Saskatchewan College of Dietitians

DRAFT - Guide to the Registered Dietitian Specialty Practice Model

We thank and acknowledge the College of Registered Nurses of Saskatchewan and College of Registered Psychiatric Nurses of Saskatchewan for allowing us to adopt their frameworks for Registered Nurses Specialty Practices and Beyond Entry Level Competencies.

Introduction

The Saskatchewan College of Dietitians (SCD) regulates dietitians in compliance with *The Dietitians Act,* current entry to practice competencies (ICDEP v.3), Standards of Practice and the Code of Ethics. As *The Dietitians Act* is template legislation and does not include a section on authorized practices, the scope of practice for dietitians is understood to encompass the knowledge, skills, and judgment attained through the training required for registration and through dietetic practice. SCD has also developed a scope of practice statement that articulates what dietitians are educated and trained to do.

The SCD Regulatory Bylaws define specialized areas of practice (see Appendix 1) that are beyond entry-level competence and this guidance document explains how to use the Registered Dietitian Specialty Practice (RDSP) model to optimize dietetic practice to achieve safe, accessible and client centered care in the best interest of the public.

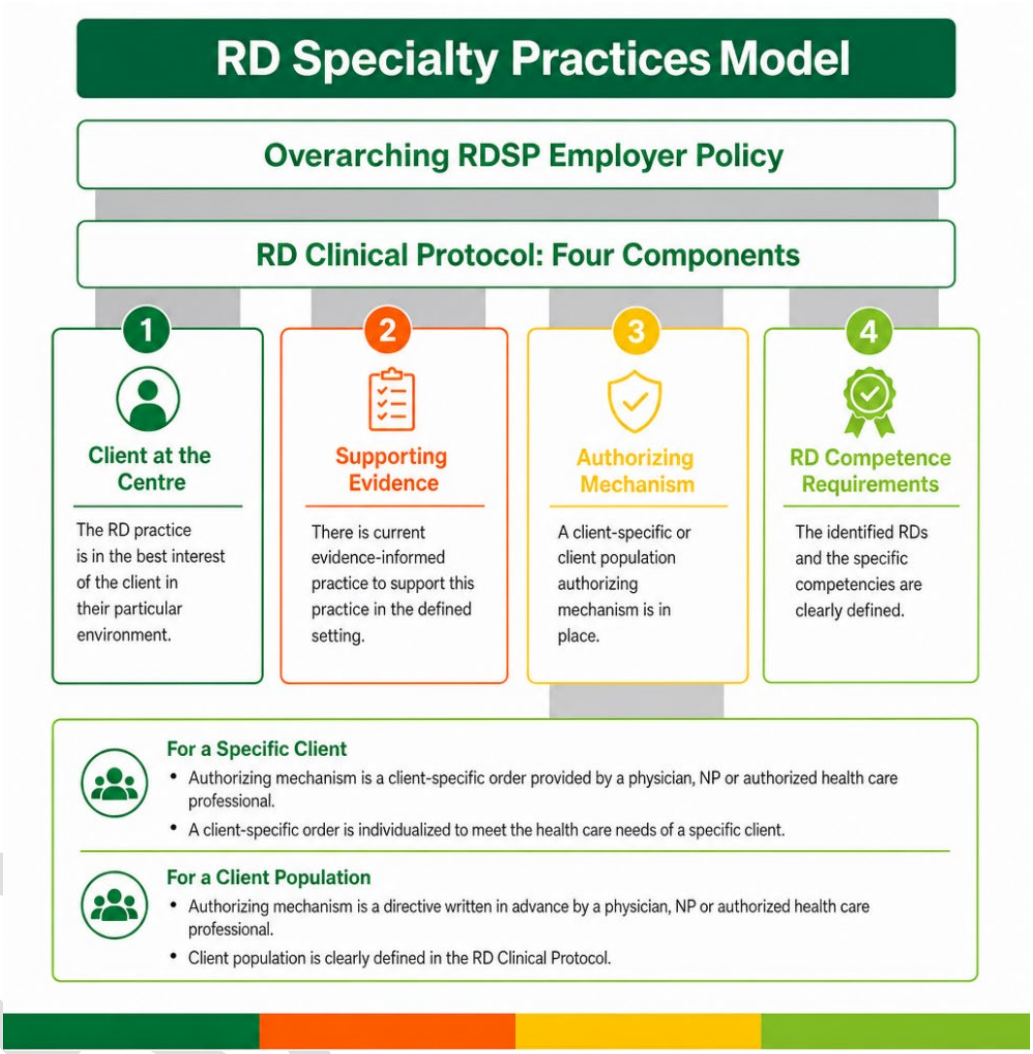
The RD Specialty Practice Model

The RDSP model provides a framework for activities beyond entry-level competence and within the recognized dietetic scope of practice. RDSPs must be supported by an overarching employer policy that indicates RDs may provide the RDSP in the employer-defined practice environment. The RDSP model is intended to be developed collaboratively with partners (e.g., RDs, employers, clinical experts, interprofessional team members, etc.). RDs and employers share the responsibility of ensuring the RDSP is within the recognized scope of practice of RDs and that RDs have the personal competence to safely engage in the RDSP.

In all practice settings, RDs have the obligation to comply with the current SCD Standards of Practice and Code of Ethics as a foundation for their practice. RDs use reflective decision-making, critical thinking and clinical reasoning to determine the appropriateness of implementing the RDSP. This includes determining the associated risks, contraindications, available resources (human or otherwise) and the ability to manage potential intended or unintended outcomes.

RD Clinical Protocol

An RDSP is enabled through an RD Clinical Protocol. These protocols are developed through collaboration between the employer, if applicable, RDs and other health care professionals who have an awareness of the care environment and are clinical experts. Collaboration with RDs in other similar practice environments across Saskatchewan and Canada may also be beneficial to strengthen and standardize the process.



RD Clinical Protocols must contain all four essential components as shown in the graphic at right. While employers are not required to submit their protocol to SCD for approval, two template/checklists are provided in Appendix B to help guide development.

Roles and Responsibilities

When establishing RDSPs, all partners actively collaborate and participate in the development of the RDSP. Partners must understand their roles and professional responsibilities while recognizing and having an awareness of the roles and professional responsibilities of others.

Employer Role and Responsibilities

Employers play a key role in meeting the needs of the public by establishing RD Clinical Protocols for RDSPs. Employers:

- recognize they may limit RD scope of practice but cannot expand it outside of the specialized areas of practice identified in the SCD Regulatory Bylaws (see Appendix 1);
- recognize that employer policies cannot supersede SCD Standards of Practice;
- approve the RD Clinical Protocol, which is consistent with the overarching RDSP policy;
- ensure the speciality practice is in the best interest of the client in their environment;
- establish the timeline for the review of the RD Clinical Protocol and evaluate the impact on care delivery, revising the Protocol, as required;

- support the communication, accessibility and uptake of the RD Clinical Protocol with partners in the defined practice environment;
- engage the appropriate individuals/team members (e.g., clinical educators, RDs, Nurse Practitioners [NP], clinical experts and physicians) in a collaborative process, consulting with others (e.g., managers, directors, pharmacists, quality assurance/risk managers, laboratory services, etc.), as required;
- consult and obtain clarity on recognized scope of practice and professional responsibilities, as needed;
- assess and provide the essential human and environmental resources to safely endorse RDSP;
- describe the risks associated with the RDSP and develop a mitigation strategy for those risks;
- develop a RD Clinical Protocol that incorporates the four essential components prior to implementing the RDSP;
- describe the documentation and communication requirements;
- define the inclusion and exclusion criteria of the intended client or client population within the practice environment;
- identify the indicators and the process for consultation/collaboration/referral for clinical situations when immediate consultation with a physician or NP is required;
- provide and support initial opportunities for RDs to acquire specialized competencies specific to the RDSP through appropriate education and clinical skill development; and,
- provide and support ongoing competence opportunities, as indicated in the RD Clinical Protocol, or when RDs self-assess and identify learning needs.

When developing, maintaining and evaluating RD Clinical Protocols, the critical element is ensuring the client remains at the centre of care. The client and their environment are closely linked. Employer decisions should consider both the client's needs and available resources.

Authorizer Role and Responsibilities

The authorizing mechanism is one of the essential components of the RD Clinical Protocol and must be obtained prior to implementing the RDSP in an employer setting or self-employed practice. Authorization can be provided by a physician, NP, or other authorized health care professional.

Authorizers play a key role in establishing RD Clinical Protocols. Authorizers of RD Clinical Protocols:

- comply with their regulatory body's legislation and bylaws;
- demonstrate competence in the related speciality practice;
- ensure the RD, who will be providing the services, has the appropriate knowledge, skill and judgment;
- ensure requirements for consultation with the authorizer are clear;
- provide professional expertise;
- ensure that the RD Clinical Protocol incorporates the other three essential components prior to providing the authorization for the RDSP;
- actively participate in the development, maintenance and evaluation of the RD Clinical Protocol;
- accurately completes the authorizing mechanism;

- have the capacity to manage unintended outcomes, and provide oversight and supervision, as required;
- ensure timely and ongoing evaluation of the RD Clinical Protocol, including the assessment that the RD Clinical Protocol is meeting the intended health outcomes;
- may choose to renew the authorizing mechanism, if assuming the professional responsibility for the continuation of the RD Clinical Protocol, completing the required documentation;
- provide a dated directive that indicates the period the directive is effective for; and,
- may revoke authorization at any time, when deemed necessary.

Essential Components of RD Clinical Protocols

RD Clinical Protocols contains four essential components:

1. Client at the Centre.
2. Supporting Evidence.
3. Authorizing Mechanism.
4. RD Competence Requirements.

All four components of the RD Clinical Protocol must be established prior to implementation of the RDSP. RDs at the point of care must also possess the capacity to determine if the implementation of the RDSP meets all the essential components at each client interaction. Each component is of critical importance to help ensure safe, competent and ethical care.

Questions to explore when developing an RD Clinical Protocol:

1. **Client:** Is the RD practice in the best interest of the client in their particular environment?
2. **Supporting Evidence:** Is there current evidence-informed practice to support this practice in the defined setting?
3. **Authorizing Mechanism:** Which authorized prescriber will provide the authority for the RD Clinical Protocol? Does the health care provider have the authority to authorize the RD Clinical Protocol in the practice environment? Has authority been obtained? Will the RDSP be for an individual client or a client population?
4. **RD Competency Requirements:** Are the RDs who can perform this RDSP and the specific competencies defined in the RD Clinical Protocol?

These questions, although not exhaustive, form the foundation for RD Clinical Protocols. To support the development, documentation, communication and ongoing evaluation of the RD Clinical Protocol, a checklist may be used (2 examples provided in Appendix B).

1. Client at the Centre of the RD Specialty Practice

Within the RDSP model, there is an opportunity for clients and client populations to receive beyond entry-level care through the optimization of dietetic practice consistent with the specialized areas of practice identified in the SCD Bylaws. RDs engage in the nutrition care

process with clients or client populations who meet the required criteria, when assessed, using an RD Clinical Protocol.

When creating an RD Clinical Protocol, it is important to first consider what is in the best interest of the client in their environment. Inclusion criteria for which client or client population can be cared for and the potential risk to the client should be considered and addressed in the RD Clinical Protocol. In all practice environments, risks need to be identified and mitigated to enable RDSP implementation. Through optimized RD practice, the client is supported to receive timely, safe, competent and ethical care.

The Environment Surrounding the Client

A critical factor in the assessment of the client's needs and interests is to determine that the environment has the appropriate resources to meet the practice requirements described in the RD Clinical Protocol. This includes but is not limited to appropriate equipment, health care personnel and contingency plans for client transfer to an alternate care provider in the current practice environment, or transfer to a different practice environment or facility, as well as other environmental resources for effective application of the RDSP in the interest of the client or client population. Decision-makers must consider the resources available in their practice environment. Implementing an RDSP in one practice setting may not be appropriate in another due to differences in the availability of health care team members with specialized expertise and/or equipment, supplies or other resources.

Prior to engaging in an RDSP, the RD assesses the environment to ensure it supports RDs to meet their professional and ethical obligations. If the appropriate resources outlined in the RDSP are absent or unavailable, RDs advocate for client safety and for the availability or access to the required resources to safely, competently and ethically perform the RDSP. RDs use internal safety procedures for the purposes of client or client population advocacy and escalation of safety concerns, as needed. Simultaneous assessment of client and environmental factors helps to support the development of a robust RD Clinical Protocol and its delivery.

2. Supporting Evidence for the RD Specialty Practice

RDSP can only be developed for the areas of specialized practice identified in the SCD Bylaws. Once it has been determined that the development of an RD Clinical Protocol is in the best interest of the client or client population, evidence needs to be gathered to support the specialty practice. Current evidence gathering includes but is not limited to peer-reviewed literature, applicable legislation, clinical practice guidelines, evidence-informed practices, cultural considerations, safety practices, nutrition care process elements and competency requirements. Next, determine if there is evidence to support the implementation of the RDSP in the identified practice environment. The evidence also includes an employer assessment of the resources required in the environment in which the RDSP will occur. All requirements are described clearly in the RD Clinical Protocol.

The RD Clinical Protocol should contain evidence-informed process steps for the specialty practice and the nutrition care process including nutrition assessment, nutrition diagnosis/problem, nutrition intervention and evaluation. Relevant treatment plans, protocols, procedures and interventions, including laboratory tests and medications, are clearly described in the RD Clinical Protocol and authorized by client-specific orders, order sets or medical

directives. The communication and documentation requirements are also included in the RD Clinical Protocol.

When considering the evidence component of RDSPs there needs to be assurance that:

- evidence affirms that the RDSP is in the best interest of the client in their current environment;
- evidence indicates that the practice is consistent with recognized RD scope of practice and all other relevant legislation;
- interprofessional collaboration is evident in the development, maintenance, and evaluation of the RD Clinical Protocol in the practice environment, as appropriate;
- evidence informs the frequency of the RD Clinical Protocol evaluation;
- ongoing evaluation of various sources of data related to the RDSP, including but not limited to incident reports, foundational education curriculum inclusion, certification maintenance and population data;
- evidence informs the nutrition care process contained in the RD Clinical Protocol;
- evidence informs the competency requirements for the practice;
- cultural competency and safety for the RDSP have been taken into consideration and incorporated into the RD Clinical Protocol; and,
- the risks, limits and immediate consultation requirements are described.

3. Authorizing Mechanisms for RD Specialty Practice

The following authorizing mechanisms provide RDs with the authority to implement an RD Clinical Protocol once they have obtained the competency requirements to manage the client or population outlined in the protocol. The two authorizing mechanisms within the RDSP model are client-specific orders (for individual clients) and directives (for a client population). The authorizing mechanism is specified in the RD Clinical Protocol and must be documented according to professional standards, relevant legislation and employer policies.

Client-Specific Order

A client-specific order provided by a physician, NP or other authorized health care professional is required to authorize the care described in an RD Clinical Protocol when it applies to an individual client. A client-specific order is individualized to meet the health care needs of a specific client.

Directive

A directive is a written order that identifies the client population described in the RD Clinical Protocol. A directive is always authorized in advance by a physician, NP or authorized health care professional. Directives may be written by a physician, NP or authorized health care professional, who has the legislated scope of practice, possesses the knowledge, skills and judgement to implement the directive safely, and has the employer authority to authorize the specific RDSP for the practice environment, if required.

4. RD Competency Requirements for the RD Specialty Practice

The employer determines which RDs are approved to perform a specific RDSP in the practice environment. Employers also determine the competency requirements and education for RDs to provide the RDSP. RDs and employers participate in a collaborative process to inform and define initial and ongoing competency requirements for RDs involved in the RDSP, as outlined in the RD Clinical Protocol.

Questions to consider include, but are not limited to:

- What are the specialized competencies that are required to safely perform the RDSP?
- What are the specialized competencies required to manage unintended outcomes?
- Can the specialized competencies and the related education be acquired by the individual RD?
- What is the education plan for providing RDs with the initial and ongoing specialized competencies to meet the client's needs?
- Are there education courses developed by expert health care organizations or other evidence-informed practice resources that can be used to develop the specialized competencies, or does the employer need to create them?
- Which qualified professionals will be available to teach the RDSP competency requirements?
- Is there a practical component when obtaining the specialized competencies that will require supervision? If so, who will provide the supervision?
- Has the frequency of performing the activity in the practice environment been determined? Does the frequency of performing the activity support competency?
- Are there situations where the frequency of performing an activity is low, but RD competence is required? Are plans for these situations defined in the RD Clinical Protocol?
- What opportunities are there for RDs to maintain their specialized competencies?
- Are records of RD specialized competencies required? If so, how are these records maintained and who has access to them?

The determination of the need for timely, safe, competent and ethical care is considered throughout the process of development, implementation, and evaluation of the competency requirements for the RDSP. RDSPs determined to have less unanticipated or unpredictable outcomes may require less formal education and/or supervision. RDSPs with a higher risk of unpredictable outcomes may require more specialized education and/or supervision.

When RDs have completed the education and have the required competencies to safely perform the RDSP, they may do so, per RD Clinical Protocol.

Summary

The RDSP model provides a framework for activities beyond entry-level competence identified in the SCD Bylaws as specialized areas of practice. RD Clinical Protocols are developed collaboratively by employers and RDs. Employers support safe and competent practice by ensuring all four essential components of the protocol are in place. Authorizing mechanisms provide the authority for RD Clinical Protocols, and authorizers provide their professional expertise and participate in the development, maintenance and evaluation. RDSPs support safe, competent and ethical client care by optimizing RD practice.

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Appendix A

****PROPOSED (NOT YET APPROVED) Specialized Areas of Practice

Adjustment of insulin

15.1 (1) In this section:

"adjustment of insulin" means to recommend and manage insulin dose changes on an existing prescription in order to support diabetes self-management, in collaboration with the client and other members of the health care team;

"authorized prescriber" means a person who is authorized to prescribe insulin in accordance with *The Drug Schedules Regulations*;

"prescription" means a prescription as defined in *The Pharmacy and Pharmacy Disciplines Act.*

(2) No registrant shall make an adjustment of insulin dose on an existing prescription unless the registrant:

(a) has successfully completed post-basic education;

(b) has demonstrated competence acceptable to their employer;

(c) practices pursuant to an employer-supported clinical protocol; and

(d) performs adjustment of insulin pursuant to a client-specific order, or a directive for a defined client population, issued by an authorized prescriber.

Dysphagia Clinical Swallowing evaluation

15.2 (1) In this section:

"clinical swallowing evaluation (CSE)" means a clinical assessment of swallowing safety and efficiency to determine need for instrumental swallow study. A CSE includes review of the patient's medical history, respiratory function including recent/relevant chest imaging, oxygen demands, history of respiratory infections, medication effects, and reported/observed swallowing difficulty, completion of oral mechanism and cranial nerve examination, and provision of oral trials of specific diet textures (IDDSI 0, 4, and 7 only), if appropriate. The residents will be assessed for mastication and oral clearance, and overt signs and symptoms of aspiration suggestive of possible airway invasion.

(2) No registered dietitian shall perform a dysphagia clinical swallowing evaluation unless the registrant:

(a) has successfully completed post-basic education;

(b) has demonstrated competence acceptable to their employer; and

(c) practices pursuant to an employer-supported clinical protocol.

Parenteral nutrition order writing

15.3 (1) In this section:

“parenteral nutrition order writing” means to initiate, change or cease the order for parenteral nutrition formulations (e.g. amino acids, dextrose, lipids, vitamins, minerals, electrolytes and trace elements) for the purposes of nutrition support;

“authorized prescriber” means a person who is authorized to prescribe scheduled drugs in accordance with *The Drug Schedules Regulations*;

(2) No registered dietitian shall perform parenteral nutrition order writing unless the registrant:

(a) has successfully completed post-basic education;

(b) has demonstrated competence acceptable to their employer;

(c) practices pursuant to an employer-supported clinical protocol; and

(d) performs parenteral nutrition order writing pursuant to a client-specific order, or a directive for a defined client population, issued by an authorized prescriber.

Insertion or removal of enteral feeding tubes

15.4 (1) In this section:

“nasogastric tube” means a tube that is passed through the nose and down through the nasopharynx and esophagus into the stomach.

“orogastric tube” means a tube that is passed through the mouth and down through the oropharynx and esophagus into the stomach.

“balloon retained gastrostomy tube” is a feeding tube inserted directly through the abdomen into the stomach and held in place by an inflatable balloon.

(2) No registered dietitian shall insert or remove a naso/oro-gastric feeding tube or remove and replace water in a balloon-retained gastrostomy feeding tube or remove and replace a balloon-retained feeding tube unless the registrant:

(a) has successfully completed post-basic education;

(b) has demonstrated competence acceptable to their employer;

(c) practices pursuant to an employer-supported clinical protocol; and

(d) performs insertion/removal of a feeding tube pursuant to a client-specific order, or a directive for a defined client population issued by an authorized provider.

Appendix B –Clinical Protocol Checklist

Two checklist options are provided to support development of an overarching employer policy and clinical protocol when required by the dietitian to engage in a specialized area of practice that is within the dietetic scope of practice. SCD does not required this document to be submitted for approval.

Option 1- *Adapted from the *College of Registered Psychiatric Nurses of Saskatchewan's Beyond Entry-Level Competencies Guideline*

Policy and Protocol

RD Specialty Practices that are not supported by direct language in the Dietitians Act must be supported by comprehensive policies and a clinical protocol to support safe implementation. This includes:

- supporting evidence (references)
- being based on the needs of the client within the client's environment.
- client is defined as individual, group, family, community, or population.
- the specialized practice aligns with SCD Regulatory Bylaws.
- an authorizing mechanism is in place for the certified practice, as necessary. An authorizing mechanism signed by an authorized provider, if required, may include:
    a. Client-specific order (for an individual client)
    b. Directive (for a client population). Describe the specific population:_____
- client-specific assessment factors are outlined for the implementation of the certified practice.
- potential risk factors or contraindications for use are identified.
- resources are available within the environment to support the safe implementation of the specialized practice.
- indications for consultation, collaboration, or referral for any clinical decisions beyond the scope of the individual dietitian are identified.
- additional education requirements are clearly identified.
- there is a plan in place to support the maintenance of competence.
- the standard employer process for approval of policies is followed.
- Regular review of the policy/protocol.

Additional Education

Dietitians must complete additional post-basic education prior to implementing an RD specialty practice. When it is not specified by SCD, the additional education is developed and approved by the employer.

- The required additional education builds upon entry-level competencies to provide the learning experiences necessary for dietitians to achieve competence with the practice.
- The education is evidence-informed,
- Specifies the details of initial and ongoing competency requirements.

Option 2- Adapted from the *College of Registered Nurses of Saskatchewan's RN Specialty Practice Guideline*

This RD Clinical Protocol Checklist is intended and may be utilized for the development, implementation and evaluation of the RDSP for employers and/or self-employed registrants. This checklist may also serve as a means of documentation of the RDSP development, implementation, evaluation and evolution for internal purposes. This checklist is not exhaustive and may be modified by the user. The SCD does not require RDSP to be submitted for approval.

RD Clinical Protocol Checklist

Title of the RDSP

Prepared by: _____ Effective date: _____

Approved by: _____ Review date: _____

Ensure the following:

☐ There is an overarching RDSP employer/self-employed policy

☐ The RD Clinical Protocol is consistent with the overarching RDSP employer/self-employed policy

☐ The beyond-entry level activity is within the legislative scope of RD practice

Client at the Centre

☐ Affirmation it is in the best interest of the client or client population

Supporting Evidence

Current evidence needs to be gathered to support the RDSP. Evidence gathering includes but is not limited to:

☐ Determination of the appropriate practice environment

☐ Required resources

☐ Engagement in the nutrition care process: assessment, nutrition diagnosis, planning, implementation, and evaluation

☐ Immediate consultation requirements, including care escalation

☐ Risk mitigation and management

☐ Documentation requirements

☐ Cultural competence

☐ Communication processes

☐ References

Additional Evidence:

Authorizing Mechanism

☐ Client-specific Order (For an individual client)

☐ Directive (For a client population)
Describes the specific population to which the RDSP applies:

☐ Physician, NP or other authorized health care professional:

Authorizer (Print): _____

Authorizer (Signature): _____ Date: _____

RD Competency Requirements

☐ Currently licensed with the SCD
☐ Specifies the details of initial and ongoing competency requirements

☐ Specifies which RDs in which practice environments, geographic locations, employer, etc. who are approved to perform this RDSP:

Practice environment: _____
Geographic location: _____
Which RDs in the practice environment (e.g. diabetes educator): _____