

ASK YOURSELF,

"WHERE DO I STAND?"

Workloads and performance expectations are at an all-time high. Changing models of health care delivery have resulted in more part-time and contract jobs that isolate RDs from work teams and support networks. People are working longer hours and newer technologies have others bringing their work home. Ethical practices that sustain RDs in times of stress reflect the following:

- ❑ how we come to know ourselves and what we need to do to be professional;
- ❑ the capacity to balance competing pressures and responsibilities;
- ❑ the capacity to access and act upon a wealth of health promotion resources available to us;

- ❑ the capacity for self reflection; and
- ❑ the development of a sense of responsibility for individual and institutional health and well being.

Each RD has the responsibility to be watchful that stress does not negatively affect their health, their work performance and client care. They have a duty to work with employers (or employees) to create work environments that help manage stressors, and to seek help when needed.

STRESS AND INCAPACITY

Excessive and prolonged stress leads to a state of mental and physical exhaustion that defines burnout.² Negative coping strategies can lead to incapacity. In an upcoming article on stress, *résumé* will explore the link between workplace stress, incapacity and fitness to practice.

NOTE: This article is posted on the College website with live web links. It is a result of work done by the College's Fitness to Practice Committee building an earlier "Fitness to Practice" article that appeared in *résumé* (Spring 2002, vol. 7 no. 5).

References

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2. Girdino, DA, Everly, GS, and Dusek, DE, *Controlling Stress and Tension*. Allyn & Bacon, Needham Heights, MA, 1996.
3. Sharp, K, Murray, G., and McKenzie, K. (2002). "Stress busters". *Learning and Disability Practice* 5(6), 12-16.

4. Erlen, K.A., and Sereika, S.M. (1997). "Critical care nurses, ethical decision-making and stress". *Journal of Advanced Nursing*, 26 p 953-961.
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6. Rodham, K and Bell, J. (2002). "Work stress: an exploratory study of the practices and perceptions of female junior health care managers". *Journal of Nursing Management* 10, p 5-11.
7. Harris, L., Cumming, S., Campbell, A. (2005). *Stress, Anxiety and Health in Professional Practice Research Project*, University of Sydney, Australia. <http://www2.fhs.usyd.edu.au/bach/sahpp/>
8. See Resources on the Dietitians of Canada Website: <http://www.dietitians.ca/>

RECORDS RELATING TO MEMBERS' PRACTICES

Answers to your questions

The College invited your feedback about a proposed regulation concerning *Records Relating to Members' Practices*. We thank you for your support and suggestions. In your feedback, many of you asked for clarification about individual RD and employer responsibilities. Here are answers to your most popular questions.

Who is responsible for confidentiality, privacy, retention and destruction of records, access and correction of records?

To answer this question, one has to refer to the *Ontario Personal Health Information Protection Act* (PHIPA) that distinguishes between a *health information custodian* (HIC) and an *agent*. A HIC has the custody and control of personal health information and, in law, is responsible for the establishment and oversight of the policies and procedures related to health information in keeping with the provisions of PHIPA. Examples of HICs are:

- ❑ Health care facilities and health care delivery agencies such as hospitals, nursing homes, CCACs and public health units;
- ❑ A self-employed RD in private practice;
- ❑ RDs in group practices can choose to be the HIC for the health records in their personal custody and control or

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PRACTICE ASSESSMENT SPRING 2006

Districts 3, 5 & 6

The next administration of Practice Assessment will be in Spring of 2005 in Districts 3, 5 & 6. Members who have requested a deferral from the Spring 2005 administration are also required to participate as well as any member who was non-compliant with the SDL Tool Submission requirement.

Members selected for practice assessment will be notified in January; and will receive information on how to prepare.

may choose to have the group practice, as an entity, be the HIC.

An agent is an individual or company working for a HIC, e.g. an employee or contractor. An agent must abide by the personal health information policies established by the employing HIC. RDs should be fully aware of PHIPA and the privacy policies of their organization or practice as they are responsible for following them. Many RDs will be in a leadership role and assist in the development and oversight of the policies and procedures.

RDs are also responsible for following the standards established by the College for record keeping. The minimum standard is expressed in the *Record Keeping Regulation*, currently a proposed regulation. RDs may have to advocate within their employment setting to ensure that the systems and policies in place permit them to practice to these standards. The College is available to act as a resource to support RDs who find they have to advocate for changes.

The resources available to assist RDs are:

- *Proposed Regulation Records Relating to Members' Practices, 2005;*
- *Personal Health Information Protection Act, 2004;*
- *Professional Misconduct Regulation, 1991.*
- Information & Privacy Commissioner: www.ipc.on.ca
- CDO Privacy Guide: www.cdo.on.ca > Home page; scroll down to *About the College*.

Who is responsible for maintaining equipment?

RDs working in private practice have full responsibility for equipment. RDs employed by hospitals and other health care facilities have a shared responsibility with their employers for maintenance of equipment.

I work for a hospital, what is my responsibility for maintaining a service equipment record for the scale or the metabolic cart I use to assess my clients?

In hospitals and similar institutions, departments such as Biomedical Engineering handle maintenance of equipment through a regularly scheduled maintenance program. This is particularly true for equipment with sensitive calibration such as metabolic carts. RDs must be aware of the maintenance process for the equipment they use so that they can rely on their measurements. They also need to make their employers aware of their

professional responsibility regarding maintenance of equipment. If asked by the College, they should be able to indicate where maintenance records are kept in their organization.

I work in a hospital, a client I saw last year requested copies of the records pertaining to the nutrition care I provided. What is my responsibility for providing these copies to him?

According to the *Personal Health Information Protection Act (PHIPA), 2004*, your hospital is a *Health Information Custodian (HIC)*. As a HIC, your organization is responsible for the personal health information in its custody or control, and must take certain steps to fulfill that responsibility. This includes designating a contact person, setting policies for information collection, confidentiality, accuracy, security, and access. Your responsibility is to be aware of this requirement under *PHIPA 2004*, your own hospital policies made to comply with the Act and to advocate for them where they do not exist. In this particular case, you should be able to refer the client to a department such as medical records where staff will be able to provide the records requested according to law and the hospital's policies. Best practice suggests a follow up with the client to make sure they understand the records and answer any questions they may have after reviewing records.

Online References

CDO has produced several useful guides available at www.cdo.on.ca to assist RDs to comply with the laws:

- *Record Keeping Guidelines for Registered Dietitians, 2004.*
- *Health Care Consent Act Guidelines for Members.*
- *Privacy of Personal Information: Practice Toolkit, October 2004.*