résumé

Cultural Competence and Informed Consent

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Annual Membership Renewal

Your membership renewal is due October 15, 2013.
You can submit your renewal form and fees anytime between August 15 and October 15. Look for your renewal notices in the mail in early August.

Random Selection for Proof of Liability Insurance.
Read your renewal notice carefully. If you have been randomly selected to provide proof of professional liability insurance, you will be notified in your renewal notice.

If you have not received your notice in the mail by September 1, 2013, contact Bev Nopra at noprab@cdo.on.ca /416-598-1725 / 1-800-668-4990, ext. 221.

Public Interest at the Heart of Council Governance

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As the Council commences a new term with several new members, I am reminded of both our composition and our mission statement. The 'Council' of the College of Dietitians of Ontario is similar in many ways to a board of governors, dealing with policies.

On our Council, there are eight Elected Councillors (RDs) elected for a 3-year term to a maximum of two terms. District elections are held in April for terms to begin in June.

The Lieutenant Governor, by way of Orders of Provincial Council, appoints five to seven Public Councillors to also sit on the Council and have equal say in the proceedings. Members of the public, who do not belong to any health regulatory college, may apply to be on the College's Council through the Province's Public Appointments Secretariat. There is often a lengthy process where resumes are reviewed and the applications are forwarded to the interparty Appointments Committee of the Legislature for approval. A successful applicant's name is sent to the Provincial Cabinet for approval and then to the Lieutenant Governor's office where the appointment is given "Royal Assent".

Public Councillors also have a 3-year term and can reapply as often as they wish. However, it is not guaranteed that they will be re-appointed. Since Public Councillors are appointed at different times, their terms are staggered so they do not all leave at once. District elections also revolve over 3-years, so new Elected Councillors are always rotating in.

Although both Elected and Public Councillors are sitting at the Council table by means of different circumstances, they are all there to protect the 'public interest'. Every councillor brings a unique perspective to meetings, and our ultimate goal in decision-making will always favour serving and protecting all residents of Ontario.

When making decisions, councillors strive hard to be not only purposeful and effective but also objective, fair, and transparent. We ask ourselves a series of questions in the interest of making the right choice about the issues the College works on. We ask not only how does an issue lead to public protection, but how is it a matter of public interest. We also look at how it relates to the College's regulatory mandate, mission and objects. In addition, our inquiry includes how the College would be judged by the public, other Colleges and the government for its role and activities; do we have the resources or should we partner; are there alternative approaches to achieving the goal.

Our framework for decision-making sets a high standard for scrutiny and we are conscious of the expectations you have for us working on your behalf. It is a privilege to be a part of the College of Dietitians of Ontario Council, a role neither Elected nor Public Councillors should take for granted.

Three Myths about Practicing Dietetics Fewer Than 500 Hours over Three Years

Mary Lou Gignac, MPA
Registrar & ED

In exercising its mandate of public protection, the College's interest is that RDs who are not competent to practice dietetics do not practice dietetics.

The College of Dietitians of Ontario exists to regulate and support all Registered Dietitians in the interest of the public of Ontario.

We are dedicated to the ongoing enhancement of safe, ethical and competent nutrition services provided by Registered Dietitians in their changing practice environments

After several conversations with members about the College's new policies for RDs who practise dietetics fewer than 500 hrs over three years, I am concerned that some may be making major professional decisions based on a misunderstanding of those policies. Below are the three principal myths that have troubled members.

MYTH ONE – PRACTICING DIETETICS MEANS PRACTICING IN A CLINICAL AREA

The definition of practicing dietetics was developed in consultation with RDs. It is very broad and recognizes all areas of dietetic practice including: education; research; marketing and sales related to nutrition products and services; administration and development of food systems; policy/program and systems development related to food and nutrition and health; capacity building through information, skills development and food security projects; and supporting the profession through quality improvement, knowledge dissemination, policy and capacity building.

The essence of the definition is "Paid or unpaid activities for which members use food & nutrition-specific knowledge, skills and judgment…" If an RD is using the body of knowledge and competencies underpinning the profession, then they are practicing dietetics.

To review the full definition of practicing dietetics, refer to figure 4.1 on page 38 of the *Jurisprudence Handbook for Dietitians in Ontario*. I would encourage RDs to read the entire definition document and contact the College should there be questions.

MYTH TWO – LEADERSHIP ROLES ARE NOT RECOGNIZED AS PRACTICING DIETETICS

The definition of practicing dietetics recognizes leadership roles that are in some way related to dietetics and health care – the condition being that the role uses "food & nutrition-specific knowledge, skills and judgment…" Due to the variety of roles that relate to nutrition-specific knowledge, skills and judgment, it is difficult for the College to create a comprehensive list of the type of roles that are included or not. The definition provides a few examples to guide RDs. College staff can help RDs examine specific roles and situations on a one-to-one basis.

MYTH THREE – MY CERTIFICATE WILL NOT BE RENEWED IF I DO NOT PRACTICE 500 HRS OVER 3 YEARS

Hours of practice are a trigger for an assessment not an automatic revocation. An RD who has practised dietetics fewer than 500 hrs over 3 years is referred to the Quality Assurance Committee for an assessment. The Committee considers the extent and nature of practice hours as well as all professional education and personal development activities to assess whether the RD has maintained competence to practice. It is the combination of

practice and professional development that will show the extent to which the RD has maintained connection to or refreshed the knowledge and application of knowledge related to dietetics. The *Integrated Competencies for Dietetic Practice and Education* is an important tool for the assessment. Certainly, it is not expected that RDs maintain all the foundational knowledge and competencies across all areas of practice. When assessed, RDs can choose either their most recent area of practice or one where they intend to practice in the future.

There are options available for RDs who do not intend to practise dietetics but who want to be recognized by their Registered Dietitian title and maintain their certificate of registration. These options include undertaking professional development to maintain their knowledge and competence or entering into a voluntary undertaking with the College not to practice dietetics. In exercising its mandate of public protection, the College's interest is that RDs who are not competent to practice dietetics do not practice dietetics.

YOUR COMMENTS ARE WELCOMED

The College would appreciate hearing from RDs if they have suggestions about the definition of practicing dietetics and what should be included or clarified. This definition is also used to determine which RDs are required to have liability insurance for their dietetic practice.

Farewell and Thank You

We offer a heartfelt thank you to these outgoing members for their commitment and hard work that have contributed to the success of the College. We wish them well in their future endeavours.

EDITH BROWN, APPOINTED PUBLIC COUNCILLOR

During her six years as a Public Councillor (June 2007 to June 2013) Edith Brown has kept the public interest at the forefront of deliberations and decisions by Council and on committees as Chair of the Inquiries, Complaints and Reports Committee and as a member of the Elections, Discipline and Fitness to Practice, the Registration, Legislative Issues and Patient Relations Committees.

DEION WEIR, RD, ELECTED COUNCILLOR, DISTRICT 3

As a member of Council from 2010-2013, Deion brought her energy and discernment to Council discussions. She contributed the same good judgment to committee work as the Chair of the Discipline Committee and as a member of the Quality Assurance and the Patient Relations Committee.

COMMITTEE APPOINTEES

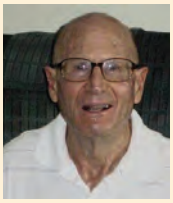
Claire Cronier, RD

For the past two years as a committee appointee, Claire Cronier has worked on the Legislative Issues Committee where she made a significant contribution to the development of criteria to determine when it would be appropriate for the College to participate in the stakeholder consultations requested by the *Health Professions Regulatory Advisory Council*.

Laurel Hoard, RD

Since 2006, Laurel Hoard has dedicated many hours of service to the College. She was President of the College in 2009/2010. As a Councillor, she served on the Executive, Quality Assurance, Complaints/Inquiries, Complaints and Reports, and Registration Committees. For the past 2 years, she has served on the Registration Committee as a committee appointee. We offer special thanks for her vision and the clear-sighted approach that Laurel has brought to her work at the College.

A Warm Welcome to a New Public Councillor, Alan Warren



Mr. Warren is a retired teacher who taught special education in elementary and secondary schools and English as a Second Language in an Adult Education Program in Toronto. Prior to his teaching career, Alan was an Urban Planner who worked primarily on social and economic planning issues. Alan has a keen interest in nutrition and healthy, active living.

Cultural Competence and Informed Consent

Carole Chatalalsingh, PhD, RD
Practice Advisor & Policy Analyst

RDs in Ontario work with a population that is culturally diverse with many different languages.This includes clients who may identify with a disability culture, a gay culture or a particular religious or ethnic group. When treating clients from different cultures and groups, RDs must be satisfied that they have obtained informed consent, which means that the client understands the treatment that is being proposed, the risks involved, is aware of alternatives, and is in agreement. The ability of Registered Dietitians to recognize the cultural beliefs, values, attitudes, traditions, language preferences, and health practices of diverse clients and apply that knowledge to gain informed consent is an aspect of cultural competence.

Cultural competence is a client-centred approach where the clients themselves are recognized as the best source of information about their health perspectives. Dietitians are responsible for developing cultural awareness and the skills necessary to help clients to give complete information and to understand the treatment proposed so that informed consent for treatment can be obtained.

THREE COMPONENTS OF CULTURAL COMPETENCE[1, 2, 3]

RDs are culturally competent when they practice the three components of cultural competence. This means they 1) manage their own prejudices, 2) communicate respectfully across cultures and speak in a way that does not presume that the other person shares their own values or experiences, and 3) understand a client's culture by asking open questions.

1) Managing Prejudices

Many people may unconsciously generalize, thinking that "Those people are all alike". Eliminating such thoughts and feelings may be impossible, but as regulated health care professionals, RDs can learn to manage prejudices so that they do not affect the way they provide service.

2) Communicating Across Cultures

Communicating across cultures means listening and speaking effectively. A culturally competent RD will ask, "What message do I need to convey? What information do I need from the other person? What words should I use? What words might be considered offensive? How do I make the other person comfortable to ask questions, or to tell me they have a different point of view?"

3) Understanding A Client's Culture

A client's culture affects how they understand health and illness, how they access health care services, and how they and their families respond to health care interventions. Ask open-ended questions to learn about how a client's cultural values and preferences affect

What is cultural competence?

Culture can be seen as a pattern of learned beliefs, values and behaviours that are shared among groups. They include thoughts, styles of communication, ways of interacting, views on roles and relationships, practices and customs. Culture shapes how we explain and value the world, and provides us with the lens through which we find meaning.[1,2]

Cultural competence in health care describes the ability of systems and health care professionals to provide high quality care to clients with diverse values, beliefs and behaviors, including tailoring delivery to meet clients' social, cultural and linguistic needs.

Source: *Commonwealth Fund, Cultural Competence in Health Care Report*

health-related decisions, for example in some cultures, the husband may be consenting on behalf of his wife or perhaps the grandmother is the decision-maker and not the mother or the client themselves.

ATTITUDES, KNOWLEDGE AND SKILLS FOR CULTURAL COMPETENCE

Rather than making assumptions about various cultural groups and their beliefs and behaviours, the cultural competent client-centred approach emphasizes the development of attitudes, knowledge and skills that are particularly useful in obtaining informed consent.

Attitudes[3]

- Willingness to understand our own cultural values and how these influence informed consent.
- Commitment to continued development of RD cultural awareness and interprofessional cultural practices.
- Attentiveness to differing cultural values between clients, RDs and other health care professionals.
- Willingness to recognize and challenge the cultural bias of interprofessional team members and colleagues or systemic bias within health care services where there are risky outcomes for the client.

Awareness and knowledge[3]

- Awareness of knowledge limitations and an openness to learn from clients.
- Awareness that general cultural information may not apply to individual clients and their families.
- Awareness that cultural features influence health and illness, including disease prevalence and response to treatment.
- Respect for clients and an understanding of their cultural beliefs, values and practices.
- An understanding that clients' cultural beliefs, values and practices influence their perceptions of health, illness and disease; their health care practices; their interactions with health care professionals and the health care system; and treatment preferences.
- An understanding that the concept of culture extends beyond ethnicity and that clients may identify with several cultural groupings.
- An awareness of the general beliefs, values, behaviours and health practices of particular cultural groups most often encountered by RDs, and knowledge of how this can be applied in dietetic services.

Skills[3]

- Ability to establish a rapport with clients of other cultures.
- Ability to elicit a client's cultural issues which may impact obtaining informed consent.
- Ability to recognize when RDs' actions might not be acceptable or might be offensive to clients.
- Ability to use cultural information when making client-centred decisions.
- Ability to work with the client's cultural beliefs, values and practices in developing a relevant dietetic plan.
- Ability to include the client's family in their health care when appropriate.
- Ability to work cooperatively with others in a client's culture (both professionals and other community resource people) where this is desired by the client and does not conflict with other health or ethical requirements.
- Ability to communicate effectively cross culturally and recognize that the verbal and nonverbal communication styles of clients may differ from your own and adapt as required.
- Work effectively with interpreters or translators when required.
- Seek assistance when necessary to better understand the client's cultural needs.

Errors are made more frequently when healthcare professionals fail to obtain informed consent. Cultural competence will broaden an RD's awareness of the cultural differences that create barriers to informed consent and will help them avoid errors, assumptions and ineffective communications.

RDs have a responsibility to ensure that their clients consent to treatment, including nutritional therapy. This consent, however, does not need to be written (or even

verbal), but can be implied. What is important is that the RD is satisfied that it is informed. The emphasis on cultural competence is to improve the quality of dietetic services and outcomes for clients from all cultures and groups in Ontario.

References:

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8. *Consent to Treatment Act,* 1996.
9. *Personal Health Information Protection Act,* 2005.

Practice Scenario

Is Exercise Training within the Dietetic Scope of Practice?

Deborah Cohen, MHSc, RD
Practice Advisor & Policy Analyst

A group of RDs in a Diabetes Education Centre (DEC) have researched the value of health professionals recommending exercise regimens for their clients as a means to improve blood glucose control. The RDs are exploring the idea of delivering exercise classes to DEC clients. The RDs would be leading the clients through the exercise routine, including a warm-up and a cool-down session.

Is delivering exercise classes within the dietetic scope of practice?

To work through the scenario we used the RD Role & Task Decision Framework developed for the 2011 CDO Workshop: The Evolving Role of RDs in Changing Practice Environments (résumé, winter 2012, p. 9).

According to the Dietetics Act and CDO's Definition of Practising Dietetics, recommending general exercise as part of the overall health and nutritional recommendations is within the dietetic scope of practice as it promotes health and prevents disease through nutrition and related means.

While recommending general exercise is within the dietetic scope of practice, leading exercise classes and the actual demonstration of techniques falls outside the parameters of the above definitions of dietetic practice. Demonstrating specific exercises does not enhance a nutrition assessment, nor is it providing nutrition care or education by nutritional means. In addition, fitness assessments/testing would also be considered outside of the dietetic scope of practice.

It is important that the DEC RDs recognize that they may conduct fitness assessments and teach specific exercise classes, but when doing so they are not practicing dietetics.

The DEC clients and the RDs' employer should also be made aware of this important distinction.

Client consent would be required. RDs can rely on implied consent if clients attend the exercise class.

ARE THERE ANY LEGAL BARRIERS OR ORGANIZATIONAL RESTRICTIONS?

There are no legal barriers for RDs in the DEC to recommend general exercise as part of the nutrition care plan, teach individual/group exercise classes, and demonstrate exercise techniques. RDs may also write down exercise recommendations for clients to take home as a reference tool.

RDs will need to consult any organizational restrictions to determine whether they are permitted to teach exercise classes. If a program is funded through government or other external sources, RDs should examine whether exercise instruction falls within the program mandate.

Risk Management

The College requires that all RDs practicing dietetics in Ontario hold professional liability insurance in the amounts defined in CDO's By-Law No. 5, *Professional Liability Insurance Coverage Requirements for Members.* (http://www.cdo.on.ca/en/pdf/BylawsRegs/By-laws/Bylaw%205%20Liability%20Insurance.pdf) This insurance can come from an RD's employer coverage or an independent policy as long as the coverage meets the minimum College requirements.

Since the DEC RDs would not be considered practising dietetics, their dietetic professional liability insurance may not cover them if a client were to be injured while they were teaching or demonstrating exercises. Although not a College-specific requirement, RDs may wish to explore coverage for conducting exercise training either through their employer's policy or an additional individual insurance policy that covers liability for exercise instruction.

When anyone starts an exercise program, there may be some elements of risk. The risk to client safety may increase with co-morbidity. The DEC RDs may wish to obtain confirmation from the primary care physician or nurse practitioner that it is safe to provide exercise instruction to a client.

RDs may also wish to consult their organization's legal counsel to determine whether clients should sign a client waiver prior to the exercise instruction classes.

RD Scope of Practice

Dietetics Act, (1991).

"The assessment of nutrition and nutritional conditions and the treatment and prevention of nutrition related disorders by nutritional means."http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_91d26_e.htm

CDO Definition of Practicing Dietetics:

"Practicing dietetics is paid or unpaid activities for which members use food and 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;
- building the capacity of individuals and populations to promote, maintain or restore health and prevent disease through nutrition and related means;
- management, education or leadership that contributes to the enhancement and quality of dietetic and health services"

http://www.cdo.on.ca/en/members/practice/CDO%20Definition%20of%20Practising%20Dietetics.pdf

DO THE RDS HAVE THE REQUIRED SKILLS AND COMPETENCE TO PERFORM THE NEW TASK?

The key question is whether the DEC RDs have the required competence to teach exercise classes. It is important to recognize that competence includes knowledge, skill and judgment. The latter is especially important for risk assessment and determining which clients may be at risk if

they partake in the exercise class and/or if they do specific exercises. Obtaining competence is the responsibility of the RDs and may include attending courses, workshops, obtaining specific exercise certification, reading articles, as well as updating practice when evidence changes.

WHO IS THE BEST PERSON TO COMPLETE THIS TASK & WHAT ARE THE IPC POSSIBILITIES?

The *Regulated Health Professions Act*, 1991, was intentionally created to enable overlapping scopes of practice to enhance client-centered care and interprofessional collaboration (IPC). The College encourages RDs to work with other health care team members to provide safe, effective and client-centred care.

As long as the RDs are competent to provide such instruction, it would be efficient client-centred care for them to teach exercise classes. This is because RDs have presumably established a rapport with clients and may be more familiar with any medical history and/or current condition(s).

The decision on 'who' is the best person to teach and demonstrate exercises should be made in the clients' best interest, acquisition of competence and organization capabilities. Having RDs and other health care providers within the DEC recommend exercise and conduct exercise classes not only promotes IPC, but may also send a clear and consistent message to the clients on the importance of exercise in managing diabetes.

WHAT SHOULD RDS DO IF ASKED TO PERFORM A TASK OUTSIDE OF THE DIETETIC SCOPE OF PRACTICE?

If RDs are asked to perform a task that falls outside the dietetics scope of practice, they may wish to work through the College's *RD Role & Task Decision Framework* and talk about their concerns with their manager and team. This may be a great opportunity to educate their workplace about the dietetic scope of practice and professional responsibilities.

For an additional viewpoint, please feel free to contact the College's Practice Advisory Service:
practiceadvisor@cdo.on.ca
416-598-1725/1-800-668-4990 ext. 397

Need to Know

RDs are encouraged to consider requests & opportunities for new tasks and roles that promote client-centered care and interprofessional collaboration (IPC). There are four key questions RDs should ask themselves:

1. Is the new task or role within the RD scope of practice?
2. Are there any legal or organizational barriers that restrict an RD from performing the new task?
3. Does the RD have the required skills & competence to perform the new task?
4. Who is the most appropriate healthcare professional to perform the task/role and what are the IPC possibilities?

The College would like to say a special thank you to Terri Grad, MSc, RD for her contribution to this article.

Social Media and Dietetic Practice

Click here and test yourself
Need to Know Quiz

Deborah Cohen, MHSc, RD
Practice Advisor & Policy Analyst

CDO recently collaborated with six other health regulatory colleges in Ontario to develop an e-learning module titled: *Pause Before You Post: Social Media Awareness for Regulated Healthcare Professionals.*

The module reviews the professional standards of practice, the legislation and the principles RDs need to know to establish risk management strategies to maintain a professional reputation and appropriate professional relationships in dietetic practice. It also answers everyday practice questions and offers best practice suggestions for using social media. Numerous examples and case-based scenarios are included to help RDs reflect on their own use of social media in dietetic practice. This article outlines some of the key points to consider when using social media in dietetic practice.

INTRODUCTION TO SOCIAL MEDIA

Social media is a broad term used to define a group of web-based applications that facilitates the exchange of information and ideas online. Social media allows individuals and communities to share, co-create, discuss, and modify user-generated content.[1] This has changed the way people, organizations and communities communicate.

Social media includes blogs, wikis, message boards, chat rooms, forums, podcasts, electronic polling, social bookmarking, clouds, social networking (facebook, twitter, Linkedin), and social communities (YouTube, Skype, ooVo).

SOCIAL MEDIA USE IN DIETETIC PRACTICE

Social media can be used for a number of reasons in dietetic practice including:

- Increasing RD capacity to reach clients and their families with timely high-quality health & nutrition information/resources;
- Answering questions and obtaining feedback from clients, families and the public;
- Raising public awareness of key nutrition issues;
- Promoting and advertising upcoming events, programs or dietetic services available;
- Providing education to nutrition students and dietetic interns;
- Networking with other professionals and sharing educational information; and
- Creating common-interest groups on nutrition topics.

INFORMED CONSENT

When providing services and interacting with clients using social media, informed consent must be obtained. In many cases, consent may be implied when clients choose to engage in communication via social media. However, it is important to inform clients of the security issues surrounding communicating personal health information through any medium on the Internet. Use your professional judgment as to when you can rely on implied consent versus a more formal written or verbal consent to communicate with clients via social media.

CONFIDENTIALITY & PRIVACY

When using social media, apply the relevant privacy legislation including the *Personal Health Information Protection Act* (PHIPA), 2004. Under PHIPA, health professionals are accountable for ensuring personal health information is not collected, used or disclosed without the informed consent of the client. In social media, this can be challenging given the openness of the Web and the fact that communication is occurring in electronic social groups and postings, where many participants have access.

You may need to take extra steps when using social media to protect client confidentiality. Keep abreast of the current tools and computer settings available that increase online security and privacy. Also, refer to organizational privacy and confidentiality policies surrounding social media use to ensure you are complying with the appropriate protocols.

COMMUNICATION PRACTICES

Social media can help enhance communication by making information mobile and easily accessible. However, it also inherently has added risks of miscommunication and a possible decrease in the level of individualized care or services compromising the client therapeutic relationship.

Strive for clear, professional and audience-appropriate communication when using social media. Abbreviations, acronyms and medical terminology can be confusing and hard to understand. Texting short and incomplete sentences can add to this confusion. Be aware that not all clients and users of social media are aware of online language culture (e.g., short forms such as lol, brb, etc.).

RDs and their clients should be aware of the limits to what can safely be communicated via social media. Where interactions with clients become more complex and individualized, you may need to take the conversation away from social media and consider using the telephone or seeing your client in person.

MAINTAIN PROFESSIONAL BOUNDARIES

RDs must separate their personal and professional life when using social media. It would not be appropriate for RDs to accept clients as friends under their personal social networking profiles. According to chapter 10 of CDO's *Jurisprudence Handbook for Dietitians in Ontario* accepting a client as a "friend" on facebook (or other personal social networking sites) would be considered a boundary crossing. Specifically, this would fall under the category of *dual relationships*, as this proposed friendship has the potential to interfere with the client-RD professional relationship.[2]

Personal social networking profiles contain a great deal of personal information relating to an RD's social life. A client who is a "friend" of an RD under their personal profile would be privy to messages, photos, and other personal information that may compromise the dynamics of the professional relationship. It is best to avoid dual relationships wherever possible. This can be easily done on social networking sites by not accepting or simply disregarding the client's "friend" request. In the interest of maintaining a good professional relationship and open communication, you may wish to explain to clients why you did not accept the social networking invitation.

In addition, RDs should not invite any of their clients to be "friends" on their personal social networking page. RDs should also pay attention to privacy settings to limit the amount of personal information publically available on their social networks.

An RD (or their organization) may create a professional social networking page (e.g., on facebook) that outlines the services and/or posts nutrition info/videos/articles/resources, etc. Clients or members of the public can "like" the page, receive updates, comment on any postings, and ask questions, etc. This professional page should not be connected to the RD's personal social networking page (if they have one).

RDs need to respect clients' personal lives and avoid conducting online searches for information about a client, unless the RD has serious concerns about the client inflicting harm on themselves or others (e.g., presenting a duty to warn).

UPHOLDING A PROFESSIONAL IMAGE

Information, pictures, professional and personal opinions posted on social media and the Web may be permanent. Even if deleted, old posts may be accessible via archived versions or uncleared browser caches.

Negative or unflattering images and statements, such as derogatory remarks, and inaccurate or misunderstood information can be harmful to your professional image and impact client trust. As regulated health care professionals, RDs must always be mindful of the accessibility of information on the Internet, including information posted on personal and professional social media profiles.

Stop and reflect before posting anything online. This is a critical component of managing social media in dietetic practice.

MODERATE COMMENTS

RDs are responsible for all information posted on any social networking page, twitter account, website or blog they are managing, regardless of whether they posted a comment or not. If readers post comment or ask questions, respond to them, verify that all the information is accurate and post corrections when needed. Seek to remove all inappropriate comments (insults, fowl language, inaccurate or misleading information).

Many social networking platforms have settings that send notification emails to the administrator when comments are posted. Use this feature to moderate comments. The frequency for moderating comments depends on the site traffic (e.g., daily for heavy traffic, weekly for lighter traffic).

On some websites and blogs, there are settings to accept anonymous comments or only accept comments from those who have set up a profile. The latter is advisable so that you can identify who makes comments, and if need be, correspond with a user individually.

EVIDENCED-BASED INFORMATION

Employers, clients and the public at large rely on an RD's expertise to provide accurate and timely nutrition information. Any information communicated through social media should always be evidence-based. When you include hyperlinks to other information and resources (e.g., websites, videos, podcasts, etc.) in social media posts, all information should be current, accurate and reliable.

Provide appropriate evidence-based documentation to substantiate any claims made about health and nutrition issues or expert opinions. RDs cannot rely on trends or hearsay; they need concrete evidence to support their nutrition recommendations, opinions, and advice.

It is also advisable that RDs become familiar with popular online discussion forums and website resources where clients are acquiring health and nutrition information to be able to comment on the credibility of the content. Where the accuracy of information is questionable, direct the users to reliable, evidence-based online resources.

CONFLICT OF INTEREST

Given the casual nature of social media and the opportunities to market and advertise services and products, be aware of behaviours and actions that may lead you to a conflict of interest. For more information on conflict of interest, refer to the chapter 9 of the *Jurisprudence Handbook for Dietitians in Ontario*.[3]

ADVERTISING/PROMOTING DIETETIC SERVICES

Social media provides opportunities for RDs to promote their dietetic services. Sites can be created by a group or an individual RD for a variety of purposes such as describing nutrition services, sharing nutrition tips and resources, summarizing recent nutrition research, recipe ideas and professional opinions.

The College encourages professional advertising of dietetic services. When advertising, keep in mind the public's best interest and ensure full disclosure and transparency.

Client testimonials on any social media site are discouraged. The truth or value of the testimonials cannot be verified by the public and testimonials from a select number of clients may not be representative of all clients and can be taken out of context. Testimonials may also create a conflict of interest for the RD and compromise the relationship between an RD and clients by putting them in an awkward position when asked to provide testimonials.

While RDs are not responsible for third party websites and unsolicited comments, RDs should strive to be aware of comments posted about their practice. Where information is inaccurate, misleading, fraudulent or defamatory, RDs should contact the third party's website administrator to request a correction or deletion.

For more information on advertising dietetic services refer to the Winter, Spring and Summer 2010 issues of *résumé* newsletter.

RECORD KEEPING

Therapeutic Client Relationships

All significant social media communication with any therapeutic client-RD relationship should be documented. Follow organizational policies for documentation, if there are any. If there are none, the documentation may include:

a) a summary of the social media correspondence between RDs and clients in the client health record;

b) cutting and pasting social media correspondence in the electronic client health record; and/or

c) printing hard copies or attaching copies of electronic social media correspondence in the client health record.

Non-Client Care

Where social media is used to educate the public, employers or private practitioners, use professional judgement to determine how much record keeping is required. It may be good practice to document the nature of the topics communicated over social media and keep a log of significant comments and interactions with users.

Access to Records

RDs should also think about whether they might need future access to the original information they posted on social media. Ensuring that continued access (e.g., user names and passwords) to original social media correspondence may be imperative if a client, the College or a court order requires an RD to submit those records.

PROVINCIAL MEMBERSHIP

Social media has provided opportunities for RDs in Ontario to provide services in other provinces or even outside of Canada. In Canada, each province has its own regulatory College for the dietetic profession. The College's best advice is that RDs who work in more than one province, or even with clients who reside in another country, be registered with each regulatory College.

That being said, it may be challenging and expensive for RDs to register with multiple regulatory bodies. If an RD cannot register with multiple bodies, then they must be transparent with clients and the public by letting them know in what province and regulatory College they are registered with. People have the right to verify an RDs profile on the College register and to file a complaint with the College regarding an RD's conduct. To do this, people need know which provincial college to file the report to. RDs should clearly indicate on social media sites that they work in Ontario and are registered with the College of Dietitians of Ontario.

BENEFITS TO SOCIAL MEDIA

Social media has many benefits in today's society when everyone expects a rapid response, instant messaging and free and liberal access to information. These benefits include the ability to meet the demand for instant delivery of information, advice and education, and creating communities of practice to support health professionals and clients. Above all, as long as RDs are able to meet their professional obligations for using social media within dietetic practice, social media may certainly be a viable option and value-added service for clients and the public.

For any additional questions surrounding using social media in dietetic practice, contact the Practice Advisory Service at: practiceadvisor@cdo.on.ca, 416-598-1725/ 1-800-668-4990, ext. 397.

References

1 Andreas M. Kaplan, A. M. & Haenlein, M. (2010). *Users of the world, unite! The challenges and opportunities of Social Media*. Business Horizons, 53(1), p. 59-68. Available from: http://michaelhaenlein.com/Publications/Kaplan,%20Andreas%20-%20Users%20of%20the%20world,%20unite.pdf

2 Steinecke, R. & CDO. (Web Edition, Fall 2012). *Jurisprudence Handbook for Dietitians in Ontario,* Chapter 10: "Boundary Issues", p. 113. http://www.cdo.on.ca/en/pdf/Publications/Books/Jurisprudence%20Handbook.pdf

3 Ibid. Chapter 9: "Conflict of Interest", p. 101 http://www.cdo.on.ca/en/pdf/Publications/Books/Jurisprudence%20Handbook.pdf

Discipline Committee Decision

The College of Dietitians of Ontario is required by law to publish a summary of discipline decisions.

On May 15, 2013, a Panel of the Discipline Committee found that Ms. Anastasia Bigas RD committed five acts of professional misconduct.

The College and Ms. Bigas filed with the Panel an *Agreed Statement of Facts*. This is a summary of those facts. Ms. Bigas, who practiced with a Family Health Team, saw the patient once as a client. Within a day or two, Ms. Bigas and the client began exchanging personal emails. Ms. Bigas agreed to meet the client "off the record", as suggested by the client. This was the first time that Ms. Bigas stated that she had discharged him. They met for the first time 10 days following the client's appointment with her at the Family Health Team clinic. Ms. Bigas had not transferred the dietary care of the client in the event that he needed follow-up care or wanted additional dietetic advice.

Within a few weeks of their first meeting, they became sexually intimate. Ms. Bigas obtained, without her employer's permission, erectile dysfunction drug samples from one of the clinics where she worked and dispensed them to the client. During their relationship, Ms, Bigas accessed the client's health record and provided him with information approximately 11 times. On a few occasions, at the client's request, she also accessed his mother's health record and gave him information from it without the mother's consent.

When it was evident that the client needed to consult someone about his health and diet, Ms. Bigas advised the client that she was concerned that another dietitian or his physician might inquire as to why Ms. Bigas could not assist him. The client was concerned that his family physician might discover this personal relationship with Ms. Bigas and the client wanted to protect her. Ms. Bigas had also told the client to say that they had met in a coffee shop. She did so because she did not want people to mistakenly believe that she was in a relationship with an existing client.

The College and Ms. Bigas agreed that the above facts demonstrated that Ms. Bigas' conduct was professional misconduct in that Ms Bigas:

1. Breached standards of practice of the profession by entering into an intimate relationship with a client ten days after seeing him in a clinical consultation and failed to transfer the client's care to another healthcare professional,
2. Accessed the client's and client's mother's medical files without consent,
3. Through her actions, placed herself in a conflict of interest,
4. Dispensed pharmaceutical samples to the client which is contrary to the *Regulated Health Professions Act*, 1991, and
5. In doing these things, engaged in disgraceful, dishonourable or unprofessional conduct.

The College and Ms. Bigas filed a joint submission with respect to appropriate penalty and costs. Upon deliberation, the Panel accepted the terms and conditions in the joint submission and imposed the following order:

1. THE DISCIPLINE COMMITTEE FINDS Anastasia Bigas guilty of professional misconduct within the meaning of paragraph 5 (failing to maintain a standard of practice of the profession); paragraph 11 (practising the profession while in a conflict of interest); paragraph 12 (providing client information without consent); paragraph 32 (contravening the *Dietetics Act* ,1991, the *Regulated Health Professions Act*, 1991 or the regulations under either of them); and paragraph 36 (engaging in disgraceful, dishonourable or unprofessional conduct) of section 1 of *Ontario Regulation 680/93*, as amended, under the *Dietetics Act,* 1991.
2. THE DISCIPLINE COMMITTEE REQUIRES that Ms. Bigas appear before it to be reprimanded on a date to be set by the Registrar.
3. THE DISCIPLINE COMMITTEE DIRECTS the Registrar to suspend Ms. Bigas' Certificate of Registration immediately for eight and one-half (8 ½) consecutive months. The suspension shall continue indefinitely until Ms. Bigas complies with the terms, conditions and limitations set out in paragraph 4 of this Order.
4. THE DISCIPLINE COMMITTEE DIRECTS the Registrar to impose the following terms, conditions and limitations on Ms. Bigas' Certificate of Registration:
   a. Ms. Bigas must, at her own expense, successfully complete the *Professional Problem Based Ethics*

Course ("ProBE") to be offered by The *Center for Personalized Education for Physicians*; and

b. Ms. Bigas must, within 30 days of completing the ProBE course, advise the Registrar in writing that she has completed and passed the course.

5. THE DISCIPLINE COMMITTEE ORDERS that Ms. Bigas pay the College's costs in the amount of $1,500 to be paid no later than thirty (30) days following her return to practice from suspension.

The Panel concluded that this penalty will deter Ms Bigas and other members from engaging in these or similar acts of professional misconduct and, foremost, it protects the public. The terms, conditions and limitations on Ms. Bigas' Certificate of Registration will aid in her remediation and enhance her knowledge of ethical practice.

The Panel acknowledged that Ms. Bigas did not have any prior complaints and that she cooperated with the investigation and with joint submissions.

Certificates of Registration

GENERAL CERTIFICATES OF REGISTRATION

Congratulations to all of our new dietitians registered from April 27, 2013 to July 17, 2013.

Name	Reg. No.	Date
Sumani Arora RD	12569	11/06/2013
Kamaljit Bal RD	12315	11/06/2013
Catlyn Banh RD	12517	10/06/2013
Mana Bayanzadeh RD	12571	11/06/2013
Jennifer Brady RD	12223	31/05/2013
Ashley Colville RD	12917	18/06/2013
Dianne Marie Coronel RD	12209	17/06/2013
Rebecca Coughlin RD	12913	17/07/2013
Stéphane Decelles RD	12858	18/06/2013
Mélissa Desjardins RD	12908	11/07/2013
Brittany Dickson RD	12924	10/06/2013
Nilay Dönmez-Khan RD	12355	11/07/2013
Karen Gosine RD	12919	05/07/2013
Ingrid Gramlich RD	11725	15/07/2013
Sonia Patricia Hernandez Donoso RD	12258	08/07/2013
Lyla Ibrahim RD	12914	11/06/2013
Emily Kelly RD	12853	21/06/2013
Andrea Kennedy RD	12925	20/06/2013
Sonia Khurmi RD	12183	10/06/2013
Sheela Kuttaiya RD	12029	10/06/2013
Vai Jun Lam RD	12897	10/06/2013
Gemma Fe Laxina RD	12033	11/06/2013
Christine Lee RD	12877	10/06/2013
Camille Machado RD	12474	17/07/2013
Tracy McDonough RD	12883	17/06/2013
Laura Pidgen RD	12340	24/06/2013
Punya Puri RD	11389	17/06/2013
Nicole Robinson RD	12836	17/06/2013
Kelsey Russell RD	12885	17/06/2013
Meghan Scott RD	10729	28/05/2013
Stacey Sheppard RD	12986	03/07/2013
Sarah Smith RD	12946	07/05/2013
Marissa Van Engelen RD	12861	18/06/2013
Jessica Vanhie RD	12880	10/06/2013
Araceli Velez RD	3502	04/07/2013
Margot Viola RD	12860	17/06/2013
Shaistha Zaheeruddin RD	12839	17/06/2013

TEMPORARY CERTIFICATES OF REGISTRATION

Alfredo Angione RD	12948	30/04/2013
Amanda Bell RD	12999	17/07/2013
Sarah Buzek RD	12977	24/06/2013
Andréane Cantin RD	12981	28/06/2013
Gillian Chamberlin RD	12991	03/07/2013
Christy Charles RD	12935	30/04/2013
Adriana Cimo RD	12950	10/05/2013
Samantha Cohen RD	12973	05/07/2013
Ashley Cook RD	12920	30/04/2013
Lindsay Currie RD	12960	12/06/2013
Jaclyn Curry RD	13000	28/06/2013
Courtney Drouillard RD	12970	24/06/2013
Pearl Easington RD	12939	30/04/2013
Mahsa Esmaeili RD	13015	05/07/2013
Ashley Evans RD	13022	15/07/2013
Kelly Ferguson RD	12952	10/05/2013
Elizabeth Finlan RD	13001	05/07/2013
Mariella Fortugno RD	12943	30/04/2013
Laura French RD	12997	24/06/2013
Tara Galloro RD	12931	30/04/2013
Andrea Glenn RD	12963	31/05/2013
Anisha Gupta RD	12971	12/06/2013
Markie Habros RD	12945	30/04/2013
Jessica Hambleton RD	12961	22/05/2013
Christie Heywood RD	13011	05/07/2013
Samantha Holmgren RD	12957	27/05/2013
Faith Joy Impelido RD	12992	28/06/2013
Linda Israel RD	13014	05/07/2013
Natalia Kot RD	12980	12/06/2013
Jennifer Lamont RD	13006	15/07/2013
Brian Lo RD	12933	30/04/2013
Jennifer McLaren RD	12944	03/05/2013
Jessica McLeod RD	12941	30/04/2013
Caitlin McQuarrie RD	12967	31/05/2013
Tracy Morris RD	13019	15/07/2013
Sarah Patterson RD	13026	15/07/2013
Sanja Petrovic RD	12990	24/06/2013
Amy Rawlinson RD	12922	27/05/2013
Natalee Ridgeway RD	12942	03/05/2013
Kim Sandiland RD	12938	30/04/2013
Anna Shier RD	12907	30/04/2013
Christina Tran RD	12969	30/05/2013
Jessica Tullio RD	12959	22/05/2013
Monika Urbanski RD	12976	28/06/2013
Alison Weber RD	12926	16/05/2013
Kirsten Wilson RD	12995	17/07/2013
Wai-May Wong RD	12934	03/05/2013
Amanda Woods RD	12965	05/07/2013

PROFESSIONAL CORPORATION

TK Patel Dietetic Professional Corporation	12951	5/10/2013

RETIRED

Jocelyne Dupré	1849	01/06/2013
Laura Fairbairn	1652	30/04/2013
Gail Gallant	2031	04/06/2013
Mary Jaques	2383	03/06/2013
Shawne Wilton	1499	01/06/2013

RESIGNATIONS

Edith Bennett	12320	29/04/2013
Rafaël Caron-Marquis	12525	30/04/2013
Supriya Gupta	2581	27/06/2013
Melanie Maurus	11030	31/05/2013
Elizabeth Mazzetti	3539	13/06/2013
Catherine Plaziac	12743	25/06/2013
Susan Weisz	1413	02/06/2013

REVOCATION

A Certificate of Registration that was suspended for failure to pay fees is automatically revoked after it has been suspended for six months.

Amy Lynn Nichols	11620	10/06/2013

SUSPENSION

The following member was suspended as part of the penalty of a finding of professional misconduct.

Anastasia Bigas	11545	15/05/2013

REGISTER ONLINE — Fall 2013 CDO Workshop

Enhancing the Cultural Competence of Registered Dietitians in Ontario

The CDO 2013 fall workshop will examine the impact of culture on how people access and benefit from health services and health information. We will also consider how personal values, biases and assumptions can impact the quality of services that RDs provide. Cross-cultural communication strategies and resources to ensure public safety will also be covered. Case scenarios will be presented to help apply knowledge and enhance the cultural competence and communication skills of RDs in all areas of dietetic practice.

The workshop will also present the College highlights over the past year including the activities from the College's Registration, Quality Assurance, Practice Advisory & Patient Relations Programs.

WHO SHOULD ATTEND?

All RDs regardless of their area of practice will benefit from this workshop. We encourage RDs within public health, community, industry, sales, food services, and management, clinical as well as those who may consider themselves to be in 'non-traditional' roles to attend.

Login to your Member Home Page from the CDO Website.
Scroll down to Events on the left.

Barrie	**October 10, 1-4pm**	**Oakville**	**October 30, 1-4pm**
Belleville	**September 17, 1-4pm**	**Oshawa**	**November 4, 1-4pm**
Brampton	**October 22, 1-4pm**	**Ottawa**	**October 8, 1-4pm**
Dryden	**September 24, 1-4pm**	**Owen Sound**	**November 6, 1-4pm**
Guelph	**October 23, 1-4pm**	**Peterborough**	**September 16, 1-4pm 12 to 1pm (lunch/networking)**
Hamilton	**October 29, 1-4pm**	**Sault Ste. Marie**	**September 13, 1-4pm**
Kingston	**September 18, 1-4pm**	**Scarborough**	**November 15, 1-4pm**
Kitchener	**October 7, 1-4pm**	**Sudbury**	**October 3, 1-4pm with video conferencing option**
London	**October 24, 1-4pm 12-1pm (brown bag)**	**Thunder Bay**	**September 23, 1-4pm**
Mississauga	**October 17, 1-4pm**	**Toronto - UHN**	**September 30, 1-4pm**
Niagara/St Catharines	**October 11, 1-4pm**	**Toronto - St. Michael's**	**November 14, 9am to noon**
North Bay	**October 2, 1-4pm**	**Toronto - Sunnybrook**	**November 7, 1-4pm**
North York General Hospital	**November 12, 1-4pm**	**Windsor**	**October 1, 6-9pm**

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