



College of Dietitians of Ontario

# Performance-Based Assessment (PBA) Preparation Guide

Revised: June 2022

Please note: If you print a copy of this guide, periodically refer to the electronic version available on the College of Dietitians of Ontario website to ensure you have the most updated version.

© College of Dietitians of Ontario. All rights reserved. No part of this guide may be reproduced in any manner without written permission of the College of Dietitians of Ontario.

## Table of contents

What is the purpose of the PBA Preparation Guide? .....	3
What is the PBA?.....	3
How was the PBA developed? .....	3
How much does the PBA cost? .....	4
Format of the PBA.....	4
How is the PBA structured? .....	5
What is the schedule for the day of the PBA? .....	6
How is the PBA administered?.....	7
What is assessed in the PBA (what is the PBA blueprint)? .....	10
What are the PBA assessment criteria?.....	13
Withdrawing from writing the PBA and Refunds .....	13
What PBA policies should I be aware of? .....	14
When will I receive my results? .....	15
What will the results tell me? .....	15
Who should I contact if I have questions about the PBA Preparation Guide?.....	15
What should I know about the day of the PBA?.....	15
Appendix A: Suggested resources.....	19
Appendix B: Sample PBA cases .....	30

## *What is the purpose of the PBA Preparation Guide?*

---

The PBA Preparation Guide was developed by the College of Dietitians of Ontario (CDO). The purpose of this guide is to provide all candidates with information about the Performance-Based Assessment (PBA).

## *What is the PBA?*

---

The PBA is the second part of a multi-stage process to assess the knowledge and competence of candidates in comparison to Canadian standards. The PBA is a full day written and oral assessment.

CDO will utilize PBA results to direct applicants to:

1. Proceed to the next step of the Prior Learning Assessment and Recognition (PLAR) process, which is the completion of the Jurisprudence Knowledge and Assessment Tool (JKAT)\*. Upon successful completion of the JKAT, applicants may apply to CDO in order to write the Canadian Dietetic Registration Examination (CDRE). To be eligible for the CDRE, [all other registration requirements](#) must be met.

**OR**

2. Complete additional practical training and/or self-study before re-attempting the PBA.

Visit the College's website for a full [overview of the PLAR process](#).

\*Note: The [JKAT is an online knowledge acquisition and assessment tool](#) designed to improve dietitians' knowledge and application of laws, standards, guidelines and ethics relevant to the profession of dietetics in Ontario.

## *How was the PBA developed?*

---

In collaboration with [Meazure Learning/Yardstick Assessment Strategies](#), CDO recruited subject matter experts to determine the scope and blueprint (i.e., content areas that appear on the assessment) of the PBA, and to develop cases and questions.

Cases and questions have undergone thorough and multiple screenings to ensure they measure competency, reflect current dietetic practice, and are national in scope.

Subject matter experts involved in the development of the PBA (e.g., scoping, blueprinting, and item writing) included:

- Stakeholder groups from all areas of dietetic practise (nutrition care, population and public health, and management)
- A Project Partners and Advisory Committee (PPAC) involved in the development of the larger competency assessment project
- CDO Registration Committee members
- University educators
- Representatives from the Internationally Educated Dietitians Pre-Registration Program (IDPP) and the Preparation for Practice in Canada for Internationally Educated Professionals in Nutrition (IEPN) at Ryerson University
- Internationally Educated Dietitians (IEDs)

### *How much does the PBA cost?*

---

The cost to complete the PBA is \$2,300. Candidates who are eligible for the PBA will be notified about the payment process and deadline date to pay the fee.

### *Format of the PBA*

---

The PBA is a full day assessment currently administered once per year. Administration dates will be displayed on [this page](#) under *Step 3: Performance Based Assessment (PBA)*.

Candidates may take the PBA via one of the following formats:

1. **ONLINE:** Candidates will take the PBA from their home or other private location, using their personal computer, via an online remote-proctored process. For information about the technology requirements, [please click here](#) (refer to Step 3).

**OR**

2. **IN-PERSON:** Candidates will take the PBA in-person at the College's office, located at 5775 Yonge Street, Toronto, Ontario.

**NOTE:** The in-person PBA format will resemble the online PBA. The only difference is that you will be provided with a computer for your use, and you will be physically located at the CDO Office. The same online PBA exam platform and remote-proctoring process will be used for this option.

### How is the PBA structured?

---

The PBA includes seven (7) written cases and five (5) oral cases for a total of 12 cases. Each case has a case stem (i.e., a case scenario) and between two to five questions. See sample cases in Appendix B.

#### Written case breakdown

	Case name	Number of questions	Marks
<b>Nutrition Care (3 cases)</b>			
1.	Nutrition Screening and Assessment	4	26
2.	Nutrition Assessment and Planning	2	29
3.	Use of Nutrition Evidence	4	22
<b>Population and Public Health (2 cases)</b>			
4.	Program Assessment and Planning	5	38
5.	Program Planning and Evaluation	3	15
<b>Management (2 cases)</b>			
6.	Menu Planning	5	36
7.	Strategic and Operational Planning	4	24
<b>Total marks</b>			<b>190</b>

#### Oral case breakdown

	Case name	Number of questions	Marks
<b>Nutrition Care (2 cases)</b>			
1.	Nutrition Screening and Assessment	4	31
2.	Nutrition Implementation and Evaluation	4	30
3.	Nutrition Counselling	4	24
<b>Population and Public Health (1 case)</b>			
4.	Program Implementation and Evaluation	4	29
<b>Management (1 case)</b>			
5.	Orientation and Training	5	41
<b>Total marks</b>			<b>155</b>

## What is the schedule for the day of the PBA?

---

Please ensure you login on time on the day of the PBA. The schedule for the day of the PBA will be same for all candidates taking the PBA online and in-person.

Depending on the number of people taking the PBA, candidates may be divided into two groups, with slightly different schedules for the administration day of the PBA. The approximate schedule for each group is as follows (specific details will be provided to each PBA candidate once registration is confirmed):

### Group 1:

Time	Activity
8:15 – 8:30 a.m.	Login and security check for the <b>written</b> portion
8:30 a.m. – 12:15 p.m.	Complete the <b>written</b> portion of the PBA (Total of 3.75 hours, includes a 15-minute break if needed)
12:15 – 1:45 p.m.	Lunch break
1:45 – 2:00 p.m.	Login and security check for the <b>oral case review</b> portion
2:00– 3:00 p.m.	One-hour <b>oral case review portion</b> of the PBA to make your talking points
3:00 – 3:15 p.m.	Log out of the Prolydian exam platform and log into <b>Zoom</b> for the orientation to the <b>oral interview component</b> of the PBA
3:15 – 5:45 p.m.	Complete the <b>oral interview component</b> of the PBA (Total of 2 hours and 5 minutes for the oral interview, plus additional transition time and a 15-minute break, if needed)
5:45 – 6:00 p.m.	Sign out

### Group 2:

Time	Activity
8:15 – 8:30 a.m.	Login and security check for the <b>oral case review</b> portion
8:30 – 9:30 a.m.	One-hour <b>oral case review portion</b> of the PBA to make your talking points
9:30 – 9:45 a.m.	Log out of the Prolydian exam platform and log into <b>Zoom</b> for the orientation to the <b>oral interview component</b> of the PBA
9:45 a.m. – 12:15 p.m.	Complete the <b>oral interview component</b> of the PBA (Total of 2 hours and 5 minutes for oral interviews, plus additional transition time and a 15-minute break, if needed)
12:15 – 1:45 p.m.	Lunch break
1:45 – 2:00 p.m.	Login and security check for the <b>written</b> portion
2:00– 5:45 p.m.	Complete the <b>written</b> portion of the PBA (Total of 3.75 hours, includes a 15-minute break if needed)
5:45 – 6:00 p.m.	Sign out

## *How is the PBA administered?*

---

The purpose of the instructions below are to orient you on how the PBA will be administered. These instructions will be reviewed with you during the PBA webinar, which is offered to all registered candidates taking each PBA administration.

### **Written Cases**

#### **General Information**

- You will login to the remote-proctored system.
- A security check, including checking identification and a scan of the room where you are taking the PBA will be conducted by the online proctor.
- Once the security check is complete, the PBA written cases will be launched.
- You will complete the written cases in a private quiet space on your personal computer.
- There will be a live remote proctor overseeing your exam.
- Speak to the proctor if you have any technical problems with your computer or if you encounter any distractions (i.e., noise in the location where you are taking the PBA).
- Each case will be presented individually with the associated questions. You must click in the sections provided to type your responses.
- You can complete the seven (7) written cases in any order you wish.
- Your responses can be typed in full sentences and/or point form, as you see fit, as long as your responses are clear.
- Do not use abbreviations in your responses.
- You will not have access to the any other web pages except the PBA exam platform.
- A calculator, computerize note pad, and a link to the Sunnybrook Clinical Nutrition Handbook resource will be accessible within the PBA exam system.
- At your own expense, you may use a basic (non-scientific calculator and a white board no larger than 11" x 14" during the written portion. You must show your proctor your cleared white board prior to submitting and exiting your exam.
- You may use earplugs during the written portion of the PBA exam. No headsets, electronic earbuds, or corded ear plugs are permitted.
- Your responses will be automatically saved within the exam system.

## Timing

- In total, you have 3.5 hours to complete the seven written cases. This is approximately **30 minutes** per case, however, you can choose to allocate your time as you see fit.
- You have an additional 15 minutes to take an optional break (i.e., go to the bathroom, eat a snack, etc.) if you require it. You must notify your proctor via the chat function if you need to take a break.
- If you do not take a break during the written portion, you will have a total of 3.75 hours of writing time.
- A timer will be visible within the PBA exam system so that you know how much time has elapsed.

## Oral Cases

### Oral Case Review

- You will login to the remote-proctored system.
- A security check, including checking identification and a scan of the room where you are taking the PBA will be conducted by the online proctor using your computer's webcam.
- You will be given 60 minutes to review all five (5) oral cases and questions. Within the PBA exam system you may type notes for your talking points for each question as you see fit.
- A calculator, computerize note pad, and a link to the Sunnybrook Clinical Nutrition Handbook resource will be accessible within the PBA exam system.
- At your own expense, you may use a basic (non-scientific calculator and a white board no larger than 11" x 14" during the written portion. You must show your proctor your cleared white board prior to submitting and exiting your exam.
- You may use earplugs during the oral case review portion of the PBA exam. No headsets, electronic earbuds, or corded ear plugs are permitted.
- Your responses will be automatically saved within the PBA exam system.
- Your notes for the oral cases will be shared with you on screen by your oral case interviewer. You may refer to these notes on screen during the oral case response portion of the PBA.
- Once the hour case review for the oral portion is complete, you will log out of the remote-proctored system and immediately login to the Zoom link provided to you.



## Oral Case Interview Administration

- Once logged into the Zoom link provided, a security check, including checking identification and a scan of the room where you are taking the oral interview component of PBA will be conducted.
- The interviewer will administer the five (5) oral cases. Only you and the interviewer will be present during the online oral case administration.
- Your responses will be video and audio recorded. In advance of the PBA administration day, you will be asked to sign a waiver allowing your oral responses to be video and audio recorded.
- Please note: The interviewer who will administer the oral cases is NOT assessing your responses. They are simply asking the questions for the oral cases. Your recorded responses will be assessed by subject matter experts at a later date.
- You may ask the interviewer to repeat questions, however, the interviewer may not re-word questions, clarify questions, or provide further information.

## Timing

- You are given **25 minutes** to complete each oral case. In total, you have 2 hours and 5 minutes to complete the five (5) oral cases.
- The interviewer will be your timekeeper. The timer will start after the interviewer finishes reading each case stem.
- You must manage your time to completely respond to each case within the 25-minute timeframe.
- You have an additional 15 minutes to take a break (i.e., go to the bathroom, eat a snack, etc.) if you require it. Please notify your interviewer if you need to take a break. If you do not take a break, this 15-minutes is **NOT** added on to your total time to complete the oral cases. Only 25 minutes is provided to complete each oral case.
- During the oral interview, you are allowed to take time to think through your responses prior to answering the questions, if desired.
- For each case, if time permits, you are allowed to add to your responses to previous questions.
- Any responses provided to each case after the 25-minute timeframe is over will not be assessed, however, you can complete your final thought.
- If you have completed a case in less than 25 minutes, the interviewer will move on to the next case. Any leftover time from one case cannot be added to another.

## The Interviewer's Role

- The interviewer will greet you, confirm your ID, do a room scan, and review a few instructions about the oral interview.
- The interviewer will ask you what order you wish to complete the five (5) oral cases (you can complete them in any order you wish). However, once the interviewer begins administering a case, you cannot switch to another case. You also cannot change the order of the case questions.
- The questions for each case will be asked in sequential order.
- The interviewer will read each case stem (i.e., case scenario) and each question out loud. They will pause between questions so that you can provide your responses.  
**NOTE:** Any data provided such as medical chart notes and/or food intake records will not be read out loud by the interviewer, but you will be able to view this information on the screen shared by your interviewer.
- The interviewer will operate a recorder on an external audio device in addition to recording the session in Zoom.
- The interviewer will manage a timer visible in Zoom and give you a five-minute warning before the 25 minutes per case is up.
- The interviewer may repeat questions but cannot rephrase questions or provide further information.
- The interviewer may ask you to repeat what you said or ask you to speak louder if required to ensure the audio recording is clear.
- The interviewer will not engage in conversation during the oral interview.
- Communication between you and the interviewer will solely be to read the case stems and questions.
- The interviewer will not prompt you for further information.
- The interviewer will not make comments or share their impressions of your performance.
- The interviewer's role is to remain neutral while administering the oral interview.

### *What is assessed in the PBA (what is the PBA blueprint)?*

---

The PBA assesses dietetic competency and is based on an exam blueprint. A blueprint outlines the content areas that will appear on the PBA.

The blueprint is based on a sampling of competencies and related internship/practicum performance indicators in the [Integrated Competencies for Dietetic Education and Practice \(ICDEP, 2013\)](#).

## PBA Blueprint:

The distribution of content is outlined below.

Competencies		
Area of Practice	Nutrition Care Population and Public Health Management Professional Practice* Communication and Collaboration*	Approx. 25-35% Approx. 20-30% Approx. 20-30%
Competencies	Items cover competencies such as assessment, planning, implementation, and evaluation.	
Structural Variables		
Examination Format	The PBA has two separate components:	
	Written Component Oral Component	Approx. 60% Approx. 40%
Cognitive level	The contents of the PBA will primarily measure application and critical thinking. Most of the content is at the critical thinking level.	

\*Professional Practice and the Communication and Collaboration competencies are embedded within the Nutrition Care, Population and Public Health, and Management components of the PBA.

## Additional Information

### Practice settings

The following outlines the possible practice settings used in the PBA:

- Hospital acute care institutions (adult and pediatric)
- Hospital chronic care institutions (adult and pediatric) and rehabilitation centres
- Long-Term Care homes
- Home based care
- Community based settings (e.g., diabetes education centre, community health centre, public health department)
- Primary health care settings
- Schools
- Government/institutions
- Industry
- Private practice
- Non-governmental organizations (NGOs)
- Correctional facilities
- Educational institutions

Practice settings are not defined in the PBA. While the setting may help to provide context, you are being assessed on your competency, not your knowledge of the practice setting.

### **Clients**

The clients presented in the PBA may be:

- An individual client
- A group of clients
- Colleagues, staff members, family members
- An employer, employee, organization
- A community, population, etc.

### **Client conditions**

Cases and questions on the PBA will reflect a range of client conditions.

### **Language use and cultural context**

The PBA underwent a review to ensure clarity of language and screening for cultural bias. Any questions that require knowledge of the Canadian cultural context are assessed at entry-level dietetic practice and not beyond.

### **Foods**

Foods are not defined in the PBA. It is expected that candidates will have sufficient knowledge of food and food practices, which may be included in cases, and not defined.

### **Medical and dietetics-related terminology**

Medical and dietetics-related terminology are not defined in the PBA. It is expected that applicants will have sufficient knowledge of medical and dietetics-related terminology, which may be included in cases, and not defined.

### **Provincial legislation, regulations and policies**

Since the PBA is national in scope, legislation, regulations, and policies may be referred to in a general sense, but knowledge of specific provincial legislation, regulations and policies is not required.\*

\*Note: Upon successful completion of the PBA, applicants must write and pass the [Jurisprudence Knowledge and Assessment Tool](#) (JKAT). The JKAT is an online knowledge acquisition and assessment tool designed to improve dietitians' knowledge and application of laws, standards, guidelines, and ethics relevant to the profession of dietetics in Ontario.

### *What are the PBA assessment criteria?*

---

Your written and oral responses will be assessed on the following criteria:

<b>Criteria</b>	<b>To achieve full marks, your response must be:</b>
Accuracy	<ul style="list-style-type: none"><li>• accurate</li></ul>
Comprehensiveness	<ul style="list-style-type: none"><li>• sufficiently comprehensive compared to what is expected at Canadian entry-level dietetic practice</li></ul>
Professionalism	<ul style="list-style-type: none"><li>• free of unsafe behaviours (i.e., a behaviour that would put a client at risk or cause harm)</li><li>• within a dietitian's scope of practice</li><li>• respectful of clients' rights, dignity, uniqueness and/or perspectives</li><li>• client-centred, ensuring client consent, when required</li><li>• able to maintain client confidentiality and/or privacy</li><li>• free of conflict of interest and/or a boundary crossing</li><li>• legal</li></ul>

Extra marks will not be given if you provide additional information other than what is being asked in the questions. Additional information that you provide other than what is being asked in the questions may negatively affect your mark if it is inaccurate, unsafe, or unprofessional.

For written cases:

- Marks will not be deducted for spelling and grammar errors, as long as it does not affect the meaning of your response. However, it is important to ensure your responses are clear, organized, logical, and client-centred.

For oral cases:

- Marks will not be deducted for pronunciation errors as long as it does not affect the meaning of your response. However, it is important to ensure your responses are clear, organized, logical, and client-centred. It is also important to use an appropriate tone of voice.

### *Withdrawing from writing the PBA and Refunds*

---

To WITHDRAW your application, you must request this in writing and the request must be received on or before the deadline for PBA registration.

If you do not withdraw your application as per the above timeline OR do not write the PBA, the PBA fee may be FORFEITED.

**Exceptions – Compelling Reasons:**

Please note that under some circumstances, candidates may withdraw from writing the exam on or near the scheduled PBA. If a candidate chooses to write the PBA under circumstances that affect their ability to concentrate, the exam result cannot be annulled.

If you are unable to take the PBA exam due to compelling reasons beyond your control, you may apply for a:

- refund of the PBA fee
- withdrawal of candidacy

Consideration will be given, but is not limited, to:

- accidents
- bereavement
- illness
- weather or travel disruption

To be eligible for a refund, you or your designate must apply in writing. Clearly state the circumstances of why you were unable to write the PBA. This request must be received within 2 business days following the PBA administration date. Please include any supporting documentation. The College will inform you of its decision within 14 business days of receipt of your request. If your request for a refund is approved, the PBA exam fee will be refunded minus the admin fee of \$55, and you will receive information regarding the next administration.

NOTE: If your withdrawal from the PBA results in costs to the College that cannot be recovered, the amount of refund will be reduced to cover the costs to the College.

For more information please refer to College [Policy 6-40: Candidates Unable To Write the Prior Learning Assessment and Recognition Examinations Due To Compelling Reasons](#).

***What PBA policies should I be aware of?***

---

PBA policies and procedures are available [on the CDO website](#).

---

### *When will I receive my results?*

---

You will receive your PBA results within 15 weeks of the assessment date from CDO.

### *What will the results tell me?*

---

CDO will utilize the PBA results to direct applicants to:

1. Proceed to the next step of the Prior Learning Assessment and Recognition (PLAR) process, which is the completion of the Jurisprudence Knowledge and Assessment Tool (JKAT)\*. Upon successful completion of the JKAT, applicants may apply to CDO to write the Canadian Dietetic Registration Examination (CDRE). To be eligible for the CDRE, all other [registration requirements](#) must be met.  
**OR**
2. Complete additional practical training before re-attempting the PBA.

Visit the College's website for an overview of the full [Prior Learning Assessment and Recognition \(PLAR\) process](#).

\*Note: The [JKAT is an online knowledge acquisition and assessment tool](#) designed to improve dietitians' knowledge and application of laws, standards, guidelines, and ethics relevant to the profession of dietetics in Ontario.

### *Who should I contact if I have questions about the PBA Preparation Guide?*

---

If you have any questions, please contact Heena Vyas, Registration Program Analyst, at: [heena.vyas@collegeofdietitians.org](mailto:heena.vyas@collegeofdietitians.org)

### *What should I know about the day of the PBA?*

---

#### **Prior to the PBA administration day:**

- Prolydian is the company the College is using to administer the online PBA and provide the remote-proctoring.
- Once eligible, you will be emailed instructions on how to set up your individual Prolydian account to take the PBA.

- You will be required to confirm the exams you are scheduled for. Note that the written and oral portions will be listed as separate exam sessions but are all part of the same PBA exam administration day.
- On exam day, you must present your proctor with government issued photo identification (ID) that contains your signature:
  - Driver's License, Government Issued ID card (must have photo and signature), Passport, or Military ID card.
  - No other forms of ID will be accepted.
- You will not be required to upload your ID in advance of exam day.
- Please refer to [Prolydian's Test Taker FAQs here](#), which includes helpful videos on the process of setting up your account and taking the exam within the Prolydian system. **Note:** you will be scheduled for the exam by CDO as there is only one exam day annually. The remote proctoring will be provided internally by Prolydian not Eximity.
- In advance of the exam day, you will be required to sign a waiver with the College allowing your oral responses to be video and audio recorded. The recordings will only be used to verify your registration, ensure exam security, and to score your PBA responses.
- You will also be required to sign a confidentiality agreement. Any correspondence or discussion of the PBA, including the informal or organized sharing of and distribution of questions based on memory or recall, is not permitted, and means that you have breached confidentiality, as well as compromised your integrity and the standard of entry to the dietetic profession. See CDO PLAR [Policy 6-60: Disqualification and Cheating](#).
- You will not be permitted to complete the PBA if you do not sign the waiver and confidentiality agreement.

### **PBA administration day:**

During the check-in process with your online proctor and oral case interviewer on exam day, you will be required to present your government issued photo ID.

Make sure the room where you are taking the PBA is free of other people, pets, and clutter. You'll complete a 360-degree scan of the room with your proctor and interviewer to make sure it's free of anything that might get in the way of your testing experience and then the test will begin. NOTE: unless you request a break, you will have to stay on screen for the duration of the PBA, otherwise the proctor may have to pause or stop the session.



Government issued photo identification:

- Present your government issued photo identification (ID) with your signature with you so the proctor and oral interviewer may verify this information.

Access to cell phones and other electronic devices:

- Initially, have your cell phone with you at the security check-in. Thereafter, cell phones, tablets, watches, and any other electronic devices must be stored away during the PBA. You may only use these devices if you encounter technical issues and need to call/email Prolydian support, during the designated lunch break, and after you have completed the entire PBA administration day.
- In case of an emergency, candidates and/or family members may call the College at: 416-598-1725 ext. 231.

Personal belongings:

- No personal belongings (e.g., purses, bags, coats) should be visible in the room where you take the PBA.
- Do not bring pens, pencils, paper, notebooks, or other resources. Everything you need for the PBA will be provided to you within the exam platform.

Calculators:

- There is a calculator for use within the PBA exam platform.
- If you prefer, you may use your own basic (non-scientific) calculator during the PBA.

White Board:

- At your own expense, you may obtain a whiteboard (no larger than 11 x 14 inches) and dry erase marker for use during the PBA.
- Before you conclude each exam (written and oral case review in Prolydian), you must completely erase the white board and show your proctor before submitting and exiting the exam.
- Use of a white board during the PBA is entirely optional as the Prolydian exam system includes a note pad function.

Use of earplugs:

- You may use earplugs during the written component of the PBA and the one-hour oral case review of the PBA.
- Earplugs must be foam, silicon, wax, or rubber based, and not have any strings or wires attached.
- No electronic earbuds or headsets are permitted.

Water, snacks, and lunch:

- An unlabeled water bottle or glass/cup is permitted in the room with you while you take the PBA.

- No food will be allowed inside the room where you take the PBA, unless an exam accommodation request has been granted.
- You are responsible for your own lunch during the designated lunch break.

Technical issues:

- If you encounter technical issues and your exam session is interrupted, attempt to rejoin your Google Meet or Zoom link (as applicable). If your internet access is disrupted, your proctor or oral case interviewer will attempt to call you to get the session resumed.
- If you do not hear from someone to remedy your technical issues, please contact Prolydian support during the written or oral case review portion at: +1-850-739-8992 email: [support@prolydian.com](mailto:support@prolydian.com)
- Contact the College during your oral interview administration at: 416-598-1725 ext. 231.
- Your exam time will not be impacted by technical issues. Your exam time and responses will be automatically saved and your session time may be extended accordingly.

## Appendix A: Suggested resources

---

The purpose of the PBA is to assess your competency as compared to the standards of dietetics practice in Canada. Your formal education, practical training and work experience should have helped to prepare you for the PBA. To help you determine what and how much additional preparation is required, we strongly recommend that you:

**Visit and complete the Canadian Dietetic Practice Orientation and Self-Assessment Tool (OSAT)** available at [www.dietitiansselfassessment.ca](http://www.dietitiansselfassessment.ca)

- The OSAT will provide you with an orientation to Canadian Dietetic Practice and assist you in reflecting on your knowledge and skills compared to the standards required to practice dietetics in Canada. This website is for informational purposes only and is offered free of charge.
- It is recommended that you read all the content of the website, then sign up to **“Complete My Self-Assessment”**. The Self-Assessment section builds on the content described on the website.
- Once you have completed your self-assessment, you will find resources within the website that may help you further explore dietetic practice in Canada. Please see the **“Resources”** section for further details. The resources provided may be used in Canadian dietetic education and training programs, as well as in Canadian bridging programs and processes. Please keep in mind that this list is not exhaustive and is for general reference only.

Any specific information you enter on this website will not be available to any provincial dietetic regulatory body. Only summarized anonymous data on the website’s usage will be collected for the purposes of monitoring and evaluating the website. Your self-assessment survey has no impact on the PBA or CDO’s registration process.

### Review suggested learning resources

Once you have noted any learning needs or areas you may need to strengthen, you may wish to consult learning resources as needed. It is your responsibility to find suitable resources that address your specific learning needs.

You may wish to review textbooks, websites, practice guidelines, etc. used in nutrition and food undergraduate education programs and in dietetic practical training.

**Please note:** The following learning resource list provides some examples of publications which may be used in Canadian dietetic education and training programs. This is not an exhaustive list and is for general reference only. These learning resources are not necessarily the only materials available, nor necessarily the sources of PBA exam questions.

Public reference libraries or university libraries may have resources for your preparation. You may wish to consult library catalogues online first. Generally, university libraries are publicly accessible, and visitors can browse the print collection and may use materials onsite.

## **Nutrition Care**

Unger, L.U., Fenton, T. R., Jetty, R., Critch, J.N., O-Conner, D.L., Canadian Pediatric Society, Nutrition and Gastroenterology Committee. *Iron requirements in the first 2 years of life*. Canadian Pediatric Society. Retrieved from:  
<https://www.cps.ca/documents/position/iron-requirements>

Alberta Health Services (2016). *Nutrition Guideline; Cardiovascular Care – Heart Healthy*. Retrieved from: <https://www.albertahealthservices.ca/assets/info/nutrition/if-nfs-ng-heart-healthy.pdf>

American Society for Parenteral and Enteral Nutrition. (2019). *Clinical Guidelines*. Retrieved from:  
[https://www.nutritioncare.org/Guidelines and Clinical Resources/Clinical Guidelines/](https://www.nutritioncare.org/Guidelines%20and%20Clinical%20Resources/Clinical%20Guidelines/)

Frankenfield D. Energy. In Mueller CM. The A.S.P.E.N Adult Nutrition Support Core Curriculum. 3<sup>rd</sup> edition: 2017.

Butte NF and Caballero B. Energy needs: Assessment and Requirements. In Shils M, Shike M, Ross AC, Caballero B. *Modern Nutrition in Health and Disease*. 11<sup>th</sup> ed: Philadelphia, Pennsylvania; Wolter Kluwer Health/Lippincott Williams and Wilkins, 2012.

Anderson, T. J., Grégoire, J., Pearson, G. J., Barry, A. R., Couture, P., Dawes, M., . . . Ward, R. (2016). 2016 Canadian cardiovascular society guidelines for the management of dyslipidemia for the prevention of cardiovascular disease in the adult. *Canadian Journal of Cardiology*, 32(11), 1263-1282. doi:10.1016/j.cjca.2016.07.510

Aveyard, H., & Sharp, P. (2013). *A beginner's guide to evidenced based practice in health and social care* (2<sup>nd</sup> Ed). New York, NY: McGraw-Hill Open University Press.

Diabetes Canada Clinical Practice Guidelines (2020). Available from:  
<http://guidelines.diabetes.ca/>

Canadian Malnutrition Task Force (2015). *Nutrition Care in Canadian Hospitals Study. Brief synopsis of results*. Retrieved from:  
<https://www.nutritioncareinCanada.ca/research/nutrition-care-in-canadian-hospitals-study/results>

Council for Continuing Pharmaceutical Education. (2020). *Tables of Normal Values*. Retrieved from: <https://mcc.ca/objectives/normal-values/>

Del Fabbro, E., Baracos, V., Demark-Wahnefried, W., Bowling, T., Hopkinson, J., Bruera, E. (2012). *Nutrition and the Cancer Patient*. Oxford, UK: Oxford University Press.

Dietitians of Canada. (2012). *Canadian Perspectives on the Nutrition Care Process and International Dietetics and Nutrition Terminology*. Retrieved from: <https://www.dietitians.ca/DietitiansOfCanada/media/Documents/Resources/Canadian-Perspectives-on-the-Nutrition-Care-Process-and-International-Dietetics-and-Nutrition-Terminology-Position-Paper.pdf?ext=.pdf>

Dietitians of Canada (2015). *Defining the Role of the Dietitian in Dysphagia Assessment and Management. A Statement of Dietitians of Canada*. Retrieved from <https://www.dietitians.ca/Downloads/Public/Dysphagia-Role-Paper-2015.aspx>

Dietitians of Canada (2021). *Practice-Based Evidence in Nutrition (PEN)*. Retrieved from: <http://www.pennutrition.com>

Dietitians of Canada (2019). Dysphagia Learning On-Demand Courses: [Nutrition Care Process in Dysphagia](#)  
[Professional Practice in Dysphagia Management](#)

Gibson, R. (2005). *Principles of Nutrition Assessment*. New York: Oxford University Press.

Mahan, L.K., Raymon, J.L. (2017). *Krause's food & the nutrition care process*. (14th Ed.). St Louis, MO: Elsevier/Saunders.

Mueller, C.M. (2017). *The A.S.P.E.N. Adult Nutrition Support Core Curriculum*. (3<sup>rd</sup> Ed.). American Society for Parenteral and Enteral Nutrition.

National Collaborating Centre for Acute Care (NICE) (2006, updated in 2017). *Nutrition support in adults Oral nutrition support, enteral tube feeding and parenteral nutrition*. National Collaborating Centre for Acute Care, London. Retrieved from: <https://www.nice.org.uk/guidance/cg32/evidence/full-guideline-194889853>

Nelms, M., Sucher, K.P., Lacey, K., Roth, S.L. (2015). *Nutrition therapy and pathophysiology*. (3<sup>rd</sup> Ed.) Belmont, CA: Wadsworth.

Pagana, K.D., Pagana, T.J. (2018). *Mosby's Diagnostic and Laboratory Test Reference*. (14<sup>th</sup> Ed.). St. Louis, Missouri: Elsevier/Mosby.

Pronsky, Z.M., Crowe, S.J.P. (2015). *Food and Medication Interactions Handbook*. (18<sup>th</sup> Ed.). Birchrunville, PA.

Ross, A. C. (2014). *Modern nutrition: In health and disease* (11th ed.) Wolters Kluwer Health/Lippincott Williams & Wilkins.

Stedman, J. (2011). *Medical Dictionary for the Health Professional and Nursing: Illustrated 7<sup>th</sup> Edition*. Lippincott Williams & Wilkins.

Sunnybrook Health Sciences Centre. (2017). *Clinical Nutrition Resource Handbook*. Toronto, ON: Sunnybrook.

Thomas, D. T., Erdman, K. A., & Burke, L. M. (2016). Position of the Academy of Nutrition and Dietetics, Dietitians of Canada, and the American College of Sports Medicine: Nutrition and athletic performance. *Journal of the Academy of Nutrition and Dietetics*, 116(3), 501-528. doi:10.1016/j.jand.2015.12.006

Whitney, E., Rolfes, S.R. (2018). *Understanding Nutrition*. (15<sup>th</sup> Ed.). Belmont, CA: Wadsworth.

### **Population and Public Health**

Beebe, S., & Beebe, S. (2017). *Public Speaking: An Audience-Centered Approach* (10<sup>th</sup> Ed) Boston, MA: Pearson Education, Inc.

Boyle, M.A., Holben, D.H. (2016). *Community nutrition in action: An entrepreneurial approach*. (7th Ed.). Belmont, CA: Wadsworth.

Community Tool Box. (2016). *Advocating for Change*. Retrieved from: <http://ctb.ku.edu/en/advocating-change>

Contento, I. (2011). *Nutrition education: Linking research, theory, and practice*. (2nd Ed.). USA: Jones and Barlett Publishers.

Desjardins, E. & Azevedo, E. (2013). "Making something out of nothing" - Food literacy among youth, young pregnant women and young parents who are at risk for poor health. A Locally Driven Collaborative Project. Retrieved from: [https://foodsecurecanada.org/sites/foodsecurecanada.org/files/food\\_literacy\\_study\\_technical\\_report\\_web\\_final.pdf](https://foodsecurecanada.org/sites/foodsecurecanada.org/files/food_literacy_study_technical_report_web_final.pdf)

Dietitians of Canada. (2016). *Addressing Household Food Security in Canada*. Retrieved from: <https://www.dietitians.ca/DietitiansOfCanada/media/Documents/Resources/HFI-Executive-Summary-Dietitians-of-Canada-FINAL.pdf?ext=.pdf>

Dietitians of Canada (2021). *Practice-Based Evidence in Nutrition (PEN)*. Retrieved from: <http://www.pennutrition.com>

Dietitians of Canada. (2021). *Assessing Needs and Setting Priorities in Population and Public Health*. Retrieved from:

<https://members.dietitians.ca/DCMember/LearnProduct?id=01tf4000003j6wLAAQ>

Edelstein, S. (2011). *Nutrition in public health: A handbook for developing programs and services*. (3<sup>rd</sup> Ed.). Sudbury, MA: Jones & Bartlett Learning.

Glanz, K., Rimer, B.K, Lewis, F.M. (2008). *Health behaviours and health education: Theory, Research, and Practice*. (4<sup>th</sup> Ed.). San Francisco, CA: Jossey - Bass.

Health Canada. (2018). *Health care system*. Retrieved from:

<https://www.canada.ca/en/health-canada/topics/health-care-systems.html>

Health Canada. (2015). *Food and nutrition surveillance*. Retrieved from:

<https://www.canada.ca/en/health-canada/services/food-nutrition/food-nutrition-surveillance.html>

Health Canada. (2021). *Food and nutrition*. Retrieved from:

<https://www.canada.ca/en/health-canada/services/food-nutrition.html>

Ontario Public Health Association (2022). Health for All. What is Health Equity?

Retrieved from: <https://opha.on.ca/what-we-do/projects/what-is-health-equity/>

Mikkonen, J., & Raphael, D. (2020). *Social Determinants of Health: The Canadian Facts* (2<sup>nd</sup> edition). Toronto, ON: York University School of Health Policy and Management.

Retrieved from: <https://thecanadianfacts.org/>

National Collaborating Centre for Methods and Tools. (2010). *An introduction to evidence-informed public health and a compendium of critical appraisal tools for public health practice*. Retrieved from:

<https://www.nccmt.ca/uploads/media/media/0001/01/027d5748c39518c2e8b9c602fd0c4cb2860d3db0.pdf>

Ontario Agency for Health Protection and Promotion (Public Health Ontario), Snelling S, Meserve A. *Evaluating health promotion programs: introductory workbook*. Toronto, ON: Queen's Printer for Ontario; 2016. Retrieved from:

<https://www.publichealthontario.ca/-/media/documents/E/2016/evaluating-hp-programs-workbook.pdf>

Ontario Agency for Health Protection and Promotion (Public Health Ontario). (2018). *Planning Health Promotion Programs: Introductory Workbook*. 5<sup>th</sup> ed. Toronto, ON: Queen's Printer for Ontario Retrieved from:

<https://www.publichealthontario.ca/en/health-topics/public-health-practice/program-planning-evaluation/planning-programs>

**Error! Hyperlink reference not valid.**

Government of Canada. (2020). *Social determinants of health and health inequalities*.

Retrieved from **Error! Hyperlink reference not valid.:**

<https://www.canada.ca/en/public-health/services/health-promotion/population-health/what-determines-health.html>

Public Health Agency of Canada. (2012). *What is the population health approach?*

Retrieved from: <https://www.canada.ca/en/public-health/services/health-promotion/population-health/population-health-approach.html>

Public Health Ontario. (n.d.). *Sample Implementation Planning Table*. Retrieved from:

<https://www.publichealthontario.ca/-/media/documents/J/2008/jcyh-sample-implementation.pdf>

Public Health Ontario. (2016). *Focus On: Logic model – A planning and evaluation tool*.

Retrieved from: <https://www.publichealthontario.ca/-/media/documents/focus-on-logic-model.pdf?la=en>

Public Health Ontario. (2014). *Focus On: Complementing your health communication efforts to maximize impact*. Retrieved from

<https://www.publichealthontario.ca/-/media/documents/focus-on-health-communication.pdf?la=en>

Public Health Ontario. (2015). *Focus On: Six Strategic Steps for a Situational Assessment*.

Retrieved from: [https://www.publichealthontario.ca/-/media/documents/f/2015/focus-on-situational-assessment.pdf?sc\\_lang=en](https://www.publichealthontario.ca/-/media/documents/f/2015/focus-on-situational-assessment.pdf?sc_lang=en)

Public Health Ontario. (2015b). *Online Health Program Planner*. Retrieved from:

<https://www.publichealthontario.ca/en/health-topics/public-health-practice/program-planning-evaluation/planning-programs>

(Resources related to program planning steps, logic models, changing behaviours, developing policy and health communication campaigns).

Public Health Ontario. (2015). *At a Glance: The six steps for planning a health promotion program*. Retrieved from:

[https://www.publichealthontario.ca/-/media/Documents/S/2015/six-steps-planning-hp-programs.pdf?sc\\_lang=en](https://www.publichealthontario.ca/-/media/Documents/S/2015/six-steps-planning-hp-programs.pdf?sc_lang=en)

Public Health Ontario. (2015). *At a Glance: The ten steps for conducting an evaluation*.

Retrieved from: [https://www.publichealthontario.ca/-/media/Documents/A/2015/at-a-glance-10step-evaluation.pdf?sc\\_lang=en](https://www.publichealthontario.ca/-/media/Documents/A/2015/at-a-glance-10step-evaluation.pdf?sc_lang=en)



Virginia Tech. (2016). *The RE-AIM framework*. Retrieved from: <http://www.re-aim.org/about/what-is-re-aim/>

Weinschenk, S. (2012). How to craft your presentation. In *100 Things every presenter needs to know about people* (pp222-229). Berkley, CA: New Riders

## **Management**

Canadian Centre for Occupational Health and Safety. (2011). *Foodservice Workers Safety Guide*. (6<sup>th</sup> Ed.). Hamilton, Ontario

Canadian Restaurant and Foodservice Association. (2015). *Food Safety Code of Practice for Canada's Foodservice Industry*. Toronto, ON

Dietitians of Canada (2017). *Dietitians Services in Long Term Care*. Retrieved from: <https://www.dietitians.ca/Dietitians-Views/Health-Care-System/Long-Term-Care.aspx>

Dietitians of Canada. (2019). *Best Practices for Nutrition, Food Service and Dining in Long Term Care Homes*. Retrieved from: <https://www.dietitians.ca/DietitiansOfCanada/media/Documents/Resources/2019-Best-Practices-for-Nutrition,-Food-Service-and-Dining-in-Long-Term-Care-LTC-Homes.pdf>

Drummond, K.E., Brefere, L.M. (2016). *Nutrition for foodservice culinary professionals*. (9<sup>th</sup> Ed.). Toronto, ON: John Wiley and Sons.

Gregoire, M.B. (2017). *Foodservice organizations: A managerial and systems approach* (9<sup>th</sup> Ed.). Upper Saddle River, NJ: Prentice Hall, 2017.

Hudson, N.R. (2017). *Management practice in dietetics*. (4<sup>th</sup> Ed.). Belmont, CA: Thomson Wadsworth.

Dietitians of Canada. (2020). *Menu planning in long term care*. Retrieved from: <https://www.dietitians.ca/DietitiansOfCanada/media/Documents/Resources/Menu-Planning-in-Long-Term-Care-with-Canada-s-Food-Guide-2020.pdf?ext=.pdf>

Mayerson, D., Thompson, K. (2012). *Clinical care manual for nutrition managers*. Toronto, ON

Mayerson, D., Thompson, K. (2013). *Menu planning in long term care & retirement homes, a comprehensive guide*. (2<sup>nd</sup> Ed.). Toronto, ON

McVety, P.J., Ware, B.J., Ware-Levesque, C. *Fundamentals of menu planning*. (3<sup>rd</sup> Ed.). Toronto, ON: John Wiley and Sons.

Ministry of Health and Long-Term Care. (2018). *Food safety: A guide for Ontario Food handlers*. Retrieved from: [http://www.health.gov.on.ca/en/pro/programs/publichealth/enviro/docs/training\\_manual.pdf](http://www.health.gov.on.ca/en/pro/programs/publichealth/enviro/docs/training_manual.pdf)

Payne-Palacio, J., Theis, M. (2016). *Foodservice management: Principles and practices*. (13<sup>th</sup> Ed.). Upper Saddle River, NJ: Prentice Hall.

TrainCan (2012). *Advanced.fst Food Safety Training in Canada*, (3<sup>rd</sup> Ed). Toronto, Canada: TrainCan Inc.

## **GENERAL RESOURCES**

### **Metabolism and Human Nutrition**

Brown, J.E. (2017). *Nutrition through the lifecycle* (6<sup>th</sup> Ed.). Belmont, CA: Wadsworth, 2011.

Gropper, S.S., Smith, J.L., Groff, J.L. (2018). *Advanced Nutrition and Human Metabolism* (7<sup>th</sup> Ed.). USA: Wadsworth Cengage Learning.

Rolfes, S.R., Pinna, K., Whitney, E. (2015). *Understanding normal and clinical nutrition* (10<sup>th</sup> Ed.). Belmont, CA: Wadsworth.

### **Human Nutrition Across the Lifespan**

Health Canada. (2019). *Canada's Food Guide*. Retrieved from: <https://food-guide.canada.ca/en/>

Health Canada. (2011). *Prenatal Nutrition*. Related Resources for Pregnant Women. Retrieved from: <http://www.hc-sc.gc.ca/fn-an/nutrition/prenatal/index-eng.php>

Health Canada, Canadian Paediatric Society, Dietitians of Canada, and Breastfeeding Committee for Canada. (2015). *Nutrition for healthy term infants: Recommendations from birth to six months*. Retrieved from: <http://www.hc-sc.gc.ca/fn-an/nutrition/infant-nourisson/recom/index-eng.php>

Health Canada. (2013). *Dietary Reference Intakes*. Retrieved from: <https://www.canada.ca/en/health-canada/services/food-nutrition/healthy-eating/dietary-reference-intakes.html>

Smolin, L.A., Grosvenor, M.B. (2012). *Nutrition: Science and Applications*. (3<sup>rd</sup> Ed.). New York: Wiley.

## **Communication and Counselling**

Adler, R., Rosenfeld, L., Proctor, R., Winder, C. (2012). *Interplay: The process of interpersonal communication*. (3<sup>rd</sup> Canadian Ed.). Don Mills, ON: Oxford University Press.

Bauer, K.D., Liou, D., Sokolik, C.A. (2012). *Nutrition Counseling and Education Skill Development*. (2nd Ed.). Belmont, CA: Wadsworth Cengage Learning.

College of Dietitians of Ontario. (2019). *Collaboration and Communication*. Retrieved from: <https://www.collegeofdietitians.org/programs/practice-advisory-program/professional-practice-resources/interprofessional-collaboration.aspx>

College of Dietitians of Ontario. (resume, 2013). *Cultural Competence and Informed consent*. Retrieved from: <https://www.collegeofdietitians.org/Resources/Client-Centred-Services/Cultural-Competence/Cultural-Competence-and-Informed-Consent-%282013%29.aspx>

Snetselaar, L.G. (2009). *Nutrition counseling skills for the nutrition care process*. (4<sup>th</sup> Ed.). Sudbury, MA: Jones & Bartlett.

*The Transtheoretical Model*. (2016). Retrieved from: <http://www.prochange.com/transtheoretical-model-of-behavior-change>

## **Professional Practice & Ethics**

College of Dietitians of Ontario. (2021). *Jurisprudence & Professional Practice Resources*. Retrieved from: <https://www.collegeofdietitians.org/programs/practice-advisory-program/professional-practice-resources.aspx>

College of Dietitians of Ontario. *Professional Practice Standards for Record Keeping* (2017). Retrieved from: <https://www.collegeofdietitians.org/resources/standards/record-keeping.aspx>

College of Dietitians of Ontario. (2020). *Confidentiality & Privacy*. Retrieved from: <https://www.collegeofdietitians.org/programs/practice-advisory-program/professional-practice-resources/confidentiality-privacy.aspx>

Dietitians of Canada. (2012). *The Principles of Professional Practice*. Retrieved from: <https://www.dietitians.ca/DietitiansOfCanada/media/Documents/Resources/Principles-of-Professional-Practice.pdf>

College of Dietitians of Ontario. (2019). *Professional Practice Standard: Consent to Treatment and for the Collection, Use and Disclosure of Personal Health Information*.

Available from:

[https://www.collegeofdietitians.org/resources/standards/competencies/standards-of-consent-\(updated-2019\).aspx](https://www.collegeofdietitians.org/resources/standards/competencies/standards-of-consent-(updated-2019).aspx)

MacLellan, D., Lordly, D., & Gingras, J. (2011). Professional Socialization in Dietetics: A Review of the Literature. *Can J Diet Pract Res*, 72(1): 37-42.

## Research

Bryman, A., Teevan, J., Bell, E. (2012). *Social Research Methods*. (3<sup>rd</sup> Ed.). Don Mills, ON: Canada Oxford.

Dietitians of Canada. (2021). *Practice-based Evidence in Nutrition (PEN)*. Retrieved from: <https://www.pennutrition.com/index.aspx>

Neuman, W.L., Robson, K. (2015). *Basics of social research: Qualitative and quantitative approaches* (3rd Ed.). Pearson Canada Inc. Don Mills, Ontario.

Trochim, W.M., Donnelly, J.P., Arora, K. (2016) *Research methods: The essential knowledge base*. Cengage Learning, Boston, MA.

Palys, T., Atchison, C. (2014). *Research Decisions – Quantitative, Qualitative, and Mixed Methods Approaches*. (5<sup>th</sup> Ed.). Toronto, ON: Nelson Education.

## Government Publications/Nutrition Standards

Health Canada. (2018). *Body Mass Index (BMI) Nomogram*. Retrieved from: [http://www.hc-sc.gc.ca/fn-an/nutrition/weights-poids/guide-ld-adult/bmi\\_chart\\_java-graph\\_imc\\_java-eng.php](http://www.hc-sc.gc.ca/fn-an/nutrition/weights-poids/guide-ld-adult/bmi_chart_java-graph_imc_java-eng.php)

Health Canada. (2018). *Canadian Nutrient File*. Retrieved from: <https://food-nutrition.canada.ca/cnf-fce/index-eng.jsp>

Health Canada. (2019). *Canada's Food Guide*. Retrieved from: <http://www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php>

Health Canada. (2015). *Nutrition Labelling*. Retrieved from:

<http://www.hc-sc.gc.ca/fn-an/label-etiquet/nutrition/index-eng.php>

Health Canada. (2020). *Canada's Food Guide, Use Food Labels*. Retrieved from: <https://food-guide.canada.ca/en/healthy-eating-recommendations/using-food-labels/>

Health Canada. (2016). *Nutrient Value of Some Common Foods*. Retrieved from: <https://www.canada.ca/en/health-canada/services/food-nutrition/healthy-eating/nutrient-data/nutrient-value-some-common-foods-booklet.html>

Health Canada. (2015). *Infant Feeding*. Retrieved from: <http://www.hc-sc.gc.ca/fn-an/nutrition/infant-nourisson/index-eng.php>

Health Canada. (2019). *Prenatal Nutrition*. Retrieved from: <http://www.hc-sc.gc.ca/fn-an/nutrition/prenatal/index-eng.php>

National Academies Press. (2016). *Dietary Reference Intakes (DRI) Collection*. Retrieved from: <http://www.nap.edu/collection/57/dietary-reference-intakes>

National Academies Press. (2016). *Summary Tables, Dietary Reference Intakes*. Retrieved from: <http://www.nap.edu/read/11537/chapter/59>

## Appendix B: Sample PBA cases

---

Below are three sample cases and related questions. Due to the potential variability in correct and acceptable responses to the questions below, an answer key has not been provided. Please refer to the resources section to assist you in your preparation for the PBA, if required. As mentioned earlier, responses will be assessed on accuracy, comprehensiveness, and professionalism.

The allocated point values per case are for illustrative purposes only.

### Nutrition Care

#### Written Case Total points: 30

Mrs. Jewell has been referred to you in the outpatient clinic by her respirologist for nutrition assessment and management. She was diagnosed with emphysema/chronic obstructive pulmonary disease (COPD) eight years ago.

She had been stable with no limitations on her activity or lifestyle until about one year ago when she developed decreased exercise tolerance, increasing shortness of breath during household activities and frequent upper respiratory tract infections.

Mrs. Jewell has experienced significant weight loss over the past year with decreased appetite and food intake. She feels fatigued quite easily and has bone and joint pain. This limits her activity and makes it difficult for her to complete daily household tasks such as preparing meals. She does not like to leave her house very often, especially since her husband died.

Mrs. Jewell has been hospitalized three times in the past year for exacerbation of COPD and pneumonia. She was discharged one month ago from a three-week hospital stay. Her only other medical issue is hypertension, which is well controlled by medication.

During her most recent hospitalization, she was able to gain some weight, which she said improved her energy and activity level. However, over the past month since her discharge, she has started to lose weight, and her energy level has decreased back to her previous level.

## Laboratory Results

Today (day of assessment)	Normal values	One month ago (hospital discharge)
Na 144	135 – 145 mmol/L	138
K 3.8	3.5 – 5.0 mmol/L	4.2
PO4 0.82	0.80 – 1.33 mmol/L	1.07
Urea 1.8	2.5 - 8.0 mmol/L	3.8
Creatinine 21	55 – 100 umol/L	26
Albumin 28.0	35 – 50 g/L	32
Prealbumin 0.14	0.18 – 0.45 g/L	0.19
pO2 75	83 – 108 mmHg	78
pCO2 62	35 – 45 mmHg	61
LKC 7.8	4.0 – 10.0 x10 <sup>9</sup> /L	6.9
Hemoglobin 89	115 – 160 g/L	92
MCV 72.4	79.0 – 97.0 fL	74.4
RDW 18.4	12 – 15%	17.6

## Medical Chart Information

### Past medical history

- Diagnosed with emphysema/chronic obstructive pulmonary disease (COPD) eight years ago; ex-smoker, quit 9 years ago; remained stable with no hospitalizations until approximately one year ago
- Developed decreased exercise tolerance; increasing shortness of breath during household activities; frequent upper respiratory tract infections; hospitalized three times in the past year
- Bone, joint and muscle pain has increased over the past three months
- Hypertension, well controlled with medication

### Social history

- 71-year-old woman, lives alone
- Husband passed away 14 months ago
- Three adult children; five grandchildren; all live several hours away

### Diet history

- Appetite decreased slightly but she feels that it's due to fatigue after preparing her meals
- Feels full quite quickly
- Avoids milk and milk products because of lactose intolerance

<p>Three-day food record:</p> <ul style="list-style-type: none"> <li>• Average intake: 1385 calories, 41.2 grams protein</li> </ul>	
<b>Physical assessment</b>	<b>Functional status</b>
Moderate wasting of temporalis, pectoralis, and deltoid muscles; mild edema of lower limbs; no loss of subcutaneous fat; nails very brittle, break easily, spoon shaped; skin quite pale; increase in hair loss	Gradual decline in exercise tolerance over the past 12 months; fatigues very easily; finds activities of daily living (ADL) difficult; meal preparation fatigues her; spends most of her time in the house due to fatigue and pain
<b>Medications and supplements</b>	<b>Anthropometric data</b>
<p><b>Medications:</b></p> <ul style="list-style-type: none"> <li>• Roflumilast (Daliresp) 500 mcg by mouth daily (phosphodiesterase inhibitor; decreases swelling in lungs)</li> <li>• Tiotropium (Spiriva) inhaler three puffs daily (bronchodilator; relaxes air passages)</li> <li>• Ipratropium (Atrovent) inhaler two puffs prior to activity (bronchodilator; relaxes air passages)</li> <li>• Fluticasone/Salmeterol (Advair) inhaler two puffs twice daily (steroid/long-acting beta-agonist; decreases swelling/relaxes air passages)</li> <li>• Olmesartan Medoxomil (Olmetec) 20 mg by mouth daily (anti-hypertensive)</li> </ul> <p><b>Supplements:</b></p> <ul style="list-style-type: none"> <li>• Omega-3 supplement, one tab daily by mouth</li> </ul>	<p>Height: 147 cm (58 inches)  Weight 43.4 kg (95.5 lbs) today  Body Mass Index (BMI): 20.1 kg/m<sup>2</sup></p> <p>Weight change:</p> <ul style="list-style-type: none"> <li>• Decrease of 0.7 kg (1.5 lbs) over the past month since discharge from hospital</li> <li>• Weight had increased 1.5 kg (3.3 lbs) over three-week hospital stay</li> <li>• Weight one year ago was 47.7 kg (105 lbs)</li> </ul>



**Question 1:**

What are the limitations of using Body Mass Index (BMI) as anthropometric assessment data for Mrs. Jewell?

--

**Question 2:**

Based on the information provided, identify three reliable types of nutrition assessment data that will help you assess Mrs. Jewell’s current nutritional status? For each, explain why it is reliable.

	Nutrition assessment data	Explain why it is reliable
1		
2		
3		

**Question 3:**

What are three nutrition problems that you identify? Provide your rationale for each.

	Nutrition problem	Rationale
1		
2		
3		

**Question 4:**

Identify two micronutrient deficiencies that Mrs. Jewell may have. What further information would you request to help identify them?

	Possible micronutrient deficiency	Further information you would request
1		
2		

**Question 5:**

Mrs. Jewell is discouraged because she has not been able to maintain the weight she gained while she was in the hospital. She is also discouraged because she has had a loss in energy and activity level. She feels she is eating the same amount and types of food at home compared to what she was eating when she was discharged.

What two factors may be impacting her decrease in weight, energy, and activity level at home?

	Factors impacting Mrs. Jewell at home
1	
2	

## Population and Public Health

### Oral Case Total points: 28

You are a dietitian working in a community health centre. You are responsible for coordinating a monthly program, which provides education to adults in order to help prevent or manage Type 2 diabetes.

Every month, you provide education sessions to the nurses on your interdisciplinary healthcare team on various nutrition topics related to Type 2 diabetes. You have been asked to provide an education session on low glycemic index foods using the Diabetes Canada's Clinical Practice Guidelines<sup>1</sup>.

**Note:** Applicant is provided with the following resource:

The Glycemic Index: <http://guidelines.diabetes.ca/health-care-provider-tools/glycemic-index>

#### Question 1:

Before planning for your education session, you would first like to better understand the needs and expectations of the nurses on your healthcare team.

Identify two audience characteristics or contextual factors you would like to know more about to help plan your education session. Explain your rationale for why you would want to collect this information.

	Audience characteristic or contextual factor	Rationale
1		
2		

#### Question 2:

For your education session, you will introduce and explain Diabetes Canada's Clinical Practice Guidelines' recommendations on choosing low glycemic index foods. Your presentation should include:

---

<sup>1</sup> Diabetes Canada Clinical Practice Guidelines. (2018, with updates in 2020 and 2021). Available from: <http://guidelines.diabetes.ca/cpg>

- A brief introduction
- A description of the Diabetes Canada’s Clinical Practice Guidelines’ recommendations on low-glycemic foods
- An explanation of the difference between low, medium, and high glycemic index foods
- An example of how to help clients incorporate low glycemic foods as part of their daily diet
- A brief conclusion

You have up to 15 minutes to convey this information to your audience.

Notes:

**Question 3:**

During the education session, a nurse says that she doesn’t find the glycemic index to be a useful tool to help clients control blood glucose levels. As a result, she often won’t use this tool with clients. You feel strongly that it is important for the healthcare team to consistently adhere to Diabetes Canada’s Clinical Practice Guidelines’ recommendations.

Identify and explain two active listening techniques you should use to address the nurse’s concern.

	Active listening technique	Explanation of active listening technique
1		
2		

**Question 4:**

After the education session, you asked participants to provide feedback using an anonymous online survey. You received 10 responses. The questionnaire used a 5-point Likert scale with a range of outcomes from 'Strongly Disagree' to 'Strongly Agree.' Sixty percent of respondents (N=6) indicated that they 'Disagreed or 'Strongly Disagreed' that the information on the glycemic index was clear and easy to understand.

Identify two strategies to address this feedback in future education sessions. Provide your rationale for each.

	Strategy	Rationale
1		
2		

## Management

### Written case Total points: 28

You are a dietitian working at a government funded early childhood education centre. You are responsible to oversee the proper provision of food and foodservices at the centre. The centre provides breakfast, a mid-morning snack, lunch, and an afternoon snack to the children.

The centre provides services to 30 ethnically diverse preschool children ranging from two to five years old.

#### Question 1:

You are responsible to design a new four-week menu for the preschool children. Identify four menu planning principles that you should follow when developing the new menu. Explain why each menu planning principle should be followed considering your clients' needs.

	Menu planning principle	Explain why it is important to follow the menu planning principle considering your clients
1		
2		
3		
4		

#### Question 2:

Before you develop the new four-week menu, you need to obtain feedback on the current menu. Identify three stakeholders you should approach. For each, explain why it is important to obtain information from the stakeholder. Explain what information you expect each stakeholder to provide.

	Stakeholder you should approach	Why is it important to obtain information from the stakeholder?	What information do you expect the stakeholder to provide?
1			
2			
3			

**Question 3:**

As you plan to introduce the new four-week menu, you need to forecast the number of servings for each menu item. You speak with the foodservice staff and ask them to provide their best estimates. Identify three additional sources of information that will assist with forecasting.

	Sources of information that will assist with forecasting
1	
2	
3	