



**College of Dietitians of Ontario
DYSPHAGIA POLICY**

**Scope of Practice for Registered Dietitians
Caring for Clients with Dysphagia
in Ontario**

January 2007

The College of Dietitians of Ontario exists to regulate and support all
Registered Dietitians in the interest of the public in Ontario.

We are dedicated to the ongoing enhancement of safe, ethical and competent nutrition
services provided by Registered Dietitians in their fields of practice.

Scope of Practice for Registered Dietitians Caring for Clients with Dysphagia in Ontario

Policy Statements

1. Dysphagia is a nutrition related disorder and, therefore, aspects of Dysphagia screening, assessments, treatment and management are within the scope of practice of RDs in Ontario.
2. The *College of Dietitians of Ontario* supports the skills and knowledge (competencies) identified by the *Dietitians of Canada Dysphagia Assessment and Treatment Network* as necessary to screen, assess, treat and manage Dysphagia as a nutrition related condition.
3. A Registered Dietitian has an important role in a Dysphagia team. This role is defined by the needs of the patient and the environment in which care is provided.

Purpose

The purpose of these policy statements is to: 1) clarify the scope of practice of Registered Dietitians (RDs) in Ontario who care for patients with Dysphagia; 2) set out the College's expectations regarding the knowledge and skills required for RDs practicing in this area; and 3) clarify the role of the RD within a Dysphagia team.

Scope of Policy

This policy applies to all RDs in Ontario who care for patients with Dysphagia and RDs who want to change their practice to one where they would care for clients with Dysphagia. The intent of this policy is to clarify and set out expectations rather than set standards.

Background

Dysphagia, or difficulty swallowing, may be classified as oropharyngeal or esophageal Dysphagia. Oropharyngeal Dysphagia is that arising from a structural or functional abnormality in the oropharynx, while Esophageal Dysphagia occurs as a result of structural or functional abnormalities in the esophagus (1). It is a serious condition that may exist on its own or as a presenting symptom of a disease, medical condition or as a result of a medical treatment. "Among adults, the prevalence is reported to range from 10% to 50% in acute-care facilities and up to 66% in long-term care facilities. It can profoundly affect nutrition and hydration status, and therefore it must be identified and managed as early as possible (2)."

It is clear that nutrition care for patients with Dysphagia is within the dietetic scope of practice. RDs are well placed to provide care in dysphagia because they "are usually the first health care professionals consulted for Dysphagia screening and assessment, particularly in rural and remote areas of Canada (2)." In recent years, RDs have increasingly been called upon to act in the full dietetic scope of practice for dysphagia. In some cases, they are asked to go beyond diet intervention, to include aspects of care that are normally outside their scope of practice but related to feeding such as helping patients with swallowing manoeuvres and exercises. It is not unusual for RDs in long-term care to be the sole care provider for patients with dysphagia. As a result of these increasing responsibilities in dysphagia care, Registered Dietitians in Ontario have asked the College to clarify their scope of practice with respect to the delivery of dietetic services to clients with Dysphagia.

Policy Statements and Elaboration

1. Dysphagia

Dysphagia is a nutrition related disorder and, therefore, Dysphagia screening, assessments, treatment and management are within the scope of practice of RDs in Ontario.

The dietetic scope of practice statement in Section 3 of the *Dietetics Act* (1991) states:

“The practice of dietetics is the assessment of nutrition and nutritional conditions and the treatment and prevention of nutrition related disorders by nutritional means.”

Assessment, treatment, prevention and nutritional means are clearly understood and are well within the RD scope of practice, as they relate to nutritional conditions. The answer to the question “Are aspects of screening, assessment, treatment and management of Dysphagia within the scope of practice of RDs” depends on whether ‘nutritional conditions’ or ‘nutrition related disorders’ can be defined to include Dysphagia.

The College of Dietitians of Ontario (the College) classifies Dysphagia as a ‘nutritional condition’ because difficulty in swallowing results in threats to health due to nutrition and hydration issues. By its very nature, dysphagia affects how a person is nourished. The term “nutrition related disorder” refers to the relationship between a disorder, its treatment and management, for example, management of foods and liquids to maintain health, texture modification or determining the need for a non-oral route of nutrition. The College, therefore, maintains that Dysphagia screening, assessment, treatment and management are within the scope of practice of RDs in Ontario.

CDO maintains that Dysphagia screening, assessment, treatment and management are within the scope of practice of RDs in Ontario.

Swallowing Assessments

A swallowing assessment is performed when a person has difficulty swallowing food and liquids (choking during or after meals and problems initiating or completing swallow) or exhibits certain related behaviors (prolonged eating time and pocketing food or medications). The primary purpose of the assessment performed by an RD is to determine the most appropriate food textures and means of hydration, and in some instances, whether a non-oral route for nutrition and hydration would be clinically indicated (3).

Competence and Personal Expertise

Not all RDs have the knowledge, and skills (competencies) to safely and competently perform all of the specific functions that are within the full dietetic scope of practice. For this reason, an individual RD scope of practice may be narrower than that of the profession as a whole. It is acknowledged, therefore, that the assessment and management of Dysphagia may be within the practice of some RDs but not all. The concept of individual versus profession-wide scope of practice is true for most health professions.

An Act of Professional Misconduct

According to the College's *Professional Misconduct Regulation* Section 19, "Treating or attempting to treat a condition that the member knew or ought to have known was beyond his or her expertise or competence", is an act of Professional Misconduct. Registered Dietitians wishing to perform any task or function related to Dysphagia have a duty to assess and evaluate whether they are competent to do so safely and effectively both from the professional and public protection points of view. The assessment and evaluation should include a review of:

- their knowledge and skills to work in the area of dysphagia,
- the needs of the client,
- the environmental factors in which care is provided, such as presence or absence of other skilled professionals working in this area; and
- the organizational supports, such as employer's appreciation of workload implications and investment in training for practice in dysphagia.

2. Competencies

The College of Dietitians of Ontario supports the skills and knowledge (the competencies) identified by the *Dietitians of Canada Dysphagia Assessment and Treatment Network* as necessary to screen, assess, treat and manage Dysphagia as a nutrition related condition.

Competencies – National Perspective

In a discussion paper (2) and Executive Summary (4), the *Dysphagia Assessment and Treatment Network of Dietitians of Canada* (DC-DATN) has listed the specialized skills and knowledge required by RDs to function as key members of a multidisciplinary dysphagia management team. The purpose of these publications was to:

- Present the current roles of RDs in Dysphagia assessment and treatment;
- Identify the knowledge and skills necessary to conduct Dysphagia assessment and treatment;
- Outline an approach to increase and or enhance the knowledge and skills of RDs to manage Dysphagia competently and effectively;
- Enhance recognition of RDs who currently have the prerequisite knowledge and skills to perform swallowing assessments and provide management as vital members of the Dysphagia management team; and
- Provide a call to action to increase the level of training in Dysphagia management at the undergraduate, practicum and postgraduate levels.

DC-DATN developed 63 knowledge and skill statements and classified them using the following nine categories:

1. Screening and assessing risk for Dysphagia;
2. Conducting/assisting with a clinical bedside/tablesideside swallowing assessment and respiratory examination;
3. Conducting/evaluating Instrumental examination with related professionals;
4. Determination of patient/client management decision regarding methods of oral and non oral intake; risk management/precautions/candidacy for intervention; and treatment strategies with related professionals;
5. Providing treatment with related professional as appropriate;
6. Providing education, counselling and training to patient, family caregivers, Dysphagia team and health professionals;
7. Managing and or participating in interdisciplinary or transdisciplinary Dysphagia Team;
8. Maintaining quality control/risk management program; and
9. Providing discharge/dismissal planning and follow-up care.

Competence levels were assigned to each knowledge and skill as follows:

- Entry Level (E)** indicates the level of knowledge/skills that is required for Registered Dietitians at the entry-level of the profession.
- Practicing Level (P)** indicates the level of knowledge/skills that is required for Registered Dietitians participating in any form of Dysphagia assessment and management
- Advanced Level (A)** indicates the level of knowledge/skills that is required for Registered Dietitians who are responsible for the primary role of Dysphagia assessment and management

Competencies – Ontario Perspective

Recognizing that the *Dietitians of Canada* work represented a national perspective from 1998 – 2002 and in consideration of its duties as a regulatory body, the *College of Dietitians of Ontario* wanted to confirm that the competencies for dysphagia identified by DC-DATN were current and equally valid for Ontario. In 2005, the *College* used focus groups composed of Ontario RDs to validate the DC-DATN knowledge and skill statements

The *College* endorses the knowledge and skill statements developed by the *Dysphagia Assessment and Treatment Network of Dietitians of Canada* as necessary to screen, assess, treat and manage Dysphagia as nutrition related condition.

specifically for dietitians in Ontario. This validation study confirmed that the dysphagia knowledge and skills identified by DC were also applicable in Ontario. Therefore, the *College* confidently endorses the knowledge and skill statements developed by the *Dysphagia Assessment and Treatment Network of Dietitians of Canada* as necessary to screen, assess, treat and manage Dysphagia as nutrition related condition.

In 2006, in a further consultation with its entire membership, the *College* sought input from RDs on their level of skill; how they obtained those skills; any limits, conditions and concerns to practice in the area of dysphagia for RDs, including aspects of treatment that are potentially outside of their scope of practice; and the level of support received from their organizations to

become skilled and knowledgeable in this area (6). The findings of this consultation confirmed that:

- RDs (albeit small percentages) in Ontario are working at all levels – entry, practicing and advanced levels;
- RDs are able to achieve the knowledge and skills to work in this area by formal and informal means;
- There may be a few aspects of treatments that are better suited to the scopes of practice of other health professionals, for example, positioning, desensitization,
- swallowing manoeuvres, exercises and thermal stimulation may be better suited to Speech Language Pathologists, Occupational Therapists and Physiotherapists;
- In some cases, there is organizational support for RDs to develop the knowledge and skills to practice in the area of dysphagia so that they may exercise their full scope of practice.

Flexibility

During the College validation study, a few participants felt that a knowledge or skill could be broken down further to enhance clarity or assign it to a different level of practice. The College agrees that there may be some flexibility in their application. For example, the following knowledge and skill statement may be subdivided into two or three statements in order to separate the effects of feeding tubes from tracheotomy tube and ventilator: “Understand external (enteral) feeding tube, tracheotomy tubes, ventilator and their affect on pharyngeal, laryngeal, esophageal, gastrointestinal, and respiratory functioning”. The two or three competencies would then be assigned to a different practice level (5). Similarly, groups or individual RDs may need to modify statements to enhance clarity or may assign competencies to a different level to suit their purpose.

Achieving competence and personal expertise

At present, there are no certification programs for achieving the dysphagia knowledge and skills necessary for RDs in Ontario. In the interest of public safety and the provision of competent services, the College encourages members to use the knowledge and skill statements as a guide to achieve competence in caring for patients with dysphagia to a level that is required in their positions. Other methods that RDs have reportedly used (6) to acquire their knowledge and skills include:

- workshops, conferences, seminars and courses;
- cross-training and mentoring by other RDs, Speech Language Pathologists or Occupational Therapists;
- day-to-day work on Dysphagia teams; or
- self-study such as on-the-job experience, reading texts, journals and accessing information through the Internet.

Appendix A has further suggestions for raising the level of RD knowledge and skill in Dysphagia assessment and management. Also, be mindful of the College publications that address the topic of Dysphagia.

Although, the College does not have any immediate plans to develop certification or specialization programs for dysphagia, it is committed to facilitating competency in dysphagia in the interest of public safety. The College will notify members of related educational opportunities as they become available.

3. The Registered Dietitian's Role

A Registered Dietitian has an important role in a Dysphagia team. The role is defined by the needs of the patient and the environment in which care is provided.

The needs of clients/patients with Dysphagia are best served by a multidisciplinary team including the Occupational Therapist, Physician, Physiotherapist, Registered Dietitian, Registered Nurse and Speech Language Pathologist. All professionals bring a unique and valued perspective. Patients are best served when professional roles are determined with reference to patient needs and safety.

By design, the *Regulated Health Professions Act, 1991* recognizes overlapping scopes of practice for health professions. Dysphagia screening, assessment, treatment and management are examples where overlapping occurs. The College recognizes that Speech Language Pathologists possess a unique body of knowledge in the area of Dysphagia because of their training in anatomy, physiology, and neurology related to the pharynx. When multiple professionals are readily accessible, and a multidisciplinary team is functional, RDs must respect the roles of other professionals by knowing when to make appropriate referrals and when to consult.

When multiple professionals are readily accessible, and a multidisciplinary team is functional, RDs must respect the roles of other professionals by knowing when to make appropriate referrals and when to consult.

Currently, health care settings are not always ideal and a lack of optimal resources, such as access to a multidisciplinary team, is almost always the norm. There is disparity in the availability of health care professionals in acute care, long term care, chronic care and home care settings. In rural areas, access issues are further exacerbated. Access to a health professional identified as the Dysphagia expert may be through consultation only, and may require that the client wait from a few days to weeks for further assessment and treatment. This may compromise a client's nutrition, health status and life.

Where there is no access or significantly limited access to a multidisciplinary team, it is in the client's best interests that the professional or professionals available on site be trained to take on a larger role. It may be that RDs and their employers determine that it is in the best interest of clients for available RDs to increase their knowledge and skills to have a more central role in assessment, treatment and management of dysphagia. It must be noted, however, that it is unsafe to have one professional solely responsible for the care of clients with dysphagia. The development of consultation and referral networks to provide safe, timely and effective care is critical. In situations where RDs are working alone or with limited access to a multidisciplinary team, they should be supported to develop the competencies necessary to provide competent and safe Dysphagia care, while advocating for a multidisciplinary team that is best suited for clients suffering from dysphagia.

Minimizing risks to clients/patients and Registered Dietitians

Risks to clients and RDs are minimized when RDs:

- Fully appreciate their professional responsibilities;
- Develop their competence to meet the needs of clients;
- Work within their own level of competence;
- Respect their institutional policies and delineation of roles and responsibilities;
- Do not partake in tasks that fall outside of their scope of practice;
- Do not perform any controlled act unless authorized to do so; and
- Respect all other laws that govern their profession.

RDs are legally responsible (liable) for their actions and omissions. They must acknowledge and recognize where there is increased risk in their practice. Dysphagia treatment and management has inherent risks for both the client and the RD. While the College cannot decide for members when they need to carry liability insurance, we recommend that members explore the nature of the coverage offered by their employers. In the interest of the public and in their own interest, they must also determine whether they need to carry liability insurance beyond what is offered to them through their employers.

Glossary

This glossary defines relevant terms in their broad sense. The application of these definitions to RDs is specifically addressed through the knowledge and skills (competencies) statements (4).

Dysphagia: difficulty swallowing; may be classified as oropharyngeal or esophageal (1)

Esophageal Dysphagia: Dysphagia that occurs as a result of structural or functional abnormalities in the esophagus (1)

Oropharyngeal Dysphagia: Dysphagia arising from a structural or functional abnormality in the oropharynx (1)

Screening: A nutrition screening is performed to identify those clients “who are at risk for nutritional disequilibrium and who may require nutrition intervention (7).”

Assessment: A nutrition assessment accomplishes three purposes – to identify individuals at nutritional risk, to provide justification for the nutrition care plan, and to form the basis for evaluating the nutrition care plan. The nutrition assessment is also the basis for the formulation of goals. A complete nutrition assessment includes: medical and social history, dietary history, physical examination, anthropometry and body composition, biochemical data, and estimation of energy, protein and fluid requirements (7).

Competence: This term, used in professional practice, is more than the accomplishment of discrete and isolated tasks. Rather it involves the interaction and integration of knowledge, critical thinking, judgment, attitudes, skills, values, and beliefs. It also includes the ability to generalize learning and move from one situation to another (7).

Management: The term “management” refers to a broad spectrum of activities that include planning, organizing, utilizing resources (human, fiscal, and physical), guiding, directing, and evaluating to ensure that progress toward objectives is being made (7).

Intervention: An intervention refers to any action undertaken on behalf of the client, including screening, individualized nutrition or swallowing assessment, diagnosis, prevention/treatment/management, education/counseling, and/or follow-up for any client with Dysphagia or at risk of experiencing Dysphagia.

Evaluation: Evaluation refers to the process of determining if the goals and objectives have been met. Outcome evaluation addresses issues relating to the strengths and weaknesses of the plan and recommendations for future modifications. Process evaluation determines the efficiency and effectiveness by which outcomes are met (9).

Treatment: A treatment is anything done for a therapeutic, preventative, palliative, diagnostic, and cosmetic or other health-related purpose. It includes a course of treatment or plan of treatment (10)

References

- (1) Cockeram, AW (2005). Canadian Association of Gastroenterology Practice Guidelines: Evaluation of Dysphagia. http://www.pulsus.com/Gastro/12_06/cock_ed.htm
- (2) Dietitians of Canada (2005). The Role of the Registered Dietitian in Dysphagia Assessment and Treatment: A Discussion Paper, 1-8;
http://www.dietitians.ca/members_only/resourceinventory_searchform.asp?fn=view&contentid=5019
- (3) College of Dietitians of Ontario (2005). Swallowing Assessments and Dysphagia: Understanding Scope of Practice. Résumé Summer 2005
- (4) Dietitians of Canada (2005). The Role of the Registered Dietitian in Dysphagia Assessment and Treatment: A Discussion Paper – Executive Summary in *Canadian Journal of Dietetic Practice and Research*, 66(2), 91-94;
http://www.dietitians.ca/members_only/resourceinventory_searchform.asp?fn=view&contentid=5019
- (5) College of Dietitians of Ontario (2005). Review and validation of knowledge and skill statements identified as necessary for Registered Dietitians providing Dysphagia assessment, treatment and management. Report by Lynelle Hamilton – Unpublished and available from CDO.
- (6) College of Dietitians of Ontario (2006). Members Consultation: Scope of Practice for Registered Dietitians working with Dysphagic Clients. Report by Sherry Hinman – Unpublished and available from CDO.
- (7) The Chicago Dietetic Association, The South Shore Suburban Dietetic Association & Dietitians of Canada (2000) *Manual of Clinical Dietetics*, 6th edition, American Dietetic Association, Chicago.
- (8) Dietitians of Canada/College of Dietitians of Ontario (1997). *Professional Standards for Dietitians in Canada*.
- (9) Dietitians of Canada (1996). *Competencies for the Entry-Level Dietitian*.
- (10) College of Dietitians of Ontario (1999). *Code of Ethics Interpretive Guide*.

Legislative References

- Regulated Health Professions Act, 1991
- Dietetics Act, 1991, Section, Scope of Practice statement
- Dietetics Act, 1991, Ontario Regulation 680/93 Amended to O. Reg. 302/01 Professional Misconduct

Appendix A: Resources for Improving Competence in the area of Dysphagia

Resources suggested by Peter Lam RD and DC-DATN. There are many resources available for improving knowledge and skills in dysphagia care. Here is a list to get you started.

Dietitians of Canada

Online Dysphagia Course

The *Dietitians of Canada Dysphagia Assessment and Treatment Network* developed an Online Dysphagia Course. http://www.dieteticsatwork.com/order_main.asp?gid=9

The DC-DAT-N recommends that RDs take the following steps to obtain the appropriate level of knowledge and skills to achieve full competence in this practice area:

- Reading/studying current texts and journals pertinent to Dysphagia management
- Attending seminars and other professional development programs on Dysphagia management
- Completing undergraduate, postgraduate and continuing education courses that are pertinent to Dysphagia management
- Finding a supervisor/mentor who can help with all aspects of training, including applied practice
- Conducting research pertinent to Dysphagia assessment and treatment and to patient health outcomes

Network

The *Dietitians of Canada Dysphagia Assessment and Treatment Network* offers a rich source of information including an informative newsletter, suggested readings and a practice registry with potential mentors and resource dietitians.

Journal Articles

Castellanos, VH, Butler E, Gulch, LA and Burke B (2004) Use of Thickened Liquids in Skilled Nursing Facilities, *J Am Diet Assoc*, 104, 1222-1226.

Huhmann M, Decker RT, Byham-Gray L, Maillet JO (2004) Comparison of Dysphagia Screening by a Registered Dietitian in Acute Stroke Patients to Speech-Language Pathologist's Evaluation, *Top Clin Nutr*, 19(3), 239-249.

Steele CM and Van Lieshout, P (2004) Influence of Bolus Consistency on Lingual Behaviours on Sequential Swallowing, *Dysphagia* 19(3), 192-206.

Books

Campbell-Taylor, I. (1990) *A Guide to Feeding the Dysphasic Patient*. Con Med Associates, Toronto.

Groher, M. (1997) *Dysphagia: Diagnosis and Management*, 3rd ed. Butterworth-Heinemann, Boston, MA.

Logemann, J. (1998) *Evaluation and Treatment of Swallowing Disorders*, 2nd ed., Pro-Ed, Inc, Austin, TX.

Mills, RH, ed. (2000) *Evaluation of Dysphagia in Adults: Expanding the Diagnostic Options (For Clinicians by Clinicians)*, Pro Ed Publishers.

Murray, J. (1999) *Manual of Dysphagia Assessment in Adults*, Singular Publishing Group, Inc., Delmar, Ca.

Swigert, N. (1998) *The Source © of Pediatric Dysphagia*. LinguSystems Inc. East Moline, Il.

Swigert, N. (2000) *The Source © for Dysphasia: Updated and Expanded*. LinguSystems Inc. East Moline, Il.

Yorkston, Miller, Strand (1995) *Management of Speech and Swallowing in Degenerative Diseases*, Communication Skill Builders, Tucson, AZ.

Websites

Dysphagia Research Society
Dietetics @ Work

<http://www.dysphagiaresearch.org/bookstore>

http://www.dieteticsatwork.com/dysphagia_moreinfo.asp