).

Another way of looking at boundaries is to consider that rather than a clear, consistent dividing line, Registered Dietitians and Registered Nutritionists must be aware of the grey zone which lies in between clearly acceptable and clearly unacceptable behavior. In this zone, behavior may or may not be appropriate depending on aspects of the professional - client relationship and the treatment provided. In this way, professional boundaries are dynamic in nature (2).

Inherent to establishing a professional - client relationship is knowing where to draw the line between a professional relationship and a personal one, and how to avoid crossing that line. To do so, you must acknowledge the inherent power imbalances in the relationship, the profession’s expectations for appropriate behavior, and your duty of care. Given that there is a grey zone of behaviours that may or may not be appropriate, it can sometimes be difficult to know if you have crossed the line (2):

<i>May be Appropriate</i>	<i>Probably not Appropriate</i>	<i>Never Appropriate</i>
Giving or accepting gifts Romantic relationships with former patients Hugging/touching for reasons unrelated to professional services	Social Relationships with current clients Treating family or friends	Physical, verbal, emotional, sexual abuse, or sexual misconduct Sexual relationship with a current client/patient

In order to gain a better understanding of the concept of the inner boundary of the client in a professional – client relationship, consider the following case example.

Case Example 1: A Registered Dietitian (RD) works in a large urban health centre. For some time, she has been very unhappy as her workload has been steadily increasing due to staffing shortages. She makes a point to mention this to several of her clients. During her last client visit of the day, she tells the client of her workload frustrations, indicating that she has had enough and is thinking of quitting her job. Then, in a somewhat critical manner, the RD provides a rather “aggressive” and directive diet instruction, focusing on everything that the client has been doing wrong and the changes that have to be made. The client becomes very quiet and withdrawn, just wishing that the RD would leave if she thinks that the clients are such a nuisance to her.

In this case example, the Registered Dietitian has crossed the inner boundary of the client. She has shared information that was not essential to the professional – client relationship and did not treat the client with respect, thereby leaving the client in a very uncomfortable position.

The “outer boundary” is the point at which the professional becomes distant and loses touch with the client. Professionals may distance themselves from clients for a variety of reasons which may include discomfort with certain cultural differences, strong body odour, fear of clients with certain disease conditions, personality conflicts, etc. When a professional such as Person B in the diagram distances themselves excessively from the client, the professional – client relationship becomes compromised. Registered Dietitians and Registered Nutritionists must be sensitive to any client behaviours that suggest that the client feels a sense of distance, fear or abandonment i.e. clinginess, hopelessness, anger, etc. and take appropriate actions to resolve the situation (4-6).

In order to gain a better understanding of the concept of the outer boundary of the client in a professional – client relationship, consider the following case example.

Case Example 2: A Registered Dietitian (RD) sees a long-term client who has cardiovascular disease. The client is struggling with the agreed upon nutrition care plan and is making little progress, if any, in managing their disease condition. The RD has given up on the client, shows little interest in helping them set new goals and distances herself from the client. The client feels helpless and hopeless.

In this example, the Registered Dietitian has moved beyond the outer boundary of the client and has distanced herself from the client in such a way that the goals that were established with the client as part of the professional – client relationship will likely not be met.

In the optimal professional – client relationship, the professional must remain objective with the client and maintain a professional distance, which is not too close and not too distant, as depicted by Person C in the diagram. Maintaining a professional distance involves recognizing and respecting the inner boundary of a client and remaining engaged in the provision of care / services to the client. It is within the sphere that is between the inner and outer boundary that the professional and the client can work together most effectively to promote the best interests of the client. (5,7).

The boundaries of an individual will vary from one person to the next and from one context or setting to the next. Most individuals are not even aware of their boundaries until they are crossed, and uncomfortable feelings arise (4,5). It is the responsibility of all Registered Dietitians and Registered Nutritionists to acknowledge and respect the inner and outer boundaries of each of their clients. As professionals, they must be cautious of their attitudes and behaviours and be sensitive to the feedback of their clients, ensuring that they have not crossed the inner boundary of a client or that they have moved outside of the outer boundary by inappropriately distancing themselves.

In the event that any type of discomfort or bad feelings arise in a professional – client relationship, the professional must evaluate the situation and objectively ask the following questions (5):

1. Who is crossing a boundary?
2. Which boundary is being crossed?
3. What can I as the professional do to manage this boundary crossing in an effective manner?

Establishing and Managing Boundaries

Professional boundaries set limits and clearly define the therapeutic behaviour of Registered Dietitians and Registered Nutritionists from any other behaviours, well intended or not, that could lessen the benefits of client care. They also ensure the safe interaction of professionals and clients within the professional – client care relationship. Boundaries give each person in a relationship a sense of legitimate control and function to empower clients (1, 2, 7).

The ability to effectively establish and manage boundaries is essential to providing ethical care / services. Registered Dietitians and Registered Nutritionists must exercise professional judgment as they establish and manage the boundaries necessary for the professional – client relationship to flourish. Professional – client relationships that lead to abuse, romantic encounters or sexual relations are never appropriate; such breaches of trust in a professional – client relationship are prohibited as per the *Standard of Practice: Sexual Abuse and Sexual Misconduct Prevention* (9).

KEY PRACTICE POINT

Professional boundaries set limits and clearly define the therapeutic behavior of Registered Dietitians and Registered Nutritionists from any other behaviors, well intended or not, that could lessen the benefits of client care.

The obligations of Registered Dietitians and Registered Nutritionists related to professional boundaries are also reflected in Section 2.5 of the College of Dietitians of Alberta (the College) *Code of Ethics* which states the following:

“2.5 Professional Boundaries

- (1) The dietitian must respect boundaries that separate their personal and professional relationships and roles.
- (2) The dietitian is sensitive to their position of relative power or influence in professional relationships and does not use their position to take physical, emotional, sexual or financial advantage of clients.
- (3) The dietitian does not undertake a professional relationship when a current or previous personal, financial, employment or legal relationship with the

client would compromise the provision of professional services or the integrity of the dietitian.

- (4) The dietitian does not engage in a sexual relationship with a client when a professional relationship exists.”⁷⁶

Contravention of these obligations may constitute unprofessional conduct as defined in the *Health Professions Act (HPA)* which states the following:

“In this Act,

- (pp) “unprofessional conduct” means one or more of the following, whether or not it is disgraceful or dishonorable:
- (ii) contravention of the Act, a code of ethics or standards of practice.”⁷⁷

Unprofessional conduct in the form of sexual abuse will lead to the cancellation of a practice permit; unprofessional conduct in the form of sexual misconduct will lead to the suspension of a practice permit (9).

Registered Dietitians and Registered Nutritionists can most effectively establish and manage professional boundaries in the professional – client relationship through the following actions (2):

- Practicing in compliance with legislation, the *Standards of Practice*, the *Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention*, and the *Code of Ethics*
- Understanding the differences between a professional – client relationship and a non-professional relationship
- Understanding and establishing professional and personal boundaries
- Understanding communication styles and using appropriate communication strategies to ensure that boundaries are maintained
- Attempting to understand the unique characteristics of each client, including cultural awareness, and their personal boundaries
- Using a client centered approach that promotes client participation and choice in their care through informed decision making
- Establishing the anticipated duration for the professional – client relationship at the onset of the relationship
- Obtaining client consent to treatment for all care / services provided

⁷⁶ College of Dietitians of Alberta. *Code of Ethics*; 2007.

⁷⁷ Province of Alberta. *Health Professions Act*; R.S.A. 2000, c. H-7.

- Understanding and applying laws governing privacy and confidentiality of client information
- Using a reflective approach that involves continuous self-assessment of one's behaviours and interactions to ensure that professionalism, integrity and respect are consistently demonstrated toward clients

Boundary Crossings

A boundary crossing occurs when the behaviour of a Registered Dietitian or Registered Nutritionist deviates from the established boundaries of a professional – client relationship. Boundary crossings are much like a conflict of interest. However, in the case of a boundary crossing, the competing interest involves personal feelings rather than financial considerations or gifts. The risks of a boundary crossing are as follows (7):

- 1) They have the potential to interfere with the professional judgment of a professional because of an emotional or other benefit that is gained, or because of fears that an inappropriate behaviour will be exposed.
- 2) They have the potential to compromise the ability of a client to accept or question a treatment decision or to provide informed consent.

Boundary crossings are often subtle, frequently beginning with an innocent or harmless action or behaviour that eventually becomes cumulatively significant. Registered Dietitians and Registered Nutritionists must be aware of any actions or behaviours that fall outside of what is considered normal within the professional – client relationship. They must ensure that all of their actions and behaviours are directed towards meeting the established goals of the relationship, acting in accordance with the best interests of the client and not promoting their own interests (2).

Boundaries may be crossed in a number of ways; some of the more common types of boundary crossings are as follows (6,7):

KEY PRACTICE POINT

A boundary crossing occurs when the behavior of a Registered Dietitian or Registered Nutritionist deviates from the established boundaries of a professional – client relationship.

Self-Disclosure

Limited and careful disclosure of the personal details of a professional may be helpful in developing rapport with a client. However, a Registered Dietitian or Registered Nutritionist who shares personal details about their private life can confuse a client and may lead the client to think that the professional desires to have more than a professional relationship. Registered Dietitians and Registered Nutritionists should be cautious in self-disclosure; when disclosing any personal information about themselves, they should ensure that the information provided is appropriate and serves to promote the best interests of the client. Self-disclosure is

never appropriate if it is for the purpose of meeting the needs of the professional (6,7).

Case Example 3: A young mother is somewhat overwhelmed with feeding her twin toddlers and makes an appointment to see a Registered Nutritionist (RD). During the appointment, the young mother also mentions that she is having problems toilet training her twins. The RD informs the young mother that her sister had recently experienced similar frustrations and attended a very helpful session on toilet training at a local health unit.

In this case example, the Registered Nutritionist exercised caution while sharing her personal information and did not cross the boundaries of the client. The self-disclosure was appropriate within the professional – client relationship and served to promote the best interests of the client.

Registered Dietitians and Registered Nutritionists must also be aware of disclosure of personal information when using social media (see Chapter 14 Social Media, Virtual and Cross Border Practice), even if the intent is not to share with clients or family members. Being aware of one's privacy settings is recommended; however Registered Dietitians and Registered Nutritionists need to remember that information posted may be permanent and should be considered public information.

Accepting or Giving Gifts

There are potential risks to the professional – client relationship related to accepting or giving gifts. While a client may give a small gift to a Registered Dietitian or Registered Nutritionist as a simple expression of appreciation for the care / services received, larger or more frequent gifts may indicate that a client is developing a personal relationship with the Registered Dietitian or Registered Nutritionist or expects something in return. Similarly, while a Registered Dietitian or Registered Nutritionist may choose to give a small gift to a client to celebrate achieving a particular milestone, larger or more frequent gifts may indicate that the dynamics of the professional – client relationship have changed. Registered Dietitians and Registered Nutritionists should exercise professional judgment when deciding whether to accept or give a gift, giving careful consideration to their workplace policies, the possible consequences of their actions and any possible harm that may result; neither party should feel coerced or manipulated by the offer of a gift (2, 6,7).

Case Example 4: A Registered Dietitian (RD) has been providing nutrition care for a client in a diabetes clinic for a number of years. The client is grateful to the RD for her care and dedication and has offered her the use of her condominium in Florida.

In this case example, it would be appropriate for the Registered Dietitian to express her sincere gratitude, but graciously decline the offer. The value of the gift is too great and accepting such a gift could potentially have an effect on the professional – client relationship.

Dual Relationships

There are two types of dual relationships that professionals must be aware of. The first type of dual relationship occurs when a professional provides two different services, i.e. a Registered Dietitian or Registered Nutritionist may provide nutrition counseling services in addition to selling a particular product, which may or may not be nutrition related. The second type of dual relationship occurs when a professional provides care / services to family, friends, or acquaintances (2, 6).

In the case of a professional who provides two different services, the professional – client relationship may be compromised if a client feels coerced into purchasing a product or service or is dissatisfied with the products or services provided through one of the relationships (6).

The potential problems in establishing and managing boundaries in dual relationships that involve providing care / services to family, friends or acquaintances are obvious when one considers the differences between a professional – client relationship and a non-professional relationship. Family, friends, or acquaintances should be referred to another practitioner. In circumstances where all attempts to find another practitioner have been exhausted and no other options are available, the Registered Dietitian or Registered Nutritionist is expected to provide quality care / services without allowing the dual relationship to compromise their professional judgment. Prior to providing care / services, careful consideration should be given to the following factors:

- The nature of the client's condition, the care / services required and any boundary crossings that may occur as a result of providing the required care / services
- Reimbursement for care / services provided; in cases where a perceived conflict of interest may occur, the relationship between the Registered Dietitian and Registered Nutritionist should be disclosed to the employer, the client's health insurance provider and relevant others
- Past experiences or interactions that may affect the professional – client relationship
- Maintaining confidentiality of client information to other family members and / or friends

Registered Dietitians and Registered Nutritionists should avoid providing care / services in any situation where a dual relationship exists. If a relationship is in existence prior to establishment of the professional – client relationship, Registered

Dietitians and Registered Nutritionists are advised to refer the client to another practitioner, if at all possible.

Case Example 5: A Registered Nutritionist (RD) provides nutrition counseling to clients through a private practice. To supplement her income, she also has been selling a line of food storage containers. She does home parties and often takes orders from friends and clients at work. During a nutrition counseling session with an elderly client, the RD tells the client about the food storage containers and gives the client an order form. The client really does not need any food storage containers but feels that if she does not place an order, the RD may no longer want to provide the nutrition counseling services.

In this case example, the Registered Nutritionist has crossed the boundary of the client. The dual relationship is not being appropriately managed by the Registered Dietitian as it interferes with the professional – client relationship and promotes the best interests of the professional rather than that of the client.

Social Networking further illustrates the concerns with a dual relationship. Accepting an invitation to be a client's friend on Facebook, even with strict privacy settings, will expose the Registered Dietitian to the client's private life and will expose some information about the Registered Dietitian's own nonprofessional circumstances. A client who is a "friend" of the Registered Dietitian would be privy to messages, photos and other personal information that may compromise the dynamics of the professional – client relationship.

Registered Dietitians and Registered Nutritionists therefore should not accept friend requests from clients, nor should they solicit "friendships" with clients via social media. A professional social networking page, where clients and the public can access information about the Registered Dietitian's services, professional / evidence-based nutrition information and other resources is considered acceptable so long as there is no link to the Registered Dietitian's personal page (For more information please see Chapter 14 Social Media, Virtual and Cross Border Electronic Practice).

Developing a Social Relationship with Clients, their Family Members or Partners

In a professional – client relationship, professionals, clients, and care givers such as family members or the partner of a client will often spend significant amounts of time together. As a result, the potential for developing a social or non-professional relationship between the professional and a client, their family members or partner exists. Registered Dietitians and Registered Nutritionists should be cautious in developing social relationships with a client, their family members or partner, giving careful considerations to the impact that the social relationship may have on the professional – client relationship. Any relationship that does not promote the best interest, individuality, autonomy, and independence of the client is harmful.

Case Example 6: A Registered Dietitian (RD) works in a large acute care hospital. A female client who has sustained a cerebrovascular accident is unable to swallow and relies on enteral nutrition to provide her nutritional needs. The RD has been very involved in the care of this client and has worked closely with the husband of the client to ensure that he knows how to manage his wife's feedings once she is able to go home. The husband of the client is grateful for the care provided by the RD. He decides to invite her out for dinner on Friday night.

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In this case example, the Registered Dietitian should not accept the dinner invitation. She is still actively involved in providing care to the client; if she entered into any type of social relationship with the husband of the client, she would risk being in a dual relationship.

A romantic / sexual relationship with a client's family member must be avoided, as noted in the *Standard of Practice: Sexual Abuse and Sexual Misconduct Prevention*:

“Standard 2.

The Registered Dietitian or former Registered Dietitian does not engage in a sexual relationship with a former patient (or their immediate family member) until at least one year has passed from the time of the last documented health care/professional service interaction.”

Furthermore, it is an established convention that professionals, including Registered Dietitians and Registered Nutritionists, provide their services in an appropriate setting. Ignoring established conventions (i.e. meeting in the park, over dinner or drinks, etc.) puts the professional – client relationship at risk by confusing the nature of the relationship with that of a friendship (6).

Developing a Social Relationship with a Former Client

Developing a social relationship with a former client may be appropriate in certain situations. Prior to developing such a relationship, Registered Dietitians and Registered Nutritionists should carefully consider the following:

- The nature of the professional services that were provided (where psychosocial interventions are provided, social relationships with former patients should be avoided)
- The duration professional services were provided, and the likelihood that professional services will be required in future
- The degree to which the client is emotionally dependent on the Registered Dietitian as a result of the previous professional – client relationship
- The potential impact on the well being of the client.

As noted in Standard 2 of the *Standard of Practice: Sexual Abuse and Sexual Misconduct Prevention*, the Registered Dietitian does not engage in a sexual relationship with a

former patient (or their immediate family member) until at least one year has passed from the time of the last documented health care/professional service interaction.

The Registered Dietitian must also not engage in a sexual relationship with any former patient (or their immediate family member) who required psychosocial nutrition interventions as a result of an eating disorder diagnosis (Standard 2 from *Standard of Practice: Sexual Abuse and Sexual Misconduct Prevention*).

Prior to considering such a relationship, Registered Dietitians and Registered Nutritionists should carefully consider the following factors from Standard 2:

“b). Not engage in a sexual relationship with any former patient (or their immediate family member) who required psychosocial nutrition interventions as a result of an eating disorder diagnosis.

c). Not engage in a sexual relationship with any former patient (or their immediate family member) when there is a risk that there will be a continuing power imbalance between the Registered Dietitian and the former patient, as determined by considering the following:

- The number of times that the Registered Dietitian and the patient had a professional interaction;
- The duration of the professional relationship;
- The nature of the professional interactions;
- Whether sufficient time has passed since the last professional interaction occurred (one year or more);
- Whether the patient has confided personal information to the Registered Dietitian beyond that which was necessary for the purposes of receiving professional services;
- Whether the patient was emotionally dependent on the Registered Dietitian; and
- Whether the patient is particularly vulnerable as a result of factors such as: age, gender identity, socioeconomic status, or as a result of a mental, intellectual or physical disability.”

Case Example 7: A Registered Dietitian (RD) provides nutrition care services in an out-patient clinic. While at the mall, she runs into a former client that she had provided care / services to a few years back when he had initially been diagnosed with celiac disease. He asks the RD if she would like to go for coffee.

In this case example, there would likely be no harm in going for coffee with the former client as a period of time has passed and the former professional – client relationship no longer exists. While having coffee, the Registered Dietitian should quickly realize if the former client is trying to re-establish the former professional – client relationship with her by seeking professional advice, and then act appropriately. If the relationship remains social and

develops further, any nutrition care / services required by the former client should be provided by another Registered Dietitian or Registered Nutritionist.

Developing a social relationship with a client, family members, partners, or former clients via Social Media

As noted above, Registered Dietitians and Registered Nutritionists must separate their personal and professional life on social media sites. It is not appropriate for Registered Dietitians to accept clients as “friends” via their personal social networking profiles, as this would be considered a dual relationship⁷⁸. Please see above and Chapter 14 Social Media, Virtual and Cross Border Practice for more information.

Overall, it is the responsibility of all Registered Dietitians and Registered Nutritionists to acknowledge and respect the boundaries of each of their clients. The following questions should be considered prior to engaging in any activities or behaviours that could potentially involve crossing a boundary (2, 6):

- Would this action be in the best interests of the client?
- Is my action required by the client in order to achieve our agreed upon care / service goals?
- Who would benefit most by my action?
- Could my action have an effect on my provision of care / service to the client?
- Will my action result in the client achieving a greater level of independence?
- Could my actions potentially confuse the client and be perceived as inappropriate in a professional – client relationship?
- Are my behaviours and actions consistent with that of other Registered Dietitians or Registered Nutritionists who are in the same circumstances?
- Could I tell a colleague, my supervisor or my family about my actions?
- Would my actions be supported and funded by my employer or a health insurance provider?

Registered Dietitians and Registered Nutritionists must always remember that the professional – client relationship is established solely to meet the needs of the client and

⁷⁸ College of Dietitians of Ontario. *Boundary Issues*.

<http://www.collegeofdietitians.org/Resources/Ethics/Boundary-Crossings/Jurisprudence-Handbook-Chapter-10-Boundary-issues.aspx>

therefore should exercise caution in their actions, ensuring that they are not at risk of crossing boundaries. In the event that a boundary has been crossed, the Registered Dietitian or Registered Nutritionist has an obligation to ensure that the professional boundaries are upheld. It may be necessary for roles to be re-clarified and care / service plans to be re-established. In situations where this is not possible, and the decision is made to terminate the professional – client relationship, the Registered Dietitian or Registered Nutritionist must take the necessary actions to ensure that the client is not harmed by an interruption to the care / services that were being provided and that appropriate arrangements are made for the transfer of care.

Boundary Violations

A boundary violation on the part of a professional is a deliberate behaviour that is inappropriate and violates the professional – client relationship. Such behaviours are always unacceptable; they are abusive and are not in the best interests of the client. In this context, the term abusive means the misuse of power or a betrayal of trust, respect, or intimacy between a professional and the client that the professional could be reasonably expected to know has the potential to physically or emotionally harm the client (8). Examples of boundary violations include, but are not limited to physical abuse, verbal abuse, emotional abuse, sexual abuse and/or misconduct, financial abuse, and neglect; each of these is explained below.

KEY PRACTICE POINT

A boundary violation on the part of a professional is a deliberate behavior that is inappropriate and violates the professional – client relationship. Such behaviors are always unacceptable; they are abusive and are not in the best interests of the client.

Physical Abuse

Registered Dietitians and Registered Nutritionists must not touch or exhibit any behaviours towards a client that may be reasonably perceived by clients or others to be violent, threatening or to inflict physical harm. Inappropriate actions include but are not limited to hitting, slapping, pushing, using force, shaking, or handling a client in a rough manner.

In certain instances, a Registered Dietitian or Registered Nutritionist may be in a situation where they must defend themselves from a client who is exhibiting violent behaviour. Any protective actions taken should not be mistaken for physical abuse. However, should such a circumstance arise, the Registered Dietitian or Registered Nutritionist must be prepared to explain their actions (7).

Verbal Abuse

Verbal abuse involves any communication with a client that may reasonably be perceived by the client or others to be demeaning, exploitive, insulting, derogatory, humiliating, or seductive. When speaking to clients and others, Registered Dietitians and Registered Nutritionists are advised to use only those words and terms that would be acceptable in a formal public exchange. Practitioners should also be aware

that use of first names (particularly among the elderly) or terms such as “grandma”, “grandpa”, “dear”, “sweetheart”, etc. without the permission of the client have the potential to be offensive, demeaning, and disrespectful (7).

Emotional Abuse

Registered Dietitians and Registered Nutritionists must ensure that their verbal and non-verbal behaviours demonstrate respect for their clients. Examples of disrespectful behaviours that have the potential to be emotionally harmful include but are not limited to manipulation, intimidation, teasing or taunting, sarcasm, retaliation, inappropriate gestures, or posture, threatening, blaming and disregard for the client’s modesty. Registered Dietitians and Registered Nutritionists must also ensure that they do not demonstrate any behaviours towards a client which may be perceived by the client or others as thoughtless or disrespectful for the client’s culture and / or religious beliefs (6,7).

Sexual Abuse and Sexual Misconduct

According to the Government of Alberta, *Sexual Abuse* refers to the threatened, attempted or actual conduct of a regulated member towards a patient that is of a sexual nature and includes any of the following conduct: sexual intercourse between a patient and regulated member; genital to genital, genital to anal, oral to genital, or oral to anal contact between a regulated member and a patient; masturbation of a regulated member by or in the presence of a patient; masturbation of a regulated member’s patient; encouraging a regulated member’s patient to masturbate; touching of a sexual nature of a patient’s genitals, anus, breasts or buttocks by a regulated member.⁷⁹

Sexual Misconduct refers to any incident or repeated incidents of objectionable or unwelcome conduct, behaviour or remarks of a sexual nature by a regulated member towards a patient that the regulated member knows or ought reasonably to know will or would cause offence or humiliation to the patient or adversely affect the patient’s health and well-being but does not include sexual abuse.⁸⁰

Sexual nature does not include any conduct, behaviour or remarks that are appropriate to the services provided;⁸¹ if inappropriate to services provided, it is considered sexual abuse.

Penalties and Requirements for Findings of Sexual Abuse and Sexual Misconduct

As noted earlier in the chapter, a patient can never consent to a sexual relationship with a regulated member. A sexual relationship between a Registered Dietitian and their patient is considered sexual abuse and constitutes unprofessional conduct (9).

⁷⁹ Government of Alberta. (2018). *Bill 21: An Act to Protect Patients*. (s. 2(b) Bill 21, s. 1(1)(nn.1) HPA)

⁸⁰ Government of Alberta. (2018). *Bill 21: An Act to Protect Patients*. (s. 2(b) Bill 21, s. 1(1)(nn.2) HPA)

⁸¹ Government of Alberta. (2018). *Bill 21: An Act to Protect Patients*. (s. 2(b) Bill 21, s. 1(1)(nn.3) HPA)

The consequences of sexual abuse or sexual misconduct can be long term and serious for both the client and the professional. *Bill 21: An Act to Protect Patients* outlines the penalties for findings of sexual abuse and sexual misconduct of a patient by a health professional.

- A finding of sexual abuse of a patient by a Registered Dietitian will result in the cancellation of their practice permit. Registered Dietitians are prevented from applying for reinstatement if their practice permit has been cancelled as a result of conduct deemed to be sexual abuse or cancelled as a result of one of the specified Criminal Code violations.
- A finding of sexual misconduct towards a patient by a Registered Dietitian will result in the suspension of their practice permit. Registered Dietitians are prevented from applying for reinstatement, for at least 5 years, if their practice permit has been cancelled as a result of conduct deemed to be sexual misconduct.

Under *Bill 21: An Act to Protect Patients*, regulatory colleges are required to:

- provide funding for treatment and counselling for patients who allege sexual abuse or sexual misconduct by a regulated health professional
- post health professionals' discipline history for sexual abuse or misconduct on a public-facing website
- establish a patient relations programs that includes training for health professionals and college staff to prevent and address sexual abuse and misconduct and information to help Albertans understand a college's complaints process
- create new standards of practice for sexual abuse and sexual misconduct approved by the Minister of Health
- when holding a hearing for allegations of sexual abuse or sexual misconduct, make every reasonable effort to ensure that hearing tribunal members have received training on trauma informed practice and sexual violence, and that at least one member of every hearing tribunal has the same gender identity as the patient

It is important that Registered Dietitians and Registered Nutritionists maintain firm and clear boundaries with clients in order to avoid any conduct that could be perceived as sexual in nature. Warning signs that the professional boundaries of the professional – client relationship of a Registered Dietitian or Registered Nutritionist may be in jeopardy are listed below:

Warning signs that the professional boundaries of a professional – client relationship may be in jeopardy include:		
<ul style="list-style-type: none"> • Frequently thinking about the client when away from work • Frequently planning the care of other clients around the client's needs • Spending free time with the client • Sharing personal information or work concerns with the client • Providing the client with personal contact information that is not related to the provision of dietetic services • Feeling responsible if the client's progress is limited • Changing dress style for work when working with the client 	<ul style="list-style-type: none"> • Noticing more physical touching than is appropriate or sexual content in interactions with clients • Favoring one client's care at the expense of another • Keeping secrets with the client • Selective reporting of the client's behaviour • Trading client assignments • Communicating in a guarded or defensive manner when questioned regarding interactions / relationships with the client 	<ul style="list-style-type: none"> • Receiving gifts or continued contact / communication with the client after discharge • Denying the fact that a client is a client • Acting or feeling possessive about the client • Giving special attention / treatment to the client, which differs from that given to other clients • Denying that you have crossed the boundary from a professional – client relationship to a non-professional relationship

Adapted from: Physiotherapy Alberta (2), Coltrane & Pugh (8) and College of Physiotherapists of Ontario (10)

The following protective measures should be applied by all professionals, including Registered Dietitians and Registered Nutritionists as they interact with their clients (6):

- Avoid any type of behaviour that is sexual in nature
- Firmly, but politely stop clients if they initiate any behaviour that is sexual in nature, including flirting, telling inappropriate jokes, etc.
- Do not make any suggestive or seductive comments or gestures that could be subject to misinterpretation
- Do not take a sexual history unless it is clearly required for a nutrition assessment or monitoring
- Do not make comments related to a client's body or sex life
- Never date a client or invite them to be a "friend" via social media

- Avoid self-disclosure
- Be sensitive to and avert clients who attach themselves emotionally
- Document any intimate conversations, touch or exposure, even when entirely clinical and appropriate

Registered Dietitians and Registered Nutritionists need to remember that even if it is the patient/client who initiates a sexual relationship, by definition, it constitutes sexual abuse. It is the responsibility of the professional to manage the boundaries of the professional – client relationship, including terminating the professional – client relationship and referring the patient to another Registered Dietitian, as appropriate. Professionals who “fall in love” with a client and believe that their clients are returning this feeling and consenting to the personal relationship are engaging in sexual abuse (6, 10).

Financial Abuse

Financial abuse involves any actions that result in a monetary, personal, or other material benefit gain or profit to the professional or a monetary, personal, or other material benefit loss to the client. Such actions may occur with or without the informed consent of the client. Examples of unacceptable behaviours include but are not limited to: borrowing money or property from a client; misappropriation or misuse of a client’s money or property; assisting with the financial affairs of the client; soliciting gifts from a client; requiring a client to purchase products or seek other services which would result in personal gain for the professional; unethical or dishonest billing practices; withholding finances through trickery or theft, etc. Any financial transactions that occur between a Registered Dietitian or Registered Nutritionist and the client or appropriate others must be limited to those that are legitimate conditions of the professional – client relationship (7).

Neglect

Neglect occurs when a professional fails to meet the basic needs of a client; such behaviours include but are not limited to isolating or ignoring the client and withholding the basic needs of the client such as food, fluid, or inappropriate withholding of communication or information. (It should be noted that withholding food is not considered neglect where the client’s wishes for end-of-life treatment are being respected following comprehensive medical evaluation (11).) Registered Dietitians and Registered Nutritionists must not neglect a client; they have an obligation to ensure that all of their actions serve to promote the best interests of the client (7).

Touching a Client

In the provision of client care, there are occasions when a Registered Dietitian or Registered Nutritionist must touch a client. Examples of such circumstances would be during measurement of skinfold thickness, waist circumferences, performing Subjective Global Assessment, etc. Touching can easily be misinterpreted. If it is necessary to touch a client while providing care, it is important that the Registered Dietitian or Registered Nutritionist always demonstrates professionalism, and that the client understands that the action is a professional encounter (7). The following principles should be followed in all physical encounters with clients:

KEY PRACTICE POINT

If it is necessary to touch a client while providing care, it is important that the Registered Dietitian or Registered Nutritionist demonstrates professionalism, and that the client understands that the action is a professional encounter.

- “(a) Obtain the client’s consent before touching;
- (b) Acknowledge that the client can withdraw their consent at any time;
- (c) Avoid causing unnecessary hurt to the client by inappropriate touching;
- (d) Show respect by maintaining the client’s dignity;
- (e) Respect the client’s personal sense of space;
- (f) Use firm yet gentle pressure when touching the client to give reassurance and produce a relaxed response;
- (g) Avoid hesitant movements by being deliberate and efficient;
- (h) Understand when to use gloves for reasons relating to infection control and to decrease intimacy;
- (i) Use proper draping techniques;
- (j) Provide reassurance and explanations throughout the procedure;
- (k) Constantly check for level of understanding and consent; and
- (l) ‘Touch only when necessary.’” (6)

Boundaries that Protect the Professional

While respecting the boundaries of a client is extremely important in ensuring a positive professional – client relationship, respecting the boundaries of the professional is also important. This is particularly relevant in situations where a client becomes verbally, emotionally, or physically abusive towards a Registered Dietitian or Registered Nutritionist. In such instances, the client typically has other psychological, personality or emotional issues.

Registered Dietitians and Registered Nutritionists should realize that abusive behaviour is not generally related to the behaviour of the professional but is usually triggered by something that has occurred in the professional – client relationship. By reviewing the background information of a client, a Registered Dietitian or Registered Nutritionist is usually able to develop a good understanding of the underlying cause for the abusive behaviour (6).

Milder forms of abusive behaviour such as swearing, making sarcastic remarks, etc. are generally best managed by the Registered Dietitian or Registered Nutritionist through establishing firm boundaries. This can be accomplished by advising the client that their conduct is not appropriate and asking them to be more careful. Another strategy would be

KEY PRACTICE POINT

In all cases, it is the responsibility of the Registered Dietitian or Registered Nutritionist as the professional within the professional – client relationship to establish and manage both the boundaries of their clients and themselves.

to alter the context or circumstances of interactions by meeting in an open area where others are able to see and hear the behaviour of the client. Having an assistant or colleague take part in sessions with a potentially abusive client can also be helpful (6).

Examples of more abusive behaviours would include threats or actual violence, blatant, ongoing sexual propositioning, etc. In situations where the abusive behaviour of a client is significant or repetitive, Registered Dietitians and Registered Nutritionists are advised to consider terminating the relationship. As previously discussed, in the event that a Registered Dietitian or Registered Nutritionist decides to terminate a professional – client relationship, they must take the necessary actions to

ensure that the client is not harmed by an interruption to the care / services being provided and that appropriate arrangements are made for the transfer of care.

Overall, there must be a balance between a client's needs for care / services and a professional's needs for protection and safety. The importance of respecting boundaries in the professional – client relationship cannot be over emphasized. In all cases, it is the responsibility of the Registered Dietitian or Registered Nutritionist as the professional within the professional – client relationship to establish and manage both sets of boundaries (6,7).

Chapter Summary

The professional – client relationship is a working relationship that is established between a professional and a client or substitute decision maker, based on the individual needs of each client for competent, safe, ethical, professional care / services. The components of a professional – client relationship are: power, trust, respect and closeness. A “boundary” defines the comfort zone or personal space of an individual. The “inner boundary” is the line that separates the client from the professional. The “outer boundary” is the point at which the professional becomes distant and loses touch with the client. In the optimal professional – client relationship, it is the responsibility of the Registered Dietitian or Registered Nutritionist to recognize and respect the inner boundary of a client and remain engaged in the provision of care / services to the client. The ability to establish and manage boundaries is an essential component of providing ethical care / services. A boundary crossing occurs when the behaviour of a Registered Dietitian or Registered Nutritionist deviates from the established boundaries of a professional – client relationship. A boundary violation on the part of a professional is a deliberate behaviour that is inappropriate and violates the professional – client relationship. Such behaviours are always unacceptable; they are abusive and are not in the best interests of the client. Sexual Abuse and Sexual Misconduct of a patient/client by a Registered Dietitian is professional misconduct leading to cancelation or suspension, respectively, of their practice permit. While respecting the boundaries of a client is extremely important in ensuring a positive professional – client relationship, respecting the boundaries of the professional is also important. In all cases, it is the responsibility of the Registered Dietitian or Registered Nutritionist as the professional within the professional – client relationship to establish and manage both sets of boundaries.

Case Scenario 12.1

RR is a Registered Dietitian who works in private practice. She has been contracted by a major corporation to provide weekly nutrition / wellness classes and individual nutrition counseling for the staff from September to June. The participants demonstrate a keen interest in the classes, evident through their attendance and the questions / discussions that occur after each class. Many also take advantage of the individual nutrition counseling sessions that are available to them.

Over time, RR gets to know a number of the participants quite well. On occasion, a few of the participants go out for a “healthy drink” after class. Lately RR has joined them and has frequently found herself sitting next to OO. RR has gotten to know OO quite well during his individual nutrition counseling sessions where they are working on strategies to address his high cholesterol and triglyceride levels. OO starts to take a personal interest in RR and begins bringing her small gifts to class each week. RR finds herself attracted to OO and looks forward to his gifts. RR and OO start to date and by April, OO asks RR to move in with him.

Case Scenario 12.1 Questions

1. What are the concerns in the way in which RR is conducting herself as a regulated health professional?
2. Is RR placing herself at risk of crossing a boundary? Why or why not?
3. What factors should RR have considered in making a decision to date OO?
4. If RR were a colleague of yours, what advice would you give her? What obligations would you, as a regulated health professional, have?

Chapter Quiz

1. A professional – client relationship is:
 - a) established solely to meet the needs of the client
 - b) a fiduciary or trust relationship
 - c) one in which there is an equal balance of power
 - d) All of the above
 - e) Answers a and b only
2. All of the following statements are true *except* for the following:
 - a) A “boundary” defines the comfort zone or personal space of an individual.
 - b) When the actions or behaviours of a professional cause a client to feel an invasion of their comfort zone or personal space, a crossing of the “inner boundary” of client has occurred.
 - c) A boundary crossing may be physical, emotional or psychological in nature.
 - d) The “outer boundary” of a client is the point where the professional is fully engaged in the provision of care / services to the client.
3. All of the following statements are examples of a boundary crossing *except* for the following:
 - a) A Registered Dietitian or Registered Nutritionist who works in a long-term care setting frequently drops “hints” to certain residents that she would love to be included in their will.
 - b) A Registered Dietitian or Registered Nutritionist develops a good rapport with a client and eventually confides in her about her family problems.
 - c) A family member of a Registered Dietitian or Registered Nutritionist (RD) receives a referral from their physician for nutrition care services. The family member asks the RD if she can provide the nutrition care services; the RD declines and assists the family member in finding another RD who can provide the required care services.
 - d) A Registered Dietitian or Registered Nutritionist (RD) provides follow up nutrition counseling for a client on a monthly basis. During a session, the client mentions that she has an extra ticket for a concert that she would like to give to the RD. The RD accepts and is also treated by the client to dinner and drinks prior to the concert.
4. All of the following statements are true *except* for the following:
 - a) A boundary crossing is similar to a conflict of interest except that the competing interest involves personal feelings rather than financial considerations or gifts.
 - b) It is the responsibility of the client to establish and maintain their boundaries in the professional – client relationship.
 - c) A boundary crossing occurs when the behaviour of a professional deviates from the established boundaries of a professional – client relationship.
 - d) A boundary violation is a deliberate behaviour that is abusive and unacceptable.

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Chapter 13 Communication & Collaboration

CHAPTER OVERVIEW

- The Importance of Effective Communication and Collaboration Skills
- The Communication Process
- Strategies for Effective Communication
- The Importance of Team Work/Interprofessional Collaboration
- Stages of Team Development
- Effective Work Teams
- Chapter Summary
- Case Scenario
- Chapter Quiz
- References

The Importance of Effective Communication and Collaboration Skills

Communication may be defined as “the exchange of thoughts, messages, or information, as by speech, signals, writing, or behaviour”⁸². Communication is a two-way process that occurs through speaking, writing, listening, and observing as individuals share ideas, thoughts and feelings. The ability to communicate effectively is a foundational skill required by all professionals, including Registered Dietitians and Registered Nutritionists. “Communication skills are second only to job knowledge in promoting workplace success.”⁸³ Communication with clients/patients and with colleagues or members of the interprofessional team for the purposes of collaboration on client-centred care is essential for optimal client/patient outcomes.

The Oxford Learner’s Dictionary defines collaboration as “the act of working with another person or group of people to create or produce something”⁸⁴. Interprofessional Collaboration is defined by **The Canadian Interprofessional Health Collaborative (CIHC)** as “a partnership between a team of health providers and a client, in a participatory,

⁸² *The American Heritage Dictionary of the English Language*, Fourth Edition, Houghton Mifflin Company; 2006.

⁸³ Morgenstern, Julie, *Making Work Work*, Simon & Schuster, New York, NY; 2004, p. 209.

⁸⁴ Oxford University Press. *Oxford Learner’s Dictionary*. Retrieved March 18, 2021 at https://www.oxfordlearnersdictionaries.com/definition/american_english/collaboration

collaborative and coordinated approach to shared decision-making around health and social issues”⁸⁵. Excellent communication skills are essential for effective collaboration with clients and health care team members.

Professional Practice Standards outline the obligations for Registered Dietitians and Registered Nutritionists regarding communication and collaboration in dietetic practice. The *Integrated Competencies for Dietetic Education and Practice* outline the entry to practices competencies related to Communication and Collaboration⁸⁶:

“3. Communication and Collaboration

Dietitians communicate effectively and collaborate with others to achieve practice goals:

- 3.01 Use appropriate communication approaches
- 3.02 Use effective written communication skills
- 3.03 Use effective oral communication skills
- 3.04 Use effective electronic communication skills
- 3.05 Use effective interpersonal skills
- 3.06 Engage in teamwork
- 3.07 Participate in collaborative practice”

The *Standards of Practice* of the College outline separate Standards for both communication and collaboration in ongoing dietetic practice as follows⁸⁷:

“Standard 5. Communication

Standard

Registered Dietitians communicate effectively, respectfully, and in compliance with applicable legislative and regulatory requirements when providing professional services.

Indicators

To demonstrate this standard, Registered Dietitians will:

- a) Be clear and respectful in all verbal, nonverbal, and written communication.
- b) Maintain clients’ privacy and confidentiality in all forms of communication.
- c) Use strategies to promote effective communication (e.g., active listening, empathy).
- d) Adapt communication to the needs of clients and minimize barriers by incorporating relevant supports as available (e.g., interpreters, visual aids, technology, appropriate language, culturally appropriate resources).
- e) Use strategies to facilitate clients’ comprehension and learning (e.g., opportunity for questions, teach back, appropriate literacy levels).

⁸⁵ Canadian Interprofessional Health Collaborative. A National Interprofessional Competency Framework. 2010. Retrieved March 17, 2021 from: <http://www.cihc-cpis.com/>

⁸⁶ Partnership for Dietetic Education and Practice. *Integrated Competencies for Dietetic Education and Practice*. (2020)

⁸⁷ College of Dietitians of Alberta. *Standards of Practice*. (2019)

- f) Communicate with professional integrity and maintain appropriate boundaries in all communication formats at all times.
- g) Document professional communications accurately and in a timely manner as required.”

And:

“Standard 4. Collaborative Practice

Standard

Registered Dietitians partner with clients and team members in the collaborative and coordinated provision of professional services.

Indicators

To demonstrate this standard, Registered Dietitians will:

- a. Contribute professional knowledge to discussions and interactions with clients and team members.
- b. Clarify and explain their professional roles and responsibilities in discussions with clients and team members.
- c. Respect clients’ and team members’ perspectives and responsibilities, while acknowledging overlapping roles and scopes of practice.
- d. Consult with and/or refer as required, when the needs of clients may be more appropriately met by another Registered Dietitian or team member.
- e. Effectively manage conflict with clients and team members.
- f. Communicate clearly and respectfully with clients and team members, at all times to facilitate collaboration.”

Excellent communication skills are fundamental to good dietetic practice. Registered Dietitians and Registered Nutritionists who have good communication skills are able to carry out each of the following responsibilities in a more effective manner (1, 2):

- Conducting accurate assessments
- Implementing plans
- Providing information and education
- Facilitating desired outcomes
- Enhancing rapport and trust with others
- Preventing problems and complaints
- Resolving conflicts
- Improving effectiveness in all areas of practice

Good communication skills are also essential for the effective application of each of the concepts addressed in this handbook. Specifically, Registered Dietitians and Registered Nutritionists who have good communication skills are able to carry out each of the following responsibilities in a more effective manner (1, 2):

- Demonstrating professionalism
- Practicing in compliance with legislation, standards, and codes
- Meeting confidentiality and duty to report obligations
- Obtaining consent to treatment
- Applying principles of record keeping
- Avoiding conflicts of interest
- Establishing and maintaining professional boundaries

KEY PRACTICE POINT

The ability to communicate effectively is a foundational skill required by all professionals, including Registered Dietitians and Registered Nutritionists.

As professionals, Registered Dietitians and Registered Nutritionists need to be acutely aware of their communication skills and of how they give, receive and process information. The majority of complaints made about health care professionals to their regulatory Colleges are related to poor communication; communication problems also figure prominently in many lawsuits against health care professionals (1). The importance of these skills on entry to the profession and

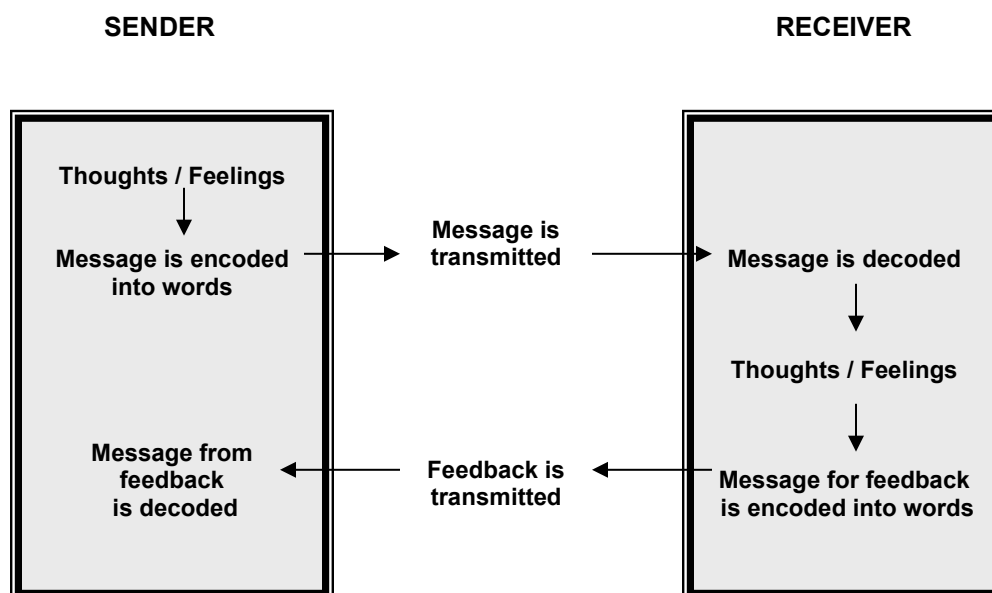
as part of ongoing competence to practice are clear as evidenced in the *Integrated Competencies for Dietetic Education and Practice* and the *Standards of Practice*, noted above.

The Communication Process

Numerous books and articles have been written on the topic of communication and the communication process. The basic communication process model diagrammed on the following page demonstrates, in a very simple manner, the way in which two people communicate. Based on the diagram, the sender will encode their thoughts / feelings into words, and then transmit them to the receiver. The receiver decodes the message and develops thoughts / feelings associated with the message that they have received. They then encode their thoughts / feelings into words and send a message back to the original sender.

KEY PRACTICE POINT

It is the responsibility of the sender to make sure that the receiver gets the message and that the message received is the one that was sent.



Communication is a two-way process; the process is effective when the sender sends their message, the receiver receives it, and the message is understood by both parties. It is the responsibility of the sender to make sure that the receiver gets the message and that the message received is the one that was sent (3).

In some situations, there may be some type of obstacle or interference that enters into the communication process, resulting in a decrease in the effectiveness of the communication. Such an interference or obstacle is referred to as a “barrier” to effective communication. The ability to recognize and deal with such barriers is essential to the effectiveness of the communication process. Some of the more common barriers to effective communication and strategies to overcome them are discussed below (3).

Distractions: Background noise, hearing difficulties, excessive heat or cold, interruptions, lack of privacy, pain / physical discomfort and stress are all examples of possible distractions that can interfere with the communication process. Registered Dietitians and Registered Nutritionists should ensure that when communicating with others, there are as few distractions as possible.

Poor Timing: When the timing of communication does not meet the needs of both sender and receiver, the receiver may be distracted or unwilling to listen and / or the sender may say things that they did not intend to, thereby interfering with the communication process. To optimize the communication process, Registered Dietitians and Registered Nutritionists should ensure that both the speaker and the listener are ready for the communication to take place.

Emotions: People who are overcome with grief, anxiety, anger, defensiveness, etc. are often preoccupied with their circumstances and therefore may not be fully engaged in the communication that is taking place. Registered Dietitians and Registered Nutritionists should be sensitive to the emotions of those with whom

they are communicating, ensuring that the circumstances are appropriate for effective communication to take place.

Differences in Background: There may be interference to the communication process when the receiver lacks the knowledge, education, experience, or language skills to understand the message of the sender. Registered Dietitians and Registered Nutritionists should assess the knowledge, education, experience, and language skills of those they communicate with and adapt their messages appropriately to ensure understanding by the receiver.

Prejudice: Prejudice may relate to a number of factors including age, gender, race, culture, religion, etc. Negative biases towards another individual for any reason have the potential to interfere with the communication process. To safeguard against prejudice, Registered Dietitians and Registered Nutritionists should treat everyone as individuals and with respect.

As we live in a multi-cultural society, many practitioners may find it helpful to learn about the customs of the various cultures that they may work with. For example, in some cultures, it is inappropriate to look into the eyes of another person. In other cultures, physical touch such as shaking hands is inappropriate. In some cultures, it is important to consider the role of the father, husband or senior male in a family when providing care / services to clients (1). It is therefore important to understand that cultural differences exist and to be sensitive to the effects on communication.

Strategies for Effective Communication

Effective communication is not based on a single skill, but rather involves several skills. For example, when communicating, one must not only be able to speak to get their message across, but they must also be able to listen and understand what others are saying, as well as observe and interpret non-verbal communications.

In order to communicate effectively, Registered Dietitians and Registered Nutritionists require skills in verbal communications, listening, non-verbal communications and written communications. Strategies for effective communication in relation to each of these areas are discussed below:

Verbal Communication

When communicating verbally, the words that are spoken are very important. However, the way in which the words are spoken is just as important as the choice of vocabulary. In their interactions with clients, Registered Dietitians and Registered Nutritionists can achieve effective verbal communications through the following strategies (1, 3):

KEY PRACTICE POINT

When communicating verbally, the way in which the words are spoken is just as important as the choice of vocabulary.

- Plan and organize messages presenting the key points in a logical sequence.

- Get the attention and interest of the client; inform them of the purpose of the communication.
- Divide messages into small sections, communicating each portion slowly.
- Ensure that messages are understandable; choose vocabulary that meets the needs and level of understanding of the audience.
- Use good grammar and pronounce words accurately.
- Speak using a calm and respectful manner.
- Be honest and straight forward using a tactful and considerate manner.
- Provide an appropriate amount of information; avoid information overload.
- Summarize and repeat key points to reinforce the message.
- Ask open ended questions to ensure understanding of the client. It is the responsibility of the Registered Dietitian or Registered Nutritionist to ensure that the communication process has been effective.
- Give others the opportunity to ask questions and seek clarification; ensure that the responses provided are within the practice statement of a Registered Dietitian and Registered Nutritionist.

Listening

The communication process is effective when there is mutual understanding between the sender and the receiver. Therefore, listening is just as important as speaking. However, it should be noted that listening is not the same thing as hearing. Hearing is a physical ability while listening is a skill that requires becoming involved and engaged in what is being said (1, 3, 4). People who have effective listening skills are better able to do the following (4):

KEY PRACTICE POINT

The communication process is effective when there is mutual understanding between the sender and the receiver. Therefore, listening is just as important as speaking.

- Understand the underlying meanings in what is said by others
- Gain a clearer understanding of what is expected of them
- Build rapport with others

- Modify their speech to meet the needs of others
- Answer questions and resolve problems
- Contribute and work more effectively in a work team

Registered Dietitians and Registered Nutritionists can increase the effectiveness of their listening skills through the following strategies (3, 4):

- Give full attention to the person who is speaking; concentrate and remain focused on what is being said rather than thinking about what you will say next.
- Allow the speaker to finish saying what they wish to say; do not interrupt.
- Listen carefully for the main ideas, demonstrating respect for the speaker.
- Provide appropriate feedback to reassure the speaker that you are listening, i.e. nod, smile, frown, laugh, etc. when appropriate.
- Verify understanding of the intended message by using active listening techniques which include the following (3):
 - **Mirroring:** Re-state the key phrases of the speaker using their exact words.
 - **Paraphrasing:** Re-state the key message of the speaker using your own words.
 - **Summarizing:** Provide a condensed version of what the speaker has said, emphasizing the important points.
 - **Self-Disclosing:** Tell the speaker how you feel about what has been said and whether you agree or disagree.
- Ask questions to seek clarification.
- Provide feedback.

Non-Verbal Communication

“Non-verbal communication” or “body language” refers to those messages that are sent without the use of actual words. For example, during a verbal exchange between two people, both parties will also convey messages through the following (3):

Facial expression: The expression on the face of a person will often reveal a great deal about their attitude and emotions, communicating feelings such as happiness, agreement, confusion, anger, nervousness, defensiveness, embarrassment, etc.

Eye Contact: In Canadian culture, people who maintain eye contact during communications give the impression that they are confident, interested and engaged in the conversation. Alternately, those who avoid eye contact during communications often give the impression that they are passive, uninterested and / or possibly lying.

Posture: People who are comfortable and interested in a situation generally stand, walk, or sit in a relaxed manner. Slumped shoulders may communicate feelings of depression or hopelessness. An anxious or tense person will often move stiffly and may sit or stand with their arms folded tightly in front of themselves.

Gestures: The gestures of an individual also reveal a great deal about their attitude or feelings. Nodding may indicate that a person agrees with or understands what is being said. A person who is tense, uneasy, or nervous may play with their hair or an object such as a pen, chew on their lips or fingernails, drum their fingers, etc. Yawning or watching the clock may indicate boredom or a lack of interest. Holding a hand up may indicate that a person wishes someone else to stop.

Physical Space: All people have need for a certain amount of physical space between themselves and another individual. The amount of space required will vary with each person and with the type of relationship. For most North Americans, their comfort zone for family and friends ranges from 60 – 120 cm (2 – 4 feet); in interactions typical of most business transactions, counseling services, etc. the comfort zone is 120 – 365 cm (4 – 12 feet).

Other Factors: Non-verbal communication can also occur while an individual is speaking. For example, the quality of a person's voice or their style of speaking can reveal emotions such as fear, stress, or anger. Even the dress of an individual can convey non-verbal messages to others.

To communicate effectively, Registered Dietitians and Registered Nutritionists must be able to recognize, interpret and respond to non-verbal communications. This can be achieved through the following strategies (1, 3):

- Be sensitive and responsive to non-verbal messages that are being conveyed by others.

KEY PRACTICE POINT

To communicate effectively, Registered Dietitians and Registered Nutritionists must be able to recognize, interpret and respond to non-verbal communications.

- Avoid conveying any non-verbal messages that may interfere with the communication process. Specifically, Registered Dietitians and Registered Nutritionists should:
 - Use appropriate facial expressions to demonstrate attention, understanding and concern.
 - Maintain appropriate eye contact and posture.
 - Be careful with the use of physical gestures.
 - Respect the personal sense of space of each individual.
 - Speak, dress, and conduct themselves in a professional manner.

Written Communications

In their practice, Registered Dietitians and Registered Nutritionists provide written communications on a regular basis as they prepare records, reports, client chart notes, information / instructional materials, letters, memos, e-mails, etc.

KEY PRACTICE POINT

Clear, organized writing generally corresponds with clear, organized thinking processes.

Writing is one of the most challenging forms of communication for many people. Yet in many situations, writing is one of the best ways to communicate, being more concrete than verbal communications, with less room for misinterpretations, errors, and mistakes (5).

Clear, organized writing generally corresponds with clear, organized thinking processes. However, the opposite is also true; unclear, disorganized writing generally corresponds with unclear, disorganized thinking processes. Registered Dietitians and Registered Nutritionists should realize that their written communications may represent them for some period of time (3). Once something is in writing, it is permanent and is very difficult to take back (5).

Registered Dietitians and Registered Nutritionists can increase the effectiveness of their written communications through the following strategies (3, 5):

- Write in a clear, accurate, concise, organized manner, ensuring logical flow.
- Use language that will be understood by the reader; avoid slang words, symbols and abbreviations (unless clearly defined).
- Ensure use of correct spelling, particularly for the names of people and companies.
- Use good grammar.

- Keep sentences clear and short.
- Proofread carefully; do not rely on spell check.

Overall, Registered Dietitians and Registered Nutritionists require skills in verbal communications, listening, non-verbal communications and written communications in order to communicate effectively. They also must be skilled at determining when each of these types of communication is the most appropriate means by which to communicate. Regardless of the means by which they choose to communicate, Registered Dietitians and Registered Nutritionists should ensure that all of their communications meet the attributes listed below:

- **Accuracy:** The content is valid and without errors.
- **Accessible:** The content is placed where the appropriate audience is able to access it.
- **Reliable:** The content is from a credible source and based on current evidence.
- **Timely:** The content is provided when the timing is most appropriate for the audience.
- **Understandable:** The language level is appropriate for the specific audience.

Special Considerations When Communicating with Clients

The strategies for effective communication in relation to verbal communications, listening, non-verbal communications and written communications are applicable in a wide variety of situations and practice settings. In addition to the strategies discussed so far, there are some special considerations that should be made when communicating and collaborating with clients, whether in a clinical, community or administrative / management setting.

During the First Visit (Adapted from 1):

- Be punctual; apologize if there is a delay.
- Introduce yourself, describe your qualifications and the nature of your practice; information on promotional materials, advertisements, business cards, etc. should be consistent with the introduction provided. If in an institutional setting, ask the client if it would be a good time to have a discussion.

- Discuss confidentiality issues, explaining who would have access to client information, i.e. the referring physician, other health care providers, health insurance providers, supervisors / managers, etc.
- Explain the precise nature and reasons for each component of the care / services that will be provided,
- Obtain informed consent throughout the process of providing care / services, as appropriate.
- Collaborate with the client to develop goals and a plan for achievement of those goals.
- Acknowledge any fear and embarrassment that the client may feel during provision of care or services; reassure the client by demonstrating respect and empathy.
- When appropriate, provide and review handouts, checklists, diagrams, etc. to reinforce concepts discussed.
- If applicable, discuss details of the financial aspects of the care / services provided, being clear about the terms of payment.
- Discuss the anticipated length of time that care / services will be provided and what will occur when care / services are no longer required.
- Ensure that both parties have appropriate contact information for each other.
- If applicable, confirm the date and time of the next visit.

During Subsequent Visits (1):

- Discuss any progress made or setbacks in achieving the established goals.
- Continuously assess client understanding of the established goals and the plan for achievement of those goals.
- Discuss any changes to the established goals, the plan for achievement of those goals, or in the care / services being provided; continue to obtain informed consent throughout the process of providing care / services, as appropriate.

At Discharge or Final Visit (1):

- Ensure that the client and pertinent others i.e. family, associates, etc. agree with the discharge or end to the provision of care / services.

- Discuss the progress made and whether or not the established goals were achieved.
- Review options available to the client once they are discharged or provision of care / services has ended, ensuring that applicable supports are in place.
- Ask for feedback on the care / services provided using the information to ensure continuous quality improvement.

During all visits, when working with interpreters or client care givers, speak directly to the client. Be aware that an interpreter may not accurately translate what the Registered Dietitian or Registered Nutritionist or the client has said.

Special Considerations When Communicating via Social Media

Although best practice strategies for written communication also apply via social media, whether for personal or professional use, Registered Dietitians and Registered Nutritionists should pay close attention to their written communication style including tone, use of jargon, abbreviations, and professional writing skills in general when communicating in an online environment. As noted above, written content may represent the professional for some time as online content cannot be considered temporary or private. Content may also be taken out of context, therefore clear, concise, professional writing is essential at all times, via all media. See Chapter 14 Social Media, Virtual and Cross Border Practice for more information.

Special Considerations When Communicating with Professionals and Colleagues

KEY PRACTICE POINT

Maintaining accurate, timely and respectful communication in a collaborative manner is essential to the provision of quality dietetic services.

As professionals, Registered Dietitians and Registered Nutritionists not only communicate and collaborate with their clients, but also with other professionals. These professionals may include other Registered Dietitians and Registered Nutritionists as well as professionals from other health care disciplines. The strategies for effective communication discussed in this chapter are all applicable to communicating in an effective manner with professionals and colleagues. Maintaining accurate, timely and respectful communication in a

collaborative manner is essential to the provision of quality dietetic services (1).

The Importance of Team Work/Interprofessional Collaboration

In the *Wisdom of Teams*, Katzenbach and Smith define a work team as follows: “A team is a small number of people with

KEY PRACTICE POINT

The collective wisdom and productivity of an effective work team will always outperform the efforts of skilled professionals working on an individual basis.

complementary skills who are committed to a common purpose, performance goals and approach for which they hold themselves mutually accountable.”⁸⁸ Work teams typically include a number of individuals from differing backgrounds, each of whom contribute their professional expertise through collaborative decision making. The collective wisdom and productivity of an effective work team will always outperform the efforts of skilled professionals working on an individual basis. Effective work teams are able to overcome organizational barriers and improve communication among the various departments of an organization (3, 6).

In health care settings, teamwork is synonymous with interprofessional collaboration, where health professionals work together and with the client/patient to optimize client-centred care.

Team work involves the interaction of the following five key elements: goals, tasks and roles, shared leadership and decision making, communication, and conflict resolution. Each element is discussed briefly below (7).

Goals

In order to work in an effective manner, a work team needs to determine what the focus of the team should be, what the team needs to accomplish and what the goals of the work team are. Over time, the team will need to evaluate the established goals and determine if they continue to be valid.

Tasks and Roles

A work team is most productive when they have a clear sense of their prime responsibilities. It is important for the team to determine the tasks / roles that need to be performed, who is most capable of performing the various tasks / roles, and ensure that the workload is shared fairly among the members of the work team.

Shared Leadership and Decision Making

An effective work team relies on the participation of all members. Each member is responsible for the outcome of the work team and as such, must share in the leadership and decision-making processes of the team.

Communication

Effective communication skills are vital to a work team. Team members must communicate in a collaborative manner to ensure that the work team functions effectively and that the established goals of the work team are met. Barriers to effective communication must be recognized and addressed so that the team members can focus on building interpersonal relationships.

⁸⁸ Katzenbach, J. and Smith, D. *The Wisdom of Teams*. Harper Collins, New York, USA; 1993, p. 45.

Conflict Resolution

An effective team is able to deal with and resolve conflicts. The work team needs to identify what they will do in the case of a disagreement and know what skills and processes they will need to succeed in resolving conflicts. Team members must feel free to raise issues of concern knowing that a mutual respect exists among team members.

Stages of Team Development

Effective work teams are not formed instantaneously. They typically pass through the following distinct developmental stages before becoming productive: forming, storming, norming and performing. Some work teams will go through the stages quite rapidly, while others require more time. The length of time that it takes to pass through each stage of team development depends on the composition of the work team, the capabilities of each of the members on the team, and the team leadership. All teams should be prepared to experience some challenging or stressful periods prior to experiencing the benefits of a productive team. Each stage of team development is discussed below (3, 6).

Forming

The “forming” stage of team development is the stage when team members are first brought together and begin to connect. During this stage, team members tend to focus more on learning about the roles, skills, and background of each other rather than focusing on achieving team goals or performing tasks. Communication tends to be polite and guarded as team members get to know each other. Members may have many questions and wonder why they are on the team, what are the rules of the team, etc. Anxiety levels tend to be high and productivity levels tend to be low during the forming stage of team development.

At this stage of team development, work team members need to make the transition from being “individuals” to “team members”. Strategies for effective team building during this stage could include the following:

- Ensure that everyone on the team participates.
- Have team members work together to develop a team mission statement, a code of conduct, goals, and procedures.
- Facilitate opportunities for team members to get to know each other and develop a sense of trust.

Storming

“Storming” is the stage of team development where conflict first arises, often as a result of attempts to clarify the goals and values of the work team. The politeness of

the group gives way as personality differences become more apparent and members begin to perceive problems related to the team goals, workload, team leadership and hierarchical patterns. Members may have questions and ask who is really in charge of the team, why some members don't seem to be listening, how conflicts will be resolved, etc. At this stage, there is often a decrease in the level of performance of the work team.

Strategies for effective team building during this stage could include the following:

- Encourage open communication and interaction among team members.
- Facilitate negotiation and conflict resolution.
- Have team members re-evaluate the goals, tasks, and roles of the team.

Norming

During the “norming” phase of team development, the storm begins to pass, and the work team begins to act and function like a true team. Conflicts have been resolved and team members tend to be more tolerant of each other, appreciating the diverse perspectives and personalities within the work team. Roles have been established; the goals of the work team have been clarified; the work team begins to become a cohesive unit.

Strategies for effective team building during this stage could include the following:

- Continue to encourage open communication among team members.
- Ensure that leadership is shared among team members.

Performing

During the “performing” stage of team development, the team is working towards achieving the goals of the work team in an effective manner. Productivity and trust tend to be high as members of the work team are committed to common goals and hold themselves mutually accountable for achieving those goals.

Strategies for effective team building during this stage could include the following:

- Continue to review the goals, tasks, and roles of the team.
- Continue to facilitate productive conflict resolution.
- Facilitate changing roles within the team and addition of new members.

Adjourning

There are times when a team member leaves the team, thereby affecting the dynamics and productivity of the team. The loss of certain key players and the skills that they had contributed typically leads to a re-assessment of roles and responsibilities. The work team may regress to an earlier stage of team development while the work team re-establishes itself.

Strategies for effective team building during this stage could include the following:

- Reassure the team that change is inevitable but manageable.
- Encourage team members to re-evaluate the tasks and roles of the team and to re-establish themselves as a productive team.

Effective Work Teams

Effective work teams are empowered to establish the goals of the team, to make decisions about how to achieve those goals, to carry out the tasks required to achieve those goals, and to be mutually accountable for their results. The work of a team is optimal when the team members interact using a collaborative approach. Using a collaborative manner requires balancing the many interests, strengths, needs and capacities of the members of the work team.

Key elements, or the six C's, of an effective work team are as follows (3, 6):

Communication: Open, honest, and transparent communication is essential to the effectiveness of the team. Members of a work team require skills in verbal communications, listening, non-verbal communications and written communications.

Clear Purpose: Each member in an effective work team helps to define and accepts the mission, goals, roles, and responsibilities of the work team.

Commitment: The members of a work team must be committed to work with their team and others as required to achieve their established goals. They also must be able to negotiate and resolve conflicts effectively.

Cooperation: A work team must function in a cooperative manner, focusing on the established goals of the team and sharing in the decision-making process; roles and responsibilities must be balanced and shared. The work team shares accountability for the work of the team and the outcomes achieved.

Complimentary Skills and Expertise: Each member of a team contributes their unique skills and expertise to the work of the team. The collective combination of skills and expertise results in a work team that as a whole is more highly effective.

Climate of Trust and Mutual Respect: A climate of trust and mutual respect is essential in facilitating all of the elements of an effective work team listed above.

Interacting with others is an important aspect of the practice of all Registered Dietitians and Registered Nutritionists, regardless of role, practice area or practice setting. In their practice, Registered Dietitians and Registered Nutritionists may interact with clients, family members / caregivers, staff, co-workers, colleagues, other professionals, students / dietetic interns, members of work teams, sales representatives, the general public, their regulatory body, professional associations, etc. Regardless of where or with whom the various interactions occur, the ability to communicate effectively is fundamental to good dietetic practice. The work of Registered Dietitians and Registered Nutritionists generally involves communicating with others on a one-on-one basis and with groups such as work teams. The ability to work effectively as a member of a work team is also an important skill for dietetic practitioners. All Registered Dietitians and Registered Nutritionists can benefit from continually striving to improve their communication and team work skills.

Chapter Summary

Communication is a two-way process that occurs through speaking, writing, listening, and observing as individuals share ideas, thoughts, and feelings. The ability to communicate effectively is a foundational skill required by all Registered Dietitians and Registered Nutritionists. The communication process is effective when the sender sends their message, the receiver receives it, and the message is understood by both parties. It is the responsibility of the sender to make sure that the receiver gets the message and that the message received is the one that was sent. Barriers to effective communication include distractions, poor timing, emotions, differences in background and prejudices. The ability to recognize and deal with such barriers is essential to the effectiveness of the communication process. In order to communicate effectively, Registered Dietitians and Registered Nutritionists require skills in verbal communications, listening, non-verbal communications and written communications.

Work teams typically include a number of individuals from differing backgrounds, each of whom contribute their professional expertise through collaborative decision making. The collective wisdom and productivity of an effective team will always outperform the efforts of skilled professionals working on an individual basis. The stages of team development include forming, storming, norming and performing. Effective work teams are empowered to establish the goals of the team, to make decisions about how to achieve those goals, to carry out the tasks required to achieve those goals, and to be mutually accountable for their results. The work of a team is optimal when the team members interact using a collaborative approach. Key elements of an effective work team include communication, clear purpose, commitment, cooperation, complimentary skills and expertise, and a climate of trust and mutual respect. Good communication and team work skills are important to good dietetic practice; all Registered Dietitians and Registered Nutritionists can benefit from continually striving to improve their communication and team work skills.

Case Scenario 13.1

LL is a Registered Dietitian who specializes in dysphagia and is a member of the Feeding & Swallowing Disorders team in an urban hospital. Her day gets off to a rather rough start as she deals with a number of “last minute crisis” situations related to getting her 6-, 8- and 10-year-old off to school. After working her way through numerous construction zones, she finally arrives at work, about 20 minutes late. The receptionist informs LL that her first client who is scheduled for a videofluoroscopic swallowing study has been waiting for the last 30 minutes.

LL hurries to the assessment room and greets the Speech Language Pathologist and the Occupational Therapist who are also on the team. Once the team is ready, they invite the client into the assessment room. He is an elderly gentleman who does not speak English. His daughter who speaks English and her baby accompany him. As the team is running late, they quickly introduce themselves. Typically, they would explain the procedure that would take place using an educational brochure to help the client understand the purpose of the assessment, the inherent risks of proceeding, the implications for treatment planning, etc. However, since the client does not speak English, they decide to go ahead without the lengthy explanation. After all, the client had signed the hospital consent to treatment form. Throughout the assessment, the client appears anxious, and sounds upset as he tries to speak to the team.

Following the assessment, the Feeding & Swallowing team members meet to review the results of the assessment and establish a treatment plan for the client. At the same time, LL begins reviewing the chart of the client they will be seeing next. As the discussions proceed, one of the team members expresses concern about the way in which the team was rushed, that the client was not properly informed about the procedure and therefore was unable to provide proper consent. She was also unhappy that the team did nothing to address the language barrier that existed in this case. LL takes the comments personally and snaps at the team members in anger.

Case Scenario 13.1 Questions

1. What are the concerns in the way in which LL is conducting her practice?
2. What suggestions would you have to help LL improve her communication skills?
3. What suggestions would you have to help LL improve her team work skills?

Chapter Quiz

1. All of the following statements are true *except* for the following:
 - a) When communicating verbally, the choice of vocabulary is more important than the way in which the words are spoken.
 - b) To achieve mutual understanding between two people, the ability to listen is just as important as the ability to speak.
 - c) Non-verbal communication can be a barrier to effective communication.
 - d) Clear, organized written communications generally correspond with clear, organized thinking processes.
2. Poor communication skills can result in:
 - a) crossing professional boundaries
 - b) conflict of interest situations
 - c) errors in obtaining consent to practice
 - d) All of the above
3. All of the following statements are examples of good communication practices *except* for the following:
 - a) There is a lot of noise around the office of a Registered Dietitian or Registered Nutritionist (RD) as a result of office renovations that are being completed nearby. The RD has all of her appointments moved to a quiet office in another area.
 - b) A Registered Dietitian or Registered Nutritionist (RD) notices that a client has a very confused look on her face. The RD summarizes the key points made so far and asks the client questions to assess their understanding of the discussion.
 - c) A Registered Dietitian or Registered Nutritionist (RD) is completing a written report for her supervisor. The phone rings and a client begins to discuss problems that she is experiencing. The RD continues writing her report as she listens to the client.
 - d) A Registered Dietitian or Registered Nutritionist (RD) who is part of a work team notices that one member has not been participating in the team discussion and attempts to draw the member into the discussion by asking them what they think.
4. All of the following statements are true *except* for the following:
 - a) The collective wisdom and productivity of an effective work team will always outperform the efforts of skilled professionals working on an individual basis.
 - b) During the “forming stage” of team development, productivity and trust tend to be high as members of the work team are committed to common goals and hold themselves mutually accountable for achieving those goals.
 - c) The work of a team is optimal when the team members interact using a collaborative approach.
 - d) Open, honest and transparent communication is essential to the effectiveness of a work team.

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Chapter 14 Social Media, Virtual and Cross Border Practice

CHAPTER OVERVIEW

- **Social Media and Social Networking: Working Definitions**
- **Social Media: Uses in Practice**
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Social Media and Social Networking: Working Definitions

Social media includes the websites and applications enabling users to create and share content or to participate in social networking. *Social networking* is the use of these dedicated websites and applications to interact with other users, or to find with people with similar interests to one's own (1). The use of social media including networking forums and other digital communication methods (Facebook, Twitter, LinkedIn, YouTube, Instagram, email, blogs, etc.) have become increasingly common and sought-after tools to facilitate relationship building, networking, collaborating, communicating, and sharing and gathering of information.

Social media technologies have grown from a way to connect with friends and family into a vital tool for helping businesses and professionals thrive. As the use and functionality of social media technologies in particular continues to evolve, they offer the opportunity to influence Dietetic practice and therefore the health and safety of the population. Combining these technologies with professional practice can improve the quality and timeliness of client care, improve access to accurate nutrition messages or expertise, and can improve the quality of nutrition information made available to clients and the public. The challenge with use of online social media can occur when the lines between professional and the personal, the private and the public, become blurred.

Social Media: Uses in Practice

Social media is being used for a variety of personal purposes and is becoming increasingly more common for use by health professionals in their practices. Clients and the general public use social media to access health information and to locate professionals who can assist them in improving their health. Registered Dietitians and Registered Nutritionists and other regulated health professionals are using this media to share timely and accurate, evidence-based information with the general public and/or specific clients, to raise awareness on particular topics, to promote their practice and/or expertise, to collaborate with other health professionals, for recruitment purposes, and to organize events, among many other potential uses. The types of social media and their relative uses are constantly evolving as a result of ongoing technological developments; the following is a non-exhaustive list of examples of social and digital media that Registered Dietitians and Registered Nutritionists may use in their practices:

- Social Networking Sites (e.g. Facebook and LinkedIn)
- Blogs
- Microblogging (e.g. Twitter)
- Image Sharing (e.g. Instagram, Flickr, Pinterest)
- Video Sharing (e.g. YouTube)
- Email
- Tele- Video- or Virtual-Conferencing (e.g. Zoom, GoToMeeting, Teams, Cisco, WebEx, Skype, FaceTime, etc.)

These technologies allow Registered Dietitians and Registered Nutritionists to communicate one on one or with groups of individuals, for consultation, teaching and/or coaching purposes, reducing the need for travel. These tools open the door to cross-border client care, offering cost effective alternatives to face-to-face interactions (see Cross Border Dietetic Practice below).

Principles for Professional Social Media Conduct

An emerging cause of unprofessional conduct across regulatory Colleges relates to the use of social media and/or use of online communication tools. In the age of digital media, online networking, social media forums and the use of other digital communication methods (as described above) have become common tools among the general public and health professionals alike. The downside to combining these technologies with professional practice and/or personal interactions is that the line between the professional and the personal can become blurred without careful attention.

Professional practice issues arising as a result of communication via social media in particular include but are not limited to: professionalism / professional image and integrity; trust in the profession; the duty to report; breach of confidentiality; protection of privacy; boundary crossings, among other ethical issues.

To minimize the inherent risks involved when the professional uses social media for personal and/or professional communication, Registered Dietitians and Registered Nutritionists are encouraged to adhere to the principles outlined in the *Standards of Practice* and the *Code of Ethics* of the College. As such, the following best practice is recommended, related to each of the following areas:

- Trust in the Profession and Professionalism
- The Duty to Report
- Confidentiality
- Professional Boundaries
- Communication

Trust in the Profession and Professionalism

Professional practice obligations and integrity for Registered Dietitians and Registered Nutritionists are stated in the *Standards of Practice*, Standard 12. Professional Practice Obligations: Registered Dietitians protect the public by providing professional services in compliance with applicable legislative and regulatory requirements.

Professional obligations are also reflected in the *Code of Ethics* of the College, Section 1.0: The dietitian protects the public as their primary professional obligation.

What a professional can do to minimize risk in this area:

- The dietitian's primary obligation is to protect the public while practicing with professional integrity; therefore, it is essential that the Registered Dietitian and Registered Nutritionist be mindful and self-aware whenever using social or any digital media. Conduct that results in harm to a member of the public or the integrity of the profession may be deemed unprofessional conduct by the College.
- The dietitian needs to consider what they want to accomplish with their social media accounts as well as who/where their target audience is and what they value. The dietitian should consider how they want to be perceived, as social media and website content is often one of the first points of contact potential clients and patients will have with them.
- The dietitian must maintain separate personal and professional email and social media accounts and profiles, keeping in mind the principle that they are a professional "24/7", even in personal communications.
- The dietitian must not use professional titles and initials or make references to being a regulated member of the profession or College when representing personal views, particularly when unrelated to the profession, or views that would affect the public's trust in the profession. Once identified as a regulated member of the profession, their online comments are interpreted in that light.
- Likewise, the dietitian must not post things about their personal, private life on professional accounts and profiles, and must not follow, "friend" or communicate with patients and clients via personal accounts/profiles.
- When the professional does choose to identify themselves as a dietitian, the dietitian should consider using a disclaimer when making personal posts, such as "The posts on this site are my own and do not necessarily represent the position, opinions and behaviour of Dietitians or the profession in general" (2).
- The dietitian must be mindful of their opinions shared on both personal and professional accounts and profiles. Their audience is everywhere. The more controversial their content the more likely they are to reach an unintended audience. For this reason, the dietitian must stay within their own unique scope of practice and knowledge base (3).
- The dietitian must not post disparaging, demeaning or embarrassing information about any member of the public, clients, colleagues, supervisors, employers, educators, professors, mentors, students or a regulatory body (2).
- The dietitian must maintain a professional tone and address patients formally.
- The dietitian has the duty to report unprofessional digital or social media conduct of another regulated health professional to the appropriate regulatory body.
- The dietitian must be aware of all employer policies on social media use.
- The dietitian must be aware of and take responsibility for their online persona. To the best of their ability, the dietitian must remove or edit content that may be viewed by clients, professionals or the public as unprofessional.

For more information on professionalism, unprofessional conduct, the risks and processes resulting from a complaint of unprofessional conduct, please refer to Chapter 6 on Professional Conduct.

The Duty to Report

Professional obligations related to the duty to report are also captured in the *Standards of Practice*, Standard 12. Professional Practice Obligations, indicator:

“d) Comply with duty to report requirements in accordance with applicable legislation, regulations, and/or organization/employer policies.”

Related professional obligations are also reflected in the *Code of Ethics* of the College, Section 1.0: The dietitian protects the public as their primary professional obligation.

What a professional can do to minimize risk in this area:

- The dietitian can minimize risk to themselves by complying with Standard 12. Privacy/Confidentiality
- It is the dietitian’s duty to report any type of unprofessional conduct by another regulated health professional including conduct via social media or digital formats, to the appropriate regulatory body.
- It is also the dietitian’s duty to report any privacy breaches involving disclosure of health information by another regulated health professional

For more information on duty to report, please also refer to Chapter 8 on Confidentiality.

Confidentiality

In the case of *Naylor Publications Co. (Canada) v. Media Union of Manitoba, Local 191*, Arbitrator Naylor summarized the “reality of email and the internet is that privacy can never be guaranteed...the technology creates real limitations on the privacy and security of an email message.”⁸⁹

Confidentiality for Registered Dietitians and Registered Nutritionists is stated in the *Standards of Practice*, Standard 11. Privacy/Confidentiality: Registered Dietitians uphold and protect clients’ rights to privacy and confidentiality of information collected during the provision of professional services by complying with applicable legislative and regulatory requirements.

Confidentiality is also reflected in the *Code of Ethics* of the College, Section 2.0: The dietitian respects the autonomy and rights of the individual.

⁸⁹ Workwise: Current Employment and Labour Law Issues, Field Law, Issue #40, Summer 2010

Interactions with patients/clients in a social media setting are public and may result in inadvertent disclosure of personally identifying information. This is considered a privacy breach under the *Health Information Act*. Privacy breaches involving health information have a mandatory reporting requirement and substantial personal fines. For this reason, dietitians must not accept friend requests from patients/clients to their personal social media accounts (3).

Professionals have an obligation to treat information confidentially. Sharing clients', colleagues', employers', students', or others' personally identifying information and/or using undermining or disparaging language via social media is a contravention of confidentiality and may constitute unprofessional conduct, as defined in the *Health Professions Act*.

The rules for use and disclosure of information are outlined in legislation (see Chapter 8 Confidentiality for details on information legislation including *PIPA*, *FOIP* and *HIA*). Sharing of a person's' information either verbally or in writing, including on social networking or other online sites may constitute unprofessional conduct. Because professionals are held to a high degree of accountability to the public, such practices may lead to a complaint to the College, where the implications to the professional can be considerable (including but not limited to reprimands, fines, suspension, or revocation of practice permit with the College).

Registered Dietitians and Registered Nutritionists are urged to use caution when using blogs, digital media, social networking, or any form of digital communication where either inadvertent or purposeful communication of confidential, personally identifying information of a client may be possible.

What a professional can do to minimize risk in this area:

- The dietitian must respect and protect an individual's right to privacy and respect the confidentiality of information obtained in providing professional services. Sharing others' information may constitute unprofessional conduct. The dietitian must avoid indiscreet or public online conversations about the client or their treatment.
- The dietitian must not reveal personally identifying information of any client, including using a pseudonym or initials. Even a few basic facts may be enough to identify a client to a family member or friend.
- The dietitian should familiarize themselves with privacy settings, remembering that settings can change and are not a replacement for responsible, discreet communication practices. Although privacy settings can help dietitians manage what is viewed and by whom, the information may be available to others through a variety of means. Content intended for a limited audience may be disseminated beyond the dietitian's control.
- The dietitian must assume all online content is public and accessible to anyone at any time.

For more information on protection, use and disclosure of information and confidentiality, please refer to Chapter 8 on Confidentiality.

Professional Boundaries

Professional boundaries for Registered Dietitians and Registered Nutritionists are stated in the *Standards of Practice*, Standard 2. Boundaries: Registered Dietitians maintain clear and appropriate professional boundaries with clients and team members.

Professional Boundaries are also reflected in the *Code of Ethics* of the College, Section 2.0: The dietitian respects the autonomy and rights of the individual.

Because professional – client (or professional – student relationships) are fiduciary, or trust, relationships where clients and students are generally in a more vulnerable position than the professional, a high degree of care is required on the part of the professional. All professionals are required to act in the best interests of their clients and students and to avoid promoting their own interests. Because of power differential between the professional and client, it is difficult to maintain professional boundaries or to prevent a boundary crossing, when dual relationships occur. Dual relationships should be avoided.

Regarding cases where professionals communicate on personal blogs or social networking sites using undermining or disparaging language against an employer, in Government of Alberta and Alberta Union of Provincial Employees, Arbitrator Ponak “held that despite the right (sic) to blog and to have opinions, there are nevertheless consequences to the employment relationship when such thoughts are publicly aired and will have consequences if they irreparably harm the employment relationship.”⁹⁰

What a professional can do to minimize risk in this area:

- The dietitian must not initiate or accept requests for online contact with clients, former clients, clients’ family members nor students, unless it is for the purpose of direct client care, in which case a professional account or profile must be used. The dietitian must always be mindful of and be responsible for maintaining the professional – client relationship and professional boundaries.
- The dietitian should not share the details of their personal life on social media sites; clients, colleagues, employers, and students may access this information, putting the dietitian in a potentially difficult situation.

For more information on professional boundaries, please refer to Chapter 12 on Professional Boundaries.

Communication

Although some Registered Dietitians and Registered Nutritionists may be reluctant to utilize social media, it is becoming increasingly true that the definition of successful communication

⁹⁰ Field Law, Issue #40, Summer 2010

skills includes the ability to navigate and utilize virtual spaces. Registered Dietitians should consider the benefits of learning how to use social media safely so as to avoid pitfalls resulting from lack of experience and/or knowledge of its safe use.

Communication standards for Registered Dietitians and Registered Nutritionists are stated in the *Standards of Practice*, Standard 5. Communication: Registered Dietitians communicate effectively, respectfully, and in compliance with applicable legislative and regulatory requirements when providing professional services.

What a professional can do to minimize risk in this area:

- Choose the best media for the best interaction/communication with the client, so as to ensure that any barriers to optimal communication are addressed (for example: phone, Zoom, Skype, Facebook, etc.)
- Always use a professional tone
- Maintain appropriate professional-client boundaries
- Maintain separate personal and professional accounts and profiles; use only professional accounts and profiles for communication with clients
- Write clearly, concisely, and professionally at all times, whether via personal or professional online spaces
- Ensure the privacy and security of information collected and documented.

For more information on communication, please refer to Chapter 13 Communication and Collaboration.

Virtual Practice

Virtual dietetic practice is defined as the provision of professional service (e.g. counseling, providing information and advice, monitoring, etc.) which involves any type of intervention with a client who is remotely located from the dietitian providing the service (4). It can include telephone, videoconferencing, email, apps, web-based communication, and wearable technology. Virtual dietetic practice can occur within a jurisdiction and across borders within Canada (see the section below for information on *cross border practice*).

Providing dietetic services through virtual means establish a professional-client relationship in the same way that any in-person service would establish a professional-client relationship. The dietitian has the duty to provide care to clients in a manner consistent with care provided in person. The same professional obligations that exist in face-to-face professional interactions also exist for virtual interactions.

Any dietitian who uses virtual platforms to provide professional services must be competent to utilize them effectively and safely, including using reliable equipment, devices, and information systems. Dietitians should have contingency plans in place in case of a power outage, or connectivity or software issues.

Benefits and Limitations of Virtual Practice (4)

Benefits:

- Services can be provided in a timely manner
- Services may be delivered at a lower cost to the client
- Enhanced access to services (not limited by geographic location; clients may have greater choice of available / expert practitioners)
- More efficient use of time for dietitian (e.g. less time to travel).

Limitations:

- Potential for limited availability of or access to assessment information (e.g. health record)
- Potential for breach of confidentiality/privacy
- Potential for communication breakdown or failure
- Potential for unauthorized practice (e.g. cross border practice)
- Potential for providers to practice outside of their individual scope of practice (e.g. influencers)
- Potential for virtual practice to be favored for cost savings when direct contact may be more appropriate.
- Limited ability of regulators to effectively enforce professional standards and obligations due to difficulty of a regulatory body conducting investigations in other jurisdictions.

Law and Regulation

Professionals who engage in virtual practice should, in addition to complying with the laws and regulations governing information communication technology, use and comply with the laws/regulations governing their professional practice. Dietitians must comply with the same Standards, guidelines, and ethical practices as those governing face-to-face services. Refer to the *Standards of Practice* to review all relevant standards.

Professional Liability Insurance

Dietitians are required to carry professional liability insurance. Dietitians are responsible to ensure that their coverage includes virtual practice.

Client-Centred Virtual Dietetic Practice

Dietitians are required to act in the client's best interest at all times and to follow the *Standards of Practice*, Standard 3. Client-Centred Services: Registered Dietitians provide professional services that recognize and respect the unique needs, goals, values, and circumstances of clients.

In the context of virtual practice, dietitians must constantly evaluate the appropriateness of providing virtual dietetic services. As when providing face to face services, dietitians providing virtual services must obtain ongoing consent to dietetic and to virtual services (the client can withdraw consent at any time), and need to be aware of and maintain professional-client boundaries at all times.

Consent

Even (or especially) in virtual spaces, it is important for Registered Dietitians and Registered Nutritionists to obtain consent to provide professional services. Because of the nature of social and digital media, dietitians must ensure that clients understand not only the services to be provided, but also the risks to client privacy and confidentiality of information collected. Consent to communicate (including the risks to privacy) via email or text messages for professional purposes only is essential.

Consent for Registered Dietitians and Registered Nutritionists is stated in the *Standards of Practice*, Standard 8. Consent: Registered Dietitians obtain appropriate client consent in the provision of professional services.

Confidentiality and Record keeping

Dietitians need to ensure confidentiality of information around the collection, documentation, and storage of client information. Any risk of breach of confidentiality with the use of technology should be assessed and managed.

When using virtual or telephone communications with patients/clients, dietitians must take all reasonable steps to ensure that the personal health information of patients/clients is protected. One way to accomplish this is through the use of secure, encrypted technologies (7).

Health-specific platforms are usually regulated (privacy and security compliant) while more readily available consumer applications (e.g., Facetime, Skype) are unregulated and do not provide health system-level privacy and security compliance. If you have access to a regulated virtual care platform, CDA recommends this be used for patient care. If an unregulated platform is to be used, encrypted applications are preferential to unencrypted applications (including encrypted email). Follow employer guidelines, policies, and procedures where applicable.

Refer to *Standards of Practice*, Standard 11. Privacy and Confidentiality (as discussed above) and Standard 14. Record Keeping: Registered Dietitians document and manage client records and /or other data in compliance with applicable legislative, regulatory, and/or organizational/employer requirements. Please also refer to the Record Keeping section of *Guidelines for Self-employed Dietitians and Nutritionists* (5) found on the College website.

Please also refer to the *Virtual, Electronic Communications During the Pandemic* (7) guideline found on the College website for information on managing the security of messages on mobile devices.

Advertising

Dietitians advertise their business on company websites and/or on professional social media profiles. When advertising their business, Dietitians must adhere to the *Standards of Practice*, Standard 13. Promotion / Advertising: Registered Dietitians provide information and advertise their professional services and/or products in compliance with applicable legislative and regulatory requirements; this also includes avoiding the use of testimonials.

Dietitians must also follow the *Code of Ethics*, including Section 3.7 Advertising / Promotion and Endorsements, and other relevant sections. For example, when advertising or sharing information on websites or social media, dietitians must fairly give credit to or reference the works of others.

For more information on advertising and testimonial use, please refer to the *Guidelines for Promotion and Advertising* (5), available on the College website. For more information on working in a self-employed capacity, please refer to *Guidelines for Self-Employed Dietitians and Nutritionists* (6) on the College website.

Cross Border Dietetic Practice

Cross border practice refers to dietetic services performed across a Canadian provincial border where the dietitian providing the service is registered with the regulatory body in one province and is providing care to a client residing in another province. For the complete resource on Cross Border Practice, please see the College website (4).

Lawful Practice and Legal Jurisdiction

Laws and the regulation of health professionals vary from province to province, including with regard to virtual practice across provincial borders. Depending on legislation, a jurisdiction may have the requirement for Registered Dietitians and Registered Nutritionists to register in the province where the client resides. Provincial regulatory bodies should advise Registered Dietitians and Registered Nutritionists to adhere to the regulatory requirements including registration requirements, and to adhere to practice statements / scope of practice in the province(s) where the client resides.

Registration Requirements

Registered Dietitians and Registered Nutritionists providing “cross border in person” dietetic services must be registered in the province in which the client resides. Registered Dietitians and Registered Nutritionists practicing virtually across provincial borders must be aware of and comply with the registration requirements in the province where the client resides, as registration requirements vary province to province and may change over time.

Registered Dietitians and Registered Nutritionists must respect privacy legislation in both jurisdictions. Therefore, Registered Dietitians and Registered Nutritionists providing virtual

service to clients outside of Alberta are required to contact the regulatory body in the jurisdiction the client resides to determine whether registration in that province is required, and to identify any other requirements to practice.

When a Registered Dietitian engages in virtual dietetic practice with a client outside of the province where they are registered (Alberta), it is generally accepted that the Registered Dietitian is held accountable to the college where they reside (CDA).

Law, Regulation and Practice Statements (4)

In cross border practice, Registered Dietitians and Registered Nutritionists must be aware of and comply with restricted activities (e.g. controlled practice activities, controlled acts, and scope of practice) and authorization practices in the province where the client resides, as well as the province where the Registered Dietitian resides.

1. If a province has a restricted activity, the Registered Dietitian must be registered in that province, and be authorized to perform that restricted activity in order to perform the restricted activity.
2. Registered Dietitians and Registered Nutritionists must only practice within the practice statement / scope of practice for the province in which they are registered AND the practice statement / scope of practice for the province in which the client resides.

Additional considerations for Client-Centred Cross Border Practice (4)

In addition to the information provided above under Virtual Practice, cross border practice requires attention to several other concepts.

Accountability

It is generally accepted that the regulatory body where the dietitian is registered has jurisdiction over the conduct of the dietitian, wherever the conduct / virtual service occurs.

Transparency

Registered Dietitians and Registered Nutritionists providing or offering to provide services via virtual means across borders should inform clients of the jurisdiction where they are registered and the limitations of virtual practice. The client needs to understand that complaints about the Registered Dietitians' conduct would have to be made to the regulatory body in the jurisdiction where the Registered Dietitian is registered, and not necessarily the jurisdiction in which the client resides.

Registered Dietitians and Registered Nutritionists should use the title *Dietitian* to provide clarity to the public, as designations differ province to province, and title *Dietitian* is consistent across provinces.

For more information on cross border practice, please refer to *Cross Border Dietetic Practice in Canada* (4) found on the College website.

As discussed in Chapter 10 Record Keeping, safeguards must be taken when consulting or communicating with clients via email. Registered Dietitians and Registered Nutritionists must mitigate the risks associated with communicating with clients via email or other digital or virtual means.

Summary: How to Safely Practice Using Virtual or Social Media

The following are suggestions to assist Registered Dietitians and Registered Dietitians practice safely when using virtual tools and social media in professional practice:

Guidelines to Safeguard Against Unprofessional Conduct

Registered Dietitians and Registered Nutritionists considering using social networking, blogs or other digital or virtual communication tools for personal or professional use should use the following guidelines to safeguard themselves against unprofessional conduct:

1. Adopt a “think before you post” attitude. Assume that anything you say may be seen by clients*, other professionals, employers, students, interns etc. NEVER post or discuss client specific information.
2. Always be mindful of your professional identity: what you say or post online personally could be tied to you as a professional and to your profession.
3. Do not put anything on your profile that you would not display for your supervisor, colleagues, clients or students/interns at your workstation.
4. Never betray the professional – client relationship. Contravention of confidentiality obligations may constitute unprofessional conduct as defined in the *HPA*.
5. Do not solicit or accept “friendships” with clients, their family members or with students/interns. Be mindful of appropriate professional – client boundaries.
6. Review your privacy settings regularly.
7. Ensure you are registered with the appropriate regulatory body if you are providing services to clients in another province/territory or internationally.

*Client is defined in the *Standards of Practice* as “an individual, family, substitute decision maker, team member, group, agency, stakeholder, government, employer, employee, business, organization, community, or population who is the direct or indirect recipient(s) of

the Registered Dietitian's expertise". This definition includes a student as the client of the Registered Dietitian or Registered Nutritionist.

8 Tips for Effective Social Media Communication (8)

Develop an online presence built on integrity so you can post, tweet, and blog nutrition messages and have a positive influence in the dietetics social media space:

1. **Show integrity.** Treat the statements you make online as if you're making them face to face.
2. **Remain authentic.** Always state who you are and who you represent when posting online.
3. **Stay civil.** If you disagree with a post, respectfully disagree while acknowledging different viewpoints, being considerate of diverse opinions.
4. **Take precautions.** Always safeguard personal information and remember that once information is posted online it stays online.
5. **Show professionalism.** Always remain ethical and keep professional and public lives separate. Be cognizant that behavior online affects the reputation of individuals, employers, and organizations as well as the profession as a whole.
6. **Keep information confidential.** It's not appropriate to divulge sensitive patient information or discuss clients in a way that violates their privacy.
7. **Value originality.** Posting trademarked or copyrighted content or intellectual property is never allowed. Give credit where credit is due by citing the source of your information and ideas.
8. **Scrutinize your online presence.** Monitor your virtual identity routinely to ensure your information is accurate and credible.

Chapter Summary

Social Media and digital tools are increasingly being used by professionals for sharing, accessing, and utilizing health information. Definitions and examples of social networking sites, blogs, microblogging, image and video sharing, apps, email and tele-/video-conferencing are discussed. Principles for professional social media conduct focus on adhering to the *Standards of Practice* and the *Code of Ethics*, particularly in the areas related to Trust in the Profession, Duty to Report, Confidentiality, Professional Boundaries, Communication and Consent. The benefits and limitations virtual dietetic practice, defined as the provision of professional service (e.g. counseling, providing information and advice, monitoring, etc.) which involves any type of intervention with a client who is remotely located from the dietitian providing the service is discussed. Considerations for cross border dietetic practice (defined as communication with clients or patients across provincial, territorial or national borders, via internet, email, telephone, videoconference or other electronic means) are reviewed. Registration requirements, accountability, transparency, and the duty to clients when practicing virtually are highlighted. The chapter concludes with Guidelines for Safeguarding against Unprofessional Conduct and Tips for Effective Social Media Communications.

Case Scenario 14.1

Before DD leaves the office, she goes on to Facebook to see what's new with her many friends. One of DD's friends, a former patient named JJ, asks how her day is going. Feeling a bit frustrated, DD vents, telling her about the "lazy patient she has been dealing with".

"This ridiculous patient refuses to take my advice", DD writes. "It's no wonder she is obese and has Diabetes. If she isn't going to take responsibility for her actions, then she probably should suffer the consequences and there will be no one to blame but her. She claims her weight problems started as a kid in Didsbury and she's always blaming her mother Shirley..."

DD goes on to write, "and the nurse on my team is so gullible, she buys into the moaning and complaining. She's totally incompetent and should be fired."

JJ can tell from DD's remarks which patient she is talking about. She has family friends in Didsbury and knows that Shirley's daughter has been seeing a Dietitian for weight and lifestyle management related to several chronic diseases. From past posts, she is also well aware of who the "nurse" is that DD is referring to.

Another "friend" of DD's, a fellow Registered Dietitian, later reads DD's comments and feels uncomfortable with what she is reading but decides to let it go as she's seen this before.

Case Scenario 14.1 Questions

1. What aspects of the *Code of Ethics* are relevant or are in contravention in this case?
2. How is DD representing herself and/or the profession?
3. What, if any, obligations does DD's Registered Dietitian friend have in this case?

Chapter Quiz

1. Related to safe social media conduct, the most relevant aspects of the *Code of Ethics* for Registered Dietitians and Registered Nutritionists to consider include all of the following *except*:
 - a. Duty to report
 - b. Professional Independence
 - c. Trust in the Profession
 - d. Confidentiality

2. All of the following statements related to safe social media conduct are true *except*:
 - a. The dietitian must not initiate or accept requests for online contact with clients, former clients, clients' family members nor students, unless it is for the purpose of direct client care.
 - b. The dietitian should familiarize themselves with privacy settings, remembering that settings can change and are not a replacement for responsible, discreet communication practices.
 - c. It is the dietitian's duty to report any type of unprofessional conduct by another regulated health professional including conduct via social media or in electronic practices, to the appropriate regulatory body
 - d. Sharing clients', colleagues', employers', students', or others' personally identifying information and/or using undermining language via social media is a contravention of confidentiality and may constitute unprofessional conduct, as defined in the *Registered Dietitians and Registered Nutritionists Profession Regulations*.

3. Cross border dietetic practice:
 - a. Refers to electronic virtual communication with clients or patients within provincial, territorial or national borders.
 - b. Refers to communication and consultation between Registered Dietitians and Registered Nutritionists or other health professionals across borders.
 - c. Requires Registered Dietitians and Registered Nutritionists practicing virtually across provincial borders to know every province's position with respect to registration requirements in the province where the client resides.
 - d. Requires that the public know that their Registered Dietitian and Registered Nutritionist is registered and accountable to the Government of Canada.

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Appendix 1 Selected Statutes Relevant to Registered Dietitians and Registered Nutritionists in Alberta

Alberta

Links to each of the following statutes may be found at <https://www.alberta.ca/alberta-kings-printer.aspx>

Child, Youth & Family Enhancement Act
Freedom of Information and Protection of Privacy Act
Government Organization Act
Health Information Act
Health Professions Act
Hospitals Act
Operation of Approved Hospitals Regulation
Personal Directives Act
Personal Information Protection Act
Pharmacy and Drug Act
Protection for Persons in Care Act

Canada

Criminal Code of Canada
Personal Information Protection and Electronic Documents Act

Appendix 2 Code of Ethics - College of Dietitians of Alberta

The complete Code of Ethics (2008) document can be found on the College website under About Us – Regulatory Documents. A summary of the Code of Ethics can be found below.

1.0 The dietitian protects the public as their primary professional obligation.

1.1 Primary Obligation

- (1) The dietitian accepts the obligation as a regulated member of a College under the Health Professions Act to protect and serve the public interest.
- (2) As a regulated member of the College under the Health Professions Act, the dietitian respects the establishment, maintenance and enforcement of standards for registration, competence, standards of practice and a code of ethics for the regulated profession.

1.2 Trust in the Profession

- (1) The dietitian maintains a level of personal and professional conduct that maintains the integrity and dignity of the profession and sustains the public's confidence in the profession.
- (2) The dietitian uses the professional titles and initials protected by the College, when providing professional services to assist the public in identifying them as a regulated health professional.
- (3) The dietitian maintains public trust in the dietetic profession by bringing forward concerns about incompetent, unethical or unsafe practice by dietitians to the College.
- (4) The dietitian upholds their professional responsibility to the public by bringing forward concerns about the incompetent, unethical or unsafe practice by other health professionals to the appropriate regulatory body.
- (5) The dietitian addresses concerns about practice with the health professional first when appropriate in the circumstances and reports the concern to employers and others as appropriate in the circumstances.
- (6) The dietitian does not use professional titles and initials or make references to being a member of the dietetic profession or the College, or having dietetic education and training when:
 - a) representing personal views, views that are unrelated to the practice of the profession, views that would affect public trust in the profession;
 - b) undertaking activities that are unrelated to the practice of the profession;
 - c) acting within a personal rather than professional role.

1.3 Shared Responsibility

- (1) The dietitian assists the profession in improving its standards by identifying issues that are relevant to the provision of competent, safe and ethical dietetic practice.
- (2) The dietitian collaborates with employers, colleagues and others to develop and improve the quality of professional services provided within available resources.

- (3) The dietitian recognizes the expertise of members of the team and collaborates in the planning, coordination and delivery of quality professional services.
- (4) The dietitian guides the professional development of individuals entering dietetic practice by helping them to acquire a full understanding of the responsibilities, ethics and competencies required in professional practice.

1.4 Duty to Report

- (1) The dietitian reports to the College with respect to any actions they are subject to including: any legal actions and any actions taken by professional regulatory bodies or employers with respect to their practice and also reports the outcome of any action taken to the College.
- (2) The dietitian communicates confidential information to prevent harm if the dietitian becomes aware that an individual poses a serious risk of harm to themselves or others. The disclosure of information should be limited to individuals who reasonably need to know and to the extent necessary in the circumstances.
- (3) The dietitian must be familiar with the laws concerning the reporting of abuse of children and vulnerable adults and must comply with those laws.
- (4) The dietitian discloses adverse events and takes all necessary actions according to established guidelines to minimize harm arising from an adverse event and to prevent recurrence.
- (5) The dietitian takes appropriate precautions and follows established guidelines with respect to communicable or infectious diseases including hepatitis, AIDS, blood-borne infections, influenza.
- (6) If the dietitian believes they may have been in contact with an individual who has a communicable or infectious disease or has contracted a communicable or infectious disease that involves a risk to the health or safety of clients or the public, the dietitian discloses the information to the appropriate individuals (may include but is not limited to: the employer, the medical officer of health and the College) and takes all required precautions (may include but is not limited to: protective gear, testing, monitoring, isolation).
- (7) If the dietitian believes that institutional, facility or workplace policies, procedures or practices involve a risk to the health or safety of clients or the public, the dietitian discloses the information to the appropriate individuals (may include but is not limited to: the employer, the medical officer of health and the College) and takes all required precautions.

1.5 Research

- (1) The dietitian who participates in research ensures it conforms to applicable research ethics guidelines.
- (2) The dietitian ensures the risks of the research are justified by the benefits which may be gained, and that the well-being of the individual research subject is never sacrificed for the aims of the research or society.
- (3) The dietitian ensures research participants:
 - a) are informed of and completely understand the nature of their research participation, its anticipated benefits and risks and any forms of care which are withheld as part of the study design;

- b) understand that they have the right to refuse to participate in or withdraw from a research project at any time and that the refusal or withdrawal will not adversely affect the quality of the professional services provided;
 - c) are removed from the research study at any point when the participants are thought to be at risk of harm by continuing to participate.
- (4) The dietitian ensures research results reflect an accurate interpretation or representation of the data and are not falsified in any way.

2.0 The dietitian respects the autonomy and rights of the individual.

2.1 Client-centered focus

- (1) The dietitian provides professional services in response to the needs of the client regardless of ancestry, nationality, ethnic background, religion, age, gender, social and marital status, sexual orientation, political beliefs, or physical or mental disability.
- (2) The dietitian collaborates with the client to provide professional services that reflect the unique needs, goals, values and circumstances of the client.
- (3) The dietitian respects and protects the individual's right to privacy, dignity and physical modesty.
- (4) The dietitian uses a respectful communication style and appropriate forms of address in their interactions with clients.
- (5) The dietitian respects the client's right to autonomy in decision making. Client autonomy includes determining one's own best interests.
- (6) The dietitian provides the client with a complete and objective explanation of the nature and scope of the problem and treatment based on all the facts that have been brought to their attention.
- (7) The dietitian discusses options and interprets controversial information without personal bias, recognizing that legitimate differences of opinion exist.
- (8) The dietitian ensures that the client understands the information provided, that their questions have been answered and they are able to evaluate treatment options.
- (9) The dietitian respects the right of clients to request a second opinion or a referral to another regulated health professional or appropriately qualified individual.
- (10) The dietitian consults with or refers the client to another regulated health professional or appropriately qualified individual when required.
- (11) The dietitian articulates the needs of the client and advocates on the client's behalf when required.
- (12) The dietitian respects the client's right to review and obtain a copy of information in their file or record and responds to a request for correction of information in the client's file or record in accordance with the applicable laws.

2.2 Informed Consent

- (1) The dietitian ensures that informed consent has been obtained for the provision of professional services in accordance with applicable laws and:
 - a) Provides sufficient information to enable clients to make informed decisions about recommended services including information about expected benefits, risks, options, and alternatives;
 - b) Communicates information using appropriate language, terminology and comprehension level to ensure understanding;
 - c) Takes all reasonable steps to ensure that consent is not given under conditions of coercion or undue pressure;
 - d) Provides new information when it could be significant or relevant to the original or ongoing informed consent in a timely manner;
 - e) Respects the right of the client to refuse treatment or withdraw consent for care at anytime.

2.3 Confidentiality

- (1) The dietitian respects the confidentiality of information obtained in providing professional services.
- (2) The dietitian discloses confidential information only when the client consents to disclosure, when disclosure is required or permitted by law, or when disclosure is necessary to protect the client or another individual from harm. See Duty to Report.
- (3) The dietitian avoids indiscreet or public conversations about the client or their treatment.
- (4) The dietitian does not access information in databases or records about individuals who are not clients or information that is not required to provide professional services.
- (5) The dietitian limits access to professional records by others to preserve confidentiality of information.

2.4 Professional Boundaries

- (1) The dietitian must respect boundaries that separate their personal and professional relationships and roles.
- (2) The dietitian is sensitive to their position of relative power or influence in professional relationships and does not use their position to take physical, emotional, sexual or financial advantage of clients.
- (3) The dietitian does not undertake a professional relationship when a current or previous personal, financial, employment or legal relationship with the client would compromise the provision of professional services or the integrity of the dietitian.
- (4) The dietitian does not engage in a sexual relationship with a client when a professional relationship exists.

3.0 The dietitian acts with integrity in professional relationships and when providing professional services.

3.1 Provision of Services

- (1) The dietitian provides professional services, information or advice within a professional role or relationship.
- (2) The dietitian reflects the client's best interests in the provision of professional services.
- (3) The dietitian provides the best standards of professional service possible for clients within the available resources.
- (4) The dietitian provides professional services based on the most complete, accurate, and current client information possible.
- (5) The dietitian provides professional services that are evidence based, based on commonly accepted best practice and that are safe.
- (6) The dietitian responds in a timely manner to requests for professional services, consultations and referrals.

3.2 Fees

- (1) The dietitian provides information about professional services to be provided, fees and fee payment arrangements to the client and ensures the information is understood and agreed to prior to providing professional services.

3.3 Continuity of Services

- (1) The dietitian provides for the continuity of care of clients within the limitations of the health system and available resources.
- (2) The dietitian who is planning to participate in job action/strike must take appropriate steps to protect the health and safety of clients during the job action.
- (3) The dietitian may discontinue services without notice or referral if the dietitian feels personally threatened or at risk of harm by the client.
- (4) The dietitian plans for the transfer of clients when closing practice or upon the death of the dietitian.

3.4 Records

- (1) The dietitian makes and retains complete, accurate records of professional services and signs and dates records that they create.
- (2) The dietitian stores and disposes of paper, electronic and other records in a manner that ensures the security and confidentiality of the records.
- (3) The dietitian plans for the transfer or disposition of records when closing practice or in case of their death.

3.5 Honesty

- (1) The dietitian acts with honesty in their professional relationships and in the provision of professional services.

- (2) The dietitian accurately represents their qualifications, experience and the range of professional services provided.
- (3) The dietitian permits their name to be used for the purpose of verifying that professional services have been rendered only if they provided or supervised the provision of those services.
- (4) The dietitian takes credit for work they have done in connection with scholarly, research or collaborative endeavors and fairly credits contributions made by others.
- (5) The dietitian does not use fraud, deception, omission or misrepresentation in:
 - a) their professional practice
 - b) obtaining registration or a practice permit;
 - c) passing examinations;
 - d) representing professional qualifications, education, expertise or competence;
 - e) providing professional services;
 - f) producing invoices or billings;
 - g) using professional titles, designations;
 - h) advertising / promoting products and services.
- (6) The dietitian does not falsify, alter, make omissions, or incorrect entries into documents, records, or statements.

3.6 Fairness

- (1) The dietitian acts with fairness in their professional relationships and in the provision of professional services.
- (2) The dietitian provides professional services that are fair, non-discriminatory and without bias.
- (3) The dietitian provides objective assessments and evaluations.
- (4) The dietitian provides professional opinions or assessments based on their dietetic knowledge and expertise and on the collection of adequate, current information required to provide the opinion or assessment. The dietitian clearly identifies the limits of the information on which the assessment or opinion is based.

3.7 Advertising / Promotion and Endorsements

- (1) The dietitian does not engage in any form of advertising/promotion or endorsement of products and services that:
 - a) takes advantage of or exploits vulnerable individuals;
 - b) makes statements or claims that are false, misleading, inaccurate or unverifiable;
 - c) creates an unjustified expectation about the results that can be achieved;
 - d) compares the quality of services or fees to those of another individual.

- (2) The dietitian does not allow their name or professional titles and initials to be used in connection with any product or service that:
 - a) provides an endorsement that has not been given;
 - b) has not been evaluated by the dietitian;
 - c) misrepresents the product or service;
 - d) misrepresents the association of the dietitian with the product or service;
 - e) affects the credibility of the dietitian or the profession.
- (3) The dietitian must keep a copy of any advertising/promotion or endorsement for a period of one year following the date in which it last appears. The dietitian must provide a copy to the College on request.

3.8 Conflict of Interest

- (1) The dietitian avoids real or perceived conflict of interest in which their professional integrity, professional independence or the provision of professional services could be influenced or compromised.
- (2) When the dietitian identifies a conflict of interest the dietitian must resolve the conflict by fully acknowledging the conflict, ensuring that it is understood and accepted by all parties or discontinue professional services.

3.9 Financial and Business Arrangements

- (1) The dietitian does not accept or offer fees, compensation, gifts or other benefits for making or receiving referrals for professional services.
- (2) The dietitian does not accept contracts, consulting fees, funding including research funding, fees, compensation, gifts or other benefits that compromise professional integrity, professional independence or influence the provision of professional services.

3.10 Products and Services

- (1) The dietitian does not recommend, promote, advertise, distribute, endorse or sell products or services in the provision of professional services where the efficacy or safety of products or services:
 - a) is not supported by evidence based research;
 - b) has not been tested or verified by credible sources.
- (2) The dietitian does not recommend, promote, advertise, distribute, endorse or sell products or services in which the dietitian, or individuals connected to the dietitian, have a financial or other interest unless the dietitian at the same time:
 - a) fully discloses the financial or other interest;
 - b) informs the client they have the option of using alternative products or services;

- c) assures the client that choosing alternative products or services will not affect the quality of professional services provided by the dietitian.
- (3) The dietitian does not use professional titles and initials or make any reference to being a member of the dietetic profession or the College, or having dietetic education and training with respect to any products or services that do not relate to the provision of dietetic professional services.

3.11 Practice in Association

- (1) The dietitian does not practice in association with other individuals or entities if the association compromises or appears to compromise:
 - a) professional integrity, professional independence or the provision of professional services;
 - b) credibility of the dietitian or the profession.

3.12 Multiple Clients

- (1) The dietitian must identify situations where there is more than one client who directly or indirectly is the recipient of professional services. Multiple clients may include but are not limited to any of the following:
 - a. individuals;
 - b) family members, advocates, substitute decision makers;
 - c) employers (publicly / privately funded health system), businesses, organizations;
 - d) third parties (employee or government assistance programs, insurance providers / payors, government / funding agencies).
- (2) The dietitian will clarify their professional role, responsibility, accountability and confidentiality for services with all clients prior to providing professional services.
- (3) When a conflict of interest exists in the provision of professional service to multiple clients the dietitian must resolve the conflict of interest or must discontinue professional services.

4.0 The dietitian maintains competence in dietetic practice.

4.1 Personal Competence

- (1) The dietitian is knowledgeable of and adheres to all relevant public protection legislation applicable to their dietetic practice (may include but is not limited to: health profession legislation, public health act, protection of persons in care legislation, child welfare legislation, protection of information and privacy legislation).
- (2) The dietitian assumes responsibility and accountability for personal competence in practice.
- (3) The dietitian acquires new skills and knowledge on a continuing basis to ensure safe, competent, and ethical dietetic practice.
- (4) The dietitian practices dietetics based on scientific principles and current evidence-based practice.

- (5) The dietitian practices within the scope of practice, the limits of their qualifications and their own level of competence.
- (6) The dietitian consults or makes referrals as appropriate when a situation is beyond their level of competence.
- (7) The dietitian accepts only those responsibilities which they are competent to perform. If the dietitian is asked to assume responsibilities beyond their present level of competence, the dietitian acquires additional information, knowledge or skills prior to assuming the responsibilities or declines to accept them.

4.2 Restricted Activities

- (1) The dietitian performs restricted activities that are regulated by the College only when authorized to do so by the College.
- (2) The dietitian does not perform any restricted activities that are not regulated by the College unless authorized to do so by another enactment or pursuant to Schedule 7.1 of the *Government Organization Act*.
- (3) The dietitian assumes responsibility for the ongoing competence to perform restricted activities and seeks additional knowledge and skills to maintain current competent practice as required.
- (4) The dietitian does not prescribe or provide a drug on a drug schedule without undertaking a clinical assessment, without medical indication or for other than legitimate therapeutic purposes.
- (5) The dietitian does not prescribe a drug on a drug schedule for their personal use, for use by a person who is not in an established professional relationship.

4.3 Professional Independence

- (1) The dietitian maintains professional independence and judgment and does not allow externally imposed limitations or the influence of others to affect the provision of professional services in accordance with the Professional Practice Standards or in the best interest of the client.

4.4 Supervision

- (1) The dietitian assumes overall responsibility for the professional activities and provision of professional services by individuals under their supervision.
- (2) The dietitian supervises a person appropriate to their level of competence and ensures the person's performance meets generally accepted standards of practice, ethics, competence and safety.
- (3) The dietitian does not assign professional responsibilities to a person who does not have the appropriate credentials or is not appropriately qualified to provide the services.
- (4) The dietitian ensures that a student, trainee, intern or supervisee is appropriately identified as such to the client.

4.5 Voluntary Withdrawal from Practice

- (1) The dietitian voluntarily withdraws from professional practice whenever circumstances exist that might impair their professional judgment, the ability to practice competently and safely or that may cause harm to their clients or the public. The impairment may be related to physical, mental, emotional health, substance abuse or addictions.

- (2) The dietitian notifies the College of the voluntary withdrawal from practice and accepts any conditions on their practice permit appropriate to their situation as determined by the College.
- (3) Before returning to practice the dietitian notifies the College and undertakes an assessment/evaluation of the ability to practice competently and safely as required by the College. The dietitian accepts any conditions on their practice permit appropriate to their situation as determined by the College.

Definitions

“Client” means an individual, family, substitute decision-maker, group, agency, government, employer, employee, business, organization or community who is the direct or indirect recipient(s) of the dietitian's expertise.

“Dietitian” means a person who is registered under the Registered Dietitians and Registered Nutritionists Profession Regulation. The term “dietitian” has been used throughout this document and reflects all regulated members of the College.

“Professional Practice Standards” means the set of documents that specify the legal and ethical requirements for professional practice; these documents include the *Standards of Practice and Essential Competencies for Dietetic Practice*, *Code of Ethics*, practice guidelines, Regulations and Bylaws.

“Professional Services” means all actions and activities of a dietitian in the context of their professional practice.

“Products” means any products, items, or materials a dietitian provides in the context of their professional practice. *May include food products, supplements, books, information, materials, handouts.*

ETHICAL DECISION FRAMEWORK

When faced with a situation of ethical conflict or uncertainty dietitians may find the decision-making framework below helpful in determining a course of action. An ethical issue may also become clearer or be resolved by discussing it with colleagues or trusted others.

1. Identify the problem(s).

State the problem as clearly as possible. An ethical issue is not always black or white and may involve competing interests.

2. Identify the relevant issues.

- What are your personal or professional values related to the situation presented?
- Who are the others who are involved in or who may be impacted by the issue? What are their personal/professional values/beliefs/cultural issues?
- Is there a conflict between competing values? Interests? What is at stake?

3. Identify any relevant guidelines that apply.

What documents may provide guidance?

- Legislation
- Professional standards or practice guidelines
- Workplace or business policies/guidelines

4. Identify the sections of the Code of Ethics that apply.

What guidance is provided by the Code of Ethics?

5. Generate options or possible courses of action.

There may be multiple strategies to resolve the issue.

6. Evaluate the options or possible courses of action based on consideration of the issues, consequences, pros/cons.

To help you evaluate the possible courses of action consider:

- ***Does the decision have legal implications?***
Will you be violating any laws, College of Dietitians of Alberta Regulations or the Standards of Practice, workplace policies or guidelines?
- ***Is the decision balanced?***
Is it fair and beneficial to all concerned in the short term as well as the long term? Does it promote a win/win situation/relationship?
- ***How will the decision, if acted upon, make you feel or be perceived?***
Will you feel you made the best decision in the circumstances? How do you think others would view your decision? What if your decision was published in the newspaper?

Appendix 3.1 Standards of Practice - College of Dietitians of Alberta

The complete Standards of Practice (2018) document can be found on the College website under About Us – Regulatory Documents. A summary of the standards can be found below.

Standard 1. Assessment and Interventions

Standard

Registered Dietitians competently select and interpret **assessment data**⁹¹, develop and/or implement goals/plans/tools, and implement appropriate interventions in the provision of **client-centred, professional services**.

Indicators

To demonstrate this standard, Registered Dietitians will

- a) Obtain **client consent** for professional services.
- b) Obtain, review, and interpret relevant assessment data.
- c) Collaborate and communicate with client to determine goals/plans and interventions.
- d) Implement, coordinate, and document the provision of client-centred interventions.
- e) Monitor, evaluate, and document the impact of interventions in achieving identified outcomes, proposing alternative interventions if goals have not been achieved.
- f) Continue to offer professional services until either the client is transferred, discharged, self-managing, declines care, another provider has assumed responsibility, or the Registered Dietitian deems further services are not required.

Practice Outcome

Clients can expect that Registered Dietitians assess relevant data, develop goals/plans, implement, and evaluate client-centred interventions.

Standard 2. Boundaries

Standard

Registered Dietitians maintain clear and appropriate **professional boundaries** with **clients** and **team members**.

Indicators

To demonstrate this standard, Registered Dietitians will:

- h) Be sensitive to their position of relative power or influence in professional relationships and not use this status to take physical, emotional, sexual, financial, or other types of advantage of clients and team members.
- i) Establish and maintain appropriate professional boundaries in relationships with clients and team members.

⁹¹ Words in the Definitions are **bolded** the first time they appear in each Standard.

- j) Respect, establish, and manage effectively, the boundaries that separate their personal and professional relationships/roles in all contexts (e.g., face-to-face, **virtual dietetic practice**, social media).
- k) Obtain **consent** prior to touching a client.
- l) Refrain from entering professional relationships when current or previous personal, financial, employment, and/or legal affiliations would compromise **professional services** or integrity.
- m) Minimize the risk of **boundary violations** when **boundary crossings** cannot be avoided (e.g., treatment of family/friend in specialized or rural practice), by reporting the boundary crossing to the appropriate authority (e.g., manager, team leader) and by documenting management strategies (e.g., in the client file, record).
- n) When professional boundaries cannot be maintained, take necessary action as required (e.g., end professional relationships with clients, transfer care), and document how the situation was managed.

Practice Outcome

Clients can expect Registered Dietitians to maintain clear and appropriate professional boundaries at all times.

Standard 3. Client-Centred Services

Standard

Registered Dietitians provide **professional services** that recognize and respect the unique needs, goals, values, and circumstances of **clients**.

Indicators

To demonstrate this standard, Registered Dietitians will:

- a) Acknowledge and respect the rights, dignity, and uniqueness of each client (e.g., ethnic/cultural background, religion, age, gender, social status, marital status, sexual orientation, political beliefs, physical/mental ability, corporate mission, and values).
- b) Collaborate with clients to identify and develop goals, plans, and interventions to meet their unique needs.
- c) Acknowledge and respect clients' rights to autonomy and decision making over their own health.
- d) Advocate for and guide changes on behalf of clients to support their health and well-being when required.

Practice Outcome

Clients can expect that their goals and values will be incorporated into the Registered Dietitian's provision of **client-centred services**.

Standard 4. Collaborative Practice

Standard

Registered Dietitians partner with **clients** and **team members** in the collaborative and coordinated provision of **professional services**.

Indicators

To demonstrate this standard, Registered Dietitians will:

- g. Contribute professional knowledge to discussions and interactions with clients and team members.

- h. Clarify and explain their professional roles and responsibilities in discussions with clients and team members.
- i. Respect clients' and team members' perspectives and responsibilities, while acknowledging overlapping roles and scopes of practice.
- j. Consult with and/or refer as required, when the needs of clients may be more appropriately met by another Registered Dietitian or team member.
- k. Effectively manage conflict with clients and team members.
- l. Communicate clearly and respectfully with clients and team members, at all times to facilitate **collaboration**.

Practice Outcome

Clients can expect Registered Dietitians to provide collaborative, professional, client-centred services.

Standard 5. Communication

Standard

Registered Dietitians communicate effectively, respectfully, and in compliance with applicable legislative and regulatory requirements when providing **professional services**.

Indicators

To demonstrate this standard, Registered Dietitians will:

- h) Be clear and respectful in all verbal, nonverbal, and written **communication**.
- i) Maintain **clients'** privacy and confidentiality in all forms of communication.
- j) Use strategies to promote effective communication (e.g., active listening, empathy).
- k) Adapt communication to the needs of clients and minimize barriers by incorporating relevant supports as available (e.g., interpreters, visual aids, technology, appropriate language, culturally appropriate resources).
- l) Use strategies to facilitate clients' comprehension and learning (e.g., opportunity for questions, teach back, appropriate literacy levels).
- m) Communicate with professional integrity and maintain appropriate boundaries in all communication formats at all times.
- n) Document professional communications accurately and in a timely manner as required.

Practice Outcome

Clients can expect Registered Dietitians to communicate respectfully and effectively.

Standard 6. Competence

Standard

Registered Dietitians are responsible and accountable for their continuing competence in order to provide safe, ethical, **professional services**.

Indicators

To demonstrate this standard, Registered Dietitians will:

- a) Provide professional services within the limits of their qualifications and personal level of competence.

- b) Evaluate their own practice and participate in continuing professional development to identify and address learning needs.
- c) Identify practice situations beyond their personal level of competence and consult, refer, and/or obtain further knowledge and skills to provide professional services.
- d) Maintain competence in present area(s) of practice, incorporating evidence into professional services.
- e) Acquire the knowledge and skills to practice competently in emerging practice areas as required.
- f) Comply with the CDA continuing competence program, adhering to all applicable legislative and regulatory requirements.
- g) Voluntarily withdraw from practice if they self-identify that they are no longer able to provide safe, competent, ethical services (e.g., illness, substance abuse).
- h) Comply with practice hour requirements as set out by CDA.
- i) Adhere to CDA requirements for practicing restricted activities.

Practice Outcome

Clients can expect Registered Dietitians to be competent to provide safe, ethical, professional services.

Standard 7. Conflict of Interest

Standard

Registered Dietitians will avoid real or perceived **conflicts of interest** in which professional integrity, professional independence or the provision of **professional services** could be compromised. Conflicts of interest which cannot be avoided must be disclosed and managed.

Indicators

To demonstrate this standard, Registered Dietitians will:

- h) Recognize any situations in which a conflict of interest could have an impact on their professional judgment.
- i) Avoid any conflict of interest in which professional services could be compromised.
- j) When a conflict of interest cannot be avoided, disclose to the appropriate authority (e.g., manager, team leader), manage the situation, and/or discontinue professional services.
- k) Document any conflict of interest, the efforts to manage it, and the outcome(s).
- l) Provide options for the provision of services and/or products when a conflict of interest exists.
- m) Refrain from accepting personal from service and/or product sponsors when the Registered Dietitian stands to profit personally and/or financially.
- n) Refrain from offering incentives to **clients** that places the Registered Dietitian's personal gain above their professional responsibilities.

Practice Outcome

Clients can expect Registered Dietitians to provide professional services that are in the client's best interests and to disclose and manage any conflicts of interest.

Standard 8. Consent

Standard

Registered Dietitians obtain appropriate **client consent** in the provision of **professional services**.

Indicators

To demonstrate this standard, Registered Dietitians will:

- g) Provide clients with complete and objective information regarding the options for treatment and/or professional services and their respective risks and benefits as appropriate.
- h) Obtain client consent prior to the provision of services and document as required.
- i) Take all reasonable steps to ensure that consent is given freely, without evidence of coercion.
- j) Inform clients in a timely manner of proposed changes to the agreed-upon intervention plan and/or provide new information relevant to consent.
- k) Respect clients' rights to: make choices, consult, and request additional information; refuse proposed interventions; and withdraw previously provided consent at any time.
- l) Obtain approval from the appropriate research ethics board and consent from clients participating in research studies.

Practice Outcome

Clients can expect Registered Dietitians to obtain consent in the provision of professional services.

Standard 9. Evidence-Informed Practice

Standard

Registered Dietitians provide **professional services** using an **evidence-informed** approach.

Indicators

To demonstrate this standard, Registered Dietitians will:

- a) Access and critically appraise current and applicable evidence.
- b) Incorporate evidence, using critical thinking and professional judgment, when providing client-centred, professional services.
- c) Initiate and/or participate in evaluation and continuous **quality** improvement activities (e.g., client questionnaires, chart audits, population health data review) to assess new and/or ongoing professional services, products, and programs.
- d) Use the feedback obtained from continuous quality improvement activities to improve professional services.
- e) Contribute to new knowledge, by participating in data collection and practice-based research as feasible, conforming to applicable research ethics guidelines and processes.

Practice Outcome

Clients can expect Registered Dietitians to use an evidence-informed approach in the provision of professional services.

Standard 10. Fees and Billing

Standard

Registered Dietitians ensure that fees and billing for **professional services** and/or products are fair, transparent, and in compliance with legislative and regulatory requirements.

Indicators

To demonstrate this standard, Registered Dietitians will:

- e) Be responsible and accountable for all billing under their registration number.

- f) Ensure that fees charged for professional services and/or products are fair, reasonable, and justifiable.
- g) Disclose fee schedules for all applicable professional services and/or products including accepted methods of payment, potential additional fees (e.g., cancellation fees, photocopying, mailing), and the process for fee dispute resolution, prior to provision of professional services.
- h) Maintain comprehensive records regarding the provision of professional services and/or sale of products.

Practice Outcome

Clients can expect that the fee and billing practices of Registered Dietitians are fair and transparent.

Standard 11. Privacy/Confidentiality

Standard

Registered Dietitians uphold and protect **clients'** rights to privacy and confidentiality of information collected during the provision of **professional services** by complying with applicable legislative and regulatory requirements.

Indicators

To demonstrate this standard, Registered Dietitians will:

- i) Ensure client **consent** is obtained prior to collecting or disclosing personal, organizational, and/or business information, unless **duty to report** obligations is required.
- j) Access and collect only the client information that is essential to carry out the provision of safe, competent, ethical services.
- k) Use physical, technical, and administrative safeguards (e.g., locked filing cabinets, passwords, encrypting documents, laptops and PCs) to protect paper-based, audio, video, electronic or other client information.
- l) Avoid conversations about clients and/or professional services provided that can be overheard and/or breach privacy and confidentiality.

Practice Outcome

Clients can expect Registered Dietitians to keep their information private and secure.

Standard 12. Professional Practice Obligations

Standard

Registered Dietitians protect the public by providing **professional services** in compliance with applicable legislative and regulatory requirements.

Indicators

To demonstrate this standard, Registered Dietitians will:

- a) Accept as their primary professional obligation, to protect and serve the public interest according to CDA Code of Ethics.
- b) Hold a valid practice permit/license and practice in compliance with applicable legislative and regulatory requirements.
- c) Maintain a level of personal and professional conduct that upholds the integrity and dignity of the profession and sustains public confidence.

- d) Comply with **duty to report** requirements in accordance with applicable legislation, regulations, and/or organization/employer policies.
- e) Report abuse, incapacity, incompetence or unprofessional conduct to the appropriate authority, in accordance with applicable legislation, regulations, and/or organization/employer policies.
- f) Take responsibility and be accountable to practice within their personal level of competence.
- g) Provide supervision, mentoring, and direction to those under their supervision (e.g., students, dietetic interns/nutrition practicum students, staff, volunteers).
- h) Accurately represent their professional qualifications, experience, knowledge, and skills.
- i) Voluntarily withdraw themselves from professional practice when circumstances exist that impair their professional judgment, impact competence, or that may cause harm to **clients**.
- j) Ensure they have the appropriate practice permit/license to deliver services by **virtual dietetic practice**.
- k) Use provincially protected titles.
- l) Hold professional liability insurance prior to providing professional services.
- m) Perform restricted activities that are regulated by CDA, only when authorized to do so and in compliance with legislative and regulatory requirements.
- n) Comply with continuing competence program requirements, and where applicable, minimum practice hours.

Practice Outcome

Clients can expect Registered Dietitians to provide professional services in compliance with legislative and regulatory requirements.

Standard 13. Promotions/Advertising

Standard

Registered Dietitians provide information and **advertise** their **professional services** and/or products in compliance with applicable legislative and regulatory requirements.

Indicators

To demonstrate this standard, Registered Dietitians will:

- a) Engage in advertising that is truthful, objective, and accurate.
- b) Adhere to the CDA Code of Ethics and refrain from using advertising that directly or indirectly:
 - i. creates unjustified expectations about the results;
 - ii. may mislead or misinform the public (e.g., use of **testimonials**).
 - iii. compares the ability, quality, and/or cost of professional services with that of other Registered Dietitians;
 - iv. takes advantage physically, emotionally or financially of **clients**; and
 - v. endorses, promotes or recommends exclusive use of a product/brand used/sold as a component of professional services, unless supported by evidence.

Practice Outcome

Clients can expect Registered Dietitians to advertise professional services and/or products in an accurate and ethical manner.

Standard 14. Record Keeping

Standard

Registered Dietitians document and manage **client** records and /or other data in compliance with applicable legislative, regulatory, and/or organizational/employer requirements.

Indicators

To demonstrate this standard, Registered Dietitians will:

- g) Document, sign, and date complete, accurate, timely records related to **professional services**.
- h) Maintain, retain, share, transport, store, and dispose of all paper and/or electronic documentation and records in compliance with applicable legislative, regulatory, and organizational/employer requirements.
- i) Secure all personal client information through appropriate use of physical, technical, and electronic safeguards to protect the privacy and confidentiality of client information.
- j) Maintain complete and accurate financial records for all relevant professional services.
- k) Maintain equipment service records (e.g., preventative maintenance logs) according to applicable legislative, organizational/employer, and manufacturer recommendations.
- l) Plan for and ensure the transfer or disposition of records when leaving a position or ceasing to practice.

Practice Outcome

Clients can expect Registered Dietitians to document professional services clearly, accurately, and in a timely manner, while maintaining privacy and confidentiality.

Standard 15. Safety and Risk Management

Standard

Registered Dietitians adhere to occupational health and safety legislation, and infection prevention and control practices to provide safe, competent, ethical **professional services**.

Indicators

To demonstrate this standard, Registered Dietitians will:

- a) Comply with occupational health and safety legislation, best practices in infection prevention and control, and organization/employer policies and procedures.
- b) Maintain certification(s) related to infection prevention and control, and occupational health/workplace safety, as applicable.
- c) Contribute to and comply with **risk management** activities/requirements to promote a safe environment (e.g., working alone, environmental hazards, threats to personal safety).
- d) Comply with reporting and follow up procedures related to adverse events, emergency situations, and/or incidents involving workplace safety.
- e) Comply with food safety standards in the provision of professional services.
- f) Participate, as required, in continuous **quality** improvement activities to promote and support safe, competent, ethical professional services (e.g., questionnaires, chart audits).

Practice Outcome

Clients can expect Registered Dietitians to provide professional services in a healthy and safe environment.

Glossary

Advertise/advertising also includes the marketing of professional services and products.

Assessment data refers to the information collected during the client evaluation such as, but not limited to: history, food/nutrition data, anthropometric data, biochemical data, medical tests, procedures; community needs assessment; financial data; environmental scans; surveillance data; stakeholder feedback; and quantitative/qualitative information.

Boundary crossings occur when the behaviour of a Registered Dietitian deviates from the established boundaries of a professional – client relationship. Boundary crossings are often subtle, frequently beginning with an innocent or harmless action or behaviour that eventually becomes cumulatively significant. Registered Dietitians must be aware of any actions or behaviours that fall outside of what is considered normal within the professional – client relationship. They must ensure that all of their actions and behaviours are directed towards meeting the established goals of the relationship, acting in accordance with the best interests of the client, and not promoting their own interests.⁹²

Boundary violations are deliberate behaviours that are inappropriate and violate the professional – client relationship. Such behaviours are always unacceptable: they are abusive and are not in the best interest of the client.⁹³

Client-centred services refers to the partnership between team members and client where the client retains control over their care and is provided access to the knowledge and skills of team members to arrive at a mutually agreed upon plan of care and access to resources to achieve the plan.⁹⁴

Clients refer to an individual, family, substitute decision-maker, team member, group, agency, stakeholder, government, employer, employee, business, organization, community, or population who is the direct or indirect recipient(s) of the Registered Dietitian's expertise.⁹⁵

Collaboration refers to interprofessional team process skills that synergistically influence the achievement of common client-centred professional goals.^{96, 97}

Communication refers to “a process by which information is exchanged between individuals through a common system of symbols, signs, or behaviour.”⁹⁸ Communication includes, but is not limited to, face to face interactions, email, social media, use of virtual communication technologies, and formats for written communication/documentation.

Conflicts of interest refer to the “real or perceived situation in which a person has a private or personal interest sufficient to appear to influence the objective exercise of his or her official duties as a professional. In

⁹² Adapted from College of Dietitians of Alberta. (2014). *The Professional Practice Handbook for Dietitians in Alberta*. Available from: <https://collegeofdietitians.ab.ca/>

⁹³ College of Dietitians of Alberta. (2014). *The Professional Practice Handbook for Dietitians in Alberta*. Available from: <https://collegeofdietitians.ab.ca/>

⁹⁴ Adapted from Canadian Interprofessional Health Collaborative. (2010). *A National Interprofessional Competency Framework*. Available at: https://www.cihc.ca/files/CIHC_IPCompetencies_Feb1210.pdf

⁹⁵ Adapted from College of Dietitians of Alberta. (2007). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

⁹⁶ Adapted from University of Alberta Health Sciences Council. (2017). *Interprofessional Learning Pathway Competency Framework*. Available at: https://sites.ualberta.ca/~hsrweb/viper/Competency_Framework.pdf

⁹⁷ Adapted from Alberta Health. (2012). *Collaborative Practice and Education Framework for Change*. Available at: <http://www.health.alberta.ca/initiatives/collaborative-practice-education.html>

⁹⁸ Adapted from Merriam-Webster. (2017). *Online Dictionary*. Available at: <https://www.merriam-webster.com/dictionary/communication>

other words, a conflict of interest occurs when a professional has an obligation to promote one interest, but promotes a competing interest instead. Most conflicts of interest arise when a person (or their friends, relatives or business associates) stands to profit personally/financially by promoting a competing interest.”⁹⁹

Consent refers to “the consent or agreement of a client to undergo an assessment process or treatment intervention, after gaining an understanding of the relevant facts and risks involved.” Consent in this document refers to informed consent. Consent may be “implied” (by participating in a dialogue and agreeing to the continuation of a consultation, the client has implied their consent to treatment) or “expressed” (stated verbally or in writing) by the client. Consent must be documented.¹⁰⁰

Duty to report refers to the Registered Dietitian’s legal responsibility to report in specifically defined situations (e.g., abuse of children and vulnerable individuals, individual poses a serious threat of harm to themselves or others).^{101, 102}

Evidence-informed dietetics practice refers to “asking questions, systematically finding research evidence, and assessing the validity, applicability and importance of that evidence. This evidence-based information is then combined with the dietitian’s expertise and judgment and the client’s or community’s unique values and circumstances to guide decision-making in dietetics.”¹⁰³

Incentives refer to gifts, donations, funding, fees for recruitment or referrals, or other benefits that may place the Registered Dietitian’s interests above that of the client.

Professional boundaries “set limits and clearly define the therapeutic behavior of Registered Dietitians from any other behaviors, well intended or not, that could lessen the benefits of client care... They also ensure the safe interaction of professionals and clients within the professional – client care relationship. Boundaries give each person in a relationship a sense of legitimate control and function to empower clients.”¹⁰⁴

Professional services refer to “all actions and activities of a dietitian in the context of their professional practice.”¹⁰⁵

Quality of health care services refers to the “acceptability, accessibility, appropriateness, effectiveness, efficiency, and safety”¹⁰⁶ of the services provided.

Risk management refers to the “identification, assessment, and prioritization of risks followed by coordinated and economical application of resources to minimize, monitor, and control the probability and/or impact of unfortunate events.”¹⁰⁷

⁹⁹ College of Dietitians of Alberta. (2014). *The Professional Practice Handbook for Dietitians in Alberta*. Available from: <https://collegeofdietitians.ab.ca/>

¹⁰⁰ Adapted from College of Dietitians of Alberta. (2014). *The Professional Practice Handbook for Dietitians in Alberta*. Available from: <https://collegeofdietitians.ab.ca/>

¹⁰¹ Adapted from College of Dietitians of Alberta. (2007). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

¹⁰² Saskatchewan Dietitians Association. (2005). *Saskatchewan Dietitians Association Code of Ethics for Registered Dietitians*. Available at: <http://www.saskdietitians.org/wp-content/uploads/2015/11/Code-of-Ethics-SDA.pdf>

¹⁰³ International Confederation of Dietetic Associations. (2010). *Evidence-based Dietetics Practice*. Available at: <http://www.internationaldietetics.org/International-Standards/Evidence-based-Dietetics-Practice.aspx>

¹⁰⁴ College of Dietitians of Alberta. (2014). *The Professional Practice Handbook for Dietitians in Alberta*. Available from: <https://collegeofdietitians.ab.ca/>

¹⁰⁵ College of Dietitians of Alberta. (2007). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

¹⁰⁶ Health Quality Council of Alberta. (2005). *Alberta Quality Matrix for Health*. Available at: https://d10k7k7mywg42z.cloudfront.net/assets/53288634f002ff214000014b/HQCA_Quality_Matrix_061713.pdf

¹⁰⁷ Hubbard, D. (2009). *The Failure of Risk Management: Why it is Broken and How to Fix it*. John Wiley & Sons. P. 46.

Team members refer to members of the interprofessional health care team (regulated and unregulated) which has the client at the centre of care; can also refer to other dietitians, dietetic interns, students, and/or relevant others or members of the professional service team.

Testimonials refer to “a published endorsement by an individual patient about the skills and qualities of a regulated member. While typically positive, a testimonial can also be negative. Testimonials are a problem for several reasons, most notably because patient privacy is compromised and selection bias may lead to misconceptions by the public. While publication by an independent party of all feedback (good and bad) collected in a transparent and fair manner may be acceptable, publication of selected testimonials might not fairly reflect most patients’ experience.”¹⁰⁸

Virtual dietetic practice is defined as the provision of dietetic services (e.g., counseling, consultation, monitoring, teaching, etc.) which involve any type of intervention with a client who is remotely located from the dietitian providing the service. It can include videoconferencing, email, apps, web-based communication, and wearable technology. Virtual dietetic practice can occur within jurisdiction but also across borders within Canada. Refer to other Canadian regulatory bodies’ registration requirements outside of Alberta.¹⁰⁹

¹⁰⁸ College of Physicians and Surgeons of Alberta. (2015). *Advice to the Profession – Advertising*. Available at: <http://www.cpsa.ca/wp-content/uploads/2015/09/Advertising.pdf>

¹⁰⁹ Alliance of Canadian Dietetic Regulatory Bodies. (2017). *Cross Border Dietetic Practice in Canada Position of Alliance of Canadian Dietetic Regulatory Bodies*. (in development).

Appendix 3.2 Standard. Continuing Competence Program Requirements - College of Dietitians of Alberta

The complete Standard. Continuing Competence Program Requirements (2022) document can be found on the College website under About Us – Regulatory Documents. A summary of the standard can be found below.

Standard

Registered Dietitians maintain competence in practice through self-directed continuing competence planning in order to provide safe, ethical **professional services**¹¹⁰. Registered Dietitians demonstrate compliance with College Continuing Competence Program Requirements, by participating in and complying with the program, **review audits, document audits** and as requested by the Registrar.

Indicators

5. Continuing Competence

To demonstrate this Standard, Registered Dietitians on the General Register must complete the following to the satisfaction of the Registrar annually:

- a) A **Practice Profile**
- b) A **Self-Assessment** using the *Standards of Practice*
- c) A **Competence Plan** that states:
 - i. continuing competence/learning goals for the registration year (including additional goals for each authorized restricted activity, if applicable)
 - ii. activities to be undertaken during the year to achieve the continuing competence learning plan goals.
- d) A Written record of the continuing competence activities carried out during the registration year
- e) A **Competence Plan Evaluation**, written as a reflection on the achievement of the continuing competence goals and ways the practice has been enhanced by these activities
- f) Keep records of all Continuing Competence Program components for a minimum of three years
- g) Workshops or study modules related to the regulated member's practice, as required by council.

6. Reviews

The Registrar or Registration Committee must periodically select regulated members for a review and evaluation (audit) of all or part of the member's continuing competence program. To demonstrate this Standard, Registered Dietitians selected for review and/or document audit must:

- a) Submit documents as requested
- b) Answer questions from the Registrar or Registration Committee with respect to any aspect of the regulated member's continuing competence program
- c) Undertake any additional **corrective actions** related to the member's continuing competence program as directed by the Registrar or Registration Committee. Additional actions may include:
 - i. revision and re-submission of online program reflections
 - ii. re-submission of learning activity verification
 - iii. re-submission of document audit components

7. Evidence to the Committee

When evidence provided to the Registrar, as per Indicators 1 and 2 above, is unsatisfactory resulting in audit requirements not being met, Registered Dietitians must comply with the follow-up actions at the discretion of the Registrar, that may include:

- a) Directed review audit the following year;

¹¹⁰ Words in the Glossary are **bolded** the first time they appear in each Standard.

- b) Successful completion of continuing competence program requirements or professional development activities;
- c) Successful completion of any examinations, testing, assessment, training, education or counselling to enhance competence in specified areas;
- d) To practice under the supervision of another regulated member;
- e) Limitation of practice to specified procedures or practice settings;
- f) To report to the Registrar / Registration Committee on specified matters on specified dates;
- g) To refrain from supervising the practice of regulated members;
- h) Evidence of competence gained in a specific area.

8. Failure to comply

Failure to comply with Indicators 1, 2, and 3 above may lead to a complaint being filed by the Registrar with the Complaints Director for unprofessional conduct.

Practice Outcome

Clients can expect Registered Dietitians to provide safe, ethical, competent professional services.

Related Standards of Practice (2018)

- Competence
- Professional Practice Obligations
- Record Keeping

Glossary

Clients refer to an individual, family, substitute decision-maker, team member, group, agency, stakeholder, government, employer, employee, business, organization, community, or population who is the direct or indirect recipient(s) of the Registered Dietitian's expertise.¹¹¹

Corrective Actions refers to possible follow-up actions determined by the Registrar following a review or document audit when a regulated member's continuing competence plan does not meet the requirements. Corrective follow-up actions include but are not limited to: submission of the practice profile, revision and resubmission of online program components such as learning goals, verification documentation supporting learning activities, and/or reflections on learning.

Competence Plan refers to an annual Learning Plan which outlines two Continuing Competence Learning Goals, Benefits to Practice, Learning Activities (Activity Record) and Reflection on Learning. The Competence Plan also includes additional Learning Plans for each Restricted Activity a regulated member is authorized to perform.

Competence Plan Evaluation refers specifically to the reflections on learning the regulated member completes at the end of the learning cycle. Each reflection on learning includes a summary of what the member learned, how it was applied in practice and/or how the member's competence has been enhanced by completing the learning goal.

Document audits refer to the process of auditing a regulated member's entire Continuing Competence Learning Plan (as for Review audits), including the uploaded verification of learning activities documentation.

Practice Profile refers to a regulated members defined professional practice profile where they can reflect on their practice role, challenges and changes that will affect current and future competence. The Practice Profile

¹¹¹ Adapted from College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

is an optional component of the annual CCP process, however may be requested as part of a document audit. Completion of the Practice Profile may assist in focussing learning on activities that relate to a dietitians practice.

Professional services refer to “all actions and activities of a dietitian in the context of their professional practice.”¹¹²

Review audits refer to the process of auditing regulated members’ CCP Learning Plans to ensure they are adequately completed, and that reflections match and are appropriate to their set learning goals.

Self-Assessment refers to both the tool and the process for identifying learning needs for the upcoming registration year. The Self-Assessment is based on the *Standards of Practice*; regulated members are asked to reflect honestly on each indicator and to identify if each is either: a) an area for development and learning, or b) not identified for learning at this time.

Resources

- College of Dietitians of Alberta. (2022). *Continuing Competence Program (CCP) Manual*. Available from: <https://collegeofdietitians.ab.ca/>
- College of Dietitians of Alberta. (2018). *Standards of Practice*. Available from: <https://collegeofdietitians.ab.ca/>
- College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>
- Government of Alberta. (2004). *Health Professions Act: Registered Dietitians and Registered Nutritionists Profession Regulation*. Available from: <https://collegeofdietitians.ab.ca/>

¹¹² College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

Appendix 4 Standards of Practice: Sexual Abuse and Sexual Misconduct - College of Dietitians of Alberta

The complete Standards of Practice: Sexual Abuse and Sexual Misconduct Prevention (2019) document can be found on the College website under About Us – Regulatory Documents. A summary of the standards can be found below.

Introduction

This Standard of Practice addresses Sexual Abuse and Sexual Misconduct. This Standard of Practice establishes who is considered to be a “patient” for the purposes of a complaint of unprofessional conduct in relation to Sexual Abuse or Sexual Misconduct under the *Health Professions Act* (HPA).

Related Standards of Practice (2018)

- Boundaries
- Consent
- Professional Practice Obligations

Standard 1.

Registered Dietitians abstain from conduct, behaviour, or remarks towards **patients**¹¹³ that constitutes **sexual abuse** or **sexual misconduct** as defined in the *Health Professions Act*.

Indicators

To demonstrate this standard, Registered Dietitians will:

- c) Not engage in a **sexual relationship** with a patient (or their **immediate family** member) (constitutes sexual abuse) where:
 - iii. An individual is a patient of the Registered Dietitian if there is a direct interaction between the Registered Dietitian and the individual and:
 - a. the Registered Dietitian has, in respect of health care/**professional service** to the individual, charged or received payment from the individual or third party on behalf of the individual, and/or
 - b. the Registered Dietitian has contributed to a health record or file for the individual, and/or
 - c. the individual has **consented** to the service or receiving the service recommended by the Registered Dietitian.
 - iv. An individual is not a patient if:
 - a. there is an ongoing, pre-existing sexual relationship between the individual and the Registered Dietitian, or the individual is the Registered Dietitian’s **spouse**; and/or
 - b. the Registered Dietitian provides the health care/professional service to the individual in **emergency circumstances**; and/or
 - c. the Registered Dietitian has taken reasonable steps to transfer the care of the individual to another Registered Dietitian or alternate service provider, or there is no reasonable opportunity to transfer care to another Registered Dietitian/service provider.
- d) Not engage in any incident or repeated incidents of objectionable or unwelcome conduct, behaviour or remarks of a **sexual nature** toward a patient (constitutes sexual misconduct).

¹¹³ Words in the Glossary are **bolded** the first time they appear in each Standard.

Standard 2.

The Registered Dietitian or former Registered Dietitian does not engage in a **sexual relationship**¹¹⁴ with a former **patient** (or their **immediate family** member) until at least one year has passed from the time of the last documented health care/**professional service** interaction.

Indicators

To demonstrate this standard, current or former Registered Dietitians will:

- d) Not engage in a sexual relationship with a former patient (or their immediate family member) for a **minimum of one year** from the date the professional relationship was terminated unless:
 - i. Professional service was provided as part of **episodic care** only, in which case, the professional relationship ended when the episode of care was concluded.
- e) Not engage in a sexual relationship with any former patient (or their immediate family member) who required psychosocial nutrition interventions as a result of an eating disorder diagnosis.
- f) Not engage in a sexual relationship with any former patient (or their immediate family member) when there is a risk that there will be a continuing power imbalance between the Registered Dietitian and the former patient, as determined by considering the following:
 - The number of times that the Registered Dietitian and the patient had a professional interaction;
 - The duration of the professional relationship;
 - The nature of the professional interactions;
 - Whether sufficient time has passed since the last professional interaction occurred (one year or more);
 - Whether the patient has confided personal information to the Registered Dietitian beyond that which was necessary for the purposes of receiving professional services;
 - Whether the patient was emotionally dependent on the Registered Dietitian; and
 - Whether the patient is particularly vulnerable as a result of factors such as: age, gender identity, socioeconomic status, or as a result of a mental, intellectual or physical disability.

Resources

- College of Dietitians of Alberta. (2008). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>
- College of Dietitians of Alberta. (2014). *The Professional Practice Handbook for Dietitians in Alberta*. Available from: <https://collegeofdietitians.ab.ca/>
- College of Dietitians of Ontario. (2014). *Sexual Abuse Prevention Program*. Available at: [https://www.collegeofdietitians.org/resources/professional-practice/standards-of-practice/sexualabusepreventionmarch2017\).aspx](https://www.collegeofdietitians.org/resources/professional-practice/standards-of-practice/sexualabusepreventionmarch2017).aspx)
- Government of Alberta. (2002). *Adult Interdependent Relationships Act*. Available at: <https://open.alberta.ca/publications>
- Government of Alberta. (2018). *Bill 21: An Act to Protect Patients*, with amendments. Available at: http://www.assembly.ab.ca/net/index.aspx?p=bills_status&selectbill=021&legl=29&session=4
- Government of Canada. (2018). *Marital status*. Available at: <https://www.canada.ca/en/revenue-agency/services/tax/individuals/topics/about-your-tax-return/tax-return/completing-a-tax-return/personal-address-information/marital-status.html>

¹¹⁴ Words in the Glossary are **bolded** the first time they appear in each Standard.

- Government of Ontario (1991). *Regulated Health Profession Act*. Patient criteria under subsection 1(6) of the Health Professions Procedural Code. Available at <https://www.ontario.ca/laws/regulation/180260>

Glossary

Consent refers to “the consent or agreement of a client to undergo an assessment process or treatment intervention, after gaining an understanding of the relevant facts and risks involved.” Consent in this document refers to informed consent. Consent may be “implied” (by participating in a dialogue and agreeing to the continuation of a consultation, the client has implied their consent to treatment) or “expressed” (stated verbally or in writing) by the client. Consent must be documented.¹¹⁵

Emergency circumstances related to nutrition care are limited to glucagon injection for acute, life threatening hypoglycemia.

Episodic care is a single interaction with a patient in which professional services are provided, however past this interaction, neither the Registered Dietitian nor the patient have the expectation of an ongoing professional relationship.¹¹⁶

Immediate family refers to a spouse/adult interdependent partner (as defined by Government of Alberta), child, parent, guardian, sibling, grandchild or grandparent, foster child, foster parent, dependent relative, and/or any person who lives with the patient as a family member.¹¹⁷ For example, having a sexual relationship with a pediatric patient’s parent may constitute sexual abuse.

Minimum of one year: Although one year is the minimum time frame, greater than one-year may be required based on how long the professional relationship existed and the degree of vulnerability of the former patient. Registered Dietitians should consider the factors noted in Standard 2. A Registered Dietitian might resolve that it would never be appropriate to engage in a sexual relationship with a former patient.

Patient: An individual is a patient of the Registered Dietitian if there is direct interaction between the Registered Dietitian and the individual and:

- a. the Registered Dietitian has, in respect of a health care/**professional service** to the individual, charged or received payment from the individual or third party on behalf of the individual, and/or
- b. the Registered Dietitian has contributed to a health record or file for the individual, and/or
- c. the individual has **consented** to the health care/professional service recommended by the Registered Dietitian.

An individual is not considered a patient of the Registered Dietitian if professional services were provided once, and there is no expectation of an ongoing professional relationship on the part of the Registered Dietitian or patient. This is considered **episodic care**.

Professional services refer to “all actions and activities of a dietitian in the context of their professional practice.”¹¹⁸

¹¹⁵ Adapted from College of Dietitians of Alberta. (2014). *The Professional Practice Handbook for Dietitians in Alberta*. Available from: <https://collegeofdietitians.ab.ca/>

¹¹⁶ Adapted from College of Physicians and Surgeons of Alberta (2015). *Episodic Care Standard of Practice*. Available at: <http://www.cpsa.ca/standardspractice/episodic-care/?highlight=Episodic%20care>

¹¹⁷ Adapted from Government of British Columbia. (2018). *Definitions Immediate Family*. Available at: <https://www2.gov.bc.ca/gov/content/employment-business/employment-standards-advice/employment-standards/igm/esa-definitions/esa-def-immediate-family?keyword=definition&keyword=immediate&keyword=family>

¹¹⁸ College of Dietitians of Alberta. (2007). *Code of Ethics*. Available from: <https://collegeofdietitians.ab.ca/>

Sexual Abuse refers to the threatened, attempted or actual conduct of a regulated member towards a patient that is of a sexual nature and includes any of the following conduct: sexual intercourse between a patient and regulated member; genital to genital, genital to anal, oral to genital, or oral to anal contact between a regulated member and a patient; masturbation of a regulated member by or in the presence of a patient; masturbation of a regulated member's patient; encouraging a regulated member's patient to masturbate; touching of a sexual nature of a patient's genitals, anus, breasts or buttocks by a regulated member.¹¹⁹

Sexual Misconduct refers to any incident or repeated incidents of objectionable or unwelcome conduct, behaviour or remarks of a sexual nature by a regulated member towards a patient that the regulated member knows or ought reasonably to know will or would cause offence or humiliation to the patient or adversely affect the patient's health and well-being but does not include sexual abuse.¹²⁰

Sexual nature does not include any conduct, behaviour or remarks that are appropriate to the services provided;¹²¹ if inappropriate to services provided, it is considered sexual abuse.

Sexual relationship means a relationship involving sexual intimacy, including communications of a sexual nature, and engaging in conduct of a sexual nature.

Spouse refers to someone the Registered Dietitian is legally married to, in a common-law relationship with (as defined by Government of Canada), or is otherwise considered the Registered Dietitian's adult interdependent partner.¹²²

¹¹⁹ Government of Alberta. (2018). *Bill 21: An Act to Protect Patients*. (s. 2(b) Bill 21, s. 1(1)(nn.1) HPA)

¹²⁰ Government of Alberta. (2018). *Bill 21: An Act to Protect Patients*. (s. 2(b) Bill 21, s. 1(1)(nn.2) HPA)

¹²¹ Government of Alberta. (2018). *Bill 21: An Act to Protect Patients*. (s. 2(b) Bill 21, s. 1(1)(nn.3) HPA)

¹²² Government of Alberta. (2002). *Adult Interdependent Relationships Act*. Available at: <https://open.alberta.ca/publications>

Appendix 5 *Integrated Competencies for Dietetic Education and Practice* – Partnership for Dietetic Education and Practice

The complete Integrated Competencies for Dietetic Education and Practice (2020) document can be found on the College website under About Us – Regulatory Documents. A summary of the competencies can be found below.

1. FOOD AND NUTRITION EXPERTISE

Dietitians integrate their food and nutrition expertise to support the health of individuals, communities and populations

PRACTICE COMPETENCIES (workplace abilities expected of the dietitian at entry-to-practice)		PERFORMANCE INDICATORS (performance that will be assessed prior to registration)
1.01	Apply understanding of food composition and food science	a. Demonstrate understanding of physical and chemical properties of food b. Demonstrate understanding of food preparation, processing, and preservation c. Demonstrate understanding of the role of ingredients and their interaction in food preparation d. Demonstrate understanding of the sensory evaluation of food e. Demonstrate understanding of microbes in food f. Identify sources of micronutrients and macronutrients in food g. Identify sources of non-nutrient functional components in food
1.02	Apply understanding of food environments	a. Demonstrate knowledge of government policy in regulating food products in Canada b. Demonstrate understanding of factors affecting food systems in Canada c. Demonstrate awareness of Indigenous values and ways of knowing related to food environments d. Demonstrate understanding of factors affecting food security of Canadians e. Demonstrate understanding of factors affecting food safety f. Demonstrate understanding of sustainable food systems
1.03	Apply understanding of human nutrition and metabolism	a. Demonstrate understanding of the role of nutrients and other food components b. Demonstrate understanding of the processes of ingestion, digestion, absorption and excretion c. Demonstrate understanding of metabolism
1.04	Apply understanding of dietary requirements and guidelines	a. Demonstrate understanding of dietary requirements across the lifespan, in health and disease

		b. Demonstrate understanding of factors affecting energy balance in determining dietary requirements c. Demonstrate understanding of current nutrition recommendations and dietary guidelines d. Demonstrate understanding of how deficiencies and toxicities of nutrients affect health e. Demonstrate understanding of the role of dietary supplements
1.05	Apply understanding of dietary practices	a. Demonstrate understanding of behavioural theories relevant to food choice and eating b. Demonstrate understanding of social aspects of food choice and eating c. Demonstrate understanding of psychological aspects of food choice and eating d. Demonstrate understanding of the impact of financial resources on food choice and eating e. Demonstrate awareness of the role of Indigenous, traditional / country foods in dietary practices f. Demonstrate awareness of the role of religion and culture in dietary practices g. Demonstrate knowledge of trends in food consumption
1.06	Integrate nutrition care principles and practices	a. Demonstrate knowledge of human physiological systems in health and disease b. Demonstrate knowledge of the etiology and pathophysiology of nutrition-related diseases c. Demonstrate understanding of nutrition-related disease management strategies d. Demonstrate understanding of the Nutrition Care Process
1.07	Integrate population health promotion principles and practices	a. Demonstrate understanding of determinants of health, health equity, and social justice b. Demonstrate knowledge of frameworks for population and public health c. Demonstrate understanding of capacity development strategies related to community food and nutrition issues d. Demonstrate understanding of health promotion concepts and approaches
1.08	Integrate quantity food provision principles and practices	a. Demonstrate understanding of food provision strategies that foster health in individuals, communities and population b. Demonstrate understanding of strategies that support sustainable food provision c. Demonstrate knowledge of approaches to food marketing d. Demonstrate knowledge of food provision in emergency planning

2. PROFESSIONALISM AND ETHICS

Dietitians use professional, ethical and client-centred approaches, to practice with integrity and accountability

PRACTICE COMPETENCIES (workplace abilities expected of the dietitian at entry-to-practice)		PERFORMANCE INDICATORS (performance that will be assessed prior to registration)	
2.01	Practice within the context of Canadian diversity	a.	Demonstrate knowledge of the diversity in Canadian society
		b.	Demonstrate knowledge of health systems in Canada
		c.	Demonstrate understanding of the impact of diverse attitudes and values on health
		d.	Identify structures that impact health equity and social justice
2.02	Act ethically and with integrity	a.	Treat others with respect
		b.	Act in a manner that engenders trust
		c.	Act in accordance with ethical principles
		d.	Accept accountability for decisions and actions
		e.	Act in a manner that upholds the reputation of the profession
		f.	Maintain professional boundaries
2.03	Practice in a manner that promotes cultural safety	a.	Act with sensitivity and humility with regard to diverse cultural groups
		b.	Demonstrate awareness of Indigenous values and ways of knowing related to health and wellness
		c.	Demonstrate awareness of the ongoing impact of colonization / residential schools / intergenerational trauma / systemic racism on Indigenous peoples in Canada
		d.	Demonstrate awareness of the role of self-determination in supporting capacity development
		e.	Act with awareness of how one's own biases, beliefs, behaviours, power and privilege may affect others
2.04	Employ a client-centred approach	a.	Demonstrate knowledge of principles of a client-centred approach
		b.	Ensure informed consent
		c.	Identify client perspectives, needs and assets
		d.	Engage client in collaborative decision making
		e.	Maintain client confidentiality and privacy
2.05	Practice according to legislative, regulatory and organizational requirements	a.	Demonstrate knowledge of federal requirements relevant to dietetic practice
		b.	Demonstrate knowledge of provincial / territorial requirements relevant to dietetic practice
		c.	Demonstrate knowledge of regulatory scope of practice, bylaws, standards of practice and codes of ethics
		d.	Adhere to regulatory requirements

		e. Comply with organizational policies and directives
2.06	Ensure appropriate and secure documentation	a. Document relevant information accurately and completely, in a timely manner
		b. Maintain security and confidentiality of records
2.07	Use risk management approaches	a. Identify risks and hazards in the practice setting
		b. Contribute to an organizational culture of safety
2.08	Manage time and workload	a. Prioritize activities
		b. Meet deadlines
2.09	Employ an evidence-informed approach to practice	a. Demonstrate knowledge of factors that inform decision making
		b. Demonstrate knowledge of the process of evidence-informed decision making
		c. Make evidence-informed decisions
2.10	Engage in reflective practice	a. Demonstrate knowledge of principles of reflective practice
		b. Critically assess approaches to practice
		c. Develop goals and seek resources to improve practice
2.11	Practice within limits of current personal level of professional knowledge and skills	a. Articulate individual level of professional knowledge and skills
		b. Identify situations which are beyond personal capacity
		c. Address situations beyond personal capacity
2.12	Maintain comprehensive and current knowledge relevant to practice	a. Use relevant terminology
		b. Identify relevant sources of information
		c. Critically appraise information relevant to practice
		d. Identify emerging information relevant to practice
2.13	Use information management technologies to support practice	a. Demonstrate knowledge of information technologies relevant to practice
		b. Use information management systems

3. COMMUNICATION AND COLLABORATION

Dietitians communicate effectively and collaborate with others to achieve practice goals

PRACTICE COMPETENCIES (workplace abilities expected of the dietitian at entry-to-practice)		PERFORMANCE INDICATORS (performance that will be assessed prior to registration)
3.01	Use appropriate communication approaches	a. Identify opportunities for and barriers to communication relevant to context
		b. Use communication approaches appropriate to context
		c. Use language tailored to audience
3.02	Use effective written communication skills	a. Write in a manner responsive to audience
		b. Write clearly and in an organized fashion
3.03	Use effective oral communication skills	a. Speak in a manner responsive to audience
		b. Speak clearly and in an organized fashion
3.04	Use effective electronic communication skills	a. Demonstrate knowledge of electronic communication applications
		b. Use electronic communication relevant to context
3.05	Use effective interpersonal skills	a. Employ principles of active listening
		b. Use and interpret non-verbal communication
		c. Act with empathy
		d. Establish rapport
		e. Employ principles of negotiation and conflict management
		f. Seek and respond to feedback
		g. Provide constructive feedback to others
3.06	Engage in teamwork	a. Demonstrate knowledge of principles of teamwork and collaboration
		b. Contribute effectively to teamwork
3.07	Participate in collaborative practice	a. Identify scenarios where dietetics knowledge is a key element in collaborative practice
		b. Identify scenarios where the expertise of others is a key element in dietetic practice
		c. Participate in discussions with team members
		d. Contribute dietetics knowledge in collaborative practice
		e. Draw upon the expertise of others
		f. Contribute to collaborative decision making

4. MANAGEMENT AND LEADERSHIP

Dietitians use management skills and provide leadership to advance health, through food and nutrition

PRACTICE COMPETENCIES (workplace abilities expected of the dietitian at entry-to-practice)		PERFORMANCE INDICATORS (performance that will be assessed prior to registration)	
4.01	Manage programs and projects	a.	Demonstrate understanding of management principles
		b.	Contribute to strategic and operational planning
		c.	Contribute to human resource management
		d.	Contribute to financial management
		e.	Contribute to physical resource management
4.02	Assess and enhance approaches to practice	a.	Assess a practice situation
		b.	Interpret and consolidate evidence to establish a course of action
		c.	Plan the implementation of change
		d.	Plan the evaluation of change
4.03	Participate in practice-based research activities	a.	Frame question(s)
		b.	Critically appraise literature
		c.	Identify relevant methodology
		d.	Interpret findings
		e.	Communicate findings
4.04	Undertake knowledge translation	a.	Identify food and nutrition knowledge relevant to others
		b.	Reframe knowledge into a format accessible to others
4.05	Advocate for ongoing improvement of nutritional health and care	a.	Identify opportunities for advocacy
		b.	Identify strategies for effective advocacy
		c.	Engage in advocacy
4.06	Foster learning in others	a.	Demonstrate understanding of theories of teaching and learning
		b.	Identify opportunities for learning
		c.	Assess learning needs and assets
		d.	Develop learning outcomes
		e.	Implement educational strategies
		f.	Evaluate achievement of learning outcomes
4.07	Foster development of food literacy in others	a.	Demonstrate knowledge of the concept of food literacy
		b.	Identify strategies to assist the development of food literacy

		c. Engage in activities to build food literacy
4.08	Foster development of food skills in others	a. Demonstrate understanding of factors that impact client ability to safely plan, access, select, store and prepare food that meets their needs
		b. Demonstrate awareness of the availability and preparation of Indigenous traditional / country foods
		c. Demonstrate awareness of the availability and preparation of foods specific to cultural groups
		d. Respond to the cultural foodways of client
		e. Identify strategies to assist in the development of food skills
		f. Critically appraise food messaging and marketing
		g. Interpret food label
		h. Demonstrate food preparation techniques
		i. Engage with client in building food skills

5. NUTRITION CARE

Dietitians use the Nutrition Care Process to provide individualized care

PRACTICE COMPETENCIES (workplace abilities expected of the dietitian at entry-to-practice)		PERFORMANCE INDICATORS (performance that will be assessed prior to registration)
5.01	Conduct nutrition assessment	a. Use appropriate nutrition risk screening strategies
		b. Identify relevant information
		c. Assess and interpret food- and nutrition-related history
		d. Obtain and interpret medical history
		e. Obtain and interpret demographic, psycho-social and health behaviour history
		f. Assess and interpret anthropometric parameters
		g. Assess and interpret nutrition-focused physical findings
		h. Obtain and interpret biochemical data
		i. Obtain and interpret results from medical tests and procedures
		j. Obtain and interpret medication data
		k. Assess and interpret chewing, swallowing and eating abilities
5.02	Determine nutrition diagnosis	a. Integrate assessment findings to identify nutrition problem(s)
		b. Prioritize nutrition problems
5.03	Plan nutrition intervention(s)	a. Determine nutrition goals
		b. Determine nutrition requirements
		c. Determine dietary modifications
		d. Determine therapeutic supplementation
		e. Determine supportive physical and social / environmental accommodations
		f. Determine enteral nutrition regimens
		g. Determine parenteral nutrition regimens
		h. Determine client learning needs and assets
		i. Determine required resources and support services
5.04	Implement nutrition intervention(s)	a. Coordinate implementation of nutrition intervention(s)
		b. Provide nutrition education
		c. Provide nutrition counselling
5.05	Monitor nutrition intervention(s) and evaluate achievement of nutrition goals	a. Determine strategies to monitor effectiveness of nutrition intervention(s)
		b. Evaluate progress in achieving nutrition goals
		c. Adjust nutrition intervention(s) when appropriate

6. POPULATION HEALTH PROMOTION

Dietitians assess food and nutrition needs with communities / populations, and collaborate in planning to promote health

PRACTICE COMPETENCIES (workplace abilities expected of the dietitian at entry-to-practice)		PERFORMANCE INDICATORS (performance that will be assessed prior to registration)
6.01	Assess food- and nutrition- related situation of communities and populations	a. Identify types and sources of information required to assess food and nutrition-related situation of communities and populations
		b. Identify stakeholders
		c. Access relevant assessment information
		d. Interpret food and nutrition surveillance data
		e. Interpret health status data
		f. Interpret information related to the determinants of health and health equity
		g. Interpret information related to food systems and dietary practices
6.02	Determine food- and nutrition- related issues of communities and populations	a. Integrate assessment findings to identify food- and nutrition-related assets, resources and needs
		b. Prioritize issues requiring action
6.03	Develop food- and nutrition- related community / population health plan	a. Contribute to development of goals and objectives
		b. Identify strategies to meet goals and objectives
		c. Identify required resources and supports
		d. Contribute to identification of evaluation strategies
6.04	Implement food- and nutrition-related community / population health plan	a. Participate in implementation activities
6.05	Monitor and evaluate food- and nutrition-related community / population health plan	a. Contribute to monitoring implementation activities
		b. Contribute to evaluation activities
		c. Propose adjustments to increase effectiveness or meet modified goals and objectives

7. FOOD PROVISION

Dietitians manage and consult on quantity food provision to support health

PRACTICE COMPETENCIES (workplace abilities expected of the dietitian at entry-to-practice)		PERFORMANCE INDICATORS (performance that will be assessed prior to registration)
7.01	Determine food provision requirements of a group / organization	a. Identify types and sources of information required to assess food provision needs
		b. Access relevant information
		c. Interpret situational factors that impact food provision
		d. Assess food provision requirements
		e. Integrate findings to determine food provision priorities
7.02	Plan food provision	a. Participate in development of goals and objectives
		b. Identify strategies to meet goals and objectives
		c. Identify required resources and supports
		d. Participate in identification of evaluation strategies
7.03	Manage food provision	a. Identify facility layout and equipment requirements for food production
		b. Participate in purchasing, receiving, storage, inventory control and disposal of food
		c. Develop and standardize recipes
		d. Participate in menu planning
		e. Participate in management of food production and distribution procedures
		f. Participate in maintaining safety, and quality control
7.04	Monitor and evaluate food provision	a. Participate in monitoring food provision activities
		b. Contribute to evaluation of food provision activities
		c. Propose adjustments to food provision to increase effectiveness or meet modified goals and objectives

Appendix 6 Competence Indicators for the Performance of Restricted Activities

Competence Indicators for the Restricted Activity of Insertion and Removal of Tubes

Knowledge	<ul style="list-style-type: none"> • anatomy and physiology of upper airway, nasal passages, GI tract • physiology of normal swallowing and gag reflex • theory behind and mechanism for enteral nutrition • types of tubes and methods of insertion and removal • when to change tubes • common and unusual client responses to the treatment • potential complications with tube placement • universal precautions • client restrictions that may preclude proper positioning of client • procedures or disease process that may preclude tube insertion • required charting
Skill	<ul style="list-style-type: none"> • positioning the client • measuring for proper placement • checking for proper placement of tube • aseptic technique • inserting/ removing tube • securing placement (taping and stabilizing techniques) • identifying potential complications with tube placement • demonstrating and teaching proper care of insertion site and tube care to client • addressing client anxiety • educating client and family • obtaining informed consent • documentation in the client record
Attitude	<ul style="list-style-type: none"> • empathetic with client • comforting/reassuring • confident in own skill level • responsive and alert to client discomfort • interested in learning new skills and knowledge • collaborative with other team members and practitioners • committed to accuracy • proactive in problem-solving • client-centered
Judgment	<ul style="list-style-type: none"> • assess client readiness and anxiety level • assess client capacity to care properly for tube and tube insertion site • detect and problem-solve equipment misplacement or blockage • observe carefully for allergic responses to materials, e.g. tape, tubing and latex • monitor client adaptation to equipment • refuse to replace tube if potentially contraindicated or professionally uncomfortable with the request • recognize need to consult with other professionals as required

Competence Indicators for the Restricted Activity of Prescribing Parenteral Nutrition

Knowledge	<ul style="list-style-type: none"> • normal and therapeutic nutrition requirements, including fluid, macronutrient and micronutrient needs, electrolytes, H₂ receptors • clinical understanding of how nutrition is generally affected by disease and the effects of total parenteral nutrition (TPN) complications • how medications can influence and interfere with nutrition requirements • a variety of medical, surgical and diagnostic procedures that affect or help to assess nutrition status • diagnostic tests and ability to interpret implications of results for nutrition requirements of blood gases, microbiological and biochemical reports and other diagnostic results • actions, interactions, pharmacological mechanisms, side effects and adverse effects of drugs • how the TPN formulation can affect the metabolic condition of the client • the Drug Schedules and where to access Drug Schedule information • understand delivery systems
Skill	<ul style="list-style-type: none"> • mathematical skills to calculate proper dosages • problem anticipation and problem solving skills • ability to assess client adaptation to TPN • equipment handling skills • altering TPN management based on complications and/or lab results • educating client and family • documenting in the client record
Attitude	<ul style="list-style-type: none"> • confident in own skill level • committed to accuracy • proactive in problem-solving • non-judgemental regarding client lifestyle • interested in learning new skills and knowledge • reviews current research • collaborative with other team members and practitioners • client-centered
Judgment	<ul style="list-style-type: none"> • capacity to weigh risks and benefits • ability to determine when to stop treatment • ability to assess indicators of treatment impact • ability to monitor and analyze metabolic changes in the client • awareness of situational assessment of numerous factors re: decision to treat or discontinue treatment • ability to judge when a situation has turned from chronic to acute, or stable to critical • recognizes need to consult with other professionals as required

Competence Indicators for the Restricted Activity of Prescribing or Administering Diagnostic Imaging Contrast Agents

Knowledge	<ul style="list-style-type: none"> • anatomy, physiology and normal mechanisms of swallowing • the range of swallowing difficulties • disease processes resulting in swallowing difficulties and pathology • cognitive, oral, motor and pharyngeal impairments contributing to dysphagia • risk factors associated with the procedure • complications of the procedure • proper positioning of client for procedure • radiological exposure/safety rules • safe, appropriate levels of contrast agents • pharmacological/chemical nature of contrast agent and possible side/adverse/interactive effects
Skill	<ul style="list-style-type: none"> • assess tolerance for test • assess cognitive ability to comply with test instructions • prevent/reduce radiation exposure • position client properly • obtain informed consent • monitor aspiration risk during test • interpret test results • communicate with and reassure client during procedure • communicate with team during procedure • perform CPR and Heimlich maneuver • educate client and family • document in the client record
Attitude	<ul style="list-style-type: none"> • confident in own skill level • responsive to client response and discomfort • attentive-constantly watching client during test • non-judgmental • interested in learning new knowledge and skills • review current research • collaborative with other team members and practitioners • client-centered
Judgment	<ul style="list-style-type: none"> • capacity to anticipate likelihood that test results will be used in determining treatment • able to analyze risk/benefit • seeks help immediately if problems or complications arise during test • insists on safety protocols • consults with other professionals as required

Competence Indicators for the Restricted Activity of Provision of Drugs, Including Samples

Knowledge	<ul style="list-style-type: none"> • which drugs, including samples, require authorization to be provided • indications, contraindications, actions, interactions, side effects, adverse effects of the drug • drug-drug and drug-food interactions • the importance of administration factors such as timing • different types of a drug, e.g. different insulins • how to intervene with drug allergies • client conditions (i.e. pregnancy) or disease processes • disease states and pathology • client situation with respect to diet, exercise and illness, which may influence required dose • the drug schedules and where to access drug schedule information
Skill	<ul style="list-style-type: none"> • ability to assess appropriateness/safety for drug distribution • ability to assess client ability to understand and comply with instructions for drug use • ability to demonstrate administration of drug • ability to educate client re: drug and its use • ability to instruct client re: side and adverse effects • provide appropriate documentation in client record
Attitude	<ul style="list-style-type: none"> • uses caution with appropriate use of drugs and samples • accepts full responsibility for client education re: drug • collaborates with other team members and practitioners • displays confidence in own skill level • client-centered • displays interest in learning new skills and knowledge
Judgment	<ul style="list-style-type: none"> • anticipates likelihood that client will comply with appropriate use of drug sample • determines when to give drug -e.g. time or financial problems accessing the drug; trial dose • assesses client circumstances (diet, exercise and illness) are compatible with drug dose • consults with other professionals as required

Appendix 7 Health Quality Council of Alberta - Improving Patient Safety by Eliminating Unsafe Abbreviations from Medication Prescribing

The hazardous medication ordering practices in the table below are the focus of a provincial initiative led by the Health Quality Council of Alberta to improve patient safety across the continuum of care. As a recognized potential prescriber in Alberta, you can be instrumental in this initiative. However this is not just a prescriber issue – it is a culture of practice issue that is perpetuated in many ways throughout the health-care system, often inadvertently by the myriad of ways **all** health professionals communicate about medication orders.

STOP	CAUTION	GO
Unsafe Practice	Risk to Patient Safety	Recommended Practice
IU (for International Unit)	Misread as IV (intravenous) in acute care settings	Use/write “unit”
U or u (for unit)	Misread as 0 (zero) or 4 resulting in a 10 fold overdose or greater (e.g. 4U read as “40” or 4u seen as “44”)	Use/write “unit”
qd, od, QD, OD (for every day)	Misread as q.i.d., especially if the period after the “q” or the tail of the “q” misread as an “i” Misinterpreted as ‘right eye’ resulting in oral liquids being instilled in the eye	Use/write “daily” or “every day”
Zero after decimal (x.0)	Misread as 10x dose if the decimal point is not seen = 10-fold overdose	Never use trailing zeros for doses expressed in whole numbers (e.g. write 1 mg)
No zero before decimal dose (.x mg)	Misread as x mg (whole number dose) = 10-fold overdose	Always use zero before a decimal when the dose is less than a whole unit (e.g. write 0.1 mg)
Abbreviated drug names	Misread as an incorrect drug	Write out drug names in full

This priority list is based on a longer list compiled by the Institute for Safe Medication Practices – Canada (ISMP-Canada)¹, which is adapted from an even more extensive list recommended by ISMP-US². The HQCA list is similar to the “Do Not Use” list adopted in 2004 by The Joint Commission in the US.³

Ambiguous medical notations, including use of abbreviations, symbols and dose designations, are one of the most common and preventable causes of medication errors. A 2004 study by the Commonwealth of Pennsylvania Patient Safety Authority found 56% of 103 critical incidents involved the use of dangerous abbreviations.⁴ Use of abbreviations in medication ordering is very common. Audits by Capital Health and the David Thompson Health Region showed that dangerous abbreviations, symbols, and dose designations are used in at least 21 – 25% of medication orders depending on the facility surveyed. It is likely that this reflects practice in the community as well. Risk of errors from these ordering practices is compounded by poor handwriting.

To ensure patient safety, medication orders must be clear and free from ambiguity, which means minimizing the use of dangerous abbreviations. Use of abbreviations is a broad, system-wide issue that has become an ingrained part of our healthcare culture. In the long-term, computer order entry and

electronic prescribing are expected to eliminate the risk to patients of dangerous abbreviations. However we can't wait for future technology to solve a patient risk that exists now. The health regions in Alberta are currently working to reduce the use of abbreviations within healthcare institutions. But their efforts are hampered by widespread use of these unsafe abbreviations throughout the system. We are asking all prescribers, including physicians and allied health professionals, to examine their medication prescribing practices and make changes to eliminate hazardous abbreviations and dose designations that put your patients at risk of medication errors.

Even if you are not currently prescribing medications we ask that you also consider how the use of these hazardous abbreviations is perpetuated in other areas of your practice, including:

- ☐ Preprinted order sets and standing orders
- ☐ Clinical pathways and protocols
- ☐ Notes in patient records
- ☐ Electronic medical records/clinical information systems
- ☐ Publications that you author
- ☐ Teaching messages and materials used with students and colleagues, including teaching in undergraduate and continuing education programs

Improving patient safety by eliminating these high-risk abbreviations and dose designations will take the combined efforts of all health care providers and organizations. We are counting on you to do your part to improve the safety of your patients by examining and changing your own practice.

If you have any questions about this initiative or would like to inquire about supporting information and tools that have been developed, please contact Dale Wright, Quality and Safety Initiatives Lead, phone: 403-355-4439, e-mail: dale.wright@hqca.ca.

John Cowell, MD FRCP
Chief Executive Officer, Health Quality Council of Alberta

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Answers to Chapter Questions

Chapter 1

1. c
2. d
3. e
4. b

Chapter 2

1. b
2. a
3. c
4. d

Chapter 3

1. b
2. c
3. a
4. b

Chapter 4

1. b
2. c
3. d
4. a

Chapter 5

1. c
2. d
3. c
4. d

Chapter 6

1. c
2. d
3. b
4. a

Chapter 7

1. c
2. d
3. a
4. d

Chapter 8

1. d
2. a
3. e
4. b

Chapter 9

1. b
2. e
3. d
4. e

Chapter 10

1. c
2. b
3. d
4. a

Chapter 11

1. b
2. d
3. a
4. c

Chapter 12

1. e
2. d
3. c
4. b

Chapter 13

1. a
2. d
3. c
4. b

Chapter 14

1. b
2. d
3. c