

WHAT IS A REGISTERED DIETITIAN?

- A Registered Dietitian (RD) is uniquely trained to advise on whole foods, healthy eating and nutrition for overall health and wellness. Additionally, RDs are legally recognized as nutrition experts who are qualified to provide medical nutrition therapy for the prevention, delay and management of disease ¹

HOW ARE RDs EDUCATED & REGULATED?

- RDs are skilled professionals that must have obtained a bachelor's degree and completed a practicum in Nutrition and Dietetics for entry to practice
- RDs are regulated under the [Health Professions Act](#) and their scope of practice and any restricted activities they are authorized to do are outlined in the [Dietitians Regulation](#)
- In order to practice RD in BC, all RDs must be registrants of the [College of Dietitians of BC](#)
- Each individual RD is professionally responsible and accountable to practice autonomously within their defined legislated Scope of Practice and level of competence as part of the interdisciplinary primary care team, to support safe, competent and ethical care for patients, families, and communities

WHAT ARE THE KEY FUNCTIONS OF A RD?

RDs believe in the power of food to enhance lives and improve health. They empower their patients to embrace food, to understand it, enjoy it and support healthy living through²:

Assessment

- RDs use a patient-centred, evidence-based approach to:
 - conduct nutrition screening and assessments using evidence-based guidelines that address the social determinants of health (e.g. pre/postnatal nutrition)
 - calculate fluid and energy requirements with consideration to normal growth and development
 - review individual laboratory test results to help inform nutrition diagnosis and make recommendations

Treatment/Management

- Assists patients to stay healthy and manage acute and chronic concerns by developing nutrition goals and patient-centred plans to address:
 - breastfeeding support, monitoring of childhood growth/development
 - the effects of medication on nutritional intake
 - patients with disordered eating
 - pre-surgical optimization/post-op nutrition, vitamin and mineral deficiencies, acute malnutrition
 - digestive disorders (e.g. IBS, IBD, celiac, GERD), chronic diseases (e.g. kidney, liver, cardiovascular, obesity, diabetes), cancer, food allergies, dysphagia, weight inclusive approaches to health and home tube feeding

¹ Retrieved Jan 6, 2020 from: <http://collegeofdietitiansofbc.org/home/employers-the-public/reserved-title>

² Dietitians of Canada, retrieved Jan 15, 2020 from: <https://www.dietitians.ca/About-Us/About-Dietitians/Learn-about-Dietitians.aspx>

THE ROLE OF THE REGISTERED DIETITIAN IN PRIMARY CARE

- palliative care patient needs regarding comfort eating, symptom management and ethics of feeding
- Uses motivational interviewing and behavioural action plans to support patients to meet their nutrition goals

Education/Advocacy

- Consult, educate and makes recommendations to patients and their families regarding:
 - nutrition specific recommendations which considers eating habits, learning ability and cultural background
 - food literacy (cooking, reading labels, making healthy choices, etc.)

Referrals/Collaboration

- Provides recommendations on available community resources as appropriate (e.g. food banks, community meal programs)
- Participates in team-based care by collaborating with primary care team and community agencies to build care plans/coordinate referrals and seeks feedback from the patient and family
- Accessing resources for patients with food insecurity

CASE SCENARIO/EXAMPLE

Below is an example of the role that a RD may provide within an interdisciplinary primary care team. It is recognized that team composition will vary due to population needs, team practice models, health human resources available and geography.

During the weekly primary care round, the team identifies a 67 year old widowed male with moderate dementia, moderate depression, hypertension and history of a stroke who reported having fallen at home three times in the last week. The team is concerned that this patient lives alone and is unsure of the patient's ability to manage medications, obtain the nutrition he requires and manage his own finances.

After a review of the patient's health records, including the most recent bloodwork, the RD notices a low iron level. The RD meets with the patient to review his current food intake and nutritional status. The RD provides advice on meal planning, preparation and food choices.

The RD notices the patient has difficulty using his left hand. He states it makes holding cutlery and food preparation difficult. The patient also speaks to the financial challenges in relation to everyday living. The RD suspects the patient may not be receiving all the benefits he is entitled to.

The RD provides information on community food resources and receives consent to refer the patient to other health care providers. This includes a Social Worker to review financial resources and an Occupational Therapist to review the patient's activities of daily living. Depending on the composition of the primary care team, the referrals may go to other community providers.

The RD works with the scheduling assistant to arrange a follow up appointment to review the patient's nutritional status and ensures his previously mentioned concerns have been addressed. The RD also adds this patient to the weekly primary care round agenda to review the interprofessional care plan.