

Jurisprudence Knowledge and Assessment Evaluation Results for 2008 to 2010

A comprehensive report on the evaluation of the 2010 administration of the Jurisprudence Knowledge and Assessment Tool is presented here. A brief summary will be available in the College's newsletter résumé fall 2010 at www.cdo.on.ca. For comparison, numerical data from previous years are included in the tables.

208 members were required to complete the JKAT in 2010, and two members who were not required to complete it elected to do so. 178 (85.6%) members completed the JKAT in 2010 and the rest were deferred to 2011 for various reasons. Of the 178 members who completed the JKAT, 56 (31.5%) completed the JKAT evaluation. A copy of the evaluation questions is included at the end of this report to facilitate comprehension (see Appendix F.)

Members who completed the evaluation proportionately represented the areas of practice and work settings of the general membership. This, coupled with the 31.5% response rate, allows CDO to rely on the results of this evaluation.

Results:

Table 1: Areas of Practice of members who completed the evaluation (2008 and 2009 data are included for comparison)

Answer Options	2008 n=1008	2009 n=148	2010 n=56
Clinical nutrition or one-on-one client intervention	67.1% (676)	72.3% (107)	69.6% (39)
Food and nutrition management	8.0% (81)	4.7% (7)	8.9% (5)
Sales, Communication & Marketing	5.0% (50)	2.0% (3)	7.1% (4)
Policy Development & Program Planning	13.8% (139)	16.2% (24)	17.9% (10)
Clinical Nutrition Management	6.1% (61)	2.0% (3)	3.6% (2)
Education & Research	14.1% (142)	12.2% (18)	12.5% (7)
Other (please specify)*	14.8% (149)	17.6% (26)	5.4% (3)

*(See Appendix A for areas of practice identified by members who selected "other" in 2010. Previous years' qualitative data are available in the 2008 and 2009 Jurisprudence Knowledge and Assessment Evaluation Results Reports.)

Table 2: Primary Practice Settings of members who completed the evaluation (2008 and 2009 data included for comparison)

Answer Options	2008 n=1008	2009 n=148	2010 n=56
Business and industry	5.7% (57)	4.1% (6)	8.9% (5)
Hospital or other care facility	46.1% (465)	26.8% (53)	26.8% (15)
Home Care (CCAC case management or in-home service)	4.1% (41)	1.4% (2)	0
Community Health Centre/Health Service Organization	6.3% (63)	12.2% (18)	14.3% (8)
Long term care home	11.2% (113)	10.1% (15)	5.4% (3)
Family Health Team or Family Health Network	4.7% (47)	13.5% (20)	12.5% (7)
Education Institution	4.5% (45)	5.4% (8)	3.6% (2)
Diabetes Education Centre	10.0% (101)	8.8% (13)	8.9% (5)
Private Practice – (Primary Care)	6.7% (68)	4.7% (7)	3.6% (2)
Public Health Unit	11.2% (113)	12.2% (18)	5.4% (3)
Government	3.5% (35)	3.4% (5)	0
Other	1.9% (19)		
Other (please specify)*	6.1% (61)	6.8% (10)	10.7% (6)

*(See Appendix B for practice settings identified by members who selected “other” in 2010. Previous years’ qualitative data are available in the 2008 and 2009 Jurisprudence Knowledge and Assessment Evaluation Results Reports.)

Table 3: Member’s perception of change in knowledge about laws, standards and guidelines as a result of completing the JKAT (2008 and 2009 data included for comparison)

Answer Options	2008 n=1007	2009 n=148	2010 n=56
1 - Not improved	0.5% (5)	0	0
2 - Improved somewhat	15.0% (151)	16.2% (24)	16.1% (9)
3 - Stayed the same	3.1% (31)	8.1% (12)	7.1% (4)
4 – Improved	62.6% (630)	62.2% (92)	69.6% (39)
5 - Improved significantly	18.9% (190)	13.5% (20)	7.1% (4)

Table 4: Members who reported making changes to their practice or their intention to make changes to practice as a result of completing the JKAT (2008 and 2009 data included for comparison)

Answer Options	2008 n=1005	2009 n=147	2010 n=56
Yes	66.9% (672)	62.6% (92)	66.1% (37)
No	33.1% (333)	37.4% (55)	33.9% (19)

Table 5: Members report of changes or planned changes were related to... (2008 and 2009 data included for comparison)

Answer Options	2008 n=999	2009 n=142	2010 n=56
Professional Obligations ¹	23.6% (236)	23.2% (33)	37.5% (213)
Requirements under the Regulated Health Professions Act (RHPA) ²	16.6% (166)	15.5% (22)	19.6% (11)
Privacy and Confidentiality ³	31.2% (312)	30.3% (43)	37.5% (21)
Conflicts of Interest ⁴	13.3% (133)	14.1% (20)	19.6% (11)
Boundary Issues ⁵	13.7% (137)	9.9% (14)	16.1% (9)
Scope of Practice ⁶	18.5% (185)	21.1% (30)	17.9% (10)
Consent to Treatment ⁷	20.4% (204)	19.7% (28)	23.2% (13)
Record Keeping ⁸	37.0% (370)	40.1% (57)	41.1% (23)
I do not plan to make changes	27.5%	30.3% (43)	23.2% (13)

Table 6: Members' perception that their knowledge about laws, standards and guidelines will have an impact on their practice and or clients (2008 and 2009 data included for comparison)

Answer Options	2008 n=994	2009 n=139	2010 n=56
1 – Disagree	2.0% (20)	2.2% (3)	0
2 - Somewhat Disagree	1.7% (17)	1.4% (2)	3.6% (2)
3 – Neutral	29.8% (296)	25.2% (35)	32.1% (18)
4 – Agree	59.4% (590)	62.6% (87)	57.1% (32)
5 - Strongly Agree	7.1% (71)	8.6% (12)	7.1% (4)

¹ Obligations related to the Code of Ethics, role as an advocate, use of the RD title, scope of practice, responsibility to: clients, society and the profession; and CDO Quality Assurance obligations.

² Duty to warn, college complaints process, RHPA mandatory reporting requirements and cooperating with the College

³ The lock box provision, health information custodian responsibility, need for privacy policy, handling complaints regarding breach of obligations under the privacy legislation, access to health records, consent to access health records including role of substitutes for access to health records, circle of care concept, permission to use of health information for purposes other than health care, role of privacy commissioner, correction of records and disclosure requirements when there is a breach.

⁴ Conflict of interest, avoiding conflicts and managing conflicts.

⁵ Boundary crossing, avoiding boundary crossings and managing boundary crossings

⁶ Harm clause under the RHPA, controlled acts, exception to controlled acts, orders, directives, delegations and competence

⁷ Consent, implied consent, substitute decision maker, preferred substitute decision maker list.

⁸ What records need to be kept, content, for how long, destruction of records, confidentiality of records, what to do with records when you retire, keeping records outside of official chart/file,

Qualitative comments related to results reported in Table 6.

In 2010, members provided 11 qualitative comments (Appendix C) on how the learning they experienced would impact their clients. (Qualitative comments from 2008 and 2009 are available in the Jurisprudence Knowledge and Assessment Evaluation Results Reports for the respective years.) As in 2008 and 2009, some of the comments related to an increased awareness and knowledge about the laws, guidelines and standards affecting practice rather than reporting on actual impact on clients. A few dietitians suggested that their increased awareness and knowledge would ensure that their actions protect their clients. Most of the action oriented comments were related to documentation, privacy and consent. Members reported that they would obtain consent and document consent more and that they would take steps to ensure proper record keeping for privacy and confidentiality. One RD noted that her increased knowledge would impact curriculum development and learning activities.

Table 7: Members’ perception that completing the JKAT was of value to them (2008 and 2009 data included for comparison)

Answer Options	2008 n=992	2009 n=139	2010 n=55
1 - Disagree	1.6% (16)	1.4% (2)	0
2 - Somewhat Disagree	2.8% (28)	1.4% (2)	3.6% (2)
3 - Neutral	14.4% (143)	19.4% (27)	14.5% (8)
4 - Agree	65.7% (652)	63.3% (88)	69.1% (38)
5 - Strongly Agree	15.4% (153)	13.7% (19)	12.7% (7)

Qualitative comments related to the results reported in table 7.

Members provided 6 qualitative comments (Appendix D) about the value of completing the JKAT. (Qualitative comments from 2008 and 2009 are available in the Jurisprudence Knowledge and Assessment Evaluation Results Reports for the respective years.) As in 2008 and 2009, most of the comments were in line with the comments they made about how the learning would impact their practice and clients (see previous section.) One RD noted that the JKAT focused too much on Acute and Clinical Care and that more diverse examples should be included. Another member indicated that the new online format was an improvement over the original written test. This member was referring to the Stage One Practice Assessment (2001 – 2006) that included short answer questions about jurisprudence.

Table 8: Members’ perception that CDO supports them in my learning about laws, standards, guidelines and ethical principles related to the profession (2008 and 2009 data included for comparison)

Answer Options	2008 n=990	2009 n=139	2010 n=55
1 – Disagree	0.7% (7)	0	0
2 - Somewhat Disagree	0.9% (9)	2.2% (3)	1.8% (1)
3 – Neutral	11.1% (110)	8.6% (12)	7.3% (4)
4 – Agree	70.6% (699)	71.2% (99)	80.0% (44)
5 - Strongly Agree	16.7% (165)	18.0% (25)	10.9% (6)

General Comments

Members provided 4 qualitative comments (Appendix E) under the general comments section. All were positive, indicating that the JKAT is of value and/or the CDO is supportive of its members.

Appendices

Appendix A: Area of Practice

Other (please specify)
1. Contract Mgmt
2. public and community health
3. general senior management

Appendix B: Practice Setting

Other (please specify)
1. Pharmaceutical sales
2. Supportive Housing
3. pharmaceutical sales
4. University
5. Non governmental agency / not for profit
6. Dairy Farmers of Canada

Appendix C: Qualitative Comments on how learning will impact work or clients

Response Text
1. laws, standards and guidelines impact security of data, understanding the ethical expectations ensure safe practice with clients
2. I will review and ensure appropriate consent, I will ensure proper record keeping for privacy and confidentiality
3. Very little as I don't have direct contact with clients. Will make me more aware of the standards and guidelines in hospital settings
4. eg. Notification of patients about up-coming community programs. Consent.
5. I tend to be "familiar" with clients...cultural I'm sure...keeping at arms-length will protect me Mentoring - Record keeping
6. more confident after reading JKAT on record keeping, privacy, etc.
7. provision of patient care with an interprofessional diabetes team (scope of practice)
8. Likely will not affect them directly (they will not know the difference), however they will face less risk of adverse events (i.e. leaking of personal health info) from their interaction with me. I also think I will be a stronger advocate at work for ensuring policies/procedures/how we practice day-to-day is in line with CDO standards and the laws that govern our practice.
9. Knowledge will impact curriculum development and learning activities
10. Completing the JKAT ensures for my clients and myself that I stay current with laws, standards and guidelines.
11. Will be able to provide better service as my skillset is now greater

Appendix D: Qualitative Comments about value of completing the JKAT

Response Text
1. I really learned a lot from completing the JKAT.....I will be making some changes in my workplace as a result of my new knowledge.
2. I found the new method of JKAT more beneficial than the original format requiring a formal examination at the U of T. The online version was much more useful.
3. you need to have more diverse examples and situations -once again you focus on acute care clinical too much
4. It was a good review of previous learnings and code of practice
5. Yes, the JKAT was absolutely valuable...learning about jurisprudence is a must even when it only serves to confirm or validate what may seem like common sense
6. Completing the JKAT was a good review of laws, standards and practices, ensuring updated knowledge.

Appendix E: General Comments

Response Text
1. I feel if I were to have a question or conflict I would have avenue to call for support in CDO
2. Good way to ensure compliance with learning new principles
3. Yes, CDO is supportive to my professional practice
4. I appreciate the case studies demonstrating the JKAT principles.

Appendix F: Evaluation Questions

- 1) Please tell us about your practice. Check all that apply.
- Clinical nutrition or one-on-one client intervention
 - Food and nutrition management
 - Sales, Communication & Marketing
 - Policy Development & Program Planning
 - Clinical Nutrition Management
 - Education & Research
 - Other (please specify) _____
- 2) What is your primary practice setting? Check the option that best applies.
- Business and industry
 - Hospital or other care facility
 - Home Care (CCAC case management or in-home service)
 - Community Health Centre/Health Service Organization
 - Long term care home
 - Family Health Team or Family Health Network
 - Education Institution
 - Diabetes Education Centre
 - Private Practice – (Primary Care)
 - Public Health Unit
 - Government
 - Other (please specify) _____
- 3) As a result of completing the JKAT, my overall knowledge about the laws, standards and guidelines that affect Registered Dietitians has:
- | | | | | |
|--------------|-------------------|-----------------|----------|------------------------|
| Not improved | Improved somewhat | Stayed the same | Improved | Improved significantly |
|--------------|-------------------|-----------------|----------|------------------------|
- 4) As a result of completing the JKAT, I have made or expect to make changes to my practice/work:
- Yes
 - No

5) The changes I have made or plan to make are related to... Check all that apply.

- My professional Obligations
The Code of Ethics, My role as an advocate, use of my RD title, scope of my practice, my responsibility to: clients, society and my profession; and my CDO Quality Assurance obligations
- The requirements under the Regulated Health Professions Act (RHPA)
Duty to warn, complaints process, mandatory reporting requirements and cooperating with the College
- Privacy and Confidentiality
Lock box provision, health information custodian responsibility, need for privacy policy, handling complaints re breach of obligations under the privacy legislation, access to health records, consent to access health records including role of substitutes for access to health records, circle of care concept, permission to use of health information for purposes other than health care, role of privacy commissioner, correction of records and disclosure requirements when there is a breach
- Conflicts of Interest
Definition of a conflict of interest, avoiding conflicts and managing conflicts
- Boundary Issues
Definition of a boundary crossing, avoiding boundary crossings and managing boundary crossings
- Scope of Practice/Harm clause under the RHPA, controlled acts, exception to controlled acts, orders, directives, delegations, competence
- Consent to Treatment
Consent, implied consent, substitute decision maker, preferred substitute decision maker list
- Record Keeping
What records need to be kept, content, for how long, destruction of records, confidentiality of records, what to do with records when you retire, keeping records outside of official chart/file
- I do not plan to make changes

6) My knowledge and application about the laws, standards and guidelines will have an impact my practice and or clients.

Disagree Somewhat Neutral Agree Strongly Agree
Disagree

7) Comments (describe how your learning will impact your work or clients):

8) Completing the JKAT was of value to me.

Disagree

Somewhat
Disagree

Neutral

Agree

Strongly Agree

9) Comments:

10) CDO supports me in my learning about laws, standards, guidelines and ethical principles related to my profession.

11) Comments:
