College of Dietitians of Ontario

Professional Practice Policy

Scope of Practice for Registered Dietitians Caring for Clients with Dysphagia in Ontario

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Contents

The College of Dietitians of Ontario is dedicated to public protection.

We regulate and support Registered Dietitians for the enhancement of safe, ethical and competent nutrition services in diverse practice environments.

Policy Statements

1. Dysphagia is a nutrition-related disorder and, therefore, aspects of dysphagia screening, assessments, treatment and management are within the scope of practice of Registered Dietitians (RDs) in Ontario.

2. RDs must be competent to do what they do at every phase of the practice, whether at entry or highly-developed practice.

3. A RD's role in a Dysphagia Assessment and Management is defined by the needs of the client, the interprofessional resources and the healthcare settings in which dietetic service is provided.

4. In assessing swallowing disorders and the management of dysphagia, RDs have the same professional responsibilities as for other areas of clinical practice: providing safe dietetic practice.

Purpose

The purpose of these policy statements are to:

1. Clarify the scope of practice of Registered Dietitians in Ontario who care for clients with dysphagia;

2. Set out the College's expectations regarding managing risks and identifying and implementing the best protective solutions for safe, client-centered services; and

3. Clarify the full role of the RD within collaborative dysphagia care.

Scope of Policy

This policy applies to all RDs in Ontario who care for clients with swallowing issues and for RDs who plan to care for clients with dysphagia. This policy addresses the role of the dietitian in the context of engaging in safe, quality dysphagia assessment and management.

RDs are well placed to assess and manage dysphagia as part of providing nutrition care of individuals in many settings (2). RDs provide meal plans, nutrition guidance or advice and/or formulate therapeutic diets and/or nutrition support to assess, manage and/or treat diseases or nutrition-related disorders. Problems with any aspect of feeding, eating and/or swallowing (e.g. with or without dysphagia) can cause adverse events to the health of an individual (3). Dysphagia affects individuals in acute-care, and neuro rehab, as well as in long-term care facilities and home care settings.

Policy Statements and Elaboration

Policy Statement 1. Dysphagia: Dietetic Scope of Practice

Dysphagia is a nutrition-related disorder and, therefore, dysphagia screening, assessments, treatment and management are within the dietetic scope of practice in Ontario.

The dietetic scope of practice statement in Section 3 of the *Dietetics Act, 1991* states:

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

"Dietetic Practice includes activities for which members use food & nutrition-specific knowledge, skills and judgment while engaging in:

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

Dysphagia is the term used to refer to an impairment or disorder of the process of deglutition (swallowing) affecting the oral, pharyngeal and/or esophageal phases of swallowing (3). By its very nature, dysphagia affects how a person is nourished. The term "nutrition related disorder" refers to the relationship between a disorder, its treatment and management, for example, management of foods and liquids to maintain health, texture modification or determining the need for a non-oral route of nutrition (4). The College, therefore, maintains that dysphagia assessment and management are within the scope of practice of RDs in Ontario.

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i. Impact on Nutritional Status

Swallowing is essential for nourishment and hydration (4). The function of the swallow has a direct impact on the ability to consume sufficient energy, fluids and nutrients. Nutritional status is directly impacted by the ability to swallow safely and efficiently[3]. Undiagnosed and/or unmanaged dysphagia may negatively impact health status. Dysphagia has been associated with malnutrition, dehydration, choking episodes, aspiration, chest infections or pneumonia and/or death (2). Malnutrition and dehydration alter the immune system and increase the risk of pneumonia in the presence of pulmonary aspiration (3). Dysphagia may also lead to psychosocial problems, such as social isolation and embarrassment that may reduce the quality of life (9). In addition, the prevalence of malnutrition in some institutions is a serious problem, and often related to feeding and swallowing problems. RDs have an important role in menu planning for clients with dysphagia, ensuring appropriate food textures and fluid consistencies are available in institutional settings, and for counselling clients in the community.

ii. Swallowing Assessments

A swallowing assessment is performed when a person has difficulty swallowing food and liquids (choking during or after meals and problems initiating or completing swallow) or exhibits certain related behaviours (prolonged eating time and pocketing food or medications). Swallowing assessments involve an assessment of a person's ability to manage food and/or liquid taken orally, as assessed through food and/or liquid trials, using foods of various textures and/or liquids of various thicknesses (4).

The primary purpose of a swallowing assessment performed by an RD is to identify the risks of choking and aspiration and to determine the most appropriate nutrition care plan.

The primary purpose of a swallowing assessment performed by an RD is to identify the risk of choking and aspiration, and the associated risk of pneumonia, and to determine the most appropriate nutrition care plan (e.g. food textures and means of hydration), and in some instances, whether a non-oral route for nutrition and hydration would be clinically indicated. It is acknowledged, therefore, that the assessment of dysphagia is within the scope of practice of practising dietetics.

The RD scope of practice statement in the *Dietetics Act, 1991* and the College's Definition of Practising Dietetics enables a very broad spectrum of activities as the scope relates to using the knowledge of food and nutrition, and working in areas related to nutritional conditions and disorders and the prevention and treatment of these.

Policy Statement 2. Competence

RDs must be confident in their ability to practice competently at every phase of the practice, whether at entry or in highly developed areas of practice.

The primary purpose of the *Integrated Competencies for Dietetic Education and Practice* (ICDEP) is to delineate the entry-to-practice competency standards for registered dietitians in Canada. The competency standard is implemented through education programs and the Canadian Dietetic Registration Examination (CDRE). The standard expressed by the Integrated Competencies is a minimum requirement designed to ensure safe, effective and ethical entry-level practice. Entry to practice competencies have been revised to reflect current dietetic practice and form the new national standard. This resulted in the ICDEP. These competencies include specific activities in dietetic practice considered high-risk activities and incorporate specific performance indicators for dysphagia (7).

To address specific knowledge or skills that could be broken down further to enhance clarity or assign it to a different level of practice, the College has endorsed the Alliance of Canadian Dietetic Regulatory Bodies 2017 Competencies for Dysphagia Assessment and Management. The new dysphagia competencies set out the expectations for safe, ethical, and effective dietetic practice in the area of dysphagia assessment and management. The new dysphagia competencies **build on** the ICDEP and identify **additional** performance indicators for this area of practice. That is, the dysphagia competency

The Dysphagia Competencies were created to build on the Integrated Competencies for Dietetic Education and Practice (ICDEPs), our profession's entry to practice competencies. Practice competencies are written as discrete statements; however, they are integrated.

statements do not stand-alone and are not a protocol. The dysphagia competencies identify the specific knowledge and skills required for screening, conducting a clinical (bedside) swallowing assessment, and for participation in an instrumental swallowing assessment. Performance indicators are not repeated in each section, as each section **builds on** the previous.

Once a dietitian achieves registration and enters the workplace, their personal expertise will evolve, based upon experience and further education (7). Some RDs may continue to develop further expertise in dysphagia in their practice setting. RDs must ensure they have the appropriate education, practical training and mentorship to provide safe, competent dysphagia management. RDs wishing to perform any task or function related to dysphagia have a duty to assess and evaluate whether the task is within his or her personal expertise or competence to do so safely and effectively both from the professional and public protection points of view. The 2017 Competencies for Dysphagia Assessment and Management apply to dietitians who are both gaining experience in this practice area as well as those with expertise.

As careers progress and dietitians proceed to specialize in this practice area, additional education and experience will result in the acquisition of additional competencies. If client needs are better served by having an RD perform specific tasks or roles, then the RDs must consider how to acquire the new area of personal expertise and capability. Embracing new tasks and roles in the interest of clients' needs is an important part of the decision-making and planning around mitigating risk of harm. Simply to say "no" based on existing competence may well fail to meet client needs. Depending on the setting, an individual RD's scope of practice may be broader than that of the profession as a whole. The concept of individual versus profession-wide scope of practice is true for most health professions. New areas of personal expertise can be acquired at any time during a professional's career. It is quite possible that dietitians with experience assessing and managing dysphagia will have extensive experience and expertise. These dietitians may develop competencies which are beyond the scope of the *2017 Competencies for Dysphagia Assessment and Management.*

RDs are trained to perform in a manner consistent with generally accepted standards in the profession. RDs anticipate the outcomes to expect in a given situation, and respond appropriately. RDs can be faced with unusual, difficult-to-resolve and complex situations which may be beyond their capacity. In these circumstances, RDs take appropriate and ethical steps to address these situations, which may include seeking consultation, supervision or mentorship, reviewing research literature, and/or making a referral to the appropriate healthcare professional e.g. Speech language pathologist (7). In the interest of public safety and the provision of safe, competent services, the College encourages members to assess personal practice ability and communicate with and establish their role in practice, on the interprofessional health care team or dysphagia assessment team prior to adopting any new practices.

In the interest of public safety and the provision of safe, competent services, the College encourages members to assess personal practice ability and communicate with and establish their role in practice, on the interprofessional health care team or dysphagia assessment team prior to adopting any new practices.

RDs can continue to develop personal expertise, increase their knowledge and skills in dysphagia assessment and management through cross-training and mentoring by other RDs, Speech Language Pathologists or Occupational Therapists; attending workshops, conferences, seminars and courses; learning from day-to-day work on dysphagia teams; and/or completing formal dysphagia training (e.g. Dietitians of Canada's Dysphagia Management Course).

Policy Statement 3: The Registered Dietitian's Role is Defined by Clients' Needs and Context

A Registered Dietitian has an important role in Dysphagia Assessment and Management. This role is defined by the needs of their clients, the interprofessional resources and the healthcare setting in which dietetic services are provided.

i. Clients' Needs

RDs are expected to provide services that are client-centered, evidence-based, interprofessional, safe, competent, and ethical. An RD's role is defined by assuming responsibility to facilitate client-centered service and informed decision-making based on client needs and goals. When clients understand the options presented, they engage and share their own perspectives and values when making decisions. An RD is uniquely trained to consider all of their client's medical diagnoses and conditions in the assessment of nutritional status and determination of the nutrition care plan. When there are multiple pathologies (e.g. diabetes, renal insufficiency, and dysphagia), nutrition interventions must be compatible and not compromise other diagnoses/conditions. Client-centered services are linked to increased quality and safety and an improved client experience. RDs are also responsible for providing appropriate counselling and communication to meet the client's needs.

Some clients may be at home rather than in an institution (e.g. hospital or long-term care facility). Client-centered practice "is not merely about delivering safe services where the client is located. It involves advocacy, empowerment, and respecting the client's autonomy, voice, self-determination and participation in decision-making."(3) The College strongly supports the focus on client-centered practice for providing safe, high quality dietetic services in all practice settings.

RDs are educated in the principles of ethical decision-making and counselling/communication techniques. They therefore facilitate discussions with clients, families, and relevant others regarding decisions related to dysphagia assessment and management. With their global view of the nutritional care plan, RDs develop protocols to ensure they are involved and consulted, when a client is choosing to accept risks associated with oral intake, making decisions to accept or remove a feeding tube, and considering options for palliative care.

ii. Interprofessional Resources and Overlapping Scopes of Practice

By design, the *Regulated Health Professions Act, 1991* recognizes overlapping scopes of practice for health professions. Dysphagia screening, assessment, treatment and management are examples where overlapping occurs. In particular, the scopes of practice of Physicians, Speech Language Pathologists, Occupational Therapists, Physiotherapists, and Registered Nurses with respect to dysphagia assessment and management are recognized and valued, providing for some role overlap, shared skills, and complementary roles. Dentists and denturists also offer significant value to the interprofessional dysphagia care team. The individual expertise within health care teams and institutional policies typically contributes to decisions regarding role delineation and the scope of practice exercised by professionals in a given practice setting.

The College recognizes that Speech Language Pathologists have overlapping scope of practice and knowledge in the area of dysphagia. When multiple professionals are readily accessible, RDs must work collaboratively in the interest of the client-centered services. Collaboration ensures that each health care provider provides unique and valuable contributions based on their particular knowledge and training.

Collaborative care is a foundational competency within dietetics education and training. When multiple professionals are readily accessible, RDs must work collaboratively in the interest of the client-centered services. Collaboration ensures that each health care provider provides unique and valuable contributions based on their particular knowledge and training.

In addition to the unique skills and perspectives each professional brings, team members may share similar knowledge and skills. RDs have expertise in dysphagia, yet recognize that other disciplines have overlapping scopes of practice. Communication and collaboration enables an interprofessional team to recognize and best utilize overlapping scopes of practice so that clients receive optimal care in a timely manner. Team members learn about, from and with each other to practice in the interest of client-centred care. This often involves the distribution of the tasks associated with client care in the way that best serves the client's needs. This may take into account: clinical appropriateness (what is the most appropriate course of treatment for the client), safety (which providers have the appropriate knowledge, skills and judgement to perform particular activities and how best to ensure seamless transition and communication between the members of the team) and efficiency (which provider is best positioned to perform the activity in a timely manner and without undue expense).

iii. Healthcare Setting

Currently, health care settings are not always ideal and a lack of optimal resources, such as access to an interprofessional team, often occurs. There is disparity in the availability of health care professionals in acute care, long-term care, chronic care and home care settings. In rural areas, access issues are further exacerbated. Access to an RD or other dysphagia expert may be through consultation only and may require that the client wait from a few days to weeks for further assessment and treatment. This may compromise the client's nutrition and health status. Where there is no access or significantly limited access to an interprofessional team, it is in the client's best interests that the professional or professionals available on site be trained to work to their full and authorized scope of practice. It may be that RDs and their employers determine that it is in the best interest of clients for available RDs to increase their knowledge and skills in order to play a central role in assessment, treatment and management of dysphagia.

The healthcare setting and availability of other team members will determine the extent to which RDs will collaborate. Notwithstanding the importance of the professional care team, new understanding about the integral nature of client and family as active participants across the spectrum of care adds an important dimension to the continuum of care in dysphagia assessment and management.

The development of collaborative policies and processes to provide safe, timely and effective care is critical. In situations where RDs are working alone or with limited access to other health care providers, they should develop collaborative and communication strategies in order to provide safe dysphagia-related care. The RD may independently perform a swallowing assessment or in collaboration with other health professionals. For example, if the results of the dysphagia screen suggest esophageal dysphagia, the RD may want to consider requesting a Video fluoroscopic Swallow Study (VFSS). A VFSS is a real-time video of a person swallowing a

radio-opaque substance while being X-rayed to identify the exact problem-typically oropharyngeal dysphagia. An RD with expertise in dysphagia may consider requesting a VFSS (e.g. when the clinical swallowing assessment is inconclusive or to determine the client's ability to manage particular dietary consistencies or textures). A VFSS is typically performed by a radiology technician in conjunction with Speech language pathologist and a radiologist.

The dysphagia competencies articulate the dietitian's role in the context of interprofessional practice. In situations where another dysphagia health care professional may not be readily available, the dysphagia competencies can support the dietitian's acquisition of the knowledge and skills required to move beyond screening and to perform a clinical (bedside) swallowing assessment. Conversely, in facilities where the swallowing assessment is completed by another team member, the dietitian's role may be to screen, and refer to another clinician if an assessment is indicated. The practice environment, the client's needs, and the dietitian's personal knowledge and skills will define the dietitian's role.

Policy Statement 4. Risk Management

In dysphagia assessment and management, RDs manage potential risk of harm to clients.

Risk management is the analysis and control of risks. It is a methodical approach to recognizing the likelihood of risk (how often); analyzing the impact of the potential harm (how bad) to the client; and implementing strategies and processes informed by data, to identify and respond to circumstances that put clients at risk of harm.

i. Texture Composition and Consistency

There is risk to the client with dysphagia if the texture intended is not provided. Therefore, it is essential for the clinical and foodservice dietitians or relevant others (supervisor or manager) to collaborate to ensure that texture-modified menus meet clients' needs (e.g. acceptance, nutritional and hydration requirements), and ensure that composition and the consistency is appropriate for effective treatment. RDs use their foundational knowledge in food science and rheology to ensure that appropriate consistencies and viscosities are provided to clients. To promote appropriate consistencies, RDs can apply protective factors such as routine audits by kitchen, collaborating with nursing and others to monitor the accuracy of their implementation of the diet orders for modified consistencies. Simply modifying a food texture or liquid viscosity cannot be done without considering risk management strategies in providing safe, ethical client-centered care. RDs need to plan appropriate menus for their clients with dysphagia, purchase appropriate foods/fluids, ensure appropriate foods/fluids are prepared, and ensure appropriate staff training, as required.

ii. Managing Nutritional Risk Factors and Client's Needs

In the context of dysphagia, swallowing difficulty is usually a preliminary nutrition problem identified within the nutrition assessment completed by a dietitian. Other related nutritional concerns may include inadequate energy-protein intake, inadequate fluid intake, inadequate oral intake, biting/chewing difficulty, chronic disease or condition-related malnutrition, and predicted suboptimal nutrient intake.
RDs need to use a systematic approach to providing high-quality nutrition care, while taking into account the client's needs and values and using the best evidence available to help client's make informed decisions.

iii. Communicating a Diagnosis

The controlled act of 'communicating a diagnosis' as outlined in the *Regulated Health Professions Act, 1991* states that:

> "Communicating to the individual (or his or her personal representative) a diagnosis identifying a disease or disorder as the cause of symptoms of the individual, in circumstances in which it is reasonably foreseeable that the individual (or his or her personal representative) will rely on the diagnosis."

There are four components to this prohibition. All must be present for the conduct to be prohibited:

1. **Communication**. It only covers communications with a client. It does not prohibit a dietitian from forming an impression leading to a diagnosis. It only prevents the dietitian from telling the client of a new or existing diagnosis for which the client is unaware.

2. **Content.** It is not every communication about a patient's health that constitutes a diagnosis. The diagnosis has to identify (i.e. label) a disease or disorder (which does not include symptoms, for example) as the cause of symptoms (rather than the mere existence of symptoms or what might assist in addressing the symptoms).

3. **Circumstances**. The communication only becomes a problem when the client is likely going to rely on it to make significant treatment decisions.

4. **Context.** Even though dietitians are not authorized to communicate a diagnosis, they are legally obliged to obtain informed consent before providing care/service to a client. Informed consent requires a client to be told the reason, nature and prospects of any proposed treatment. The informed consent rule requires a dietitian to communicate the results of his or her assessment before commencing treatment. This context means that the prohibited communication of a diagnosis must be distinguishable from the required communication of the results of an assessment.

Dietitians should feel comfortable in advising clients as to the findings of their assessment, including symptoms or areas for which treatment would be useful. Dietitians should also ensure that they obtain informed consent when initiating an intervention including describing the reason, nature and prospects of any proposed treatment. However, dietitians need to be cautious about communicating a formal medical label (that the client does not already know) or from discouraging a client from seeking a second opinion or other treatment. Advising a client that one has serious concerns in a particular area (e.g. gastrointestinal symptoms, abnormal biochemical tests) and encouraging them to see a practitioner who can diagnose them would, of course, remain appropriate.

iv. Managing Risks and Quality Assurance

The College is committed to supporting RDs in safe, competent ethical practice in the interest of public safety and mitigating risk of harm. The new dysphagia competencies reflect current practice for RDs who engage in

assessment and management of dysphagia-related care. The competencies may be used in disciplinary proceedings and for quality assessments, such as a practice-based assessment.
In addition, applying the CDO Framework for Managing Risks in Dietetic Practice will help RDs identify any source of risk and the corresponding protective factors, and then implement the best protective solutions for safe, client-centered services. Risk management includes identifying and assessing:

- Individual knowledge and skills to work in the area of dysphagia;
- the needs of the client and informed consent
- the contextual factors in which care is provided, organizational policies, delegations (e.g. obtaining authority to conduct the controlled act of performing a procedure with an instrument beyond the larynx), interprofessional resources, communication, and risk management processes; and
- the environmental supports, such as employer's appreciation of workload implications and investment in training for practice in dysphagia.

RDs are legally responsible (liable) for their actions and omissions. They must acknowledge and recognize where there is increased risk in their practice. Dysphagia treatment and management has inherent risks for both the client and the RD. It is not possible to eliminate all risks in dietetics; however, RDs have a duty to protect clients from risk of harm as much as possible. The Framework is based on principles of public protection including: safety, client-centered services, communication, accountability and compliance with professional and regulatory obligations.

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Legislative References

- Regulated Health Professions Act, 1991
- Dietetics Act, 1991, Section: Scope of Practice statement
- Dietetics Act, 1991, Ontario Regulation 680/93 Amended to O. Reg. 302/01 Professional Misconduct

Appendix A

The Alliance of Canadian Dietetic Regulatory Bodies.
The Competencies for Dysphagia Assessment and Management in Dietetic Practice (2017)

Partnership for Dietetic Education and Practice.
The integrated competencies for dietetic education and practice (ICDEP). 2013 [cited 2015 Mar 2]. Available from: http://pdep.ca/files/Final_ICDEP_April_2013.pdf

The 2015 Dietitians of Canada discussion paper titled, Defining the Role of the Dietitian in Dysphagia Assessment and Management, clarifies for RDs and other health professionals that the assessment and management of Dysphagia is most certainly part of the RD's Scope of practice.