

Jurisprudence Workbook



Saskatchewan
College of Dietitians

Introduction

The Saskatchewan College of Dietitians, formerly the Saskatchewan College of Dietitians, is the regulatory body for dietitians in Saskatchewan. SCD'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 register with SCD, they are given instructions on how to access key SCD documents (Code of Ethics, Standards of Practice and Bylaws) electronically from the website. Although these documents form the base of the standards to which SCD 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 SCD'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 and SCD Bylaws, Code of Ethics, Standards of Practice as well as applicable provincial laws (i.e. privacy).

The Dietitians Act

The Dietitians Act is the provincial legislation that creates SCD as an entity and delegates the responsibility of regulating dietitians to them. It includes a duty and objects clause that specifies that it is the duty of SCD to at all times exercise its power and discharge its responsibilities in the public interest and not in the interests of the members. 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.

The Regulated Health Professions Act (RHPA) is provincial umbrella legislation that will replace all of the existing legislation for each individual health profession (eg. Dietitians Act, Nurses Act) and will bring consistency to the registration, governance, complaints and discipline processes of the 23 regulated health professions in Saskatchewan. Although the RHPA received Royal Assent in May 2025, it is not yet in effect. We do not have a definitive timeline for implementation, but we know that the physician and nursing professions will be the first professions to be brought under the RHPA and that we will continue under the Dietitians Act until such time it is in effect for us.

SCD Bylaws

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

Administrative bylaws 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 deal with fees charged by the College (application, licensing, exam).

Regulatory bylaws (updates pending) deal with issues such as categories of licensure, registration requirements, license renewal requirements and the quality assurance program of the continuing

competence program. Amendments to the regulatory bylaws require the approval of the Minister of Health.

Mission Statement

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

Vision: Excellence in dietetic regulation to advance optimal health for the residents in Saskatchewan.

Mission: Protecting the public by establishing, monitoring and enforcing the standards of the dietetic profession.

Competence at Entry to Practice and Beyond

As identified in the mission statement, one of SCD's key roles is to protect the public by establishing the entry to practice requirements for registration. To be registered with SCD, candidates must submit the required forms and payment, be graduates of approved academic and practical training programs within the previous three years (or if trained outside of Canada, have demonstrated substantial equivalence to an approved program), demonstrated English language proficiency and be of good character.

Completion of an approved dietetic program provides verification that candidates have been trained to the Integrated Competencies for Dietetic Entry to Practice v.3.0 (accessed [here](#)) which have been validated as being reflective of entry to practice dietetics in Canada. SCD 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 SCD, they must participate in a mandatory continuing competence program. Click [here](#) to access the most recent SCD Continuing Competence Program Member Workbook. The continuing competence program is an opportunity for the dietitian to reflect on their practice and take action to improve continually and to stay current in their dietetic practice. The continuing competence program of the Saskatchewan College of Dietitians 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 can be expected of and by a profession. The Standards of Practice used by SCD (found in Appendix A and at this [link](#) in their entirety) were updated in 2018. The standards of practice represent the minimum practice performance expected of dietitians in the delivery of safe, competent, ethical services. They are one element of a continuum of documents such as legislation, Code of Ethics and Practice Guidelines that shape and guide the practice of the profession. The standards are intended to be broad enough to be applicable to dietitians in a wide variety of settings. Each standard also refers to other related standards and to other resources to provide additional guidance on selected topics. Practice guidelines on the following topics can be accessed through the SCD website using this [link](#): artificial intelligence, consent, documentation, social media, medical assistance in dying, independent practice, marketing/advertising and virtual dietetic practice.

Code of Ethics

Part of SCD member's professional obligations is the compliance with the code of ethics for the dietetic profession. The SCD 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 core values of the dietetic profession and various roles of dietitians. The bylaws identify that failure to comply with the code of ethics is professional incompetence and/or misconduct. 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 responsibility statements in the code of ethics and the standards of practice raise several important professional practice issues including consent, conflict of interest and boundaries, which will now be further explained and explored as these are important elements of being a professional.

Consent

As indicated in the professional standards, prior to providing any service, informed consent must be obtained and documented. Informed consent according to the SCD Code of Ethics sections 1.2-1.10 means providing the client with information regarding the nature of the treatment or service to be provided along with its expected benefits, possible risks and side effects, alternate courses of action and the likely consequence of no action. Consent must be related directly to the treatment/service (which includes fee, services and/or billing practices), be based on full disclosure of the likely risks and benefits and be given voluntarily.

In Saskatchewan, there is no minimum age of consent for health services as consent is deemed to be based on capacity, not age. If a client is not capable of giving informed consent, a substitute decision maker must be identified and the dietitian should endeavor to ensure the substitute decision makers honors the individual's previously expressed wishes concerning treatment and when no known, acts in the individuals, best interest. For more information on consent, refer to The [Health Care Directives and Substitute Decision Makers Act](#), the SCD Guideline on Consent (accessed [here](#)) and/or the College of Dietitians of BC resource on "Consent to Nutrition Care" (accessed [here](#)) which explores more in depth the concepts of mature minors and incapacity.

Privacy and Confidentiality

In addition to consent for services, Dietitians in independent practice must also obtain consent for the collection, use, and disclosure of personal health information. This can be done in conjunction with consent for services, but should specifically address your obligations under HIPA to have expressed written consent that identifies the following in relation to the collection of personal health information:

- ✓ The type of information you will be collecting.
- ✓ The intended use for the personal and health information being collected.
- ✓ Who you may be corresponding with regarding the information collected (e.g. physician, or other pertinent health care providers).
- ✓ How files will be stored and protected.
- ✓ The option to revoke consent and opt out at any time.
- ✓ How long the client file will be stored and how file records will be eliminated after that point.

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). 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/>).



Conflict of Interest

As a healthcare professional, you are in a position of trust and must not use your position for personal or financial gain. A conflict of interest occurs when, in the mind of a reasonable person, a dietitian has a personal interest that could improperly influence their professional judgment (Steinke and CDO, 2015). This may undermine the integrity of the dietitian and of the profession resulting in loss of public trust. A conflict of interest may arise in a transaction that involves you, a member of your family, or a corporation owned or controlled by you or a member of your family.

Examples of potential conflicts of interest include: accepting gifts, rebates, credits or other benefits for referring a client to any other service or program, offering, making or conferring a rebate, gift, credit or other benefit for receiving a client referral from another professional pressuring clients to participate in research that directly benefits you (including monetary benefit or status) if employed elsewhere, referring clients to your private practice from your place of employment. The flow chart on page 27 can help you determine if you are in a conflict of interest.

The SCD Standards of Practice and Code of Ethics are very clear on the topic of conflict of interest. In the Code of Ethics section 7.0 – The Dietitian as a Business Person, “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.” As is stated in the standard of practice on conflict of interest, as the dietitian it is your responsibility to disclose to relevant others (i.e. your clients) any perceived or actual conflicts of interest at the first opportunity. Failure to do so may be seen as professional misconduct. Where discussions about conflict of interest have occurred, it is essential that you document them.

Managing Conflict of Interest

Conflicts may arise in any work setting. Some of these conflicts can be avoided, others can be managed as outlined in a Ted Talk accessed [here](#).

Using a systematic approach to work through conflict of interest situations is helpful. Certain situations can be managed using the safeguards outlined in the DORM Principle:

- **Disclosure:** 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 as 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

Professional Boundaries

Professional boundaries are intended to set limits and clearly define a safe, therapeutic connection between dietitians and their clients as well as dietitians and their fellow team members. Individual dietitians must use clinical judgment to determine therapeutic boundaries. This can be difficult given that boundaries are different from person to person, one situation to the next and tend to change over time. A boundary is a dynamic line which, if crossed, will constitute unprofessional behavior and misuse of power. Although boundaries are somewhat fluid, there are some behaviors that would never be considered appropriate. These are generally defined in the standard of practice on professional boundaries and in the definition of professional misconduct, but also

broadly any deliberate behaviour of the dietitian that is recognizably inappropriate and in violation of the nature of the therapeutic relationship.

Some clear examples of boundary violations would include:

- any therapeutic relationship that leads to abuse, sexual relations, or romantic encounters.
- Verbal and non-verbal behaviours that include sarcasm, retaliation, intimidation, teasing or taunting, swearing, cultural slurs and inappropriate tones of voice that express impatience or exasperation.

As indicated in the "Where's the Line" resource (accessed [here](#)) we generally only become aware of boundaries once they have been crossed. As the professional, it is your responsibility to take action if a boundary has been crossed. This may be re-clarifying roles to re-establish the professional boundary or if necessary, referral to another dietitian. It is important to document any inappropriate behaviour as well as the corrective measures taken to protect both you and your client. Watch College of Dietitians of Ontario video on dual relationships [here](#).

Dietitians create safe spaces for clients, co-workers and the public. It can be uncomfortable to step up and take action when witnessing racism. The fear of the unknown and what they are going to say, can prevent people from taking action. Developed by Dr. Holly Graham, the CPR RACISM Guide (Appendix G) provides direction for actions to be taken when one witnesses racist behavior happening. A video explaining the guide (accessed [here](#)) and related article (accessed [here](#)) exemplify that taking action to address racism is not a linear process.

Scope of practice

The Dietitians Act was first 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 SCD 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 College of Dietitians protects the public through the regulation of

Registered Dietitians through *The Dietitians Act*[†] (2001), SCD Bylaws, Code of Ethics and the Standards of Practice[†].

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, registered dietitian, RD, professional dietitian, P. Dt. 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.

Scope of practice and authorized practices 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 and that the RHPA will introduce restricted activities.

The bottom line is that dietitians must not only ensure they are working within their scope of practice (the things they were trained and are competent to do), but must also ensure that they are not undertaking activities which are in the exclusive scope of practice of another discipline or are a restricted activity.

In addition to profession specific legislation that speaks to scope of practice or authorized practices, consideration must also be given to provincial regulations that authorize groups of providers to perform specific tasks. For example, [The Drug Schedule Regulations](#) identifies categories of professions as being authorized prescribers for scheduled drugs including physicians, dentists, optometrists, veterinarians, pharmacist, registered nurses, midwives, podiatrists. [The Medical Laboratory Licensing Regulations](#) similarly specifies the qualifications for requesting

medical laboratory tests (physicians, dentists, midwives, RN(NP), RN with additional authorized practice, podiatrists) and performing testing (physician, RN, RPN, LPN, CLXT, MLT, medical director, holder of bachelor/masters/doctoral degree in relevant chemical or biological science approved under the licence).

Evolution of Dietetic Scope of Practice

Over time, the dietetic scope of practice will evolve and change. The evolution will be driven by advances in technology, changes in dietetic knowledge, and evolution 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.

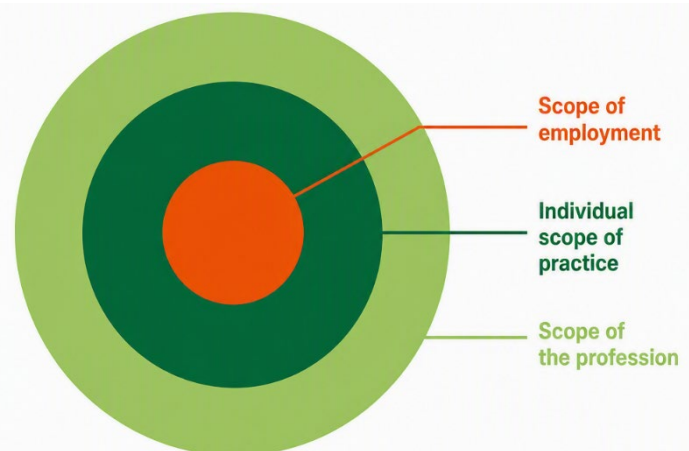
SCD has developed a tool (accessed [here](#)) for dietitians to use when presented with a new aspect of practice or being asked to take on a new task. Below is an abbreviated version of the questions for consideration:

- Is the task or new aspect related to dietetic scope of practice?
- Are there any legal barriers? Does it involve activities considered to be in the exclusive scope of practice of another profession or that require approval under specific legislation?
- Do I have the appropriate skills and competence to perform the task? If not, how can I obtain what is necessary to become competent.
- Is there a work place policy that I need to be aware of or follow/develop for this task?
- Will performing the task improve client centered care?

Personal Competence

A key element in the evolution of dietetic scope of practice as outlined above, is also a foundational principle of our code of ethics 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.” and 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.”

The principle of personal competence recognizes that the roles, function and accountability of any individual dietitian are different and typically narrower than the scope of practice for the profession and may be additionally narrowed by scope of employment.



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 SCD. This extends to include the variations and abbreviations for registered dietitian (RD) and professional dietitian.

SCD 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 SCD 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.

The **Controlled Drugs and Substances Act** describes how the Canadian Government controls certain drugs, their precursors, and other substances. The Act details eight Schedules.

The Food and Drug Act authorizes Health Canada to establish standards for safety and nutritional quality for all food items sold in Canada to protect Canadians against products that make false nutrition related claims through inaccurate packaging, labelling and advertising.

The Canadian Human Rights Act was established to extend the law to ensure that all individuals should have an opportunity equal with other individuals to make for themselves the lives that they are able and wish to have and to have their needs accommodated, consistent with their duties and obligations as members of society, without being hindered in or prevented from doing so by discriminatory practices based on race, national or ethnic origin, colour, religion, age, sex, sexual orientation, gender identity or expression, marital status, family status, genetic characteristics, disability or conviction for an offence for which a pardon has been granted or in respect of which a record suspension has been ordered.

The Occupational Health and Safety Act (1993) is legislation based on the assumption that employees and contractors share the responsibility of safe workplace environments with the employer or owner of a workplace. The Act establishes workplace health and safety standards.

The Workers Compensation Act (2013) provides a legal framework for the administration of the Workers' Compensation Board's prevention, return to work, assessment and compensation programs.

Saskatchewan Employment Act and the Guide to the Employment Standards set out the minimum employment rules that employers and employees must follow. The Standards set out rules specific to recruitment and hiring.

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.

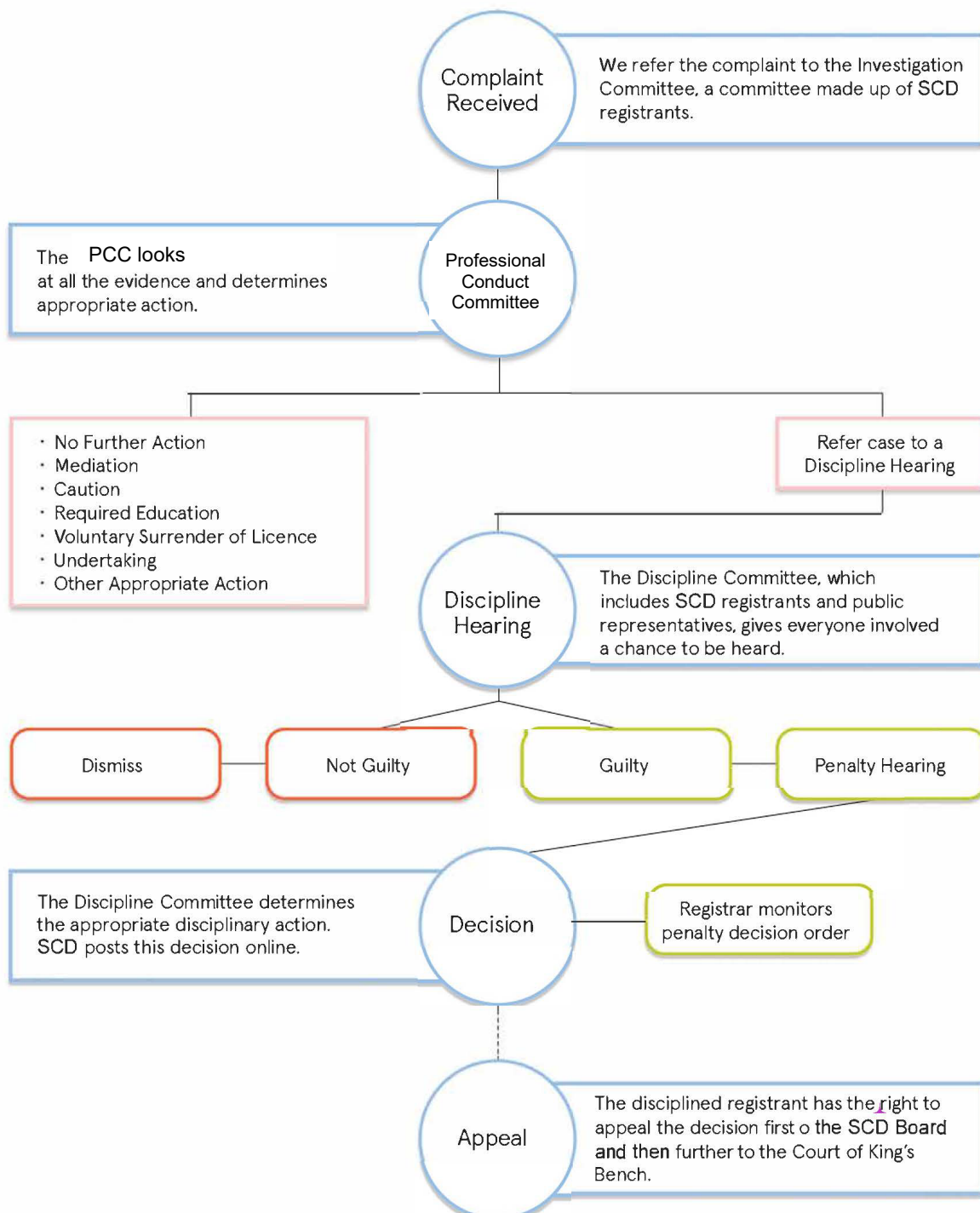
SCD Regulatory Framework for Safe, Competent, Ethical Dietetic Practice- Reactive

SCD's mandate is protection of the public. As such, there is a defined process for complaints investigation and discipline. The Professional Conduct Committee investigates complaints and when needed will recommend a discipline hearing to determine guilt. Disciplinary action is determined by the Discipline Committee and can include expulsion, suspension for a specified time period, conditions being placed on license and/or monetary fines.



Investigation & Discipline Process

When we receive a complaint about a registrant's practice, we follow this process to investigate and then discipline, when necessary.



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?

Is SCD's continuing competence program mandatory?

Do the SCD Standards of Practice only apply to those that work in direct patient care?

What are the core values of the dietetic profession named in the code of ethics? Why is it important to articulate core values?

What is informed consent?

What is an example of a conflict of interest a dietitian might face and what principles apply?

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 profession?

How is scope of practice different than personal competence?

Do you need to tell your clients if you use artificial intelligence (AI) as part of their nutrition assessment?

Can I use Facetime/Zoom to see clients? What about email or text for follow up?

Can I look up anyone I want in the eHealth Viewer?

If it is a rainy day, can I give a client a ride home in my vehicle so they don't get wet?

Can I treat a family member?

If I am on a parenteral or education leave from work, do I need to stay licensed?

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

This resource 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 SCD. This document is for your own use. If you would like to access the answers to the questions, contact SCD at registrar@saskdietitians.org.



Case Studies

Case Study 1- You are caring for an older Indigenous woman. She has pneumonia and has been in hospital for a week. During that time, she has had many visitors. You are walking down the hall with a colleague, and you see a large group of Indigenous individuals in the waiting room. As you and your colleague walk by the waiting room, your colleague says, “the whole tribe is here today” and rolls her eyes. Reflecting on the past, you recall this same colleague has on multiple occasions talked poorly about Indigenous people. What do you do?

Case Study 2- You open a private practice. Business is a bit slow. Your family suggest adding some testimonials to your social media platforms, selling nutrition products and offering video counselling so you can see clients from anywhere in the world. What do you do?

Case Study 3- You have worked for many years in diabetes education and have earned the certified diabetes educator (CDE) designation. Your employer has recently asked if you can start doing foot exams for your clients. What do you do?

Case Study 4- During a practicum rotation in Nutrition Support, you are very involved with an interesting case. A few weeks later you see the family in the cafeteria and you begin to wonder how the patient is doing as they should have been discharged by now. You are relieved when you take a quick peek at the electronic health record and see that the patient is doing well. You mention this to your previous preceptor and she asks you when you looked at the health record. What do you do?

Case Study 5- Case Study 5- You are a dietitian working in long term care. While visiting a resident who eats a texture modified diet including Level 2/ Mildly or Nectar thick fluids, you notice a pop can on his bedside stand. When you ask, family tells you that Dad has been asking for ginger ale lately, so they brought it in and have been providing it to him by straw. While they say he does cough a little, they say he eventually gets it down and it makes him happy. What do you do?

Case Study 6- You make a post on your personal social media about the “Parental Bill of Rights” in Saskatchewan which requires parental consent for students under 16 to use different names/pronouns at school. Several people respond to your post and you engage in a heated exchange. Someone screen shots the exchange and submits a complaint to the Saskatchewan College of Dietitians and says that you are not fit to practice due to your views on this topic. What do you do?

Case Study 7- 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 health professionals. Are you in a conflict of interest?

Case Study 8- When checking your personal social media account, you notice a client you saw last week has sent you a “friend” request. What do you do?

Case Study 9- 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 Study 10- 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 immediately as she has been admitted to the hospital due to restrictive eating. 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 11- You are asked to do a nutrition presentation on diabetes to a local indoor walking group. You decide to talk about glycemic index and use the Diabetes Association Clinical Practice Guidelines to create your presentation. During the question/answer portion, the nurse who facilitates the group states that she never uses glycemic index because she thinks it is nonsense. What do you do?

Case Study 12- You chart in the electronic medical record. You keep a paper copy of your rough chart notes and detailed calculations supporting your nutrition recommendations. As these notes are usually messy and of no use to anyone but you, you keep them in a binder that is always on your desk in your locked office. One day you come to work and it is not there. What do you do?

Case Study 13- 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 14- 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 15- During practicum, you receive feedback that your chart notes are too long and not always clear. To assist in making them more succinct, you consider cutting and pasting the chart contents into Microsoft Co-Pilot and as you have heard that AI can be a big timesaver. What do you do?

Case Study 16- You work for the provincial health authority as a dietitian in a somewhat niche area within pediatrics. You have a lengthy wait list and families frequently wait a year or more to see you. One of your occupational therapist colleagues who also works in pediatrics approaches you about opening a private practice together (evenings and weekends) where the two of you would see the same type of clients you typically see Monday-Friday in your work through the provincial health authority. Your colleague presents it as a win-win. Families still get services and the wait list will shorten. What do you do?



Appendix A- SCD Standards of Practice (2018)

Standard 1- Advertising

Registered dietitians provide information and advertise their professional services and/or products in compliance with applicable legislative and regulatory requirements

To demonstrate this standard, Registered Dietitians will:

- a) Ensure that advertising is an honest and fair representation of professional services and/or products offered.
- b) Adhere to the SCD Code of Ethics and refrain from using advertising that directly or indirectly:
 - i. creates unjustified expectations about the results;
 - ii. compares the ability, quality, and/or cost of professional services with that of other Registered Dietitians;
 - iii. takes advantage either physically, emotionally or financially of **clients**; and
 - iv. endorses, promotes or recommends exclusive use of a product/brand used/sold as a component of professional services, unless supported by evidence.
 - v. Uses **client testimonials** to endorse professional services and/or products.

Standard 2- Assessment and interventions

Registered Dietitians competently select and interpret **assessment data**, develop goals/plans, and implement appropriate interventions in the delivery of **client-centred, professional services**.

To demonstrate this standard, Registered Dietitians will:

- a) Obtain **clients' consent** for professional services.
- b) Obtain, review, and interpret relevant assessment data.
- c) Collaborate and communicate with clients to determine goals/plans and interventions.
- d) Implement, coordinate, and document the delivery of client-centred interventions.
- e) Monitor, evaluate, and document the impact of interventions in achieving identified outcomes, proposing alternative interventions if goals have not been achieved.
- f) Continue to offer professional services until either the client is transferred, discharged, self-managing, declines care, another provider has assumed responsibility, or the Registered Dietitian determines further services are not required.

Standard 3- Boundaries

Registered Dietitians maintain clear and appropriate **professional boundaries** with **clients** and **team members**.

To demonstrate this standard, Registered Dietitians will:

- a) Be sensitive to their position of relative power or influence in professional relationships and not use this status to take physical, emotional, sexual or financial advantage of clients and team members.
- b) Establish and maintain appropriate professional boundaries in relationships with clients and team members.
- c) Respect, establish, and manage effectively, the boundaries that separate their personal and professional relationships/roles in all contexts (e.g., face to face, **virtual dietetic practice**, social media).
- d) Obtain **consent** prior to touching a client.
- e) Refrain from entering professional relationships when current or previous personal, financial, employment, and/or legal affiliations would compromise **professional services** or integrity.
- f) Ensure that **boundary crossings** that cannot be avoided (e.g., treatment of family/friend in specialized or rural practice) are reported to the appropriate authority (e.g., manager, team leader) and strategies to manage are documented (e.g., in the client file, record).
- g) End professional relationships with clients, transfer care when professional boundaries cannot be maintained, and document, as required, how the situation was managed.

Standard 4- Client-centered services

Registered Dietitians provide **professional services** that recognize and respect the unique needs, goals, values, and circumstances of **clients**.

To demonstrate this standard, Registered Dietitians will:

- a) Acknowledge and respect the rights, dignity, and uniqueness of each client (e.g., ethnic/cultural background, religion, age, gender, social status, marital status, sexual orientation, political beliefs, physical/mental ability, corporate mission, and values).
- b) Collaborate with clients to identify and develop goals, plans, and interventions to meet their unique needs.
- c) Acknowledge and respect clients' rights to autonomy and decision making over their own health.
- d) Advocate on the client's behalf when required.

Standard 5- Collaborative Practice

Registered Dietitians partner with **clients** and **team members** in the collaborative and coordinated delivery of **professional services**.

To demonstrate this standard, Registered Dietitians will:

- a) Contribute professional knowledge to discussions and interactions with clients and team members.
- b) Clarify and explain their professional roles and responsibilities in discussions with clients and team members.
- c) Respect clients' and team members' perspectives and responsibilities, while acknowledging overlapping roles and scopes of practice.
- d) Consult with and/or refer as required, when the client's needs may be more appropriately met by another Registered Dietitian or team member.
- e) Effectively manage conflict with clients and team members.
- f) Communicate clearly and respectfully with clients and team members, at all times to facilitate **collaboration**.

Standard 6- Communication

Registered Dietitians communicate effectively, respectfully, and in compliance with applicable legislative and regulatory requirements when providing **professional services**.

Indicators

To demonstrate this standard, Registered Dietitians will:

- a) Be clear and respectful in all verbal, nonverbal, and written **communication**.
- b) Maintain **clients'** privacy and confidentiality in all forms of communication.
- c) Use strategies to promote effective communication (e.g., active listening, empathy).
- d) Adapt communication to the needs of clients and minimize barriers by incorporating relevant supports as available (e.g., interpreters, visual aids, technology, appropriate language, culturally appropriate resources).
- e) Use strategies to facilitate client comprehension and learning (e.g., opportunity for questions, teach back, appropriate literacy levels).
- f) Communicate with professional integrity and maintain appropriate boundaries in all communication formats at all times.
- g) Document professional communications accurately and in a timely manner as required.

Standard 7- Competence

Registered Dietitians are responsible and accountable for their continuing competence in order to provide safe, ethical, **professional services**.

To demonstrate this standard, Registered Dietitians will:

- a) Provide professional services within the limits of their qualifications and personal level of competence.
- b) Evaluate their own practice and participate in continuing professional development to identify and address learning needs.
- c) Identify practice situations beyond their personal level of competence and consult, refer, and/or obtain further knowledge and skills to provide professional services.
- d) Maintain competence in present area(s) of practice, incorporating evidence into professional services.
- e) Acquire the knowledge and skills to practice competently in emerging practice areas as required.
- f) Comply with the SCD continuing competence program, adhering to all applicable legislative and regulatory requirements.
- g) Voluntarily withdraw from practice if they self-identify that they are no longer able to provide safe, competent, ethical services (e.g., illness, substance abuse).

Standard 8- Conflict of Interest

Registered Dietitians will avoid real or perceived **conflicts of interest** in which professional integrity, professional independence or the provision of **professional services** could be compromised. Conflicts of interest which cannot be avoided must be disclosed and managed.

To demonstrate this standard, Registered Dietitians will:

- a) Recognize any situations in which a conflict of interest could have an impact on their professional judgment.
- b) Avoid any conflict of interest in which professional services could be compromised.
- c) When a conflict of interest cannot be avoided, disclose to the appropriate authority (e.g., manager, team leader), manage the situation, and/or discontinue professional services.
- d) Document any conflict of interest, the efforts to manage it, and the outcome(s).
- e) Provide options for the provision of services and/or products when a conflict of interest exists.
- f) Refrain from accepting personal incentives (e.g., gifts, donations, funding, recruitment/referral fees) from service and/or product sponsors when the Registered Dietitian stands to profit personally and/or financially.
- g) Refrain from offering incentives to **clients** that places the Registered Dietitian's personal gain above their professional responsibilities.

Standard 9- Consent

Registered Dietitians obtain appropriate **client consent** in the delivery of **professional services**.

To demonstrate this standard, Registered Dietitians will:

- a) Provide clients with complete and objective information regarding the risks, benefits, and options for treatment and/or professional services.
- b) Obtain client consent prior to the delivery of services and document as required.
- c) Inform clients in a timely manner of proposed changes to the agreed-upon intervention plan and/or provide new information relevant to consent.
- d) Respect the client's right to: make choices, consult, and request additional information; refuse proposed interventions; and withdraw previously provided consent at any time.
- e) Obtain approval from the appropriate research ethics board and consent from clients participating in research studies.

Standard 10- Evidence informed practice

Registered Dietitians provide **professional services** using an **evidence-informed** approach.

To demonstrate this standard, Registered Dietitians will:

- a) Access and critically appraise current and applicable evidence.
- b) Incorporate current evidence, using critical thinking and professional judgment, when providing professional services.
- c) Initiate and/or participate in evaluation and health service **quality** improvement activities (e.g., client questionnaires, chart audits, population health data review) to assess new and/or ongoing professional services, products, and programs.
- d) Use the feedback obtained from health service quality improvement activities to improve professional services.
- e) Contribute to new knowledge, by participating in data collection and practice-based research as feasible, conforming to applicable research ethics guidelines and processes.

Standard 11- Fees and Billing

Registered Dietitians ensure that fees and billing for **professional services** and/or products are fair, transparent, and in compliance with legislative and regulatory requirements.

To demonstrate this standard, Registered Dietitians will:

- a) Be responsible and accountable for all billing under their registration number.
- b) Ensure that fees charged for professional services and/or products are fair, reasonable, and justifiable.
- c) Disclose fee schedules for all applicable professional services and/or products including accepted methods of payment, potential additional fees (e.g., cancellation fees, photocopying, mailing), and the process for fee dispute resolution, prior to provision of professional services.
- d) Maintain comprehensive records regarding the delivery of professional services and/or sale of products.

Standard 12- Privacy/Confidentiality

Registered Dietitians uphold and protect **clients'** rights to privacy and confidentiality of information collected during the delivery of **professional services** by complying with applicable legislative and regulatory requirements.

To demonstrate this standard, Registered Dietitians will:

- a) Ensure client **consent** is obtained prior to collecting or disclosing personal, organizational, and/or business information, unless **duty to report** obligations is required.
- b) Access and collect only the client information that is essential to carry out the delivery of safe, competent, ethical services.
- c) Use physical, technical, and administrative safeguards (e.g., locked filing cabinets, passwords) to protect paper-based, audio, video, electronic or other client information.
- d) Avoid conversations about clients and/or professional services provided that can be overheard and/or breach privacy and confidentiality.

Standard 13- Professional Practice Obligations

Registered Dietitians protect the public by providing **professional services** in compliance with applicable legislative and regulatory requirements.

To demonstrate this standard, Registered Dietitians will:

- a) Accept as their primary professional obligation, to protect and serve the public interest according to SCD Code of Ethics.
- b) Hold a valid license and practice in compliance with applicable legislative and regulatory requirements.
- c) Maintain a level of personal and professional conduct that upholds the integrity and dignity of the profession and sustains public confidence.
- d) Comply with **duty to report** requirements in accordance with applicable legislation, regulations, and/or organization/employer policies.
- e) Report abuse, incapacity, incompetence or unprofessional conduct to the appropriate authority, in accordance with applicable legislation, regulations, and/or organization/employer policies.
- f) Take responsibility and be accountable to practice within their personal level of competence.
- g) Provide supervision, mentoring, and direction to those under their supervision (e.g., students, nutrition practicum students, staff, volunteers).
- h) Accurately represent their professional qualifications, experience, knowledge, and skills.
- i) Voluntarily withdraw themselves from professional practice when circumstances exist that impair their professional judgment, impact competence, or that may cause harm to **clients**.
- j) Ensure they have the appropriate practice permit/license to deliver services by **virtual dietetic practice**.
- k) Use provincially protected titles

Standard 14- Record Keeping

Registered Dietitians document and manage **client** records and /or other data in compliance with applicable legislative, regulatory, and/or organizational/employer requirements.

To demonstrate this standard, Registered Dietitians will:

- a) Document, sign, and date complete, accurate, timely records related to **professional services**.
- b) Maintain, retain, share, transport, store, and dispose of all paper and/or electronic documentation and records in compliance with applicable legislative, regulatory, and organizational/employer requirements.
- c) Secure all personal client information through appropriate use of physical, technical, and electronic safeguards to protect the privacy and confidentiality of client information.
- d) Maintain complete and accurate financial records for all relevant professional services.
- e) Maintain equipment service records (e.g., preventative maintenance logs) according to applicable legislative, organizational/employer, and manufacturer recommendations.
- f) Plan for and ensure the transfer or disposition of records when leaving a position or ceasing to practice.

Standard 15- Safety and Risk Management

Registered Dietitians adhere to occupational health and safety legislation, and infection prevention and control practices to provide safe, competent, ethical **professional services**.

To demonstrate this standard, Registered Dietitians will:

- a) Comply with occupational health and safety legislation, best practices in infection prevention and control, and organization/employer policies and procedures.
- b) Maintain certification(s) related to infection prevention and control, and occupational health/workplace safety, as applicable.
- c) Contribute to and comply with **risk management** activities/requirements to promote a safe environment (e.g., working alone, environmental hazards, threats to personal safety).
- d) Comply with reporting and follow up procedures related to adverse events, emergency situations, and/or incidents involving workplace safety.
- e) Comply with food safety standards in the delivery of professional services.
- f) Participate, as required, in health service **quality** improvement activities to promote and support safe, competent, ethical professional services (e.g., questionnaires, chart audits).

Appendix B-

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

The Saskatchewan College of Dietitians, formerly 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.

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 endeavor 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 College of Dietitians 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 or ethical issue as clearly as possible. This can include contextual information, factual evidence and your personal considerations (e.g., conflict of interest, emotion, bias).

2. Identify the relevant issues to determine the ethical dilemma.

- 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? Have we sought their perspectives?
- Is there a conflict between competing ethical values/principles?

3. Identify any relevant documents that apply or provide guidance.

- Legislation
- SCD Code of Ethics
- SCD Standards of Practice
- SCD Guideline(s)
- Workplace or business policies

4. Generate potential actions

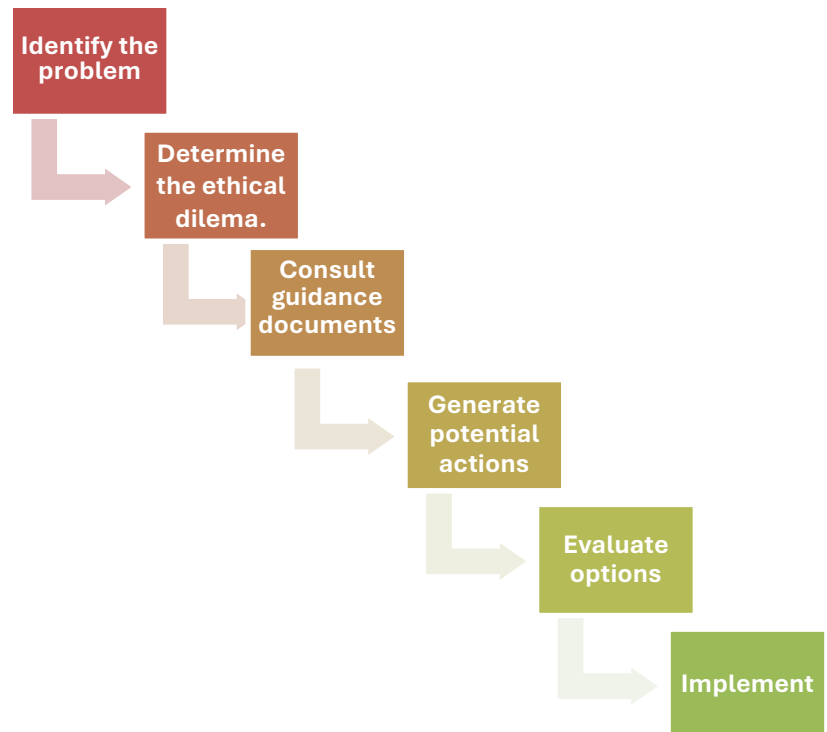
There may be multiple strategies to resolve the issue. Evaluate the options or possible courses of action based on consideration of the issues, potential consequences, pros/cons.

5. Evaluate options

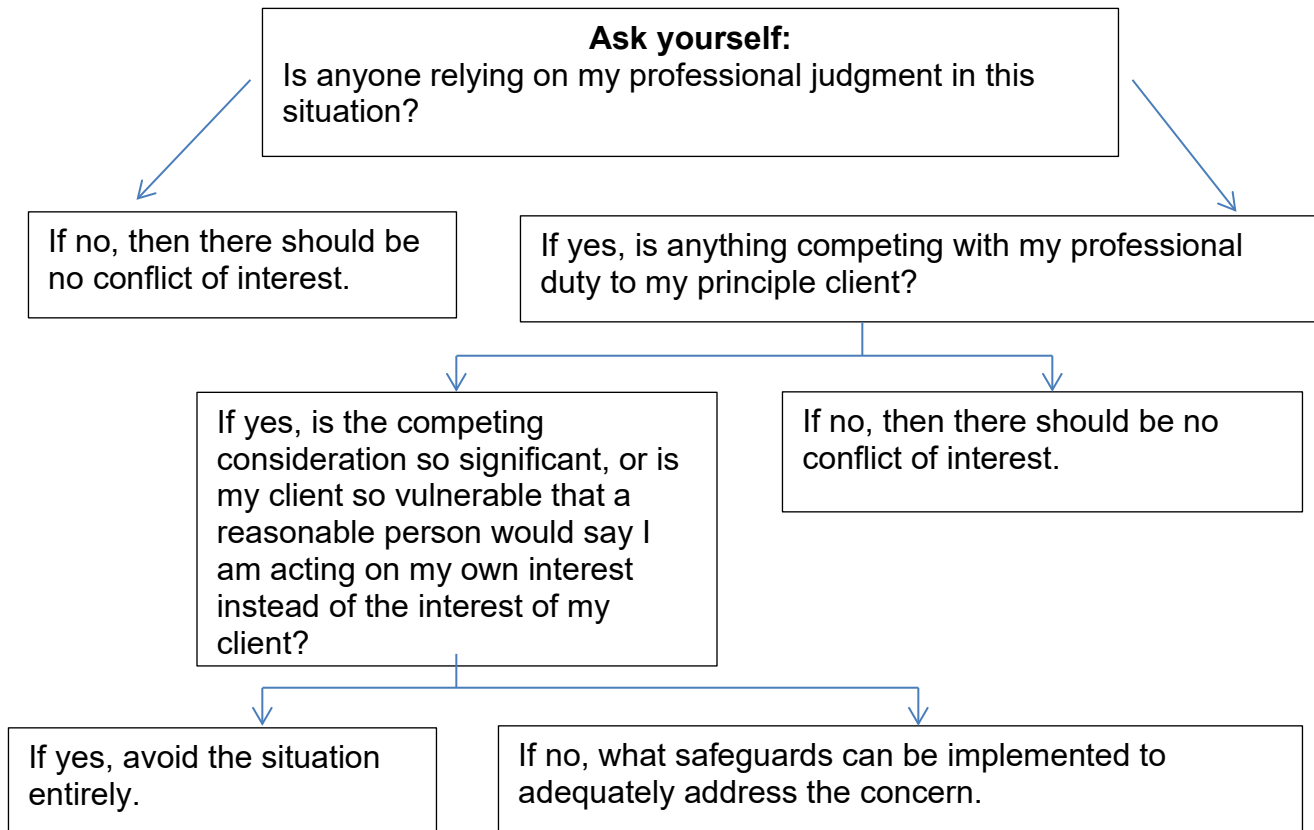
To help you evaluate the possible courses of action consider:

- ***Does the decision have legal implications?***
Will you be violating any laws, SCD bylaws/standards/guidelines or workplace policies?
- ***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?

6. Implement your course of action and follow up on the situation to assess whether your actions had the anticipated effect and/or consequences.



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	Be accountable- ensure compliance with the legislation. <i>HIPA reference: "trustee" as defined in Part 1- Interpretation</i>	• 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	Identify purpose- before or at the time of collection, identify the purpose for collecting personal information. <i>HIPA reference: Section 9 (Right to be informed)</i>	• 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 cannot be stated.
3	Obtain consent- provide information and obtain consent for the collection, use and disclosure of personal information, including the consequences of consent not being provided. <i>HIPA reference: Section 6 (Consent)</i>	• 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	Limit collection- collect only information that is required to fulfill the stated purpose. <i>HIPA reference: Section 24 (Restrictions on Collection)</i>	• Review questions on forms for relevance and delete any not relevant to stated purpose • Identify optional questions

	Fair Information Principle	Recommended Compliance Actions
5	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. <i>HIPA references: Section 23 (Collection, use and disclosure on a need-to-know basis), Section 27 (Disclosure)</i>	• 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	Ensure accuracy- ensure personal information collected is complete, current and accurate as needed to fulfill stated purpose. <i>HIPA reference: Section 19 (Accuracy)</i>	• Review and update personal information on a regular basis. • HIPA outlines the trustees responsibility to ensure records are complete and accurate
7	Use safeguards- protect against unauthorized access, disclosure, use copying or modification of all personal information, regardless of the format. <i>HIPA reference: Section 16 (Duty to Protect), Section 17 (Retention and destruction policy)</i>	• 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	Be open- communicate policies and practices. <i>HIPA reference: Section 9 (Right to be Informed)</i>	• 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	Provide individuals access- provide clients and employees access to their personal records on request to ensure accuracy and completeness. <i>HIPA reference: Section 12 (Right to access by individuals) and Part V- Access of Individuals to Personal Health Information</i>	• 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	Provide a challenge process- provide a process for clients and employees to challenge compliance. <i>HIPA reference: Section 13 (Right to request amendment) and Part V- Access of Individuals to Personal Health Information</i>	• 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

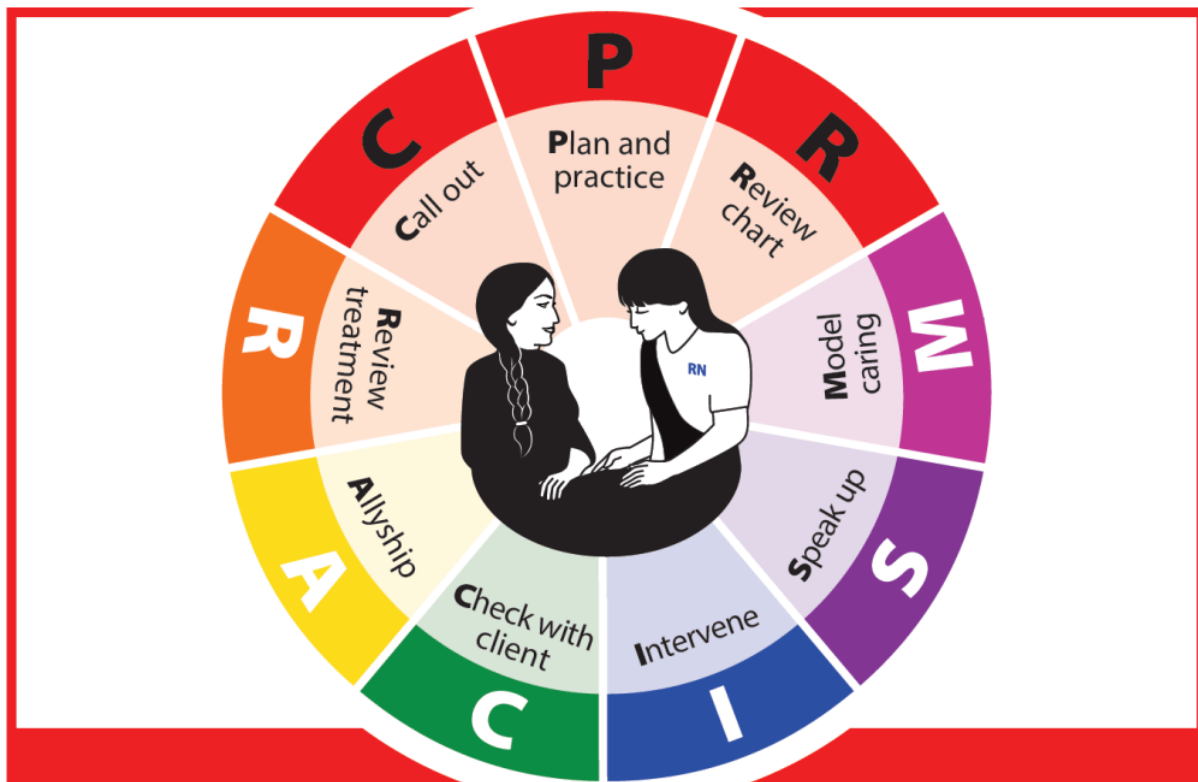
Appendix F- SCD Decision Tool for New Aspects of Dietetic Practice

Is the new aspect of practice related to dietetic scope of practice?	The scope of practice of dietitians in Saskatchewan at entry to practice is defined in the SCD Scope of Practice Statement. This statement exists outside of legislation and is intended to be a statement to the public, employers and others of what dietitians “do.” The entry to practice competencies (ICDEP) are also helpful for identifying what it is that dietitians are educated and trained to do. It is important to note that many of the activities included in the scope of practice statement are not exclusive to dietitians.
Are there any legal barriers? Does it involve activities considered to be in the exclusive scope of practice of another profession or that require approval under specific legislation?	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 scopes of practice statements that are exclusive and only be performed by members of that specific regulated profession. Dietitians must not only ensure they are working within their scope of practice, but must also make sure that they are not undertaking activities which are in the exclusive scope of practice of another discipline. For example, the Medical Profession Act specifies that only physicians can diagnose, treat, operate or prescribe for any human disease, pain, injury, disability or physical condition. In addition to profession specific legislation, consideration must also be given to provincial regulations that authorize groups of providers to perform specific tasks. For example, The Drug Schedule Regulations identifies categories of professions as being authorized prescribers for scheduled drugs including physicians, dentists, optometrists, veterinarians, pharmacist, registered nurses, midwives, podiatrists. The Medical Laboratory Licensing Regulations similarly specifies the qualifications for requesting medical laboratory tests (physicians, dentists, midwives, RN(NP), RN with additional authorized practice, podiatrists) and performing testing (physician, RN, RPN, LPN, CLXT, MLT, medical director, holder of bachelor/masters/doctoral degree in relevant chemical or biological science approved under the licence).
Are my personal competencies up-to-date to practice safely, ethically and competently?	Consider your own personal scope of practice. Do you have the knowledge, skills and judgement to take on this new aspect of practice safely, ethically and competently? New aspects of practice may be acquired at any time during one’s career. Dietitians should consider how to acquire new competencies if it is in their clients’ interest. Planning continuing education that may be needed to properly address new aspects of practice is an important part of the decision. Dietitians should also weigh the risk of saying “no” based on their existing competence and referring the client to another health professional versus taking on the new aspect of practice.

Is there a work policy that I need to follow for this aspect of practice?	Organizational policies and other healthcare related legislation may limit who can do what and under what conditions (e.g. an order or prescription). Overlap of scope in legislation is intended to provide flexibility within the health care framework to meet client needs. Dietitians are expected to abide by legislated requirements and collaborate with other health professionals who may share their scope of practice. Interprofessional healthcare must be delivered safely and collaboratively, in the interest of the client. Emerging practice may also only happen within research protocols in some instances. Dietitians are accountable to the same requirements whether practice is within the context of research or a regular service provided.
Will this new aspect require specific skills for the client that needs to be assessed and counseled?	Dietitians may need to provide education to their clients for them to access dietetic services or understand an aspect of care (e.g. virtual dietetic practice where clients need to know how to use software for remote counseling session.)
Are there guidelines, position papers or scientific literature available to guide my practice?	Dietitians are expected to provide evidence-informed practice that is based on review of factual and objective evidence. With emerging and new practices, there may often be insufficient, inconclusive and changing evidence available. Dietitians must ensure to take this into consideration and adapt their practice based on the latest and best evidence available.
Do I have all the information to make an evidence- informed nutritional assessment and recommendation/plan?	Dietitians are also expected to gather objective information about their client to make an informed assessment of the client's nutritional requirements. This responsibility requires interprofessional collaboration and communication as the Dietitian is often gathering objective information measured by another health professional.
Do I know who needs to be involved in the team to optimize the care and follow-up?	Dietitians should understand other regulated health professionals' scope of practice and know who to refer to /consult with in their client's interest.
Does the client have all the information necessary to make an informed decision and consent?	Dietitians may refer to the SCD Guideline on Consent to inform this decision.
Am I respecting the client's needs, values, goals and circumstances?	This consideration may need to be balanced with evidence- informed recommendations. The SCD Code of Ethics details client- centered care considerations.

Is there a potential conflict of interest involved in the task? Do I need to disclose it or recuse myself?	Dietitians are responsible for identifying and managing any real, perceived or potential conflicts of interest where their professional integrity could be interpreted as being compromised. Financial benefit is not necessary to establish a conflict of interest. The perception of engaging in self-serving actions may compromise the trust involved in a relationship between a Dietitian and a client. Conflict of interest is managed through disclosure, recusal and/or discontinuation of professional services.
Possible decisions:	Decisions on how to best address a new aspect of dietetic practice should be client-centric, taking into consideration: - dietetic scope of practice - legal and organizational requirements - competence and evidence-based information needs and, - Interprofessional collaboration

Appendix G- CPR Racism Guide



- C** Call out, How can I help? Target behaviour not the health care provider.
- P** Plan and practice your intervention strategy in advance.
- R** Review chart, speak to client, and assess the client.
- R** Review treatment plan and respectfully request rationale for current treatment approach.
- A** Allyship, advocate, educate yourself and colleagues about becoming anti-racist.
- C** Check with the client and verbalize your position, are you okay? Become the safe person.
- I** Intervene, always be an active bystander.
- S** Speak up to leadership about your concerns and seek support for yourself.
- M** Model safe, competent, compassionate, ethical, and trauma informed care in all interactions.



ARTICLE
CPR RACISM: A Guide for
Health Care Providers to
Safely Address Racism in
a Health Care Setting.

VIDEO
CPR RACISM An
educational video to
assist Health Care
Providers with taking action.



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A GUIDE TO ADDRESS RACISM IN HEALTH CARE

Appendix H- Regulatory Bylaws

Prohibitions

20(1) No member shall:

- (a) endanger the safety of a client;
- (b) wrongfully abandon a client;
- (c) fail to comply with any applicable law respecting the collection, use, handling or disclosure of personal information or personal health information;
- (d) fail to maintain or falsified any client record;
- (e) fail 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) fail to report incompetence or misconduct of a member or colleague;
- (g) fail without reasonable cause to respond to inquiries from the Association.
- (h) guarantee a cure either verbally or in writing or by advertising or otherwise;
- (i) advertise, promote, or carry on any marketing activities that are inaccurate or misleading to the public, or that 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) take advantage, either physically, emotionally, or financially, of any patient, or use coercion, duress, or harassment;
 - (vi) are incompatible with the best interests of the public or members, or tend 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.
- (j) abuse a client physically, sexually, verbally or psychologically;
- (k) engage in the practice of dietetics while under the influence of alcohol or drugs;
- (l) influence a client to change the client's last will and testament;
- (m) misappropriate property belonging to a client, employer or fellow employee;
- (n) conspire to participate in any act of misconduct or counsel a participant in any act of misconduct.

(2) For the purpose of clause (1)(j), sexual abuse includes:

- (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 area, or any sexualized body part; and
 - (ii) kissing of a sexual nature; and
- (c) behavior or remarks of a sexual nature between a client and member, including:
 - (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 a 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.