

Job Class Profile: Clinical Dietitian II**Pay Level: CG-42 Point Band: 994-1037**

Factor	Knowledge	Interpersonal Skills	Physical Effort	Concentration	Complexity	Accountability & Decision Making	Impact	Development and Leadership	Environmental Working Conditions	Total Points
Rating	7	5	2	5	7	6	5	3	4	
Points	327	83	13	24	210	130	103	64	43	997

JOB SUMMARY

The Clinical Dietitian II provides specialized clinical nutrition assessment and counselling to clients of personal care homes, long term care residents, and inpatients and outpatients in health care hospitals, facilities, or clinics. May function as sole charge for a site, be responsible for multiple sites, or be program specific.

Key and Periodic Activities

- Screens and prioritizes referrals to determine type and scope of intervention required. Manages referral log in Meditech.
- Assesses nutritional status and requirements by obtaining, analyzing, and interpreting information such as diet history, laboratory data, blood glucose, medical history/diagnosis/treatments, etc.
- Participates in patient care rounds and long term care interdisciplinary rounds to determine the appropriateness of a nutritional intervention. Also participates in daily consultations with nursing staff to contribute to the overall care plan for patients.
- Formulates a nutritional care plan. Calculates nutrition prescription, determines educational requirements, and selects/develops/revises nutrition educational materials.
- Provides nutritional counselling through individual, team, or group sessions to provide the knowledge, skills, resources, and support necessary.
- Monitors and adjusts the nutrition care plan. Evaluates the nutrition plan through follow-up to determine the achievement of goals and outcomes. Adjusts the plan as necessary.
- Performs clinical documentation. Writes reports to referring physicians and documents nutrition care in the client's health record or the Client Referral Management System (CRMS).
- Performs functional centre management duties including reading and responding to emails and phone calls, caseload management (appointment cancellations/re-bookings), staff meetings, and office support activities.
- Advises program specific clients/patients (i.e. cardiac rehab, oncology, diabetes, kidney disease, eating disorders, food allergies, wound healing, etc) regarding dietary requirements, nutrition, risk factors, and lifestyle modification to help prevent or modify the progress of a disease, illness, disorder, etc.
- Advises physicians on specific micro and macro-nutrient requirements to promote and manage patient health and/or recovery.

Key and Periodic Activities

- Provides expert clinical advice to food services management and staff to ensure patients receive therapeutic diets that reflect current nutritional guidelines, aid in menu planning, and the development of policies and procedures.
- Acts as a liaison between nursing staff and food management/nutritional services staff when there are issues with menu items.
- Manages and supervises clinical rotations for university graduates or masters level dietetic interns/students to facilitate skills development required by the regulatory body of Dietitians of Canada. Supervises the development and presentation of clinical case studies, therapeutic updates, and research oriented projects by dietetic interns.
- Completes regular visits to personal care homes to monitor the adherence to the nutritional and food service standards outlined in the Provincial Personal Care Home Program Operational Standards (2007).
- Visits each personal care home a minimum of once a year, and more frequently when referrals are received on resident or food related complaints, or if something does not meet the standards. Investigates complaints relating to food and nutrition and consults team members within the health authority as well as other outside agencies, when appropriate.
- During a routine monitoring visit completes a food inventory, observes a meal, looks for and questions items relating to the standards, speaks with residents, and compiles applicable reports.
- Reviews personal care home menus annually and provides direction to the owner/manager in order to ensure menus meet the national standards.
- Forwards written correspondence to the owner summarizing the review, general comments, recommendations for change, expectation, etc.
- Accepts referrals from personal care home staff for residents, from health care professionals for clients in the community who cannot travel and require a home visit, and from community health nurses for children and babies. Also holds outpatient clinics for general nutrition referrals.
- Collaborates with colleagues to provide standard processes for assessments, recommendations, and evaluations.
- Maintains clinical competencies by participating in continuing education sessions.
- Compiles and reports workload statistics and interprets those reports in collaboration with team members and managers to make recommendations regarding human resources needs and service planning.
- Participates on various committees or working groups (i.e. Occupational, Health and Safety (OHS), Nutritional Council, Accreditation, Personal Care Home Working Group, Palliative Care Committee, Seniors Expert Working Group).
- Develops and provides formal and informal presentations as requested such as for medical students, nursing students, or staff awareness/education seminars.

SKILL

Knowledge

General and Specific Knowledge:

- Specialized clinical knowledge.
- Nutritional best practices, procedures, current research, new technologies and medications.
- Knowledge in various specialized medical fields (i.e. liver disease, bowel disease, diabetes, cardiovascular disease, oncology).
- Assessment techniques and methods for statistical analysis.
- Newfoundland and Labrador College of Dietitians Act and Bylaws.

Formal Education and/or Certification(s):

- Minimum: Undergraduate degree from an accredited university in an area relevant to dietetics and post graduate certification supplemented by a 1-year internship and a Registered Dietitian (RD) professional designation.

Years of Experience:

- Minimum: 1-2 years.

Competencies:

- Ongoing continuing education in various areas of clinical nutrition.
- Ability to develop programs that meet client needs.
- Ability to provide expert advice in the field.
- Effective interpersonal skills for working with clients and internal teams, and for the development of various documents.

Interpersonal Skills

- A range of interpersonal skills are used for listening to information from others, asking questions to gain information from clients, family members, physicians and other team members as well as responses from clients to complete assessments. Communicating routine and complex information, providing care/comfort/nurturing to others, conducting interviews, to gather medical and diet history, teaching or staff training an educational sessions/presentations on clinical nutrition. Skills are also used for facilitating meetings or sessions, making formal presentations, gaining the co-operation of others to complete work/address issues/resolve problems, providing expert advice and counselling, and coaching and mentoring interns.
- The three most significant contacts are with patients, residents, clients, outpatients to provide nutrition assessment/counselling/monitoring/follow-up; peers and employees within the organization to communicate/discuss patient care and issues requiring nutrition management; and physicians to discuss treatment goals and plans for clients.

EFFORT**Physical Effort**

- The demands of the job do not result in fatigue requiring periods of rest.
- Occasionally lifts objects up to 25 lbs., such as moving food in the freezer while recording food inventory (i.e. turkey, boxes of meat) and carry files, laptop and projector for training sessions, or supplement samples for clients.
- Fine finger precision work is required on a regular basis when using a computer to document in a client's medical file, typing emails or letters, using a calculator, or filing. The majority of time is divided between sitting, standing and walking. Some patient assessments and

counselling are completed while sitting while others require standing.

Concentration

- **Visual** concentration or alertness is required when viewing computer screens, reading information on client charts or referrals, observing non-verbal cues from clients.
- **Auditory** concentration or strain occurs when listening to clients during assessments. Interventions require concentration in order to effectively counsel clients, especially those with complex medical issues. Straining to hear clients in group sessions or in a busy setting. Listening to clients with a language barrier or speech problem.
- **Alertness to the health and safety of others** (i.e. tube fed patients are often acutely ill and requires attentiveness to signs of intolerance to the feeding. Clients with swallowing issues are at great risk during their assessment and lack of attentiveness can put clients at great risk of choking or aspirating. Advice provided to clients impacts the health of a client and could potentially impact their safety such as reactions to food allergies or blood glucose levels of those with diabetes.)
- **Time pressures and deadlines** occur on a regular basis when it comes to case management in trying to provide care in a timely manner by screening and prioritizing referrals, reworking schedules, and trying to address long waitlists. Deadlines/timelines also exist when responding to a personal home complaint, in quickly moving the patient along the continuum of care to facilitate a timely discharge, or when ordering supplement renewals.
- **Lack of control over work pace** occurs as a result of the number of consults/referrals received, when patients are to be discharged, or the frequency and number of personal care home complaints.
- **Exact results and precision** include renal calculations, tube feeding, calculating nutrition prescriptions such as calculating insulin to carbohydrate ratios for intensive diabetes management.

Complexity

- Tasks and activities are generally different but related and may require working with defined and standard work processes or may also be tasks for which limited guidelines or procedures exist.
- Problems and challenges vary and may be resolved by the use of established procedures and processes, or may require analysis of the problem and the development of solutions.
- Typical challenges requiring resolution include issues and problems relating to direct patient/client/resident care, in particular the formulation and implementation of the nutritional care plan. Each client is unique with multiple factors to consider such as their medical history, co-morbidities, diet history, medications, social supports, financial situation, willingness to change, etc. Although there are some standard clinical practice guidelines to follow, in most situations the advice provided is individualized and often requires combining many different tools and resources in order to develop the most appropriate goals and solutions for the client; providing complex diet education and counselling to patients requiring complex care such as an individual requiring a diabetic, cardiac, renal diet and is also on warfarin. This individual would require education on carbohydrates, fat, sodium, potassium, and phosphorous diet.
- When addressing typical challenges, problems, or issues may reference the manual of clinical dietetics, policies and procedures, peers within the organization or with other institutions,

Dietitians of Canada PEN (Practice-Based Evidence in Nutrition) website, the Newfoundland and Labrador College of Dietitians Act and By-Laws, Professional Practice Consultants, managers, interdisciplinary team members and physicians, and the professional practice model.

RESPONSIBILITY

Accountability and Decision-Making

- Work tasks are somewhat prescribed or controlled.
- Works with a high level of independence and autonomy
- Supervisory approval is not required for prioritizing caseloads and the time required for each consult, the generation of some self referrals, educational materials required, recommendations for appropriate diet orders and nutrition support, when educational materials require updating or when new materials are needed, the development of new materials, small expenditures or ordering of supplies, menu submissions, communications with clients, participation on committees at site level, and all day to day activities such as nutrition assessments, developing care plans, interventions, and counselling.
- Supervisory approval is required for large purchases, travel beyond the usual requirements of the position, changes to policies, and education/training sessions.
- Requires a high degree of specialization, autonomy, independent discretion and clinical judgement in the provision of nutrition management services and is responsible to adhere to the Dietitians of Canada Standards of Practice, Code of Ethics and Scope of Practice to ensure the safe, effective, and efficient delivery of care to patients.
- Discretion and judgement are required when addressing ethical issues related to feeding long term care or palliative patients.

Impact

- Can have a positive and negative impact on the department, the organization, on clients/patients/residents.
- Impacts are also felt on processes, information, health and safety, and corporate image. Results are directly felt by the client as they are the ones receiving the intervention resulting in an impact on their health and finances. Results are also felt by their families who participate in the education sessions and gain knowledge to assist the client; within the interdisciplinary team who are awaiting recommendations; or on interns as they learn through the mentoring provided.
- Mistakes or errors can result in injury/illness if the wrong advice is given or a mistake is made during a swallowing assessment; failing to order a feeding product can impact the client if they require the product for their healing and nutrition; incorrectly assessing a personal care home as having met the nutrition related standards could significantly impact the health and safety of residents within the home.
- There are few formal checks and balances in place. Discretion and autonomy is exercised in the performance of daily tasks. Professional conduct/competence is monitored via the Newfoundland and Labrador College of Dietitians Continuing Competence Program, peer review, chart audits, and performance appraisals. There are some exceptions where tasks may be prescribed. For example, if a consult is received for TPN (Total Parenteral Nutrition), the medical team would initiate the consult but the dietitian would calculate and recommend the appropriate TPN solution and rate. This would be signed by the physician and checked by

pharmacy.

- The time frame associated with the identification and resolution of errors is dependant upon the nature of the error or situation.

Development and Leadership of Others

- Not responsible for the supervision of staff.
- Provides leadership and development to dietetic interns including management and co-ordination of their work, acting as a mentor and advisor for dietetic intern case studies and research, assessment and feedback of their work, and assigning tasks to ensure they meet the required competencies.
- Orientation, guidance, and on the job training of new dietitians is also required.
- Has a lead role as clinical nutrition expert for the program areas they or required to chair related committees (i.e. Patient Education Committee).

WORKING CONDITIONS

Environmental Working Conditions

- Occasionally the use of gowns, gloves, and masks are required with patients who are on isolation and have infectious diseases. Required to know and utilize universal and standard precautions, and hand washing to prevent the spread of bacteria or diseases.
- There is a limited likelihood of minor cuts/bruises/minor illnesses.
- Occasional exposure to distracting noise, glare from computers; bodily fluids, waste, infectious disease, and odours when providing client/patient/resident care; lack of privacy as most clients are in wards or open areas where other staff or patients can overhear; adverse weather travel to sites or other facilities; and aggressive or unpredictable patients and residents.