



College of  
Dietitians  
of Ontario

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# Confidence in the College's Regulatory Work



Elizabeth Wilfert,  
Public Councillor &  
President

As a member of the public, who has the honour to be a part of such a stellar organization, I am confident that, "The College of Dietitians of Ontario [does] exist to regulate and support all RDs in the interest of the public of Ontario. We are dedicated to the ongoing enhancement of safe, ethical and competent nutrition services provided by RDs in their changing practice environments."

I am very honoured to be asked to serve as your President for the 2012-2013 term. It is a privilege that I do not assume lightly.

Serving as a Public Councillor for the past 6 years, has given me an appreciation for health profession regulation in the interest of the public. I have gotten to know many remarkable people. Registered Dietitians are to be commended for the countless hours given on Council and committees to help make profession self-regulation a success. I can't imagine a more terrific staff; always ready to go the extra mile with an ever-ready smile. My fellow Public Councillors are also truly dedicated, giving of their time and wanting the best for both the public and the profession.

The history of regulation dates back to 1982, when the provincial government commissioned an analysis of accountability and responsibility of health care professions. This study entitled *The Health Professions Legislation Review* and its subsequent report in 1989, *Striking a New Balance; a Blueprint for the Regulation of Ontario's Health Professions* was a response at a time when there was a tremendous amount of pressure to change the existing regulatory legislation and to protect the public from any risk or harm that may incur in the delivery of health care services. After extensive consultation with more than 200 groups and over 75 health related professions, the inquiry recommended wide-ranging reforms to ensure the public is protected and that health care professionals provide the best possible care through high standards of competencies. As a result, in 1991, the government developed the *Regulated Health Professions Act (RHPA)*, and 21 health profession acts, including the *Dietetics Act*.

The RHPA mandates that regulated health colleges have seven statutory committees: Executive; Registration; Quality Assurance; Patient Relations; Inquiries, Complaints and Reports; Discipline; and Fitness to Practice. Over the years, I have worked on these committees and have seen improvements in the standards, policies and procedures that help insure that processes are fair, transparent and effective, and that RDs are qualified to provide safe, ethical and competent nutrition services to the public.

As a member of the public, who has the honour to be a part of such a stellar organization, I am confident that, "The College of Dietitians of Ontario [does] exist to **regulate** and **support** all RDs in the **interest of the public** of Ontario. We are dedicated to the ongoing enhancement of **safe, ethical and competent nutrition services** provided by RDs in their changing practice environments."

## Regulation More Effective with Public Awareness



Mary Lou Gignac, MPA  
Registrar & Executive Director

While I believe regulators can do a good job without public input, I think we can do a better job with public awareness of how regulation works to protect the public.

In my regulatory work in the last 16 years, I have often asked whether health profession regulatory colleges can effectively regulate without public input. While I believe regulators can do a good job without it, I think we can do a better job with public awareness of how regulation works to protect the public.

This year the College continues its public education campaign with a message about how the College works for the benefit of the public by setting and enforcing standards for the dietetics profession. It also explains why choosing a Registered Dietitian is the best choice for competent nutrition services. The 'RD' means a highly trained person is qualified to give safe, ethical and science-backed nutrition services for healthy eating.

### NEW VIDEO

Our public education message is being carried through a new channel this year. We have created a video entitled, *The College of Dietitians of Ontario is by your side*, and posted it on YouTube. Online advertising through *Canadian Living*, *Fresh Juice* and *Livestrong* magazines, will lead viewers directly to the video. An evaluation of previous campaigns has shown that more people accessed our website directly from the online ads than from the print ads. Therefore, this year we have eliminated print advertising and concentrated our resources on the more effective online campaign.

### RDS ARE AN ESSENTIAL PART OF THIS CAMPAIGN.

We encourage you to show the video to your family, friends and clients. For easy access, we have posted links to the video on our website home page and Public landing page, in French and English. You can also find the videos on YouTube by searching for *College of Dietitians of Ontario* or *Ordre des diététistes de l'Ontario*. Go to [www.cdo.on.ca](http://www.cdo.on.ca) and click on the video link on the bottom right side of the home page. You can also find the videos on YouTube by searching for *College of Dietitians of Ontario* or *Ordre des diététistes de l'Ontario*.



## Farewell and Thank you

### PUBLIC COUNCILLOR, JEANNINE ROY-POIRIER PhD

After 6 years of dedicated service as a Public Councillor on Council, Jeannine Roy-Poirier, PhD, is leaving the College. Jeannine has left a lasting impression on us all. Her determination and dedication, her laughter and smile, as well as her ongoing passion for public service will not

soon be forgotten. Jeannine enthusiastically served on the Registration Committee for several years and on the Patient Relations, Discipline, Fitness to Practice and Election Committees. We sincerely thank her and wish Jeannine the best in her future endeavours.



# Is this beyond your scope of practice?

Richard Steinecke, LL.B.

Legal Counsel

The phrase “scope of practice” has at least three common meanings. People often think that there is only one meaning to the term which, obviously, leads to confusion.

“That is beyond your scope of practice.” What exactly does this statement mean? One explanation is that some people have a narrow view of the meaning of “scope of practice” even as it relates to the system of controlled acts. For example, there are circumstances in which a dietitian can prescribe a drug even though to some any prescribing appears to be outside of a dietitian’s scope of practice.

The problem is that the phrase “scope of practice” has at least three common meanings. People often think that there is only one meaning to the term which, obviously, leads to confusion. The three common meanings are as follows:

1. The area of expertise of dietitians as a profession. This reflects what dietitians are trained to do through their educational programs and, to a lesser extent, the evolution of the profession as its role develops.
2. The activities that dietitians as a profession are legally permitted to do under the *Dietetics Act* and the *Regulated Health Professions Act*.
3. An individual dietitian’s area of competence.

In this article we are talking about the scope of practice of the profession as a whole and, therefore, will focus on the first two definitions.

## AREA OF EXPERTISE

The first meaning, area of expertise, is the broadest most inclusive, and it is supported by section 3 of the *Dietetics Act*, which reads as follows:

*Scope of practice*

*3. The practice of dietetics is the assessment of nutrition and nutritional conditions and the treatment and prevention of nutrition related disorders by nutritional means.*

This provision is descriptive only. It does not restrict dietitians to the activities described there. It sets out in a broad way the kinds of things dietitians normally do. Keep in mind that the scope of practice of the profession evolves over time. What may not have been within the expertise of dietitians in 1993 (when the provision was originally enacted) may now be part of their knowledge, skill and judgment. The best way of seeing the evolution of the

expertise of the profession is to look at the curriculum of the educational programs of dietitians and to review dietetic professional literature. In keeping with this approach to the scope of dietetic practice, the College uses a broad definition of for the purposes of determining the need for professional liability insurance coverage and counting hours of practice for the purposes of demonstrating current knowledge, skill and judgment.<sup>1</sup>

The *Dietetics Act* does not prevent dietitians from doing things outside of the language of section 3. So, for example, even if the prescription of drugs does not constitute “treatment ...by nutritional means”, there is no rule preventing dietitians from doing things outside of the boundaries of this language. It would be incorrect to say that dietitians have no expertise or authority to prescribe drugs because of section 3 of the *Dietetics Act*. Dietitians may well have that expertise in relation to certain drugs frequently used in the dietetic context.

### LEGALLY PERMITTED ACTIVITIES

The second meaning often attributed to the scope of practice of dietetics refers to the activities dietitians are authorized to do under the *Dietetics Act*. Some try to argue that this means dietitians can only perform public domain activities plus skin pricking because no other controlled acts are specifically assigned to dietitians.

However, that argument is flawed because dietitians are authorized by the *Regulated Health Professions Act* to perform other controlled acts where,

1. It falls within an exception (e.g., assisting a person with their routine activities of living);
2. It falls within an exemption under the Minister’s regulation (e.g., acupuncture, at least for now); or
3. It is done under delegation (e.g., prescribing a drug under the authority of a medical directive).

So while the “scope of practice” of dietitians prevents them from prescribing drugs on their own authority, it is within the

scope of practice of dietitians to prescribe drugs under the authority of a delegation often contained within a medical directive.

### CONCLUSION

So whichever of the two general meanings you ascribe to “scope of practice”, neither of them prevents a dietitian from prescribing drugs under the authority of a delegation.

Of course, any dietitian doing so would have to comply with professional standards (e.g., ensure personal competence to do so, conduct an appropriate assessment, monitor the client and document appropriately). But that is to concede that prescribing drugs can, in some circumstances, be within the scope of practice of the dietetic profession.

A proper response to someone who says “that is beyond your scope of practice” when you are trained and competent to do the controlled act and have a medical directive authorizing you to do it would be to say: “dietitians are trained to do this and in keeping with the *Regulated Health Professions Act*, I am delegated to do it”.

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1. For the purposes of needing insurance coverage and hours of practice for currency purposes, the College defines the practice of dietetics as follows: “Dietetic Practise is paid or unpaid activities for which members use food & nutrition-specific knowledge, skills and judgment while engaging in:

- the assessment of nutrition related to health status and conditions for individuals and populations;
- the management and delivery of nutrition therapy to treat disease;
- the management of food services systems; building the capacity of individuals and populations to promote, maintain or restore health and prevent disease through nutrition and related means; and
- the management, education or leadership that contributes to the enhancement and quality of dietetic and health services.”

[Click here to test your knowledge about the RD Scope of Practice.](#)

# Are you a knowledge-creating team member?



Carole Chatalalsingh, PhD, RD  
Practice Advisor &  
Policy Analyst

The collective wisdom and efficiency of interprofessional teams will often outperform the efforts of skilled health professionals working alone in silos.<sup>1</sup> The *résumé* articles about interprofessional collaboration (IPC), published in Winter and Spring 2012, introduced the “Use of Knowledge” Framework as a guide for RDs to create synergetic teams that learn, grow and innovate together for the benefit of clients. This article explains how teams develop in the process of becoming effective knowledge-creating IPC entities. It also describes what actions are needed to become an effective “knowledge-creating team member” and developing with your IPC team.

## FIVE STAGES OF TEAM EVOLUTION AND FUNCTIONING

Making a meaningful contribution to your IPC team as a “knowledge creating team member” requires an understanding of how teams evolve. Teams move through various developmental stages before becoming collaborative and productive. Building on Tuckman’s model of team development, we characterize IPC team development through five phases or stages: forming, storming, norming, performing and reforming.<sup>2</sup>

Each stage of development into “knowledge creating teams” has its own characteristics as shown in Table 1, page 8.

## TEAM FUNCTIONING EBBS AND FLOWS

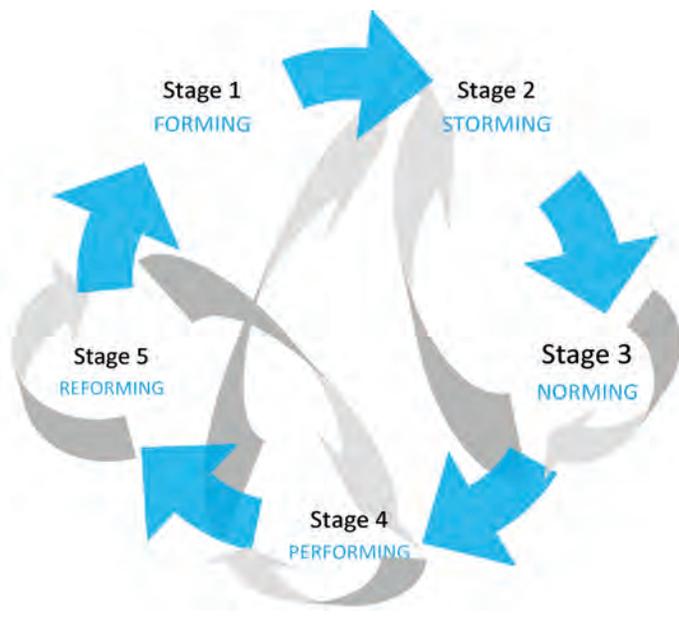
IPC teams are dynamic: members come and go, organizations and practice change, causing teams to ebb and flow through the functioning stages. Figure 1, on the right, *Ebb and Flow of Team Functioning*, shows that while all teams will eventually move through the five stages of functioning (blue arrows), teams typically move back and forth from one stage to another when changes in practice environments have an impact on the team (grey arrows). For example, teams without appropriate communication

processes may have conflicts arising from issues about changes in team composition or practice which push the team back from *Stage 4 Performing* to *Stage 2 Storming*. In *Reforming Stage 5*, an effective knowledge-creating team with appropriate communication processes will avoid unnecessary setbacks by adjusting to changes without causing a radical setback in team function. Understanding and thinking about the recursive nature of team development, will help you learn how to be a member of “knowledge creating teams” and increase your comfort level when dealing with conflict, blurring of boundaries and/or overlapping scopes of practice.

## RDS AS KNOWLEDGE-CREATING TEAM MEMBERS

Effective knowledge-creating team members actively share knowledge with team mates, collaborate with other professions to create new knowledge in the team and seek knowledge from other team members for the benefit of clients. They take responsibility for their role and actively participate in team functioning. Becoming an effective knowledge-creating team member involves understanding how your IPC team currently functions (see Table 1), and

Figure 1 Ebb and Flow of Team Functioning



### Team Definition

“A small number of people with complementary skills who are committed to a common purpose, performance goals and approach for which they hold themselves mutually accountable.”<sup>1</sup>

then, recognizing and applying the action needed for team development.

In the *Code of Ethics for Dietitians in Canada* (Dietitians of Canada, 1996), RDs pledge to “work co-operatively with colleagues, other professionals, and laypersons.” This means that dietitians have an ethical obligation to seek new ways to achieve the goal of safe and high quality patient care. To enable “knowledge creating teams”, Registered Dietitians and other health care providers need to:

1. recognize the characteristics of team functioning;
2. understand what is happening in “knowledge creating teams”; and
3. identify individual and team responsibility for enabling the provision of safe, quality interprofessional services.

As dietitians, you contribute specialized dietetic knowledge and skills to the IPC team. Developing your ability to communicate the dietetic scope of practice, standards and accountabilities to other professionals on your team and considering that of others are both effective ways to enhance team functioning as a knowledge-creating team member. Effective team development will optimize your RD role by clarifying dietetic practice expectations, tasks and accountabilities within the IPC team.

RDs can help build their interprofessional teams by participating in clarifying team functions, developing a shared vision, helping to establish roles, facilitating team learning and encouraging the pooling of team knowledge for effective client-centred services. RDs work with the team by respecting team functions and roles, working toward a shared vision and contributing to the pool of knowledge.

Effective, knowledge-creating IPC teams do not happen instantly; they evolve as teams of physicians, nurses, social workers, therapists, and others, work together to manage

obstacles and coordinate their efforts for safe client-centred services. In serving their clients’ interest, dietitians have the obligation to make interprofessional collaboration work. They can do this by growing their interprofessional communication skills and actively participating in building effective knowledge-creating teams.

### JOIN THE CONVERSATION

Share your thoughts and experiences with other RDs about this topic on the new CDO Professional Practice blog.

1. Go to [www.cdo.on.ca](http://www.cdo.on.ca) to access your *Member Home Page* with your registration number and password.
2. Click on *CDO Communities*, upper right side of the Member Home Page
3. Click on *Professional Practice Blog*
4. Then click on *Interprofessional Collaboration* .
5. To leave a comment, click on the title and the reply box will appear.

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**TABLE 1. TEAM STAGES OF FUNCTIONING IN BECOMING “KNOWLEDGE CREATING, EFFECTIVE TEAMS”**

## 1. Forming

Individuals recognize the need to connect with other team members and to learn about the roles, expertise and skills of others. It is during this phase that team members recognize the need to develop processes and structures to enable optimal team functioning for client safety.

<b>Actions of a Knowledge-Creating Team Member</b>	<b>Establishing Knowledge-Creating IPC Teams</b>
<ul style="list-style-type: none"> <li>• Build confidence in yourself and in your competence as an RD on the team.</li> <li>• Take responsibility for clarifying the dietetic scope of practice and your RD role and accountability within the team. Know how your specific skills and expertise as an RD add value to the team.</li> <li>• Take responsibility for understanding the roles, area of expertise and skills of other team members and begin to develop trust. Seek, learn and share knowledge from the other professions on the team.</li> </ul>	<ul style="list-style-type: none"> <li>• A team leader ensures that all key members on the IPC team participate in setting the team mission, goals, IPC roles, tasks and accountabilities.</li> <li>• Through team discussion, team members begin to think of how they can work together to provide safe, quality, client-centered services.</li> <li>• The team determines the processes for sharing resources, team learning and use of knowledge/ expertise within the team.</li> </ul>

## 2. Storming

Typically, conflicts, disagreements or contradictions arise when a team begins to apply new processes and individuals recognize that the team goals, roles, resources and procedures need to be further clarified or adjusted to enhance team functioning.

<b>Actions of a Knowledge-Creating Team Member</b>	<b>Problem-Solving Knowledge-Creating IPC Teams</b>
<ul style="list-style-type: none"> <li>• Share information, seek knowledge and encourage interaction among team members during disagreements and contradictions.</li> <li>• Practice active listening and facilitate open communication, negotiation and conflict management.</li> <li>• Review and clarify your own role, expectations, tasks and accountabilities within the team.</li> <li>• Be open and seek new ways, if necessary, to achieve safe and high quality patient care.</li> </ul>	<ul style="list-style-type: none"> <li>• Procedures are further developed for dealing with disagreement and contradictions within the team.</li> <li>• Realistic expectations are emphasized to provide safe, ethical and client-centered services.</li> <li>• The team mission, goals, shared resources and procedures are further clarified.</li> <li>• Where necessary and with team consent, adjustments are made to improve the team dynamics and outcomes for clients.</li> </ul>

### 3. Norming

The team is increasingly more cohesive. Conflicts, disagreements and contradictions are resolved. Individuals accept their roles within the team and begin to act and function as a team.

Actions of a Knowledge-Creating Team Member	Growing Knowledge-Creating IPC Teams
<ul style="list-style-type: none"> <li>• Appreciate the diversity of the team, be open to all viewpoints and move beyond personality differences within the work team.</li> <li>• Be approachable, continue to develop your communication skills and facilitate conflict management.</li> <li>• Respect and work within the mission, goals, resources and procedures established by the team.</li> </ul>	<ul style="list-style-type: none"> <li>• Communication procedures are established allowing mutual respect and trust to grow between team members.</li> <li>• Consensus is being achieved around team goals and procedures.</li> <li>• Team members are bonding (humour and openness to all viewpoints).</li> </ul>

### 4. Performing

This is an effective knowledge-creating IPC team, working toward shared values, achieving goals, applying shared knowledge and benefitting from the skills of the various health professions on the team for the delivery of safe client-centred services.

Actions of a Knowledge-Creating Team Member	High-Functioning Knowledge-Creating IPC Teams
<ul style="list-style-type: none"> <li>• Take responsibility for your role and actively participate to ensure team functions at the Performing Phase.</li> <li>• Value continuous open communication and collaboration.</li> <li>• Share information and learn from others by participating in teaching and learning opportunities.</li> <li>• Recognize the contributions of others to the team, mutual accountability and trust their area of expertise.</li> </ul>	<ul style="list-style-type: none"> <li>• The team is accountable for achieving client-centred outcomes for quality services.</li> <li>• Procedures are established for continuous re-evaluation of team tasks and roles.</li> <li>• Opportunities are created for learning together and to create and seek new knowledge within the team for the benefit of clients.</li> </ul>

### 5. Reforming

Team members have the ability to recognize change that may affect the productivity of the team. The team re-assesses performance, outcomes and functioning of the team when faced with change.

Actions of a Knowledge-Creating Team Member	Responsive Knowledge-Creating IPC Teams
<ul style="list-style-type: none"> <li>• Accept that change is inevitable and be prepared to adjust to new team dynamics.</li> <li>• Recognize the changes that may affect the productivity of the team and participate in team activities that facilitate change (e.g., welcoming new members, learning new roles or adapting to new procedures).</li> </ul>	<ul style="list-style-type: none"> <li>• Processes are in place to facilitate changing roles within the team, re-assess performance, outcomes and function of the team and to maintain team enthusiasm/keenness to get to the performing stage.</li> </ul>

# Positive Impact of the New Registration Regulation



Carolyn Lordon, M.Sc., RD, Registration Program Manager

The first impacts of the College's new registration regulation were felt almost immediately when the results of the *Canadian Dietetic Registration Examination (CDRE)* were received in June. The new regulation enables the College to extend a member's temporary certificate of registration if they fail the CDRE on the first attempt, on the condition that the member is supervised by a general member.

Since then, the College has worked with the four temporary members who had failed the May 2012 exam and their employers to ensure that appropriate supervision was in place. One employer talked about their organization's commitment to supporting the growth and development of their employees. She saw this as a great opportunity to help an employee to have the best opportunity for success on the exam, the final requirement for a general certificate of registration.

For the College, the outcomes have been positive:

- Temporary members are able to practice under supervision thereby providing needed dietetic services to people in Ontario.
- Temporary members receive support to prepare for their second attempt at the CDRE.
- Public protection is maintained by ensuring that the temporary members have an appropriate level of supervision.
- The College has had the opportunity to interact with employers.
- Employers have been able to retain and support valued employees, while at the same time taking responsibility to ensure the safety of the services they provide to their clients.

For more information on the new *Registration Regulation*, see the *résumé*, summer 2012.

## Certificates of Registration

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### GENERAL CERTIFICATES OF REGISTRATION

Congratulations to all of our new dietitians registered from July 10 to Oct 24, 2012.

Name	Reg. ID	Date	Name	Reg. ID	Date	Name	Reg. ID	Date
Katrina Anciado RD	12607	16/07/2012	Stephanie Gladman RD	12772	05/09/2012	Amanda Nixon RD	10182	28/08/2012
Danielle Suzanne Battram RD	11998	11/07/2012	Rebecca Hailstone RD	11286	03/08/2012	Amy O'Connor RD	12601	23/07/2012
Courtney Bodnar RD	12792	23/08/2012	Laura James RD	12667	17/09/2012	Kaylynn Parkes RD	12577	27/07/2012
Fedaa Boqaileh RD	12746	27/07/2012	Niloofer Koohestani RD	11435	20/07/2012	Kara Parsons RD	12719	16/07/2012
Jenny Boutilier RD	12636	19/07/2012	Tanya L'Heureux RD	12821	24/08/2012	Gabrielle Schmid RD	12600	20/07/2012
Carley Canuel RD	12817	24/08/2012	Isabelle Leclerc RD	12737	18/07/2012	Leah Shainhouse RD	12840	01/10/2012
Hoda Chehayber RD	12668	03/10/2012	Alice Lin RD	12834	14/09/2012	Megan Smith RD	12606	17/07/2012
Judy Chodirker RD	2904	19/07/2012	Kimmy Lu RD	12702	27/07/2012	Tina Solte RD	12627	23/08/2012
Krista-Lee Christensen RD	12611	23/07/2012	Krista McLellan RD	12623	27/07/2012	Lara Steinhouse RD	12813	21/08/2012
Rana Daoud RD	12540	02/08/2012	Megan Moroz RD	12800	14/08/2012	Annie Tsang RD	12830	24/08/2012
Angel Fonseca RD	12849	19/10/2012	Azadeh Nadimpour RD	11717	16/07/2012	Nasser Yassine RD	12752	03/08/2012
Laura Forbes RD	12788	03/08/2012	Reza Nazem Boushehri	11456	18/07/2012	Jessica Zupan RD	12610	10/07/2012

### PROFESSIONAL CORPORATION

Angela Argyracopoulos Dietetics Professional Corporation 12776 14/08/2012

### RETIRED

Rita Accadia	1561	15/10/2012	Brenda Guamaschelli	1538	16/10/2012	Sue Ann Ray-Spicer	2315	13/07/2012
Sylvia Baker	1611	21/09/2012	Fern Hum	2290	03/10/2012	Shannon Rutherford	1105	25/09/2012
Willeta Biddle	2423	15/10/2012	Patricia Kennedy	1286	01/10/2012	Lesley Scharf	1755	14/10/2012
Faith Brown-Wood	1142	15/10/2012	Winnie Leung	1004	09/10/2012	Lynda Secord	1679	17/08/2012
Margaret Brunetti	1471	01/10/2012	Janet McLaren	1331	15/10/2012	Lianne Sherbaty	3287	13/10/2012
Mary Bush	1717	15/10/2012	Francine Navratil-Levasseur	2213	01/10/2012	Julie Short	2549	15/10/2012
Rae Clemens	1240	15/10/2012	Ann Nunnenmacher	2215	31/07/2012	Leslie Smith	2319	18/09/2012
Judith DeWolfe	1354	15/10/2012	Wai Ping Oberhammer	1484	10/10/2012	Henia Solomon	2706	14/10/2012
Janet Elder	1322	05/10/2012	Patricia Pauli	1589	01/10/2012	Fay Telfer	2553	10/10/2012
Elizabeth Fraser	2387	30/09/2012	Martine Payne	1928	01/08/2012	Connie Utrecht	1201	16/10/2012
Denise Fréchette	2323	04/10/2012	Barbara Poulin	2455	15/08/2012	Petra Wall	2943	15/10/2012
Nancy Freeman	1925	15/10/2012	Catherine Ralston	2751	15/10/2012	Heather Williams	1148	01/10/2012



# RDs Find New PPA Process Went Smoothly

## 10% of members were randomly selected for Step 1.

- 66% provide direct client care
- 5% of those assessed moved on to Step 2.

The College launched the new 2-Step PPA in March 2012. The new format enables the College to assess more members without increasing costs and also provides formative feedback to more members. It includes: *Step 1-Multisource Feedback Survey* (360° feedback); *Step 2: Behaviour-based Interview* and chart review. Only those who fell below the cut score in Step 1 moved to Step 2 for a more in-depth assessment. Step 2 is currently in progress.

In the Step 1 multisource feedback surveys, dietitians scored very well. The feedback from patients and colleagues, which was collected and analyzed through a third party, was excellent. In fact, even those who moved onto Step 2 scored just slightly below the norm reference for the group. It must be emphasized that moving onto 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 is required.

On behalf of the College, thank-you to all members who developed and piloted the survey forms.

## FRENCH SPEAKING /BILINGUAL ASSESSORS NEEDED

In preparation for the *2-Step Peer and Practice Assessment* for 2013, the College is seeking French speaking/bilingual general members with at least 5 years practice experience who would like to train as peer assessors.

**If you are interested, apply by November 30, 2012.**

**Contact Barbara McIntyre RD, Manager QA Program**

416-598-1725 /1-800-668-4990, ext. 233

mcintyreb@cdo.on.ca

## The College Listens to Feedback

All members who participated in PPA Step 1 evaluated the new PPA. Over 90% felt the process went smoothly. Here are some improvements that will be made next year:

- Some members felt it was overwhelming to receive the notification that they were randomly selected for the PPA at the same time as receiving all the related documentation. We have taken this feedback to heart and, as of 2013, the College will notify members by email first that they have been selected for the PPA before they are sent the materials required for the process.
- This year, there were errors in the classification of members, i.e., whether they provide direct client care or not. To ensure that each member is classified correctly from now on, a question was included in the *Self-Directed Learning Tool* asking each member if they provide direct patient care.
- Once the multisource surveys are tabulated, "Z scores", "gap to norm" and "standard deviation", will be explained and defined more clearly in the future. Some members felt that these explanations would have been helpful.

*I enjoyed reading the materials!!*

*It was organized and easy to follow.*

*Seemed to be a smooth process.*

*I thought the feedback given was very interesting, and the graphs were very helpful.*

*It was nice to know how the patients thought of my care.*

*For the first time, it was a fairly good process.*

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