

Jurisprudence Workbook



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Introduction

The Saskatchewan Dietitians Association (SDA) is the regulatory body for dietitians in Saskatchewan. SDA's primary responsibility is to protect the public by establishing the standards of practice, codes of conduct and a framework for investigating and acting on complaints. Currently, when new members join SDA, they are given instructions on how to access key SDA documents (Code of Ethics, Standards of Practice and Bylaws) electronically from the website. Although these documents form the base of the standards to which SDA holds its members accountable, we currently have no assurance that members have actually read and understood these fundamental documents.

In an effort to get this information to new (and existing) members, we have created this workbook to help familiarize members with SDA's regulatory framework (proactive and reactive) and give them some scenarios to work through to help deepen their understanding and integrate it into the practical application of their daily work.

Jurisprudence, as used in this workbook, refers to the practical application of the law. In this instance, it is about the laws and regulations which dietitians in the province of Saskatchewan must comply with. Quite broadly, this includes the Dietitians Act, the SDA Bylaws (which includes the Code of Ethics), the Standards of Dietetic Practice as well as provincial laws (i.e. privacy).

Professional Self-Regulation

Through the Dietitians Act, the government of Saskatchewan has delegated the regulation of dietitians to SDA as a self-governing regulatory body. Self-regulation is based on the premise that the profession has the knowledge required to set entrance requirements to the profession, establish standards of practice and assess the conduct of its members through peer review. In Saskatchewan, there are approximately 25 health related self-regulating professions as well as many other non-health professions (i.e. engineering, accountants, lawyers). The goal of professional self-regulation is about protection of the public, not about advancement of the profession.

The Dietitians Act

The Dietitians Act ([click here to access](#)) is the provincial legislation that creates SDA as an entity. The Dietitians Act defines our membership and establishes governance by a board composed of both public representatives appointed by government and members elected from membership. The Act establishes the legal framework for registration of members, protection of title, investigation of complaints and discipline of members. It also sets out the annual reporting requirements.

SDA Bylaws

The Dietitians Act sets out what can be established in bylaws. The bylaws are divided into administrative, fee and regulatory:

Administrative bylaws ([click here to access](#)) deal with issues such as composition and roles of the Board of Directors of the organization, frequency and structure of board meetings, annual general meeting procedures and election of officers.

Fee bylaws ([click here to access](#)) deal with fees charged by the Association (application, licensing, exam).

Regulatory bylaws ([click here to access](#)) deal with issues like categories of membership, entry to practice requirements, license renewal requirements and the continuing competence program. Amendments to the regulatory bylaws require the approval of the Minister of Health.

Mission Statement

The ultimate goal of SDA is safe, competent, ethical dietetic practice and the key responsibilities of SDA in achieving this goal are set out in its Vision and Mission Statement:

Vision: Optimizing health for all residents of Saskatchewan through excellence in dietetic practice.

Mission: Protecting the public through licensing competent Registered Dietitians and setting and enforcing the standards of the profession.

Competence at Entry to Practice and Beyond

As identified in the mission statement, one of SDA's key roles is to protect the public by setting the entry to practice requirements for registration. To be accepted to SDA, candidates must have graduated from Canadian accredited academic and practical training programs (or have demonstrated substantial equivalence).

Completion of an accredited program provides verification that candidates have been trained to the Integrated Competencies for Dietetic Entry to Practice (ICDEP; [click here to access](#)) which have been validated as being reflective of entry to practice dietetics in Canada. SDA further confirms applicant's competence by requiring successful completion of the Canadian Dietetic Registration Exam (CDRE) for full licensure.

Once registrants have passed the CDRE and are fully licensed members of SDA, they must participate in a mandatory continuing competence program. Click [here](#) to access the SDA Continuing Competence Program Member Workbook. The continuing competence

program is an opportunity for the dietitian to reflect on his/her practice and take action to improve continually and to stay current in his/her dietetic practice. The continuing competence program of the Saskatchewan Dietitians Association includes annual practice reflection, development of a learning plan and a report on the implementation of your learning plan and its impact on your practice at the end of the licensing year. A random audit provides further quality assurance to the continuing competence program.

Standards of Practice

Standards of practice refer to the shared understanding of what is proper within a profession. The Standards of Practice used by SDA (found in Appendix A and at [this link](#) in their entirety) are those that were established by Dietitians of Canada in 1997. They represent broad professional characteristics as well as the minimum accepted level of care. The standards are listed as 6 broad standards with indicators identified under each. The standards are intended to be broad enough to be applicable to dietitians in a wide variety of settings.

Code of Ethics

Part of the professional standards, is compliance with the code of ethics for the profession. The SDA Code of Ethics, found in Appendix B and at [this link](#) in their entirety, is a statement of the ethical commitment of dietitians in Saskatchewan and is intended to be used as a guideline for decision making. It outlines the various roles of dietitians. The bylaws identify that failure to comply with the code of ethics is professional incompetence. In Appendix C, there is an Ethical Decision Framework that can be of benefit when determining a course of action in the face of a difficult situation and Appendix D is flow chart to help you determine if you are in a conflict of interest.

The code of ethics addresses several important issues including consent, conflict of interest and boundaries. For more information on these topics, please click on the resources below, which although developed by other regulatory bodies, are general enough to provide a good overview:

Consent for Nutrition Care (Source: College of Dietitians of BC)



Where's the Line? (Source: College of Dietitians of BC)



Conflict of Interest (Source: College of Dietitians of Ontario, TED talks)



http://www.ted.com/talks/dan_ariely_beware_conflicts_of_interest

Scope of practice

The Dietitians Act was proclaimed in 2002. All of the health profession regulation proclaimed at that time and since have all used a similar format and thus are known as template legislation. Template legislation was designed not to include a scope of practice statement as Saskatchewan Health felt that it would increase collaboration amongst the professions and reduce turf protection if exclusive scope of practice statements were not included.

For many years, dietitians in Saskatchewan were without a scope of practice statement as the original proclamation of the Dietitians Act (2002) did not include a legislated scope of practice statement. In June of 2013, a scope of practice statement for dietitians in Saskatchewan was approved by SDA membership. Click [here](#) to access the statement in its entirety. It is meant as description of the scope of practice of dietitians at entry to practice and a way to educate the public and health professionals about what dietitians can do.

Registered Dietitians are health care professionals uniquely trained in the areas of food, nutrition and health. Registered Dietitians are university educated in science, management, human development, and health of populations¹. Registered Dietitians are the only regulated nutrition health professionals in Saskatchewan.

Registered Dietitians collaborate with individuals, community groups, populations, interprofessional health care teams and others, to provide evidence informed food and nutrition services. As trusted professionals, Registered Dietitians fill many roles, depending on where they work. Dietitians provide services in a variety of practice settings including, but not limited to: community, public health, health care, industry, government, media, education, management, research and private practice. The Saskatchewan Dietitians Association protects the public through the regulation of Registered Dietitians through *The Dietitians Act*[†] (2001), SDA Bylaws[†] (including the SDA Code of Ethics) and the Professional Standards for Dietitians in Canada[†].

The practice of Registered Dietitians in Saskatchewan includes but is not limited to:

- Providing medical nutrition therapy[†] through the application of the Nutrition Care Process[†] for the purposes of disease prevention, treatment and management.
- Optimizing health and well being of patients/clients through delivery of quality products, programs and services.
- Promoting nutritional health and well-being of individuals, groups, communities and populations.
- Influencing standards, guidelines and policies that create and encourage an environment that supports nutritional health.
- Engaging, supporting and partnering with individuals, communities and populations to take action on issues that affect their nutritional health.
- Managing food and nutrition systems, including programs, projects and services.
- Facilitating and conducting food, nutrition and related research across a variety of settings.
- Educating and training others about food and nutrition in a variety of practice settings.

The Integrated Competencies for Dietetic Education and Practice[†] define the knowledge and skills needed for entry level Dietitians to work safely, ethically and competently. The acquisition of additional skills, knowledge, and experience will lead toward mastery and advanced level practice in nutrition, dietetics, and health services.

It is very important to note that there is no exclusivity to the scope of practice statement identified above. People who are not dietitians can provide these services as long as they don't contravene any provisions of the Dietitian Act. Specifically, they must not use the title or imply that they are a "dietitian". The primary intent of identifying a dietetic scope of practice statement is to educate dietitians and the public about the focus of the dietetic profession and as a starting point for describing those activities that are beyond entry to practice.

SDA has developed a Question and Answer document to answer member's most common questions related to scope of practice.



Scope of practice of other professions

Although the Dietitians Act in Saskatchewan does not identify a scope of practice statement that is exclusive to dietitians, it is important to note that other disciplines do have legislated scope of practice statements that are exclusive and are to only be performed by members of a specific regulated profession.

An example would be the Medical Act or the Dental Act. The Medical Act for example specifies that only physicians are to perform brain surgery or the Dental Act specifies that only dentists are to extract teeth. Although these examples are extreme, it is a reminder that dietitians must not only ensure they are working within their scope of practice, but must ensure that they are not undertaking activities which are in the exclusive scope of practice of another discipline.

Evolution of Dietetic Scope of Practices

Over time, the dietetic scope of practice will evolve and change. The evolution will be driven by changes in technology, changes in dietetic knowledge, as well as changes in the delivery of health care. Many of the changes in dietetic scope of practice will be driven by what tasks/job duties employers are requesting of dietitians.

As a point of reference, when requested to add new tasks to their workload, dietitians should consider the following (source: College of Dietitians of Ontario Resume, 2010):

1. Is the task within the dietetic scope of practice or intrinsically related to it?
2. Will performing the task improve client-centered care?
3. Given all of the local circumstances, who is the most appropriate person(s) to perform the task (e.g. an RD, or another health care provider/team member?)
4. Are there any legal barriers restricting an RD from performing the task?
5. Do I have the appropriate skills and competence to perform the task? If not, how can I obtain what is necessary to become competent.

Legal restrictions for dietitian title

The Dietitians Act prohibits the use of the titles “dietitian” “registered dietitian” or “professional dietitian” in the province of Saskatchewan by anyone who is not a member of SDA. This extends to include the variations and abbreviations for registered dietitian (RD) and professional dietitian (P.Dt).

SDA takes steps to ensure that the dietitian title is protected by pursuing complaints about the misuse of title. If a person is found guilty of misusing the dietitian title, they can be fined up to \$2,000 for the first offence, up to \$4,000 for the second offence and up to \$6,000 and/or a jail term of not more than six months for each subsequent offence. Dietitians in the province are encouraged to report to SDA anyone they suspect is misusing or representing the dietitian title.

Other Legal Statutes

Other legal statutes have implications on dietetic practice and it is the responsibility of the dietitian to ensure that he/she is familiar with these documents and the corresponding policies/procedures in their workplace.

Privacy legislation, in Saskatchewan, is found in the Freedom of Information and Protection of Privacy Act ([FOIPPA](#)) and Health Information Protection Act ([HIPA](#) and [HIPA Regulations](#)).

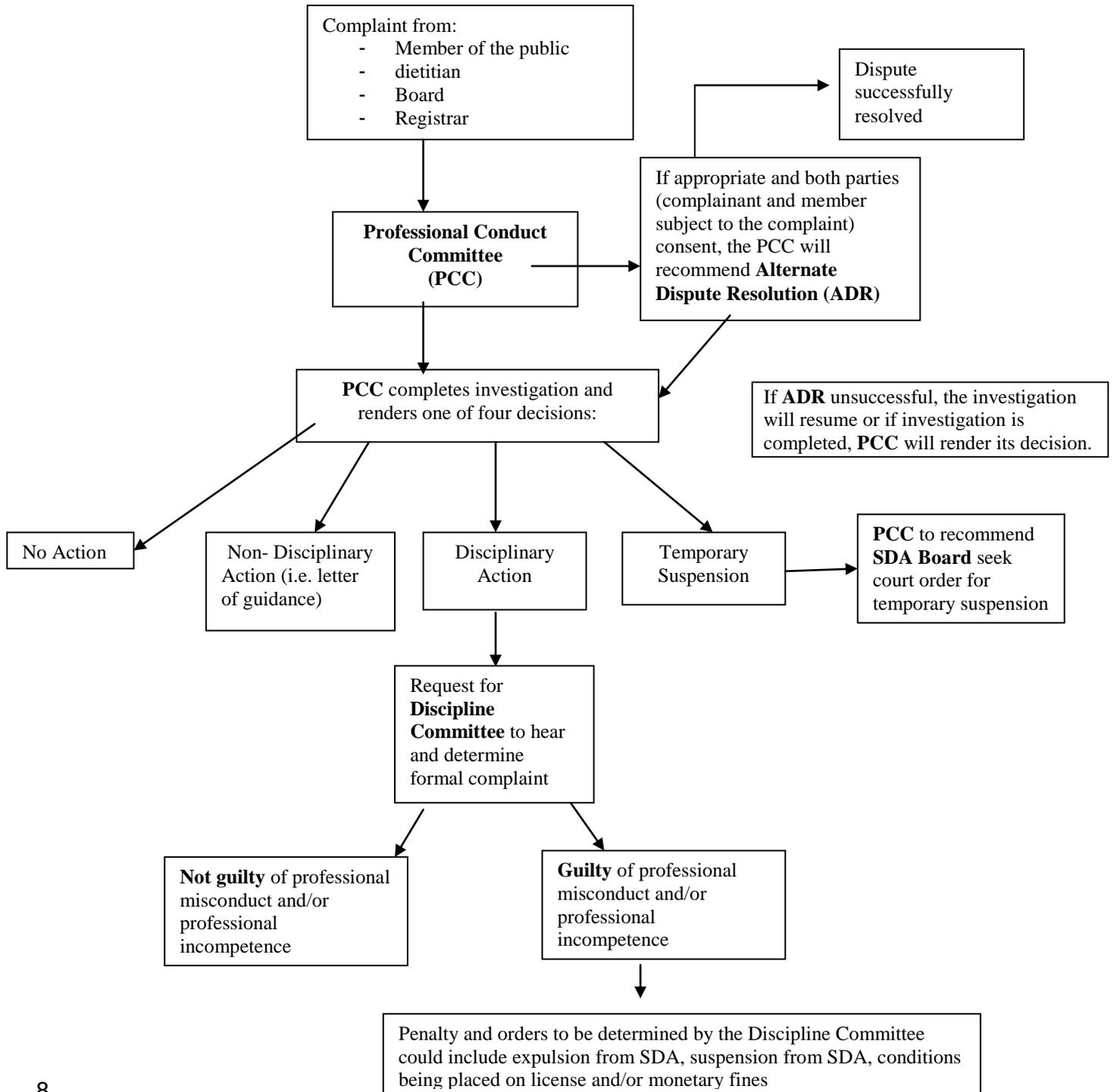
The key focus of all privacy legislation is the protection of personal information. This is defined as any identifiable information about an individual, including age and birth date, ethnic origin, race, financial and credit card information, wage and salary, home contact information, medical information, Social Insurance Number, religious or political affiliations, personal habits, preferences and activities, photographs and the contents of employee personnel files. For more information, please refer to the websites referenced at the end of Appendix D which highlights the 10 principles for best practices regarding privacy or visit the Office of the Saskatchewan Information and Privacy Commissioner (<https://oipc.sk.ca/resources/privacy/>).

The [Health Care Directives and Substitute Decision Makers Act](#) highlights issues of capacity and identifies who the appropriate substitute decision maker would be.

The [Child and Family Services Act](#) (Section 12) identifies the obligation of the public, including health professionals who work with children, to report suspicions of abuse or neglect this even if the information would otherwise be confidential or privileged. [Link to the Saskatchewan Child Abuse Protocol here](#). Report all incidents of suspected, observed or disclosed abuse to your nearest Ministry of Social Services office, First Nations Child and Family Services or local police/RCMP.

SDA Regulatory Framework for Safe, Competent, Ethical Dietetic Practice- Reactive

SDA's mandate is protection of the public. As such, it has a defined process (see graphic below) in place to react to or deal with concerns that are raised in regards to the practice of its registrants. In order for a complaint to be investigated, SDA must receive a completed complaint form that provides sufficient information for the Professional Conduct Committee to undertake its investigation.



Once the Professional Conduct Committee (PCC) has completed its investigation; there are four potential outcomes, as shown in the graphic.

If the PCC feels that there is sufficient cause they may recommend that a discipline hearing is ordered. At a discipline hearing, the SDA Discipline Committee can find a member guilty or not guilty of professional misconduct and/or professional incompetence. The Dietitians Act provides detail on what constitutes professional misconduct and professional incompetence and that information is found in Appendix F. Penalty and orders to be determined by the Discipline Committee could include expulsion from SDA, suspension from SDA, conditions being placed on license and/or monetary fines

Before going onto the case studies, test yourself to see if you can answer these questions:

What are the protected titles for dietitians in Saskatchewan? What could happen if someone inappropriately uses the protected title for dietitians?

Why is SDA's continuing competence program mandatory?

Which areas of practice must comply with the SDA Standards of Practice?

Does the SDA code of ethics permit sale of products by dietitians?

What is the scope of practice for dietitians in Saskatchewan?

What could happen to a dietitian who is practicing within the scope of practice of another discipline?

What is informed consent?

What are SDA's guidelines for social media use?

Where can I look for information on HIPA?

What are the principles for dealing with a conflict of interest?

What are some of the warning signs of boundary crossing?

What happens if someone makes a complaint against you to SDA?

This workbook is intended for you to use as a **workbook**. You are to seek out the resources needed to answer the questions. Record your answers in the spaces provided. You do not need to submit your answers for review by SDA. This document is for your own use. If you would like to access the answers to the questions, contact SDA at registrar@saskdietitians.org.

Case Studies

Case Study 1

You are a new grad and have accepted a dietitian position in rural Saskatchewan where you are the only dietitian employed within a 75km radius. The majority of your time is spent seeing outpatient clients for heart disease and/or diabetes. You receive a referral to see an adolescent female who has been admitted to the hospital for a suspected eating disorder. The family physician refers the patient to you for diet counseling. You do not have access on site to a social worker and/or mental health worker and it is a Friday afternoon. What do you do?

Case Study 2

A physician writes a very specific diet order for an inpatient that triggers the food service staff to request you to do a consultation. After your assessment of the client, you do not agree with the diet order of the physician. What do you do?

Case Study 3

After lunch, you return to your office that you share with another dietitian. You think you smell alcohol on her breath. This isn't the first time that you have made this observation. What do you do?

Case Study 4

A client comes to see you for outpatient counseling and on the referral form it indicates that they have been referred for diabetic diet education. After you introduce yourself to the client, you start in on the basic education regarding "what is diabetes". The patient's face turns red and she turns to you and asks, "Are you telling me I have diabetes?". She starts to cry as she recounts how her cousin had to have a leg amputated because of diabetes. What do you do?

Case 5

You are attending a seminar in your health region and arrange to meet a colleague prior to the event to discuss the specifics of a complex case. During your discussion, you make notes on the clients file and then place it in your backpack. When you arrive at the seminar where you left your coat and backpack you realize your backpack has been stolen - what do you do?

Case 6

A client is transferred from an acute care center to a long term care facility where you work as a Dietitian. Upon her admission, you do an initial assessment and develop a nutrition care plan. The client is no longer able to make decisions regarding her own care and her daughter who has been her caregiver takes a much needed vacation. While the

daughter is on vacation, the client becomes not safe to swallow and you suggest a feeding tube be placed. As the daughter is away, you are unsure of what to do. You know that this client received home care services prior to her acute care admission. The home care dietitian is one of your former classmates and you contemplate calling her to see if she has any additional history or suggestions regarding this client. Should you call her?

Case Study 7

You work in a large facility that has standardized forms for all members of the health care team. You always place the basic info on the form in the section labeled "Nutrition", however there is never enough room for your detailed calculations and energy intake notes. As these entries are usually messy and of no use to anyone but you, is okay to keep them in a binder that is always on your desk in your locked office?

Case Study 8

You work in the pharmaceutical industry as a sales rep for a specific line of nutritional products. Part of your job is to promote the sale of this product to fellow dietitians. Are you in a conflict of interest?

Case Study 9

When checking your email, you notice a client you saw last week has sent you a "friend" request on Facebook. What do you do?

Case Study 10

You apply for and are offered a position as a pediatric dietitian. You have no training and/or experience, but no other jobs are available. What do you do?

Case Study 11

One evening while you are on Facebook, you notice that your colleague has written a post about her "bad" day at work. She refers to the patients as "deadbeats" and says she is wasting her time with them. What do you do? Is this colleague behaving in a professional manner? Why or why not? How is she representing the profession? What advice would you give her?

Case Study 12

At a staff meeting, a Food Service Supervisor states that the Department is going to be putting a call out for proposals for a new meat vendor. She talks about the poor quality of meat they have been getting and states that they will be looking for a vendor who can provide them with more variety. Your brother in law operates a meat shop. Should you tell him about the call for proposals? Should you tell him that they are specifically looking for a vendor who can provide increased variety in the cuts of meat?

Appendix A- Standards of Practice for Dietitians in Canada (DC, 1996)

Standard 1- Provision of service to a Client.

The dietitian uses a client-centered approach to provide and facilitate an effective dietetic service.

Indicators

- 1.1 collaborates with the client and/or appropriate others.
- 1.2 manages available resources effectively and efficiently in meeting the needs of the client
- 1.3 applies a research-based approach in providing a dietetic service
- 1.4 uses critical thinking to analyze, synthesize and apply information to improve the quality and effectiveness of service
- 1.5 creates a client centered environment conducive to achieving client outcomes.

Standard 2- Unique body of knowledge

The dietitian has an in-depth scientific knowledge of food and human nutrition, and integrates this knowledge with that from other disciplines including health and social sciences, education, communication and management.

Indicators

- 2.1 has the knowledge relevant to her/his area of practice
- 2.2 knows how and where to locate needed information
- 2.3 shares knowledge and information with appropriate others
- 2.4 is informed about the unique body of knowledge possessed by dietitians in a variety of roles, and the contribution of dietitians as related to other service providers
- 2.5 seeks to strengthen innovation and excellence in practice by supporting the development and use of new knowledge in dietetics
- 2.6 creates an environment that assists individuals to acquire new knowledge and skills.

Standard 3- Competent application of knowledge

The dietitian competently applies the unique body of knowledge of food and human nutrition, and competently integrates this knowledge with that from other disciplines including health and social sciences, education, communication and management.

Indicators

- 3.1 uses the skills necessary to apply the knowledge relevant to her/his area of practice
- 3.2 collaborates with clients and/or appropriate others
- 3.3 identifies food and nutrition issues through the assessment of data, documentation from the literature and critical analysis of information
- 3.4 formulates goals and objectives, and develops an action plan designed to meet these goals and objectives
- 3.5 implements, monitors, and modifies the action plan
- 3.6 evaluates the action plan through critical appraisal of the process and outcomes
- 3.7 establishes and maintains appropriate information and communication systems
- 3.8 applies knowledge gained from experience, clinical judgements, and research findings to professional practice.

Standard 4- Continued Competence

The dietitian is responsible for life-long learning to ensure competence in his/her area of practice.

Indicators

- 4.1 uses an organized and focused approach in: assessing her/his level of competence, determining her/his strengths and competence gaps/ learning needs, and developing a plan to meet those needs
- 4.2 strives for excellence in the profession by participating in, supporting and promoting the use of self-assessment methods and feedback from appropriate others to review and implement changes to practice
- 4.3 invests the time, effort, and other resources needed to maintain and/or improve the knowledge, skills, attitudes, and judgements required for her/his practice.

Standard 5- Ethics

The dietitian practices in accordance with the ethical guidelines of the profession.

Indicators

- 5.1 demonstrates, through example and behaviour, adherence to the code of ethics for the dietetic profession
- 5.2 practices within her/his level of competence
- 5.3 recognizes her/his knowledge or skill limitations, and when necessary seeks the help, guidance, and expertise of others
- 5.4 reports unsafe practice or professional misconduct to the appropriate person or agency
- 5.5 protects a client's right to autonomy, respect, confidentiality, dignity, and access to information
- 5.6 promotes and supports ethical behaviour in practice and in research
- 5.7 uses discussions with colleagues as a means to resolve or interpret ethical issues and conflicts in practice.

Standard 6- Professional Responsibility and Accountability

The dietitian is accountable to the public and is responsible for ensuring that his/her practice meets legislative requirements, and Standards of Practice for the profession.

Indicators

- 6.1 assumes responsibility and accountability for her/his own professional actions
- 6.2 ensures that her/his practice complies with current legislation, and the Standards of Practice of the profession
- 6.3 follows and continually strives to make changes to pertinent legislation, guidelines, and policies and procedures to ensure consistency with Standards of Practice
- 6.4 *advocates* for improvements in practice
- 6.5 acts to ensure that public safety is maintained.

Appendix B-SASKATCHEWAN DIETITIANS ASSOCIATION

CODE OF ETHICS FOR REGISTERED DIETITIANS (May 5, 2005)

The Saskatchewan Dietitians Association supports and promotes the highest standards of professional practice. The Registered Dietitian accepts the obligation to protect clients, the public, and the profession by upholding this Code of Ethics.

This Code of Ethics for Registered Dietitians is a statement of the ethical commitments of dietitians to those they serve. It has been developed by dietitians for dietitians. It outlines the numerous roles played by dietitians and the ethical standards by which dietitians are to conduct their practice. It gives guidance for decision-making, serves as a means of self-evaluation, and provides a basis for feedback and peer review. This code outlines what Registered Dietitians must know about their ethical responsibilities, informs other health care professionals and the public about the ethical commitments of dietitians, and fulfills the responsibilities of a self-regulating profession.

Glossary

“Client” means an individual, family and/or substitute decision-maker, group, agency, employer, employee, organization, or community who is a potential or actual recipient of the dietitian’s expertise. The client is unique and diverse in needs, culture, motivations, resources, religion, and perception of wellness. If there is a conflict between responsibility to a client or an employer, the dietitian’s responsibility is to the client.

“Registered Dietitian/Dietitian” means a person who is registered as a dietitian under The Dietitians Act (2002). This also includes those persons registered as restricted or temporary members under the Act. The term “Dietitian” has been used throughout this document.

“Standards of Practice” means Professional Standards for Dietitians in Canada (Dietitians of Canada 2000).

Dietitians’ Values Defined

Ethical Conduct

Dietitians establish and maintain a unique relationship with each client that is based on an ethical covenant. The word “covenant” means that dietitians have moral obligations in return for the trust given to them by society.

Client Centered Provision of Care

Dietitians value the ability to provide client centered care that allows them to honor the individual needs, values, and dignity of the client.

Confidentiality and Transparency

Dietitians safeguard information learned in the context of a professional relationship and ensure it is shared outside the health care team only with the person's informed consent, or as may be legally required, or where the failure to disclose would cause significant harm.

Collaboration

Dietitians work cooperatively and collaboratively as part of a professional team in the best interests of the client.

Choice

Dietitians respect the client's right to informed consent and voluntary choice in treatment decisions.

Professional Conduct

Dietitians ensure high quality provision of care through self-evaluation of personal competence. They are accountable for their practice, and act according to the ethical principles and standards of the profession.

Accountability to the Profession

Dietitians participate in professional activities to advance the development of new knowledge, to mentor, support and advocate for students and colleagues, and to assist in the improvement and regulation of the profession.

Role and Responsibility Statements

1.0 Dietitian as Direct Care Provider

- 1.1 Dietitians shall place the individual client's best interests as their primary professional obligation.
- 1.2 Dietitians shall obtain consent for any service, and shall:
 - 1.2.1 Provide the client with a complete and objective explanation of the nature and scope of the problem, which in the dietitian's opinion, emerges from all the facts that have been brought to her or his attention;
 - 1.2.2 Inform the client of the scope of the recommended services, and of any reasonable alternative services

- 1.2.3 Provide accurate information about the expected benefits and the risks of the recommended services and of the alternatives.
- 1.3 The dietitian should take all reasonable steps to ensure that consent is not given under conditions of coercion or undue pressure.
- 1.4 When a person lacks decisional capacity, dietitians must obtain consent for nutritional care from a substitute decision maker, subject to the laws in their jurisdiction.
- 1.5 Dietitians should endeavour to ensure that the substitute decision maker honours the individual's previously expressed wishes concerning treatment or, when these are unknown, acts in the individual's best interests.
- 1.6 Dietitians must remain sensitive to their position of relative power in professional relationships with individuals. They must not take physical, emotional or financial advantage of those individuals entrusted to their care. Dietitians must avoid other forms of abuse.
- 1.7 The dietitian must respect the right of individuals to refuse treatment or withdraw consent for care at any time, or to request a second opinion. The dietitian should be sensitive to nonverbal indications of a desire to discontinue and seek confirmation from the individual or substitute decision maker.
- 1.8 When discussing treatment options the dietitian should interpret controversial information without personal bias, recognizing that legitimate differences of professional opinion exist.
- 1.9 The dietitian should take all reasonable steps to ensure that the individual understands the information provided, and that the individual's questions have been answered. This is especially important when ethno-cultural or literacy issues apply.
- 1.10 The dietitian shall inform the individual of all fees for service and available methods of payment prior to providing the service.
- 1.11 Where a client's interests so require, the dietitian shall consult a colleague, a member of another professional association, or any other qualified person, or shall refer the client to one of those persons.
- 1.12 The dietitian provides professional services in response to the needs of the client regardless of ancestry, nationality, ethnic background, religion, age, gender, social and marital status, sexual orientation, political beliefs, or physical or mental disability.
- 1.13 The dietitian shall respect and protect the individual's right to physical modesty and psychological privacy.

- 1.14 The dietitian should continue to provide services until they are no longer needed; the patient requests discontinuation, another qualified dietitian has assumed responsibility for the patient; or the patient has been given adequate notice.
- 1.15 Dietitians who are on strike must take appropriate steps to protect the safety of clients once the union has approved the provision of an essential service.
- 1.16 The dietitian shall respect the confidentiality of information obtained in the practice of her or his profession.
- 1.17 The dietitian may divulge confidential information only when the individual consents to disclosure, when disclosure is required or permitted by law, or when disclosure is necessary to protect an incompetent client from harm. The extent of the disclosure should be limited in order to provide as much protection as possible to the individual's privacy.
- 1.18 The dietitian shall respect the client's right to consult her or his nutrition record and to obtain a copy thereof.

2.0 Dietitian as a Health Care Professional

- 2.1 The dietitian practices dietetics based on scientific principles and current information in the field of dietetics.
- 2.2 The dietitian assumes responsibility and accountability for personal competence in practice. She or he has an obligation to acquire new skills and knowledge in the areas of practice on a continuing basis to ensure safe, competent, and ethical dietetic practice.
- 2.3 The dietitian practices within her or his own level of competence. She or he seeks additional information or knowledge, or makes referrals as appropriate when the situation is beyond her or his level of competence.
- 2.4. Where the dietitian is called upon to collaborate with a colleague, she or he shall maintain her or his professional independence. If the task assigned is contrary to the standards of practice for dietetics, she or he should decline to act.
- 2.5 The dietitian shall avoid misleading statements, omissions, or false entries in any records relating to her or his practice.
- 2.6 The dietitian shall permit her or his name to be used for the purpose of verifying that dietetic services have been rendered only if she or he provided or supervised the provision of those services.

- 2.7 The dietitian shall withdraw from professional practice whenever circumstances exist that might impair her or his judgment and prevent the dietitian from practicing safely and without harm to her or his clients.
- 2.8 The dietitian accepts the obligation to protect clients, the public, and the profession by upholding this Code of Ethics and the profession's standards of practice. A dietitian shall report alleged violations of the Code of Ethics or the standards of practice to the appropriate provincial regulatory body for further investigation and resolution.
- 2.9 The dietitian upholds her or his responsibility to society by bringing forward concerns about unsafe practice or unethical conduct by other health care professionals to their appropriate regulatory body.
- 2.10 When called upon to do so, the dietitian provides objective evaluations of performance for employees and coworkers, candidates for employment, students, professional association memberships, awards or scholarships. The dietitian makes all reasonable effort to avoid bias in any kind of professional evaluation of others.
- 2.11 The dietitian assists the profession in improving its standards and values by identifying issues that are relevant to the provision of safe, effective and ethical nutritional care.
- 2.12 The dietitian shall assist in maintaining the integrity of the profession and shall refrain from any act derogatory to the dignity of the profession.

3.0 Dietitian as Employee

- 3.1 When seeking employment the dietitian accurately represents her or his qualifications and experience.
- 3.2 The dietitian should accept only those responsibilities which she or he is competent to perform. If asked to assume responsibilities beyond her or his present level of competence, the dietitian shall be willing to obtain further training prior to assuming these responsibilities.
- 3.3 The dietitian should only enter into agreements or contracts which allow her or him to act in accordance with this Code of Ethics and the profession's standards of practice.
- 3.4 The dietitian shall give priority to the needs of the individual receiving nutritional care. The dietitian should also consider the philosophy and policies of the employer and explore solutions to meet the needs of both the clients and the employer.
- 3.5 The dietitian should encourage and collaborate with her or his employer to develop and update policies and standards in order to improve the quality of service provided.

4.0 Dietitian as Teacher

- 4.1 When called upon to do so, the dietitian shares her or his dietetic knowledge with colleagues and, to the best of her or his abilities, provides mentorship and guidance for the professional development of students of dietetics.
- 4.2 The dietitian shall assume overall responsibility for the professional activities of students, interns, and trainee, and assigns tasks appropriate to their current level of competence. She or he should ensure that the client understands the status of a student, trainee or intern.
- 4.3 The dietitian should assist in the development of those who enter the discipline of dietetics by helping them to acquire a full understanding of the ethics, responsibilities and needed competencies of their chosen area(s).

5.0 Dietitian as Member of Health Care Team

- 5.1 When providing services as part of a health care team, the dietitian shall show respect for its members, recognize their expertise, share information and plan collaboratively to provide quality service to the client.
- 5.2 The dietitian should ensure that her/his action plan is consistent with the overall plan of the team, or should advocate on the client's behalf.

6.0 Dietitian as Researcher

- 6.1 The dietitian should participate in ethical and high quality research to expand the development of dietetic knowledge and practice.
- 6.2 Dietitians who conduct or assist in the conduct of research must observe established dietetic research ethics guidelines that are consistent with the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans and animals.

7.0 Dietitian as Business Person

- 7.1 The dietitian shall charge fair and reasonable fees, proportionate to the services rendered.
- 7.2 The dietitian shall not engage in or allow the use of, by any means whatsoever, advertising that is false, incomplete, or liable to mislead the public.

- 7.3 The dietitian should avoid real or perceived conflict of interest in which her or his professional judgment could be compromised. When circumstances make it impossible to avoid a conflict of interest it shall be disclosed to the client.
- 7.4 The dietitian shall not sell or promote any product, or act as an agent for the sale or promotion of any product, in such a manner as to mislead or create a false impression.

The Saskatchewan Dietitians Association acknowledges the College of Dietitians of Manitoba for the development of this code.

Appendix C- ETHICAL DECISION FRAMEWORK

When faced with a situation of ethical conflict or uncertainty dietitians may find the decision-making framework below helpful in determining a course of action. An ethical issue may also become clearer or be resolved by discussing it with colleagues or trusted others.

1. Identify the problem(s).

State the problem as clearly as possible. An ethical issue is not always black or white and may involve competing interests.

2. Identify the relevant issues.

- What are your personal or professional values related to the situation presented?
- Who are the others who are involved in or who may be impacted by the issue? What are their personal/professional values/beliefs/cultural issues?
- Is there a conflict between competing values? Interests? What is at stake?

3. Identify any relevant guidelines that apply.

What documents may provide guidance?

- Legislation
- Professional standards or practice guidelines
- Workplace or business policies/guidelines

4. Identify the sections of the *Code of Ethics* that apply.

What guidance is provided by the *Code of Ethics*?

5. Generate options or possible courses of action.

There may be multiple strategies to resolve the issue.

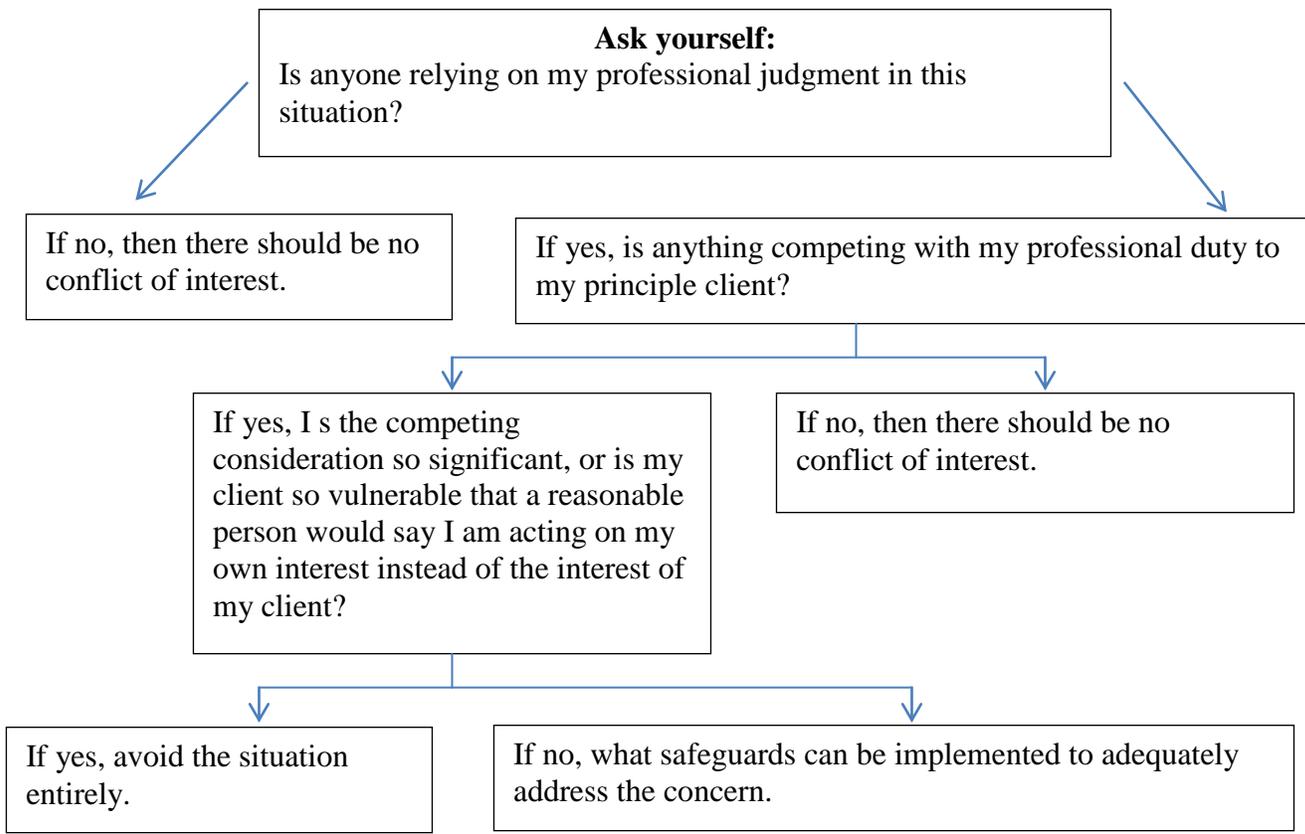
6. Evaluate the options or possible courses of action based on consideration of the issues, consequences, pros/cons.

To help you evaluate the possible courses of action consider:

- **Does the decision have legal implications?**
Will you be violating any laws, SDA bylaws or Standards of Practice, workplace policies or guidelines?
- **Is the decision balanced?**
Is it fair and beneficial to all concerned in the short term as well as the long term? Does it promote a win/win situation/relationship?
- **How will the decision, if acted upon, make you feel or be perceived?**
Will you feel you made the best decision in the circumstances? How do you think others would view your decision? What if your decision was published in the newspaper?

Source: College of Dietitians of Alberta

Appendix D- Conflict of Interest in Dietetic Practice



DORM Principle

Certain situations can be managed using the safeguards outlined in the DORM principle:

Disclose- At the earliest opportunity, RDs should disclose the nature of the conflict to the client.

Options- Inform the client of his/her alternatives and assist in arranging for alternatives when requested.

Reassurance- Reassure clients that choosing another product or service will not affect the quality of the professional services to them;

Modification- Making small modifications can remove or greatly reduce the potential for conflict of interest.

Examples of situations that should be avoided entirely:

- Receiving a benefit for referring a client to any other person or company
- Offering a benefit to another when you receive a referral of a client; or
- Engaging in an arrangement, like a lease, where the amount paid is based on the volume of services that RD generates

Source: College of Dietitians of Ontario, Winter 2015 Resume

Appendix E- Best Practice Privacy Principles and Compliance Actions

	Fair Information Principle	Recommended Compliance Actions
1	<p>Be accountable- ensure compliance with the legislation.</p> <p><i>HIPA reference: "trustee" as defined in Part 1- Interpretation</i></p>	<ul style="list-style-type: none"> • Ensure someone in the office/clinic assumes the role of "privacy officer"- the person who is responsible for understanding the legislation and ensuring policies and processes are in place to protect the collection, use and disclosure of clients' and employees' personal information.
2	<p>Identify purpose- before or at the time of collection, identify the purpose for collecting personal information.</p> <p><i>HIPA reference: Section 9 (Right to be informed)</i></p>	<ul style="list-style-type: none"> • State purposes in writing whenever personal information or personal health information is requested. • Do not collect personal information or personal health information if the purpose for collection can not be stated.
3	<p>Obtain consent- provide information and obtain consent for the collection, use and disclosure of personal information, including the consequences of consent not being provided.</p> <p><i>HIPA reference: Section 6 (Consent)</i></p>	<ul style="list-style-type: none"> • Prior to obtaining consent, ensure clients and employees understand who will have access to the information, how it will be used and when and how it will be disclosed. • Obtain written or verbal consent; implied consent is given when clients and employees provide answers to posed questions. • Consent may be withdrawn subject to legal reason and reasonable notice. • Be sure to check the legislation if you are unsure whether information should be disclosed (with or without consent – HIPA outlines this)
4	<p>Limit collection- collect only information that is required to fulfill the stated purpose.</p> <p><i>HIPA reference: Section 24 (Restrictions on Collection)</i></p>	<ul style="list-style-type: none"> • Review questions on forms for relevance and delete any not relevant to stated purpose • Identify optional questions

	Fair Information Principle	Recommended Compliance Actions
5	<p>Limit collection, use, disclosure and retention - use personal information and disclose it to another person only for the purpose it was collected; keep personal information or personal health information only as long as required.</p> <p><i>HIPAA references: Section 23 (Collection, use and disclosure on a need-to-know basis), Section 27 (Disclosure)</i></p>	<ul style="list-style-type: none"> • Limit use of personal information to the purposes stated; contact information must be used for business purposes only, not personal • Do not disclose an individual's information to anyone unless written or verbal permission is obtained and recorded. • Keep information only as long as required for the stated purpose or as required by law • Shred paper records once usefulness is over; destroy discarded computer hard drives and ensure the destruction is done in a confidential manner. You are still responsible for records under HIPA if they are destroyed improperly. • In consultation with a lawyer and/or the Ministry of Health, determine a retention period for clients records and former employee's files.
6	<p>Ensure accuracy- ensure personal information collected is complete, current and accurate as needed to fulfill stated purpose.</p> <p><i>HIPAA reference: Section 19 (Accuracy)</i></p>	<ul style="list-style-type: none"> • Review and update personal information on a regular basis. • HIPA outlines the trustees responsibility to ensure records are complete and accurate
7	<p>Use safeguards- protect against unauthorized access, disclosure, use copying or modification of all personal information, regardless of the format.</p> <p><i>HIPAA reference: Section 16 (Duty to Protect), Section 17 (Retention and destruction policy)</i></p>	<ul style="list-style-type: none"> • Keep all records (computer and paper) containing personal information or personal health information safe from public view and from access by unauthorized individuals. • Do not discuss client and employee information in a public area • Allow employee access to client records on a "need to know" basis • Store records in a lockable cabinet/drawer when not in use and at night; lock nightly • Back up computer records regularly and store in a safe, un-obtrusive place • Ensure computers have technological safeguards to protect against unauthorized access

	Fair Information Principle	Recommended Compliance Actions
8	<p>Be open- communicate policies and practices.</p> <p><i>HIPA reference: Section 9 (Right to be Informed)</i></p>	<ul style="list-style-type: none"> • Publish a privacy policy for clients which includes information about accessing their personal records • Include a privacy statement on emails, computer and fax forms • Ask staff members to sign confidentiality agreements
9	<p>Provide individuals access- provide clients and employees access to their personal records on request to ensure accuracy and completeness.</p> <p><i>HIPA reference: Section 12 (Right to access by individuals) and Part V- Access of Individuals to Personal Health Information</i></p>	<ul style="list-style-type: none"> • Write all health records in an objective and professional manner, following standards accepted by the profession • Develop a policy that enables employees and clients to obtain access to their personal file on request and to assist the patient should they require interpretation of their file.
10	<p>Provide a challenge process- provide a process for clients and employees to challenge compliance.</p> <p><i>HIPA reference: Section 13 (Right to request amendment) and Part V- Access of Individuals to Personal Health Information</i></p>	<ul style="list-style-type: none"> • Develop a process for monitoring the office's compliance with privacy legislation. • Develop a clear and simple process to manage complaints about the office's privacy policy or access to information process

For more information, see the following references:

Health Information Protection Act- www.health.gov.sk.ca/health-information-protection-act

Office of the Saskatchewan Information and Privacy Commissioner- www.oipc.ca

Appendix F- Definition of Professional Misconduct and Professional Incompetence

The Discipline Committee may find a Member guilty of **professional misconduct** who:

- (a) guarantees a cure either verbally or in writing or by advertising or otherwise;
- (b) advertises, promotes, and/or does other marketing activities that are inaccurate and are misleading to the public and without limiting the foregoing directly or indirectly:
 - (i) misrepresent facts;
 - (ii) compare either directly, indirectly or by innuendo, the Member's services or ability with that of any other practitioner or clinic, or promises or offers more effective service or better results than those available elsewhere;
 - (iii) deprecate another Member or clinic with respect to service, ability or fees;
 - (iv) create an unjustified expectation about the results the Member can achieve;
 - (v) be made under any false or misleading guise, or takes advantage, either physically, emotionally or financially of any patient, or uses coercion, duress or harassment;
 - (vi) be incompatible with the best interests of the public or Members, or tends to harm the standing of the dietetic profession generally;
 - (vii) contain any testimonial or discloses the names of clients; or
 - (viii) contain any reference to a specific brand of drug, device, or equipment.
- (c) abused a client physically, sexually, verbally or psychologically;
- (d) engaged in the practice of dietetics, when the ability to perform any act in such practice is impaired by alcohol or drugs;
- (e) influenced a client to change the client's last will and testament;
- (f) misappropriated property belonging to a client, employer or fellow employee;
- (g) failed to report misconduct of a Member or colleague;
- (h) failed without reasonable cause to respond to inquiries from the Association regarding alleged professional misconduct; and
- (i) conspired to participate in any act of misconduct or counseled a participant in any act of misconduct.

For the purpose of 4(c), sexual abuse may include but is not limited to:

- a) sexual intercourse or any other form of sexual activity between a client and a Member;
- b) touching of a sexual nature between a client and a Member including, but not limited to:
 - i) touching or massaging breasts or pelvic are, or any sexualized body part; and
 - ii) kissing of a sexual nature
- c) behavior or remarks of a sexual nature between a client and Member including but not limited to:
 - i) verbal or written comments, inappropriate procedures, gestures or expressions that are seductive or sexually demeaning to the client;
 - ii) deliberately watching a client dress or undress where it is unrelated to the provision of the Member's services;
 - iii) questioning the client regarding the client's sexual performance, history or orientation where it is unrelated to the provision of the Member's services; or
 - iv) discussion of a client's sexual performance, history or orientation where it is unrelated to the provision of the Member's services.

The Discipline Committee may find a Member guilty of **professional incompetence** who:

- (a) endangered the safety of a client;
- (b) wrongfully abandoned a client;
- (c) failed to comply with any applicable law respecting the collection, use, handling or disclosure of personal information (including, without limitation, personal health information);
- (d) failed to maintain or falsified any client record;
- (e) failed to inform an employer of the dietitian's inability to accept specific responsibility in areas where special training was required or where the dietitian did not feel competent to function without supervision;
- (f) failed to report serious incompetence of a Member or colleague;
- (g) failed to comply with the *Code of Ethics* of the Association and failed to comply with established standards of practice; and
- (h) failed, without reasonable cause, to respond to inquiries from the Association regarding professional incompetence.