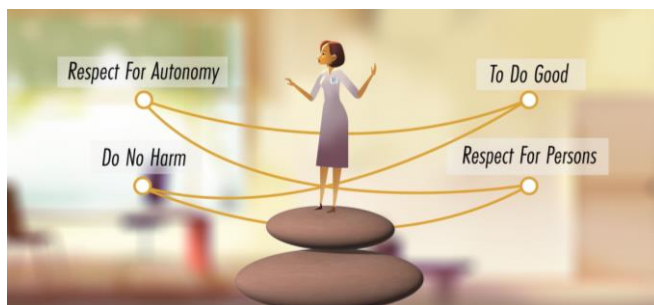


Ethics and Professionalism: Knowing and Doing



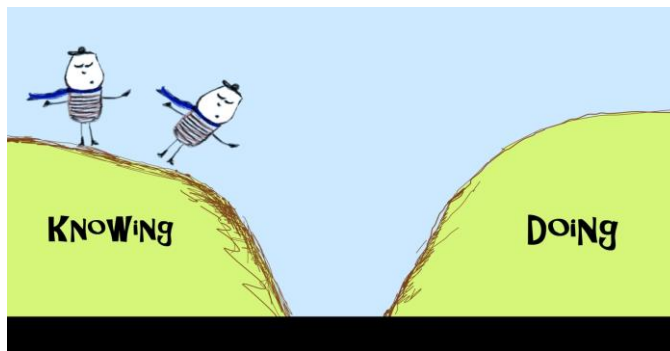
Speakers



Diane Candiotto, MNSP, RD
Carole L. Chatalalsingh, Ph.D., RD
Professional Practice Advisor & Policy Analyst

Workshop Overview

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



Section 1: Professionalism

Professional = “profess”

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

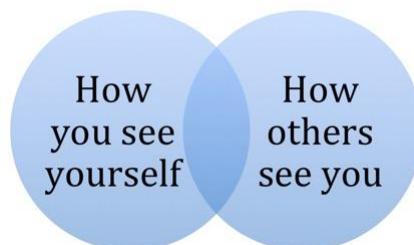


Being regulated includes specific knowledge and skills that sets one apart from others

Becoming Professional – Individual factors

We are individuals

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



Becoming Professional – Collective Factors

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

A common set of values and actions

These establish profession identity that is recognized by others

Forming a Social Contract with Society



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Becoming Professional – Self-Regulated



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



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Becoming Professional – Mindset



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

Stay within Scope of Practice - or reasonably related

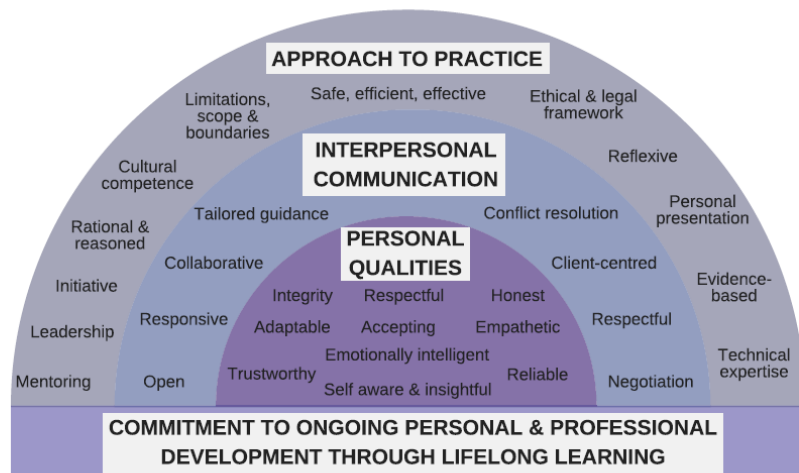
Stay within your individual competence/individual scope of practice

Follow professional standards and ethics

Communicate, document, and continue to learn

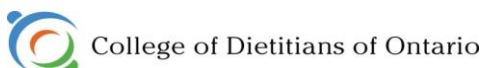


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A conceptual model defining professionalism in nutrition and dietetics.

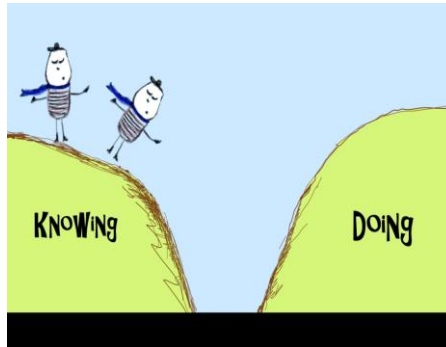
Dart, J., McCall, L., Ash, S., Blair, M., Twohig, C., & Palermo, C. (2019). Toward a Global Definition of Professionalism for Nutrition and Dietetics Education: A Systematic Review of the Literature. *Journal of the Academy of Nutrition & Dietetics*, 119(6), 957–971. <https://doi.org/10.1016/j.jand.2019.01.007>



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



Section 2: Ethics, Values and Decision-Making

Ethics: Set of behaviours that guide how we act



What ethics is not...

Feelings

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

Religion or Spirituality

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

Legality

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

Culturally Accepted Norms

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

Science

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

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



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Ethics: Deals with Values

Values are the building blocks in enabling ethical, safe practice



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Step 1: Identify a time when you were happiest, most proud, & most fulfilled and satisfied (career and personal)

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

Step 2: Determine and prioritize your top values

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

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



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https://www.mindtools.com/pages/article/newTED_85.htm

Examples of Common Values

- | | |
|-------------------|-----------------------|
| • Compassion | • Creativity |
| • Dependability | • Good humor |
| • Optimism | • Spirit of adventure |
| • Passion | • Motivation |
| • Respect | • Positivity |
| • Fitness | • Optimism |
| • Reliability | • Passion |
| • Loyalty | • Respect |
| • Commitment | • Fitness |
| • Open-mindedness | • Courage |
| • Consistency | • Education |
| • Honesty | • Perseverance |
| • Efficiency | • Patriotism |
| • Innovation | • Service to others |
| | • Environmentalism |



Values: guide decisions

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



Research about how values influence decision making

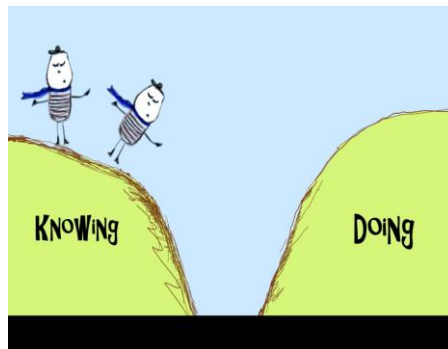
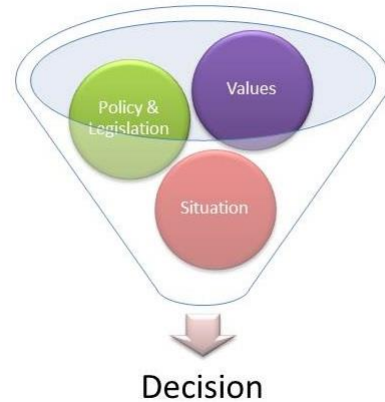
1. Focus on duty and obligation

What is right or wrong

2. Focus on outcomes or utility

What is the best outcome or consequence

Values are part of the decision-making process



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

Video 1



Not addressing changes in practice



Process for updating:

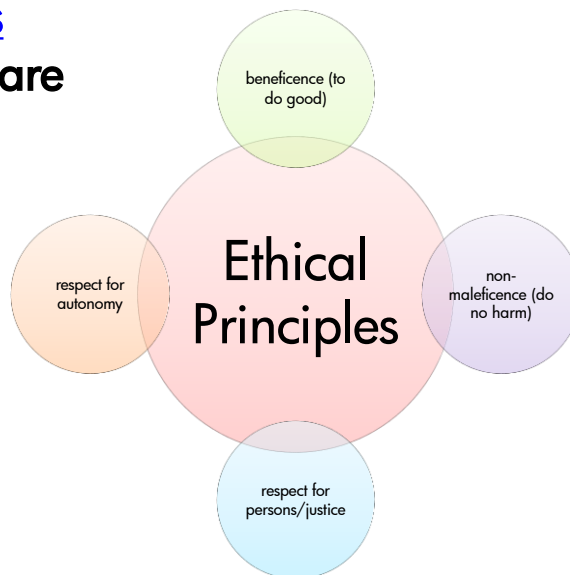
- environment scan
- review of literature
- consultation with
 - council/committee/other regulators/members/public

New Code of Ethics

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



New Code of Ethics
based on four healthcare
ethical principles



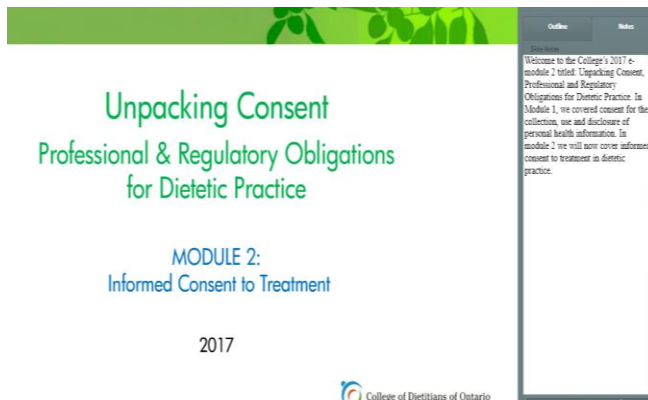
Application of four healthcare ethical principles in dietetic practice

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

Cultivating Autonomy



Consent



Unpacking Consent
Professional & Regulatory Obligations
for Dietetic Practice

MODULE 2:
Informed Consent to Treatment

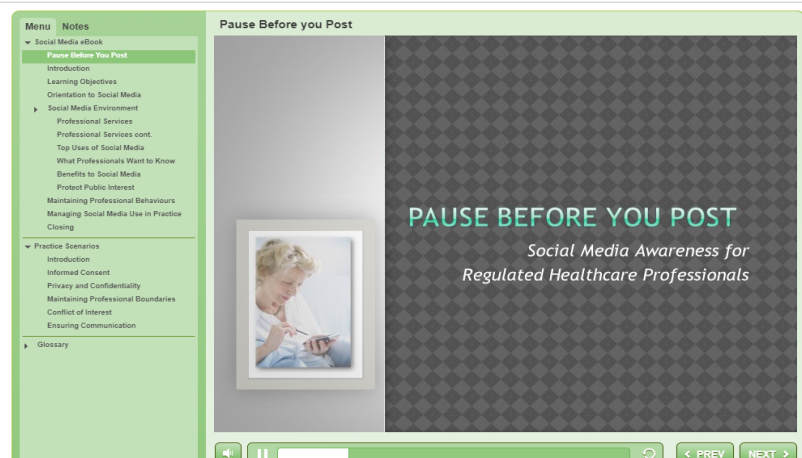
2017

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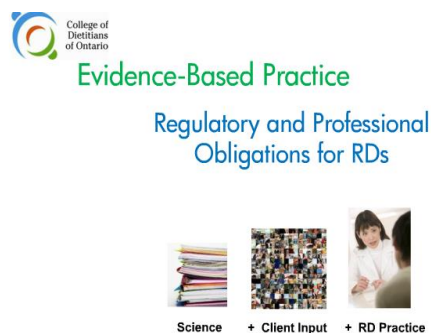
Outline Notes
Welcome to the College's 2017 e-module 2 titled 'Unpacking Consent, Professional and Regulatory Obligations for Dietetic Practice'. In Module 1, we covered consent for the collection, use and disclosure of personal health information. In module 2 we will now cover informed consent to treatment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

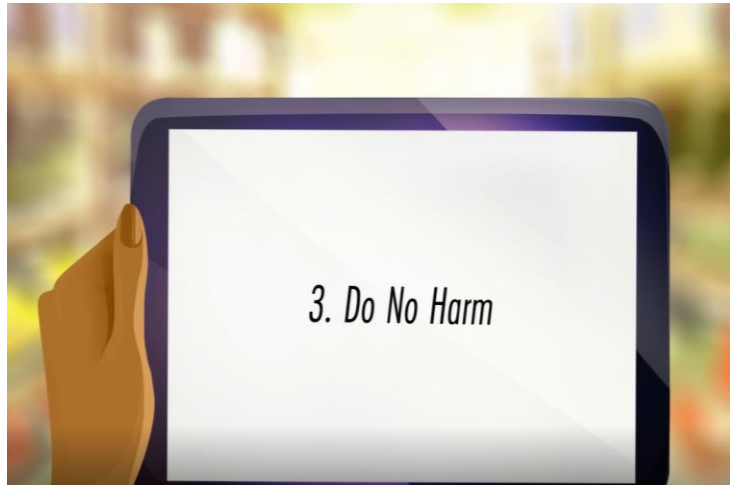


Social Media



Evidenced-Informed Decision-Making





Risk and Resilience

A screenshot of a presentation slide titled "Building Resilience to Mitigate Risk in Dietetic Practice". The slide features the College of Dietitians of Ontario logo in the top left corner. The main content area has a green header with the title, followed by a photograph of a small green plant growing out of dark soil. Below the photo, the text "Why some RDs thrive" is displayed in yellow. The bottom of the slide includes a navigation bar with icons for back, forward, and search, along with a progress indicator showing "Slide 1 / 76 | Playing" and a timer at "00:01 / 00:30". On the right side of the slide, there is a sidebar with a search bar and a list of topics. The first topic is "Welcome to the College's learning module: Building Resilience to Mitigate Risk in Dietetic Practice. Ever wonder why some RDs thrive in practice while others feel undervalued or stressed? We found that RDs who thrive are resilient!".

Research about health-care serial killers

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

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



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

[BACK](#)



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Cultural Safety and Humility

Cultural Competence for RDs



2014

CDO Cultural Competence For
Registered Dietitians in Ontario



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

| Outline | Notes | Search |
|---|-------|--------|
| <p>Slide Notes</p> <p>Let's talk Cultural Competence. As no one is ever an expert on all aspects of diversity, cultural competence involves continual learning that arises from experiences and encounters within dietetic practice.</p> <p>By viewing this e-learning module you are taking an active approach to enhance your cultural competence within your dietetic practice.</p> <p>Now let's begin...</p> <p>1</p> | | |
| 35 Minutes 30 Seconds Remaining | | |

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

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

Workplace Ethicist or Ethics Boards may be available

what are other words for interrelated?

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



link to new research on professionalism

Approach to practice

Changes in technology, social media

Recognition of cultural safety and humility

Risk-based regulation

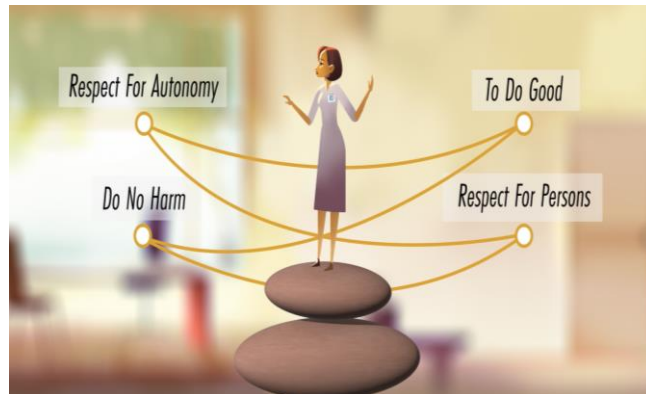
Evidenced-Based



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

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

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



Ethical Reasoning: let values guide you

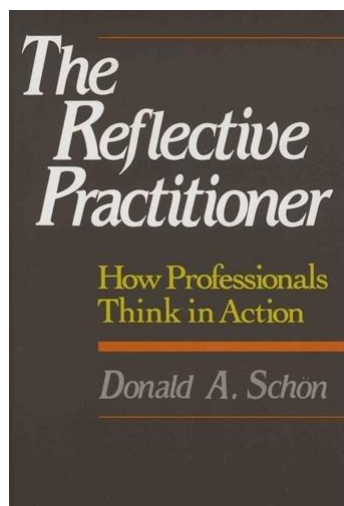


Critical Thinking



When presenting the evidence for decision-making

When to engage in critical thinking and reflection?



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

(Schön, 1983)

Reflective practice enables us to learn from our experiences.



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

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Reflective Practice

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

John Dewey (1938)

"All our knowledge begins with experience."

Kant (1965)

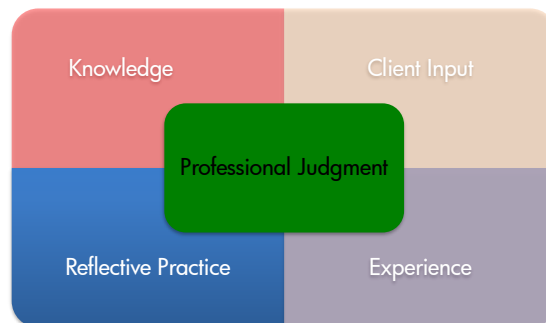


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Professional Judgment

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



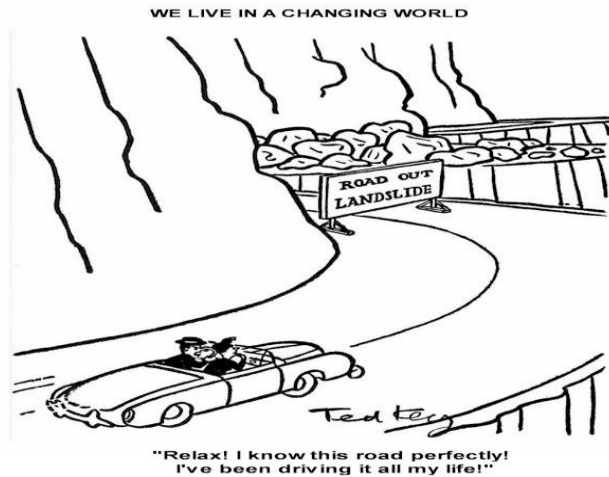
Mindfulness

To support ethical reasoning and decision making

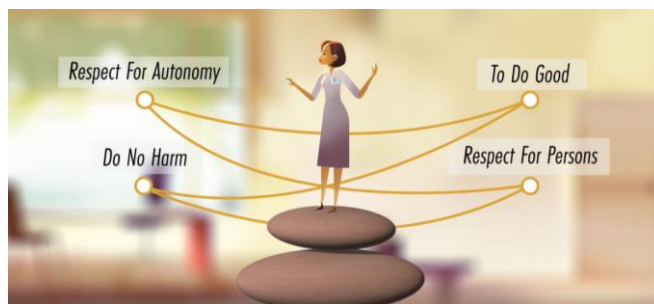


Mind Full, or Mindful?

Be mindful of
changing
environments



The Code of Ethics in Action Video



Applying the concepts: Practice Dilemmas



Section 5: Practice Dilemmas/Scenarios

Scenarios

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

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



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Scenario 1: Conflicting opinions

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

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



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Scenario 1: Conflicting opinions

Is there an ethical dilemma?

- ☐ No
- ☐ Yes, what is it?

Are the parents' acting in the child's best interest? Have informed them of evidence, despite this they wish to continue with diet.

Who is looking out for the child? Obligation as professionals if we feel parents not acting in best interest.

Is the child at risk because of the diet? Some evidence to suggest (inappropriate treatment of hypoglycemia, weight loss/growth impact).



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Scenario 1: Conflicting opinions

What principle(s) relate to the dilemma?

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



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Scenario 1: Conflicting opinions

How might you handle this?

- a) Discuss risks and benefits with parents (reinforce correct way to treat hypoglycemia, discuss strategies to prevent weight loss) - monitor
- b) Discuss with colleagues in circle of care
- c) Consider if a report is warranted (any person who has a reasonable suspicion that a child is in need of protection needs to report that suspicion to the local *Children's Aid Society*)
- d) Consider the specific needs, wants and goals of clients to provide client-centered services. Be open to client input, respect decisions, accommodate choices and document the treatment accordingly
- e) All of the Above



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Scenario 2: Billing

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

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



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Scenario 2: Billing

Is there an ethical dilemma?

- ☐ No
- ☐ Yes, what is it?

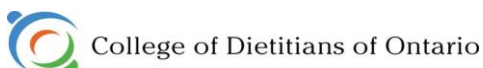
Dishonest billing request from client. No ethical dilemma.



Scenario 2: Billing

What principle(s) relate to the dilemma?

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



Scenario 2: Billing

How might you handle this?

- a) Inform client that you cannot back date a receipt
- b) Ensure billing practices reflect a dietitian's professionalism. Invoices, receipts and accounts must all accurately record the dietetic services that were provided
- c) Provide services at a discounted rate. This would be handled on a case-by-case basis and should be up to the dietitian's discretion and/or workplace policies
- d) All of the above



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Scenario 3: Providing a eulogy

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

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



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Scenario 3: Providing a eulogy

Is there an ethical dilemma?

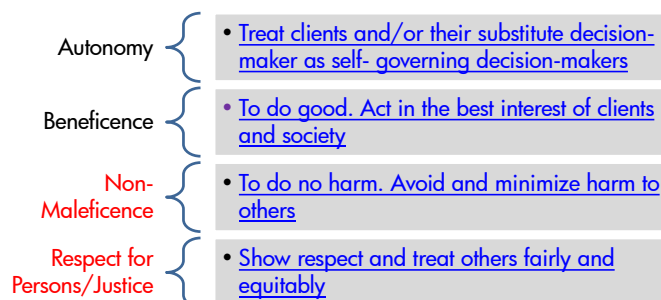
- ☐ No
- ☐ Yes, what is it?

Yes – conflict between being there for family and acting in a respectful manner and protecting the client's personal health information (eulogy may disclose information that you are privy to as health care provider).



Scenario 3: Providing a eulogy

What principle(s) relate to the dilemma?



Scenario 3: Providing a eulogy

How might you handle this?

- a) Decline request to do eulogy citing professional obligations for privacy/confidentiality (PHIPA) but possibly attend service or send flowers
- b) Send a sympathy card
- c) Consult organization policies as applicable
- d) None of the above



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

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

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



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

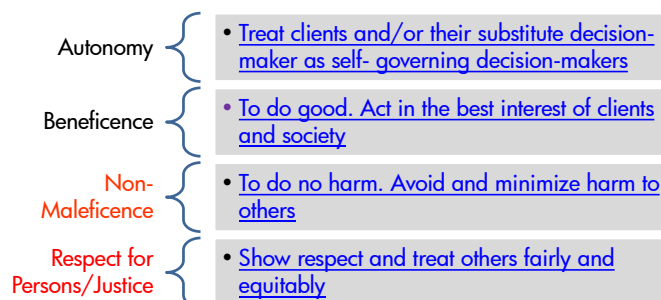
Is there an ethical dilemma?

- ☐ No
- ☐ Yes, what is it?

Yes. Shay's competence to provide care (do no harm) and the client's needs (respect for autonomy).

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

What principle(s) relate to the dilemma?



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

How might you handle this?

- a) Discuss concerns with client – explain lack of expertise in area and how client can be best served within scope
- b) Explore reasons why the client doesn't want to be referred; address client's concerns
- c) Provide care with other practitioner if possible (remain involved in Shay's care)
- d) All of the Above
- e) None of the Above



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Scenario 5: Decisions about nutrition support

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

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



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Scenario 5: Decisions about nutrition support

Is there an ethical dilemma?

- ☐ No
- ☐ Yes, what is it?

Yes. Conflicting opinions on care – SDMs – one feels harm, other feels benefit.

What is in the client's best interest?



Scenario 5: Decisions about nutrition support

What principle(s) relate to the dilemma?

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





Scenario 5: Decisions about nutrition support

How might you handle this?

- a) Consider a family meeting with team to discuss risks and benefits of nutrition support
- b) Consultation with Ethicist
- c) Consult hospital administration and/or legal counsel
- d) None of the above



Section 6: Summary & References

Video



Resources & References

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Questions?



Please do not hesitate to contact the
College:

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practice.advisor@collegeofdietitians.org

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