



RDs Understand Obligations in Providing Culturally Competent Services

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

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

WHY FOCUS ON CULTURAL COMPETENCE

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

WORKSHOP INCREASED UNDERSTANDING AND COMMITMENT TO CULTURAL COMPETENCE

Workshop discussions on "equity" was seen as a crucial component to individualize services and equal client outcomes in all areas of dietetic practice. Case scenarios

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

highlighted the awareness, accommodating and adapting practices that are needed to meet client needs in diverse cultural environments. The workshop tackled questions such as: How are we addressing language diversity and cultural awareness? What does ensuring equitable access to high quality services mean to dietitians in their various practice settings? What role can technology play in enhancing culturally competent services? How do assumptions, bias and stereotyping impact the quality of dietetic services?

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

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

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

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

SOME MEMBER INSIGHTS

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

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

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

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

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

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

provide ethical, safe, competent and efficient dietetic service."

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

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

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

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

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

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

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

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



RDs Continue to Perform Well in the 2-Step PPA

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

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

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

IN A POST SURVEY OF PARTICIPANTS

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

Some Comments

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

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

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

NEXT STEPS FOR THE COLLEGE

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

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