Enhancing Competence to Best Serve Clients

Deborah Cohen, MHSc, RD
Practice Advisor & Policy Analyst

deborah.cohen@collegeofdietitians.org

An RD working in a family health team receives a referral for a client who is pregnant. At the initial visit, the RD finds out that the client had Roux-en-y gastric bypass surgery three years ago, but is otherwise healthy. The RD has never had any experience with clients who have undergone bariatric surgery and doesn't feel she has the competence to effectively counsel the client. The RD informs the client that she is unable to see her. Has the RD managed this situation appropriately?

The RD is indeed acting appropriately by acknowledging the limits to her competence. However, simply refusing the referral could be considered unprofessional and unethical, especially when clients have limited options and may not be able to access dietetic services elsewhere.

While it can be challenging for RDs in general practices (e.g., community health centres, family health teams, private practice) to keep up with all areas of nutrition and dietetics, in a family health team setting, an RD would presumably have the required knowledge, skills and competence to counsel pregnant clients. As the client is three years post-op and is otherwise healthy, the complexity of this client may not be that different from other pregnant clients. It would be most appropriate for the RD to conduct a nutrition assessment and establish a nutrition care plan for this client.

This client would be best served by the RD learning about the basic nutritional requirements for clients who have undergone bariatric surgery. She could tell the client that although bariatrics is not her area of expertise, she would do more research to complete the nutrition plan. To further her learning, she could consult reliable bariatric resources online and she could also connect with other RDs who have expertise in this area.

Bariatric surgery is a growing area of dietetic practice and RDs are a valued and essential health care provider during the post-op process. The RD would demonstrate a professional, client-centred attitude by acknowledging her limits in this area of practice and being willing to learn.

COLLEGE EXPECTATIONS

The College is not implying that RDs take on every new client that is referred to them, especially when the client's needs are well beyond the RD's expertise. There are certainly circumstances when RDs should refer clients to another RD or health care provider to ensure safe, competent and comprehensive care. The College does expect that RDs have an attitude of client-centred care, a commitment to continuing education and a desire to enhance personal knowledge, skills and judgment to best serve clients. The above scenario presents an opportunity for an RD to engage in continuing education to best serve her client.

RDs, employers, clients and other members of the public are encouraged to contact the Practice Advisory Service with questions. While the College doesn't provide specific clinical practice advice or legal advice to RDs, we can connect our members with resources, programs and other RDs who may have expertise in a particular area of practice.

PRACTISING COMPETENTLY — A PROFESSIONAL AND LEGAL DUTY

RDs have a professional and legal obligation to maintain their competence through self-reflection and continuing education to best serve their clients. In the Code of Ethics for the Dietetic Profession in Canada, RDs pledge "to maintain a high standard of personal competence through continuing education and an ongoing critical evaluation of professional experience." The Professional Misconduct Regulation states that it is professional misconduct for RDs to treat or attempt "to treat a condition that the member knew or ought to have known was beyond his or her expertise or competence."

The Regulated Health Professions Act, 1991 (RHPA), contains a number of stipulations regarding incompetence. Notably, it states that a member is "incompetent" if "the member's professional care of a patient displayed a lack of

knowledge, skill or judgment of a nature or to an extent that demonstrates that the member is unfit to continue to practise or that the member's practice should be restricted."

Each of these documents emphasizes your professional and legal obligations for practicing within your level of competence while also maintaining or developing competence to best serve clients.

WHAT IS COMPETENCE?

According to the Merriam–Webster Dictionary (2015), competence is "the ability to do something well; the quality or state of being competent." The College has identified three main components of competence:

1. Appropriate knowledge, skills and judgment;
2. A client-centred professional attitude; and
3. Continuously upgrading knowledge, skills and judgment.

All RDs are considered to be competent when first entering the practice of dietetics as a result of their extensive education and training. The question is whether individual knowledge, skills or judgment grow or dissipate over time. The answer depends on the other two components of competence: attitude and upgrading.

A CLIENT-CENTRED PROFESSIONAL ATTITUDE

An essential component of safe dietetic practice is having an open attitude focused on what is best for clients. An open attitude will help you reflect on your practise honestly and acknowledge the limits to your competence. RDs are competent when they:

- Reliably demonstrate the knowledge, skills and judgment necessary to provide a service; and/or
- Perform and manage the outcomes of carrying out a procedure safely, effectively and ethically in accordance with current best practices and standards of practice for the dietetic profession.

Limits to competence may arise as your area of practice develops, if you are considering working in a new area of dietetics or when personal or work place issues are overwhelming. Knowing what needs to be done and not doing it because of time pressures, personal problems or lack of motivation may put clients at risk.

For example, RDs do not have to accept every client (especially where lack of time and resources will affect client care) but they do have a responsibility to offer safe, ethical and competent service to clients they do take on. When unable to provide high-quality services because of workload or skill limitations, an RD may be demonstrating a professional attitude by refusing to take on new clients as long as the workload or skill limitations are unavoidable. However, the RD might advocate for more services or apply triage principles to screening clients effectively. Once a client is accepted, an RD has a professional responsibility to promptly assess and address their client's dietetic needs. If an RD identifies gaps in her knowledge or skills, professional judgement and an open attitude will help them determine when to pursue more education to best serve clients or when it would be in the client's best interest to refer them to another RD or health care provider.

SELF-DIRECTED LEARNING AND UPGRADING

A commitment to continuing education and a desire to enhance personal knowledge, skills and judgment are the first steps in acquiring and improving competence. In order to improve knowledge, skills and judgment, RDs should always take an evidence-based approach.

Every year, the College's Quality Assurance Program requires RDs to complete a *Self-Directed Learning (SDL) Tool* to assist them with reflection, continuing education and upgrading of competence. This provides RDs with an opportunity to reflect on their practice and set goals for continuing education and upgrading of their skills throughout their career.

Opportunities for continuous learning include consulting literature, accessing PEN (*Practice-Based Evidence in Nutrition*), taking courses, attending conferences, and consulting with those who have experience in a particular area. RDs may benefit from reviewing CDO's e-learning module on Evidence-Based Practice and a recent *résumé* article titled, "What is Professional Judgment?".

Disclosing Personal Health Information to a Children's Aid Society

An RD who works in a family health team (FHT) receives a call from a Children's Aid Society (CAS) requesting information about a client for an investigation they are conducting. The CAS agent informed the RD that the client's MD initiated the report on suspected child abuse and asked her to disclose information relating to the client's nutrition assessment and care plan. The RD called the College seeking guidance on whether she may disclose such information to the CAS. The FHT, not the RD, is the health information custodian in her workplace.

According to the Personal Health Information Protection Act, *2004,* health information custodians (HICs) are permitted to disclose information to a CAS so that it can carry out its statutory functions:

> "43. (1) A health information custodian may disclose personal health information about an individual,…
>
> (e) to the Public Guardian and Trustee, the Children's Lawyer, a children's aid society, a Residential Placement Advisory Committee established under subsection 34 (2) of the Child and Family Services Act or a designated custodian under section 162.1 of that Act so that they can carry out their statutory functions."

In this scenario, the FHT is the HIC. The RD is an agent of the HIC and will therefore need to contact the designated information or privacy officer of the FHT, or refer to her organization's privacy policies to ensure she has the authority to disclosure personal health information to the CAS. Only with such authority may the RD subsequently disclose the relevant information as requested. If the RD were the HIC, e.g., in a private practice setting, she would be free to disclose the relevant information to a CAS agent upon request.

MANDATORY REPORTING OBLIGATIONS

In the above scenario, what would the RD's obligations be if she personally suspected child abuse of the client? In Ontario, anyone, including RDs, has a duty under the Child and Family Services Act (CFSA) to report incidents of suspected child abuse. For a report under the CFSA only reasonable grounds to "suspect", not "believe", is needed. This means that the degree of information suggesting that a child is in need of protection can be quite low. Situations where members are required to make a report to the CAS are numerous and varied. Review the CFSA to ensure that you are fully aware of all of your reporting obligations.

Failure to make a report that is required under the CFSA is a serious matter. It is an offence for an RD not to make a report when the information is obtained in the course of practising dietetics. In some cases, RDs can be prosecuted and fined. Generally, failing to make a mandatory report (such as suspected child abuse) also constitutes professional misconduct under the College's Professional Misconduct Regulation and carries significant consequences.

A mandatory report is not a breach of confidentiality, even where a client does not want a report to be made. In these cases, an RD's obligation to maintain client confidentiality is specifically waived by the RHPA and the CFSA.

If an RD who is not a HIC has a situation arise that triggers the duty to report to CAS, they do not need authorization from their HIC to do so. However, in the interest of transparency, the College suggests that RDs inform their manager, employer or the health information officer of their organization when they make a report.

More information on mandatory reporting obligations:

- Jurisprudence Handbook for Registered Dietitians in Ontario, Chapter 3, p. 29
- Go to the College website at www.collegeofdietitians.org and enter the search word "mandatory" in the search box in upper right hand corner of the page.