



STANDARDS OF PRACTICE

Questions & Answers

Why are the Standards of Practice important and how are they relevant to my practice?

Standards outline the mandatory minimal performance expectations that dietitians must adhere to in practice. They apply to dietitians in any practice setting throughout their career. These standards have been written in the public's best interest while balancing professionals' interests. As a dietitian, they will shape your daily practice and your interactions with clients, families, and team members. As a dietetic educator, they will help shape curriculum development. As an employer, they can guide the development of performance reviews and role descriptions. For dietitians, they are used for reflection and to identify areas for professional development.

Why should testimonials be avoided? (Standard #1)

Testimonials are used to market services and programs. Testimonials must not be used in dietetic practice (e.g. to promote a dietitian's private practice). They should not be used to market an employer's program that is led by a dietitian.

Testimonials are problematic because:

- They are from a select number of clients who may not be representative of past and current clients;
- The information contained in a testimonial is not evidence-based and cannot be validated by members of the public;
- They could jeopardize a client's privacy; and
- If a client refuses a request to provide a testimonial, it could cause the client unnecessary discomfort¹.

What is the process for ensuring continuity of care if a dietitian is not replaced within a workplace or if they are discontinuing their private practice? (Standard #2)

If a dietitian is not replaced and the client wishes to continue seeing a dietitian, the dietitian has a responsibility to provide clients with options for alternative dietitians who can provide continuity of care. If possible, the dietitian should provide adequate notice to clients about when nutrition services will conclude.²



Is it appropriate to offer nutrition services to family, friends and co-workers? (Standard #3)

When possible, providing nutrition services to a family member, friend or co-worker should be avoided. This practice creates a “dual relationship” which puts professional judgement and the client’s willingness to question treatment decisions at risk. Engaging in dual relationships presents ethical dilemmas. These clients should be referred to an alternative dietitian within the same geographical area or through virtual practice. If all attempts have been made to avoid a dual relationship, consider the following prior to moving forward:

- Would your personal relationship influence your professional interactions?
- Consider the client’s comfort level in sharing sensitive personal and confidential information with you.
- Consider the nature of the service required. Providing general nutrition information may be acceptable. However, treating a more complex condition may present challenges for maintaining professional boundaries.
- Can you provide unbiased care?
- If a disagreement occurs, how will it be handled?
- Discuss the potential of a dual relationship with the client and decide if both parties are willing to engage in a professional relationship.
- In collaboration with your client, set ground rules to maintain separation of your professional and personal relationship.
- Does the client consent to treatment within the dual relationship? Are they aware that they are free to withdraw from treatment at any time?
- Provide an explanation to the potential client of how your relationship could threaten your professional judgment and the client’s comfort in questioning nutrition advice.
- Will you be able to maintain your professional obligations, such as obeying all record-keeping requirements and not practicing beyond your scope of practice?

It is advisable to document these considerations prior to entering into a dual relationship.³

To maintain professionalism:

- Avoid inserting irrelevant information from your client’s personal life into the therapeutic counselling session.
- Avoid judgement if the client does not follow the treatment plan (e.g. at social gatherings attended by both you and your client).

To mitigate the risks associated with entering a dual relationship, report all such interactions to your manager and/or employer.⁴



Why should dietitians avoid having social relationships with co-workers? (Standard #3)

If you were to have a social relationship with a member of the care team, be conscious of the potential impact on the collaboration and professional dynamics within the care team. Professional boundaries and a client focus must always be maintained.



I often help a client onto a scale, touch them when taking a height and touch them on the shoulder when conversing. Should this be avoided? (Standard #3)

Although it is your intent to be caring, physical touch can be perceived differently by a client. It would be best to avoid touch or to ask if you may assist them.

When is it appropriate for a minor to make health decisions without a guardian or parent? (Standard #4)

In Nova Scotia, a minor's ability to make health care decisions falls under the common-law principle of "mature minors" with the understanding that consent is circumstantial.⁵ The ability of a minor to make a health care decision is based on a dietitian's professional judgement. They should assess the minor's ability to fully understand the risks of the health decision related to the nutrition care plan. For example, if a 16-year-old visits a dietitian for general nutrition information, the risk of providing this service is low. In contrast, there is a risk if a 16-year-old visits a dietitian to request nutrition counselling with signs of disordered eating. Parental consent would be required. The capacity of each minor must be considered.⁶



How is consent obtained when an adult is cognitively impaired? (Standard #4)

If an adult (19 years old or greater⁷) has been deemed incompetent to make health care decisions, the dietitian should obtain consent for treatment from a substitute decision maker (SDM). An SDM assumes responsibility to make decisions for the cognitively impaired client. The SDM is required to make decisions on behalf of a person in accordance with oral or written wishes expressed by the client prior to loss of capacity. If there was no expression of wishes prior to a person being deemed incompetent of making health care decisions, the SDM is required to make decisions on behalf of the client in accordance with their perceived wishes and in the client's best interest.⁸

Standard #5 states "dietitians partner with clients and team members in a collaborative and coordinated delivery of professional service." How does this impact dietitians working in private practice when there may be limited opportunities to provide collaborative care?

Private practice dietitians are expected to collaborate with clients and they may need to collaborate with other team members if the dietitian is treating a patient due to a physician referral or if another health care professional is a part of the client's circle of care. It is important to have a thorough understanding of the "circle of care" and principles of consent, as presented in the [Nova Scotia Personal Health Information Act](#).



Am I required to obtain consent from a client to communicate with other members of their health care team? (Standard #5)

According to PHIA, information can flow purposefully among health providers within the circle of care to support the health care of a client. The circle of care allows regulated health professionals (PHIA custodians) to share a client's personal health information with one another, providing they are within the client's circle of care for a particular health concern. If a client is seeing a professional not listed as a custodian in PHIA, the dietitian would require express consent from the client prior to sharing their personal health information.¹⁰ For more information related to the circle of care, click [HERE](#).

What is considered “a timely manner” when documenting professional communication? (Standard #6)

Documentation of a nutrition intervention should occur within 24 hours of the intervention. If this is not possible, the dietitian may document the entry as late by documenting when the intervention occurred and signing the entry with the current date.¹¹

What are some examples of maintaining clients' privacy and confidentiality? (Standard 6)

It is a dietitian's responsibility to maintain confidential records and provide health care in a confidential and private manner to meet federal and provincial privacy requirements and to maintain public trust. Dietitians should follow organizational privacy and confidentiality policies. If a dietitian is self employed, a privacy and confidentiality policy should be created and implemented.

A policy may address:

- locking filing cabinets
- securing office access
- use of alarm systems
- maintaining up-to-date passwords
- encrypting documents
- using encrypted technology for virtual practice
- using technology firewalls

When using social media:

- Focus on providing general information rather than individualized advice.
- Never post information that could reveal a client's identity.
- Avoid interactions with individual clients.
- Avoid using client testimonials.
- Do not post case studies based on past or current clients.
- Take precautions (e.g. obtain client consent) when posting photos.
- Be aware that information and photos posted on social media will reach an indefinite number of people and should be considered permanent (even when deleted or moved).¹²



How should I handle a situation when my employer asks me to complete a task outside of my scope of practice? (Standard #7)

Dietitians are encouraged to consider opportunities for new roles and tasks while maintaining respect and consideration of clients and multidisciplinary practice. When consideration is given to performing new tasks, ensure you hold the knowledge, skills, and judgment to safely perform the new activity. Providing competent care is vital to client safety, public protection and professional integrity.¹³ If you do not hold the competence to carry out the new task, training related to the activity must be obtained prior to performing the activity. It is expected that dietitians continuously enhance their dietetic competency throughout their career span. Contact NSDA if you are in doubt as to whether it is appropriate to perform the task. Refer to the [Jurisprudence Handbook](#) for more information on this topic.

As a dietitian, I attend lunch & learn sessions sponsored by a company that sells nutrition products. Is this a situation I should avoid? (Standard #8)

Attending an event sponsored by a product supplier may place a dietitian in a conflict of interest. The extent of the conflict would depend on the dietitian's influence over the purchasing decision. If the dietitian is completely removed from purchasing decisions, accepting the offer may not place them in a conflict of interest. However, others may perceive the dietitian to have a conflict of interest. A conflict of interest or perceived conflict of interest could jeopardize public trust in a dietitian or the profession.¹⁴ Refer to the DORM principle to gain an understanding of how to proceed through a perceived or real conflict of interest.¹⁵ For more information, refer to the [Jurisprudence Handbook](#).

Is a client providing consent when they schedule and attend an appointment with me for nutrition counselling? (Standard #9)

Not necessarily. The dietitian is responsible to obtain informed consent throughout the nutrition care process.

Consent for collection, use and disclosure of personal health information (PHI) may be obtained by providing clients (or SDM) with an explanation of purpose. This can be done by posting a "notice of purpose" in your care setting that is easily accessible to clients.¹⁶ Refer to [PHIA](#) for more information about consent for collection, use and disclosure of PHI and about a "notice of purpose."

Consent for treatment requires dietitians to continually communicate with clients about consent and the client must continue to willingly consent to their care.¹⁷ During a discussion about consent, the dietitian should provide an explanation of the purpose, risks, benefits and potential side effects of the intervention as it relates to the current nutrition diagnosis. They should also discuss care plan alternatives and consequences for refusing treatment.¹⁸ Without this, there is no informed consent. Informed consent must be ongoing. Informed consent may be provided in a written or verbal manner, and consent should be documented. The client has the right to withdraw their consent at any time. If this occurs, the dietitian should inform the client of the consequence and risk of this withdraw.¹⁹



Standard #10 outlines the importance of using an evidence-informed approach. How can I ensure that information is evidence informed?

Nutrition information is widely available through popular media, social media, and scientific sources. Therefore, members of the public are inundated with conflicting information. A dietitian should collect and review the best scientific information available related to the topic, consider the client's goals, beliefs, desires, needs and preferences, and use their professional judgement when providing evidence-informed care.



In Standard #10, I am not sure how the third and fourth indicators will demonstrate how well I use evidence-informed approaches in my role as a clinical dietitian?

If a quality improvement survey, chart audit or client questionnaire has been conducted in your organization and feedback is provided to you, it is expected that you use this information to update and improve your services.

Does NSDA provide guidelines about fair fee schedules for dietetic services? (Standard #11)

Fees must be fair, reasonable, and appropriate for the services rendered. Before establishing fees, be aware of standard rates for dietetic services in your area. Unreasonable/inappropriate fees or mismanagement of fees (including failure to claim income) may be considered professional misconduct. In addition to establishing fair and reasonable fees, fees should be pre-established and communicated (including accepted methods of payment) prior to providing service. Fee guidelines are available from the Consulting Dietitians Network of Dietitians of Canada.²⁰

Standard 13 states: ‘dietitians will comply with duty to report requirements in accordance with applicable legislation, regulations, and/or organization/employer policies.’ What are these requirements?

The NSDA Code of Ethics states: “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”.²¹ This statement identifies that a dietitian has the responsibility as a regulated health professional to report another regulated health professionals’ incompetent or harmful practices to the relevant regulatory body. This practice is to protect members of the public from incompetent care and to maintain the public’s trust in regulated health professionals.

I do not work in a clinical setting. Am I required to keep progress notes and keep client records secure? (Standard #14)

Standard #14 pertains to all dietitians in all employment settings. It is ideal to maintain records of important meetings and document notable interactions with clients or team members. Confidential client records, including chart notes, confidential meeting records, resumes or other information deemed confidential, should be held in a secure location.

If you have any questions about this document, please contact NSDA’s Practice Advisor at aconnors@nsdassoc.ca



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