

## Background

The purpose of this practice direction is to provide clarity regarding the role of the RD in the area of dysphagia assessment and management in Manitoba.

Currently, in Manitoba, the scope of practice for Registered Dietitians is defined within the *Registered Dietitians Act (2005)* as follows:

*The practice of dietetics means the translation and application of scientific knowledge of foods and human nutrition through*

*(a) assessment, design, implementation and evaluation of nutritional interventions;*

Dysphagia is a disorder with potential for substantial impact on an individual's nutritional status. Management requires assessing the severity of the dysphagia and designing nutrition interventions to enable the client to meet their nutrition and hydration needs via the oral or enteral route. Dysphagia screening, assessment, treatment and management fall within the scope of practice for dietitians in Manitoba.

As outlined in the *Integrated Competencies for Dietetic Education and Practice*, at entry to practice all dietitians have proficiency to:

- obtain and interpret information from mealtime/feeding observations
- identify signs and symptoms of dysphagia
- demonstrate knowledge of the principles of swallowing assessment
- identify chewing, feeding and swallowing problems
- demonstrate knowledge of ways to identify appropriate textural modifications
- select appropriate textural modifications and
- design enteral and parenteral feeding regimes (PDEP 2013)

While the entry to practice standard is the minimum requirement for entry to the profession, individual education programs may teach and assess students beyond this minimum requirement. Therefore individual scope of practice at entry to the profession varies amongst dietitians across Canada.

**Professional Conduct:**

Once a dietitian achieves registration and enters the workplace, their personal expertise will evolve, based on experience and further education (PDEP, 2013).

The College's *Code of Ethics* (2005) states each dietitian:

- practices dietetics based on scientific principles and current information in the field of dietetics.
- 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.
- 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.

RDs wishing to perform any task or function related to dysphagia have a duty to assess whether they are competent to do so safely and effectively from both a professional and public protection point of view.

RDs must consider:

- their knowledge, skills and attitudes to work in the area of dysphagia. RDs must ensure they have the appropriate education, practical training and mentorship to provide safe, competent dysphagia management.
- the needs of the client. In some facilities and geographical locations, access to an interprofessional team may be through consult only, resulting in wait time and/or travel for assessment and treatment, potentially compromising the patients health and nutrition status. In these situations, RDs and their employers may determine that it is in the clients best interests for the RDs on site to be trained to work to their full and authorized scope of practice. RDs have expertise in dysphagia, yet recognize that other disciplines have overlapping scopes of practice.
- the environmental factors in which care is provided, such as care setting and presence or absence other skilled professionals working in this area.
- the organizational supports, such as employer's consideration of workload and investment in training for practice in dysphagia. (CDO 2016, CDA 2013).

Dietitians are educated and trained to perform in a manner consistent with the standards of the profession. RDs anticipate the outcomes to expect in a given situation and respond appropriately. RDs can encounter unusual, difficult-to-resolve and complex situations which may be beyond their personal capacity. In these circumstances, RDs take appropriate and ethical steps to address these situations, which may include seeking consultation, supervision or mentorship, reviewing research literature, and/or making a referral. (PDEP 2013). In the interest of public safety and the provision of safe, competent services, the College encourages RDs to assess personal practice ability and communicate with and establish their role in practice, on the interprofessional health care team or dysphagia assessment team prior to adopting any new practices (CDO, 2016).

**Supporting Documents:**

The Alliance of Canadian Dietetic Regulatory Bodies has developed *Competencies for Dysphagia and Management in Dietetic Practice (2017)* (see appendix) which set out the expectations for safe, ethical and effective dietetic practice in the area of dysphagia assessment and management. The dysphagia competencies BUILD on the ICDEP and identify additional performance indicators for this area of practice. That is, the dysphagia competency statements do not stand alone and are not a protocol.

Dietitians providing clinical (bedside) swallowing assessment and participating in videofluoroscopic swallowing studies will require training beyond that typically provided at entry level. Specifically, hands on training provided through workshops or cross training and mentorship with another dysphagia therapist. The competencies and performance indicators as outlined in the *Competencies for Dysphagia Assessment and Management (2017)* can provide direction to RDs interested in advancing their knowledge and skills in the area of dysphagia assessment and management.

Dietitians of Canada has prepared a discussion paper *Defining the Role of the Dietitian in Dysphagia Assessment and Management* which addresses the role of the dietitian in the context of engaging in safe, quality dysphagia assessment and management. This paper clarifies that assessment and management of dysphagia is within the scope of practice for RDs in all jurisdictions across Canada. This paper is an update to a previous discussion paper and responds to advancing dietetic practice in dysphagia assessment and management (DC 2015).

## **Definitions**

*Dysphagia* - difficulty swallowing

*Clinical (Bedside) Swallowing Assessment* - An assessment of a person's ability to manage food and/or liquid taken orally, as assessed through food and/or liquid trials, using foods of various textures and/or liquids of various thicknesses. A clinical swallowing assessment includes reviewing the medical history, medication effects, reported/observed swallowing difficulty, and monitoring of dysphagia signs and symptoms as well as an assessment of oral/pharyngeal functions, oral processing efficiency, response to bolus and laryngeal elevation, respiratory function and airway protection.<sup>2</sup>

*Instrumental Swallowing Assessment* - A swallowing study that requires the use of radiologic means (videofluoroscopy) or flexible endoscopes (FEES) to visually identify swallowing issues.

*Reserved Acts* - Acts, done in the course of providing health care, that are to be limited to certain regulated health professions and members of those professions who are qualified and competent to do them.<sup>3</sup>

## **Practice Direction**

- Swallowing assessments are within the scope of practice for dietitians.
- Additional training, beyond entry level, is required for all RDs to independently perform clinical (bedside) swallowing assessment and participate in videofluoroscopic swallowing studies.
- Some regions may have policies prohibiting the RD from performing these procedures. It is the dietitians responsibility to ensure that it is within their employers policy/expectations to perform bedside swallowing assessments and participate in videofluoroscopic swallowing studies.
- Dietitians that do not have the competence to perform a clinical (bedside) swallowing assessment or participate in an videofluoroscopic swallowing studies, must refer/recommend clients be referred to another dysphagia clinician to complete the assessment.

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**References:**

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