



SCHOOL OF  
NUTRITION AND DIETETICS

## Practical Training Competency Attestation

### Logbook

Student Name: Morgan McCarthy

Student Number:

Placement Site:

Preceptor(s):

Placement Type:

Placement Level:

Date:

The following Practice Competencies and Performance Indicators are elements of everyday practice. Dietetic practicum students should use this logbook to track the attainment of competencies. Activities, presentations, assignments, and continuing education opportunities that support the achievement of competency should be documented with the date in the appropriate columns.

Depending on the type of placement, not all competencies may apply. "Nutrition Care" applies primarily to clinical placements, "Population and Health Promotion" applies to community placements, and "Food Provision" & "Management and Leadership" applies to management/food provision placements. Competency categories "Professionalism and Ethics", "Communication and Collaboration" and some aspects of "Management and Leadership" are elements of everyday practice and therefore apply **across all placements**. Please note that there may be overlap across placements and therefore all competencies should be considered.

By the end of the dietetic practicum program the student is expected to consistently achieve a rating of "I" (Independent) in most competency areas. However, in some areas it may be difficult to practice independently in the placement timeframe. In these areas, a rating of "M" (Minimal supervision) may be appropriate as the preceptor provides oversight for projects and activities for organization and/ or liability reasons.

The ICDEP Statement of **Entry-Level Proficiency** defines entry-level dietitians as those who apply approaches consistent with standards and best practices in the profession. They recognize situations beyond their capacity and take appropriate steps to ensure such situations are addressed safely and ethically.

Furthermore,

- When presented with routine situations, the entry-level dietitian performs relevant competencies in a manner consistent with generally accepted standards in the profession, without supervision or direction, and within a reasonable timeframe. The entry-level dietitian selects and performs competencies in an informed manner. The entry-level dietitian anticipates what outcomes to expect in a given situation, and responds appropriately.
- The entry-level dietitian recognizes unusual, difficult to resolve and complex situations which may be beyond their capacity. The entry-level dietitian takes appropriate and ethical steps to address these situations, which may include seeking consultation, supervision or mentorship, reviewing research literature or a referral.

**Performance Indicators (PIs)** describe abilities that are intended to be demonstrated in dietetic practicum programs or within the Canadian Dietetics Registration Exam (CDRE). The successful completion of performance indicators in the Acadia Dietetic Practicum Program serves as an indication of the practicum student's ability to proficiently perform a practice competency. The PIs, then, might be considered as competencies to be demonstrated pre-practice, while the Practice Competencies are competencies to be demonstrated in practice. Through demonstration of the PIs pre-practice, it is assumed that a practicum student has the abilities to perform the PCs in practice. It is for this reason that ICDEP is referred to as Integrated Competencies for Dietetic Education and Practice.

A **Practice Competency (PC)** is a task that is performed by a registered dietitian in practice that can be carried out to a specified level of proficiency.

### **Performance Standards:**

**Exposure/Discussion (E)** - Describes experiences at the exposure level only. Students may have observed activities but not performed them independently. Activities are rule-driven, and students at this stage may require significant supervision or prompting, may make numerous mistakes or omissions and may require extended periods of time to complete tasks.

**Supervised (S)** - Describes experiences at the "hands-on" level but with direct supervision. Activities are primarily directed by the preceptor and the student may have difficulty identifying relevant data. Students rely upon rules and procedures and require significant direction when rules do not apply. The student may still make numerous mistakes and require extended periods of time to complete tasks.

**Minimal Supervision (M)** - Describes experiences at the "hands-on" level requiring only minimal supervision. Students may identify most relevant details but may still lack speed and flexibility and seek direction when/if original plans fail. Although mistakes are minimal, students may still require assistance prioritizing to complete tasks.

**Independent (I)** - Describes experiences at the "hands-on" level to generally recognized standards of the profession. Although speed may still be somewhat slower, the student presents no threat to the public, and is able to prioritize activities to achieve goals and established outcomes within a reasonable timeframe, with minimal errors or omissions and with little or no prompting required from the preceptor.

**N/A** – Not observed or not applicable to this placement.

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**Non-Competent Behaviours (NC)** – (Accreditation Manual for Dietetic Internship Practicum, 2004). The following describe behaviours considered noncompetent:

- Making errors without recognizing them or learning from them
  - Not applying past experience
  - Avoiding/ not making decisions
  - Not being able to work collaboratively
  - Not asking for help when needed
  - Demonstrating inappropriate communication skills
  - Practicing unethically
  - Not being receptive to advice/constructive criticism
  - Lacking knowledge/ skills and not pursuing further learning
  - Lacking the ability to recognize self-limitations/ knowledge deficit
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## 1. Food and Nutrition Expertise

Dietitians integrate their food and nutrition expertise to support the health of individuals, communities and populations.

**NOTE:** The ICDEP 1.0 Food and Nutrition Expertise are evaluated at the academic and CDRE level only and are, therefore, not reflected in the Acadia Practicum Evaluation Form.

1.01 Apply understanding of food composition and food science

1.02 Apply understanding of food environments

1.03 Apply understanding of human nutrition and metabolism

1.04 Apply understanding of dietary requirements and guidelines

1.05 Apply understanding of dietary practices

1.06 Integrate nutrition care principles and practices

1.07 Integrate population health promotion principles and practices

1.08 Integrate quantity food provision principles and practices

## 2. Professionalism and Ethics

Dietitians use professional, ethical and client-centered approaches, to practice with integrity and accountability

| 2.01 Practice within the context of Canadian diversity.              | Self-Rating | Evidence: Activities/ Assignments/ Continuing Education  | Date |
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| 1. Identify structures that impact health equity and social justice. | I           | Demonstrates knowledge of Canadian diversity through patient care, hiring processes, and working with multicultural team members.<br>Understands through conversations with staff and patients the structural determinants of health and how values, beliefs, culture, and government policy can affect these individuals.<br>Noted big gaps in health equity are due to lack of appropriate healthcare services in rural areas (and for new Canadians), adequate family doctor levels, and the understanding challenges of adequate/equitable healthcare without insurance. |      |

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|   |                    | <p>Able to successfully have conversations and provide supports to those who require them. For example, numerous staff without medical care, vehicles, lawyers, understanding of Canadian taxes, benefits etc.</p> <p>Providing EFAP or assisting wherever necessary and emailing appropriate resources to determine ability to provide supports.</p> <p>Aware of Canadian Medicare systems and resources available to Canadian citizens.</p> <p>Familiarized myself with Provincial Nutrition and Food Services – Equity &amp; Diversity Inclusion articles and resources to better understand equity and diversity inclusion in healthcare.</p>   |             |
| <b>2.02 Act ethically and with integrity.</b> | <b>Self-Rating</b> | <b>Evidence: Activities/ Assignments/ Continuing Education</b>  | <b>Date</b> |
| 1. Treat others with respect.                 | I                  | <p>Reviewed Dietitians Code of Ethics and understand how it relates to practice. Well versed in Nova Scotia Health's Respectful Workplace Policies and Code of Conduct as it relates to work, and ensuring policies are followed as management through huddles, presentations, LMS, and disciplinary conversations.</p> <p>Continuously demonstrating Respectful Workplace behaviours as to lead by example, and strong value on mutual respect in the workplace through collaboration and active listening.</p> <p>Multiple conversations with staff and patients whose values do not align with my own and realizing how my perspectives can influence conversations while remaining respectful and open in communication.</p> <p>Respect for other cultures and social class during interactions and facilitated learning with my own staff by referencing people services, doing in-services, inclusive huddles, and policy review.</p> |             |
| 2. Act in a manner that engenders trust.      | I                  | <p>Daily patient visiting where I ensure I knock on patient doors, introduce myself and my department, why I am there, ask if this is a good time, and create trust before interaction.</p> <p>When needing to speak to a specific team member I asked them to come see me when they had time, ensured it was in a private space, and the door was closed, review privacy and confidentiality before speaking.</p> <p>When asked about a specific incident by another staff member, I reiterated I was unable to discuss anything related to the incident.</p>  |             |

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|  |            | <p>During a difficult disciplinary meeting I recognized the employee felt unheard and scheduled follow up meetings each month to ensure their concerns were addressed appropriately.</p> <p>When missing something on an order I admitted my mistake and apologized. When I encountered a troubleshooting issue on my website that I had hoped to submit for review by practicum coordinator I ensured I emailed as soon as possible to provide an update on timeline they could expect work and provided sample the same day.</p> <p>Ensure policy applied consistently, for example a tough conversation with a staff member wearing leggings while they were pregnant, appreciated their challenges, but also the need to ensure all staff are dressed appropriately. Able to offer supports on where appropriate uniform could be required and offered possible financial supports if required.</p> <p>When asked a question during a staff huddle relating to vacation, I apologized and admitted I didn't know the answer. I confirmed I would look up the answer and get back to them as quickly as possible with an update.</p> <p>Often find time to start conversations with staff to discuss personal interests or updates from the weekend to show interest and engagement.</p> |  |
| <p>3. Act in accordance with ethical principles.</p> | <p>M-I</p> | <p>As per the NSCDN code of Ethics, acting in accordance with these principles ensures that dietitians provide services in the best interest of the client, communicate effectively, collaborate effectively, practice safely and competently, be honest and responsible. I would appreciate more experience in clinical and community practices.</p> <p>During an interview I was invited to it was slightly hinted that one person may be a better fit than the other, not outright stated, but felt pressured to not score ethically. I chose to score as I felt was objectively fair, even if it meant the person who was suggested should be considered with preference did not get the job, and was forthcoming with my feelings and thoughts to my manager.</p> <p>Ensuring patients considerations about refusing their prescribed diets are brought forward to dietitians. Example sodium restricted patients often do not want to follow their limits and ask to be taken off the diet.</p> <p>Recently had concerns brought forward regarding different languages being spoken within the department by those who could not understand the language. Understanding that ethically I wanted to be well informed in my</p>   |  |

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|  |          | <p>decision-making process I initiated multiple reviews and meetings with people services before making a decision on what was the correct answer.</p>  |  |
| <p>4. Accept accountability for decisions and actions.</p>               | <p>I</p> | <p>Acting as a leader means taking ownership of all decisions and actions within the team. As both a leader and individual it creates trust and respect when someone can take accountability. This also allow us to learn from our mistakes and creates trust in teams that can value your word.<br/>By not taking ownership for decisions and actions, we break that trust, and act in a way that is dishonest, and is not open to learning within practice.</p> <p>When a staff member missed ordering something for the cafeteria, I accepted the responsibility as I should have double checked and went to the store to rectify the issues.<br/>During a Vision downtime I had a limited time frame to make decisions prior to provincial downtime procedures. After the fact I recognized there were better options for downtime procedures and was able to accept and apologize to staff.<br/>During an interaction with a patient who I had visited earlier, they asked for a salad, and I missed offering them a dressing, I sincerely apologized admitting my fault, and the client was very pleased with the response.<br/>A retail client was upset about one of the menu options, I took accountability for the menu and asked for suggestions in place, offering I was always happy to accept feedback from customers.<br/>During go live I made schedules that we perceived would work with feedback from staff. After implementing this there was new feedback from staff that certain things were not working, I accepted the decisions for this and was able to adjust the work routines for better productivity and flow.<br/>When a staff member went into a contact precaution room without their PPE and I was notified, I took accountability, as we cannot shift blame until we know the employee is aware.</p> |  |
| <p>5. Act in a manner that upholds the reputation of the profession.</p> | <p>I</p> | <p>Ensuring professionalism in the profession not only relates to ethics but to behaviours in practice as well. These include respectful communication, punctuality and reliability, professional presentation, collaboration and teamwork, and ethical conduct in private life.</p>  |  |

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|   |          | <p>Recently I had an employee come into my office very abruptly with another employee in the office, I acknowledged their concerns and waited until the other employee left, I asked the employee to come back and asked respectfully if they could come to my office in a better way and without colleagues around demonstrating respectful communication</p> <p>Every morning, I come in 15 minutes early and stay late when able to ensure I am consistent and reliable.</p> <p>Always ensure my work phone is close during times of on call, and at times not, to ensure staff have appropriate contacts.</p> <p>During huddles I ensure I am speaking clearly and appropriately, as well during patient interactions, adjusting my tone and manner of speaking to the appropriate audience.</p> <p>Keep my personal life private, and do not add staff to social media, or have personal interactions outside of work.</p> <p>Promote teamwork through huddles and departmental activities to strengthen the team and communication.</p> <p>Ensuring I am dressed for work each day in a professional manner as well as following departmental SOP by not wearing anything that may cause issues to food safety ex. Jewellery or false nails, and leading by example.</p> |  |
| <p>6. Maintain professional boundaries.</p> | <p>I</p> | <p>Professional boundaries are important not only for clients, but for management/professionals as well.</p> <p>Ensuring that professional boundaries are adhered to such as physical, emotional, time constraints, and ethical boundaries. By setting these boundaries it not only protects your clients and staff, but yourself included. This eliminates blurred lines that go against ethical principals and create clear guidelines that can be adhered to.</p> <p>During times of being out of the office, setting my email to “out of office” and providing appropriate contacts. I shut my phone off during this time to maintain professional boundaries. This is also done when I am at home with my children in the evening, unless there is an emergency, I tell the contact I will get back to them during work hours.</p> <p>Keep my personal life private, and do not add staff to social media, or have personal interactions outside of work.</p>   |  |

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|   |                           | <p>When asked about benefits or compensation, I forward the staff member to the correct department as this is not my expertise, likewise for personal problems that are outside of my scope.</p> <p>When a colleague asked for assistance with a task just before vacation, I advised them I would try my best to get to it but would look at it when I got back if I was unable to. Emailed them regarding such before leaving for vacation.</p> <p>When an employee was offered a job, she was so elated that she started crying, I asked if I could give them employee a hug before initiating contact to ensure she was okay with such. Maintaining physical boundaries.</p>  |                    |
| <p><b>2.03 Practice in a manner that promotes cultural safety.</b></p>              | <p><b>Self-Rating</b></p> | <p><b>Evidence: Activities/ Assignments/ Continuing Education</b></p>   | <p><b>Date</b></p> |
| <p>1. Act with sensitivity and humility with regard to diverse cultural groups.</p> | <p>I</p>                  | <p>Familiarized myself with Provincial Nutrition and Food Services Equity Diversity Inclusion articles and resources to better understand sensitivity and humility regarding diverse cultural groups.</p> <p>Work closely with and have hired a very diverse group of team members and understand the sensitivity of each group, and how varying differing cultures values and beliefs can be.</p> <p>Ensure inclusion and understanding through huddles and personal conversation to better understand team members. Refrain from assumptions and listen with empathy, ask culturally appropriate questions.</p> <p>When visiting patients ensuring informed consent, and understand how different cultural groups perceive health, food, and nutrition. Do our best to provide adequate care that closely relates to their personal beliefs and values, listening and responding empathetically.</p> <p>Understanding that not having English as your first language creates different barriers to ensuring patients and workers understand comprehensively what information is being conveyed. Ask that they to repeat back what was heard or ask alternatively if they would like anything translated.</p> <p>Understanding that differing values and cultural norms within a workplace and/or hospital can cause friction and work daily to ensure our team works cohesively to limit those misunderstandings.</p> |                    |

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| <p>2. Act with awareness of how one's own biases, beliefs, behaviours, power and privilege may affect others.</p> | <p>I</p>                  | <p>Understanding as a supervisor how my own biases and beliefs may affect staff, attempting to be as self aware and possible, and being self reflective in interactions.</p> <p>Advocating to be inclusive and promote inclusivity. During interactions I practice active listening and responding in a curious manner to ensure complete understanding of the situation. Ensuring adequate training and continuous education about a culturally diverse Canada as management and ensuring those principles are used.</p> <p>When making decision making certain everyone's voice is heard, doing huddles, one on ones, and staff meetings, everyone has a unique perspective and ways of viewing things.</p> <p>When interviewing and hiring a new staff member who's name I unable to pronounce ensured I double check that their name is pronounced correctly and introduce to other staff members by confirming the correct pronunciation of their name.</p> <p>Understand that when visiting patients my own knowledge about food and nutrition can be a bias, and offering selections or creating menus that are familiar to patients while staying within prescribed diets and nutritional's.</p> |                    |
| <p><b>2.04 Employ a client-centred approach.</b></p>  | <p><b>Self-Rating</b></p> | <p><b>Evidence: Activities/ Assignments/ Continuing Education</b></p>  | <p><b>Date</b></p> |
| <p>1. Ensure informed consent.</p>  | <p>M-I</p>                | <p>Need additional exposure clinically.</p> <p>Understand that ensuring informed consent means ensuring the patient has sufficient knowledge and understanding on the procedure that is being done, or the nutritional recommendation before making a choice in their own healthcare. Completely explaining possible outcomes and treatment options.</p> <p>When visiting a patient, I ask if I can come in the room, introduce myself and the purpose of the visit and confirm if I can take their order or speak with them.</p> <p>When doing two client identifiers asking patient if I can touch them to check their wristbands before doing so.</p> <p>When getting a reference, asking for the potential hire for references before getting information, and asking them to ensure the reference is informed before I contact them.</p>  |                    |

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|  |   | When holding disciplinary meetings or conversations with students in the room ensuring I have consent for the student to be in the room before starting any conversations or inviting them in.   |  |
| 2. Identify client perspectives, needs and assets. | I | Would like additional exposure in regard to clinical or community nutrition, however I have extensive knowledge in client perspectives, needs, and assets through years of patient surveys, waste collection, identifying need of patients through menu modification, texture modification, cooking techniques etc. through clinic, acute, long-term care, and rural facilities.   |  |
| 3. Engage client in collaborative decision making. | I | <p>Recently had a patient ordering their meals who did not agree with a sodium restricted diet, I explained the diet, and offered suggestions and alternatives to obtain items they were looking for, making them a part of the process. During resident council meetings taking feedback from patients and family members and adjusting the menu to the best of my ability to suit their culture and familiar preferences.</p> <p>Respecting when a patient does not want to eat but following up after two missed meals to ensure adequate nutrition.</p> <p>Collaborating and leading smart sheets for go live CBORD implementation, as well as huddles, staff meetings, nursing, and patient feedback.</p> <p>Regularly attend status exchange meetings and provide patient feedback from ordering.</p> <p>Reviewing waste audits and adjusting menus as necessary.</p> <p>Taking patient feedback and reviewing cooking techniques with cooks and food production workers.</p> <p>Bringing feedback to provincial nutrition team through menu change request forms.</p> |  |
| 4. Maintain client confidentiality and privacy.    | I | <p>Ensure daily that all documentation is shredded, locked up, or out of sight. Patients are not discussed in public, all emails contain no relevant patient information, and initials are used when discussing patients via email or text. Review with staff that passwords are protected and not shared as well as self adherence and that all staff members are aware of privacy and confidentiality as it related to clients and have staff and myself complete and sign confidentiality policy LMS yearly.</p>  |  |

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|  |  | <p>After a disciplinary meeting with a staff member, the disciplined staff member spoke to the person that informed management, and another disciplinary meeting was held regarding privacy and confidentiality.</p> <p>Another disciplinary meeting where a retail food service worker was discussing others' personal lives, and departmental decisions with the public. Recently reported that students who may not have been aware that they were discussing patient details in a public space made staff feel uncomfortable.</p> |  |
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| <b>2.05 Practice according to legislative, regulatory and organizational requirements.</b> | <b>Self-Rating</b> | <b>Evidence: Activities/ Assignments/ Continuing Education</b>  | <b>Date</b> |
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| 1. Adhere to regulatory requirements.  | I                  | <p>Adhere to Food &amp; Drugs act, Nova Scotia Food and retail Food Services Code, and Nova Scotia Health Protection Act as it relates to food safety. Example food safety audits, HACCP controls, food safe temperatures, local sustainable food, facility cleanliness, training, and certification.</p> <p>Adhere to Canadian Food Inspection agency as it relates to food safety example ordering and receiving, checking temperature and quality, as well as handling recalls.</p> <p>Familiarized myself with professional dietitians' act, and scope of dietitians</p> <p>Aware of Homes for Special Care act as it relates to Nutrition and Food menus, funding, and nutrition status in previous roles through menu, hydration status, and snacks.</p> <p>Familiar with Long-Term Care Program Requirements: Nursing Homes &amp; Residential Care Facilities as it relates to menus and food offerings.</p> <p>Familiar with Protection for Persons in Care Act and not withholding food.</p> <p>Aware of Nova Scotia Code of Ethics as it relates to being a professional dietitian.</p> <p>Heavily involved in and taken certification for Occupational Health and Safety Act of Nova Scotia, regularly attend meetings, and perform audits regarding such.</p> |             |
| 2. Comply with organizational policies and directives.                                     | I                  | <p>Adhere to all NSHA organizational policies and procedures, including but not limited to, Respectful Workplace, Code of Conduct, Privacy and Confidentiality, Scent Awareness</p>   |             |

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|   |                    | Refer to Provincial Nutrition and Food Services page for all SOPs related to dietetics. Some examples include bulk pantry supplies, burn prevention, food and beverage costing, inventory control, personal and hand hygiene.  |             |
| <b>2.06 Ensure appropriate and secure documentation.</b>                        | <b>Self-Rating</b> | <b>Evidence: Activities/ Assignments/ Continuing Education</b>   | <b>Date</b> |
| 1. Document relevant information accurately and completely, in a timely manner. | I                  | <p>Over 10+ years experience documenting accurately and completely in a timely manner such as notes summarizing huddles, meeting minutes, FYI's, emails, charting as a dietetic technician, staff handouts, manager's notes, disciplinary letters, and practicum preceptor evaluations.</p> <p>As dietetic technician making sure I chart as soon as I am finished with a patient to ensure the information provided is the most accurate and available to those who need to reference it.</p> <p>When a staff member was injured ensuring I report as soon as possible all accurate and relevant information in SIMS, reminding staff that incidents have 48 hours to be reported, and should be done as soon as possible for safe work practices.</p> <p>When writing a disciplinary letter ensuring it is given to staff member as soon as possible, ensuring everything in the letter is documented accurately and is as concise as possible.</p> <p>During a disciplinary meeting ensuring all events I bring up are timely and accurately written out before speaking ensuring I am prepared and can refer to information if questions asked.</p> <p>When speaking to a staff member regarding performance, writing my notes shortly after to ensure correct and consistent summary of information.</p> <p>When receiving an order ensuring time and date is done as soon as temperature of item is taken.</p> <p>When performing monthly inventory ensuring information is input as soon as possible to allow for correct depiction of inventory on site.</p> |             |
| 2. Maintain security and confidentiality of records.                            | I                  | <p>Ensure daily that all documentation is shredded, locked up, or out of sight.</p> <p>Emails contain no relevant patient information, and initials are used when discussing patients via email or text.</p> <p>Review with staff that passwords are protected and not shared as well as self adherence and that all staff members are aware of privacy and confidentiality. as it related to clients and have staff and myself complete and sign confidentiality policy LMS yearly.</p>   |             |

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|  |                    | <p>After a disciplinary meeting I handed the employee their letter in a sealed envelope in a private space.</p> <p>When taking tickets off trays making sure all tickets are shredded and ensure staff are also trained on such.</p> <p>Saving all financial information as well as scheduling and payroll in my locked cabinet for 6 years. Shredding all documents after this date.</p> <p>When reviewing a patient file ensuring I am only looking at the information related to the level of care I need to provide.</p>  |             |
| <b>2.07 Use risk management approaches.</b>            | <b>Self-Rating</b> | <b>Evidence: Activities/ Assignments/ Continuing Education</b>  | <b>Date</b> |
| 1. Identify risks and hazards in the practice setting. | I                  | <p>Daily monitoring on employees, workstations, equipment, procedures, SIMS, and identifying risk related to food safety, ergonomics, patient safety risks (texture or consistency modification) possible equipment malfunction, proper sanitation procedures.</p> <p>When a worker was trying to lift something off the shelf above their head, ensured they were given a step stool and reviewed safe work procedures.</p> <p>When employees found they were experiencing back pain when working in the pot sink for extended periods of time, ensuring injury prevention consultant was brought in and explored working conditions and did safety review and handouts for staff.</p> <p>When staff brought forward about Suzy-Q cart being too heavy to steer, also having a consultation come in and review proper procedures and body mechanics for pushing.</p> <p>When noticing there were knives in the silverware sink, reviewing the dangers with staff and doing huddles.</p> <p>When noticing the eyewash sink was no longer functioning properly, meeting with maintenance and operations to ensure a new eye wash sink was put in for safety concerns.</p> <p>When reviewing mopping of fridges, ensuring everyone who is trained does not mop the freezer floor, as the water will freeze and create a slippery environment that is hard to remove.</p> <p>When reviewing procedure on descaling dish machine ensuring SDS is reviewed for the chemical that will be used.</p> <p>Ensure SDS binder is up to date when using a new product or chemical and reviewing with staff.</p> |             |

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|   |                    | When noticing there was a lot of steam coming from Rationale Oven, confirming with Rationale this is correct, and reviewing proper procedures with staff after confirming with company.  |             |
| 2. Contribute to an organizational culture of safety. | I                  | <p>Member of the joint occupational health and safety committee for numerous years. Have certificate and training for the JOHSC to ensure proper procedures and participation. Facilitate training with staff, huddles, teaching procedures, monitoring safe work procedures, teaching on WHMIS, SDS sheets, PPE, IDDSI modified diets, equipment safe work procedures, and violent patient.</p> <p>When a SIMS report comes in for our department, reviewing the incident with staff to create clear open communication and blameless learning opportunities when applicable.</p> <p>When doing food safety audits praising when we have increased our percentage or filled out logs completely.</p> <p>When approached by IPACT regarding patient handwashing during a VRE outbreak, diligently implementing with our department to ensure patient safety.</p>   |             |
| <b>2.08 Manage time and workload.</b>                 | <b>Self-Rating</b> | <b>Evidence: Activities/ Assignments/ Continuing Education</b>   | <b>Date</b> |
| 1. Prioritize activities.                             | I                  | <p>Ensure daily/weekly and monthly review of what needs to be accomplished and timelines.</p> <p>Daily activities focus on patient and staff safety before all else (making sure patients are being fed in a safe and effective way). Often as management need to prioritize the needs of home and work as well while being on call.</p> <p>Example I was called in the middle of the night to address and issue with the fridges not working. I did my best in the late hours of the night to address the issue and passed along to another manager for the morning as I needed to take my children to school.</p> <p>Ensure adequate levels of inventory and staffing next, before looking into projects or deadlines, while following up on concerns and questions. This can often be a daily occurrence or stepping in when necessary.</p> <p>Delegate where possible to staff and coworkers.</p> <p>Working late or at home to finish up deadlines for projects that were unable to be completed at work, or deadline pushed.</p> |             |

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|                    |   | Example working in the evenings after my children went to bed to work on practicum selection committee decisions and ratings as I did not have time during normal work hours to accomplish, but was passionate about the ability to participate.   |  |
| 2. Meet deadlines. | I | <p>Able to prioritize to accomplish goals or tasks. If unable to complete a deadline, communicating so, and working with managers, staff etc. to create a realistic new deadline.</p> <p>When implementing CBORD recipes starting as soon as possible to ensure our site was ready, this meant starting recipes on old menus, recipe trials, ordering new equipment, found small increments in change easier than one big transition.</p> <p>When short staffed for a dietetic technician ensuring I prioritized menu and diet changes by reaching out to other colleagues to ensure deadline was met. Stepping into the position after not finding relief to ensure patients received adequate meals.</p> |  |

| <b>2.09 Employ an evidence-informed approach to practice.</b> | <b>Self-Rating</b> | <b>Evidence: Activities/ Assignments/ Continuing Education</b>   | <b>Date</b> |
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| 1. Make evidence-informed decisions.                          | I                  | <p>Continuously reviewing latest literature regarding diets, safe work procedures, food safety, WHMIS, SDS, PPE, union contracts, management techniques, change management guidelines. Apply these to daily teachings and best practices.</p> <p>Ensuring during study of KCAT throughout review of sources of information and focused on most reliable and relatable sources to ensure throughout comprehension.</p> <p>Would appreciate additional practice in clinical areas.</p> |             |
| <b>2.10 Engage in reflective practice.</b>                    | <b>Self-Rating</b> | <b>Evidence: Activities/ Assignments/ Continuing Education</b>   | <b>Date</b> |
| 1. Critically assess approaches to practice.                  | M-I                | <p>During any transition/change I set goals, plan, reflect, discuss and seek out additional resources as necessary.</p> <p>Inquired about graduate nutrition students who may be interested in dietetics and worked with management and Acadia university regarding PLAR process. Thus, creating a process for other graduates who may be interested in a similar process and critically assessing approach to practice.</p>   |             |

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|  |                    | Would appreciate additional practice in clinical areas.   |             |
| 2. Develop goals and seek resources to improve practice.   | I                  | <p>During PLAR process working with professionals surrounding goals and objectives to improve practice and create new process for graduate nutrition students.</p> <p>Sought out dietitians who worked on site during studying for KCAT to improve knowledge and better understand clinical nutrition gaps.</p> <p>Seek out additional professions and literature when I am unclear or unsure of an answer through the workplace.</p> <p>Would appreciate additional practice in clinical areas.</p>  |             |
| <b>2.11 Practice within limits of current personal level of professional knowledge and skills.</b> | <b>Self-Rating</b> | <b>Evidence: Activities/ Assignments/ Continuing Education</b>  | <b>Date</b> |
| 1. Articulate individual level of professional knowledge and skills.                               | I                  | <p>Comprehensive knowledge in food safety as evident through 15+ years experience, food safety training, successful food service management without major incident, proper documentation, creating of HACCP procedures, and staff training.</p> <p>Proven ability to successfully lead teams through 10+ years management experience, leadership training through NS health, and guiding team through CBORD go live implementation, as well as many other changes through the years with proven results.</p> <p>Mentored numerous Acadia practicum students over the years, articulating knowledge and training and leadings attestation logs review.</p> <p>Proven ability to be adaptable and flexible as evident through management over many different facilities and styles of service.</p> <p>Able to successfully delegate to other professions level of knowledge, which is outside my scope of practice, for example, people services, safety management, maintenance, dietitians.</p> |             |
| 2. Identify situations which are beyond personal capacity.   | I                  | <p>Able to communicate when something is beyond my scope of practice. During timeframe that I was interim manager I was able to identify areas I was competent in, what areas I could not manage while not being a registered dietitian, and what areas I was strong enough in to fulfill the role successfully.</p> <p>Speaking with practicum coordinator, I was able to communicate areas of</p>   |             |

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|  |                    | <p>concern with lack of clinical exposure and correlate that with dietitians onsite to request shadowing on my own time to increase knowledge and skills.</p> <p>Recognize when speaking with patients who are questioning supplements, diet education, or medical advice that these areas of knowledge are beyond my scope of practice and personal capacity and pass along to correct contact information.</p> <p>When speaking with staff member regarding personal concerns, understanding these are beyond personal capacity and passing along EFAP information.</p> <p>Recognizing my own personal capacity, and able to ask for time off when feeling overwhelmed or tapped out.</p>  |             |
| 3. Address situations beyond personal capacity.                                | I                  | <p>Discuss with staff, colleagues, and managers when a situation is beyond my capacity, what I can do for them in that moment, and what I am able to do moving forward. If it is not within my personal capacity reaching out to other professions or resources to address their request.</p> <p>Example offering an employee EFAP when personal concerns come forward outside of my personal scope.</p> <p>Offering colleagues assistance when they're struggling within my capacity or declining when my workload is too heavy.</p> <p>When asked to go to another site, advising my manager if I was able to assist I would but that I needed to be back for a certain timeframe due to personal commitments.</p> <p>Asking my director when I needed time off after new manager hired due to a long time of short staffing in management to prevent burnout.</p> |             |
| <b>2.12 Maintain comprehensive and current knowledge relevant to practice.</b> | <b>Self-Rating</b> | <b>Evidence: Activities/ Assignments/ Continuing Education</b>   | <b>Date</b> |
| 1. Use relevant terminology.   | I                  | <p>Terminology use related to nutrition and dietetics, for example IDDSI, thickened fluids, dysphagia standards, CBORD, Meditech, and charting ADIME, anatomy, diet codes, tube feeds, enteral feeds</p> <p>Terminology use related to food provision for example: FIFO, HACCP, WHMIS, Food and workplace Safety</p> <p>Terminology related to management for example: probationary, FTE, union contract, scheduling codes, emailing, expectations.</p>  |             |

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| <p>2. Identify relevant sources of information.</p>             | <p>I</p> | <p>Relevant sources of information for practice come from a variety of sources. For expertise or guidance in a particular field I find it best to reach out to professionals in that specific profession. For example, people services for human resource management support.</p> <p>For clinical sources related to KCAT exam I made sure to reference credible sources for Example dietitians of Canada or evidence-based research from resources such as PEN, dietitians of Canada website, and Canadian Nutrition Society.</p> <p>For current practice within Nova Scotia Health Authority, I continuously review provincial SharePoint page for appropriate resources.</p> <p>For sources related to food provision I reference food safety regulations under Health Protection Act and Nov a Scotia Food Retail &amp; Food Services code.</p> <p>For management techniques I often search for certification in training through NS health for appropriate resources.</p> <p>Aware of standards of Practice for Dietitians.</p>  |  |
| <p>3. Critically appraise information relevant to practice.</p> | <p>I</p> | <p>When reviewing for go-live project ensuring I have reviewed all sources of information to ensure informed decision making. For example, information related to staffing at other sites, timing of meals, cooking techniques, recipes, order guides, going to different sites and speaking with staff.</p> <p>Collecting all information before deciding what works or will not work based on site specific levels.</p> <p>This was done first by reviewing all relevant information, policies, and procedures related to CBORD go live and reviewing Nutrition and Food Service strategy with staff and stakeholders.</p> <p>Reviewing schedules and staffing comparing to other sites staffing levels and understanding what would work with our staffing levels, speaking with other managers, supervisors, cooks, and food service workers.</p> <p>Reviewing print times for tickets to ensure we were able to successfully deliver trays in a 45-minute time frame as per practice guidelines.</p> <p>Spoke with current staff, managers or provincial team, and other sites to gain insight and perspective into what works.</p> <p>Reviewed Pros and Cons for galleys versus unit delivery and fighting for what we felt what best practice for our site. We then became the first site with unit-based delivery to go live.</p> |  |

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|   |                    | <p>When implementing recipes, reviewing with cooks and working with provincial cook to see if recipes can be adjusted to our site staffing levels without compromising the recipes.</p> <p>When visiting other sites speaking with staff to see what is working, not working, taking feedback from other sites and our site to ensure I have a broad picture of how things work, and will work moving forward. Ensure we are gaining feedback from staff, patients, dietitians, and management and adjusting as necessary within scope of practice to ensure we are delivering safe, nutritious, delicious meals.</p> <p>After implementation capturing delivery times, patient status reports, and speaking with staff to determine measurable success markers, as well as speaking with staff and patients to determine areas or potential for improvement.</p> |             |
| 4. Identify emerging information relevant to practice.  | I                  | Ensuring all current and emerging information is reviewed. Attending provincial meetings, learning about new information, reviewing information, asking questions, attending workshops, and translating information to others. Examples: IDDSI, CUPE contact review, LTC guidelines updated 2026, best practices for management and change management workshops.  |             |
| <b>2.13 Use information management technologies to support practice.</b>  | <b>Self-Rating</b> | <b>Evidence: Activities/ Assignments/ Continuing Education</b>  | <b>Date</b> |
| 1. Use information management systems.  | I                  | Well versed in programs such as CBORD, VISION, SAP, MAP, Excel, Word, Outlook, SIMS, Meditech VNC viewer Foodservice suite, as they relate to menu generating, modification, order taking, payroll, hiring, onboarding, interviewing, data management, communication platforms, incident reporting etc.   |             |
| <b>Professionalism and Ethics Comments:</b><br>Click or tap here to enter text.   |                    |   |             |
| <b>3. Communication and Collaboration</b><br>Dietitians communicate effectively and collaborate with others to achieve practice goals |                    |   |             |
| <b>3.01 Use appropriate communication approaches.</b>   | <b>Self-Rating</b> | <b>Evidence: Activities/ Assignments/ Continuing Education</b>  | <b>Date</b> |

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| <p>1. Identify opportunities for and barriers to communication relevant to context.</p> | <p>I</p> | <p>Identifying communication opportunities with staff – huddles, one on ones, staff meetings, handouts, presentations.<br/> Identifying barriers to communication with staff and patients – individual knowledge, language barriers, reading ability, confidence to ask questions both in private and in public, cultural practices related to communication.<br/> Understand as manager that team building activities, open and honest communication and active listening are key to getting correct messaging.<br/> Recognizing that Microsoft Teams has created a greater ability to communication with other professions or have meetings with colleagues and staff that otherwise would have been more difficult to capture as wide an audience at the same time. Barriers to this is that often there is less engagement and often multitasking going on during the meeting.<br/> Recognizing that with a diverse international group of staff and patients that communication techniques have needed to be adjusted. Where staff meetings, personal feedback, and huddles used to be most effective, often now written material and follow up are more important to ensure understanding of the messages are met.<br/> Often find that messages from staff and patients need to escalate through a larger hierarchy for the message to be received, and this can create barrier in communication due to lost clarity by the time the message is received.</p> |  |
| <p>2. Use communication approaches appropriate to context.</p>                          | <p>I</p> | <p>Presently I do biweekly huddles for staff to ensure questions can be asked, policies can be reviewed, daily operations can be discussed.<br/> As needed I do one on one meetings with staff regarding performance, or disciplinary action, or to better understand person opinions.<br/> Often do staff meetings for big changes and opportunities to get wide variety of opinions and perspectives, ensure the same message is being given at the same time.<br/> Memos, meeting minutes, huddle boards, emails also effective depending on situation, and to ensure you capture a wide array of audience. Ensuring everyone is aware in the same time frame.<br/> Have created handouts and presentations for visual context, example a process or procedure related to a new piece of equipment, or proper sanitation procedures.<br/> Continuously using appropriate communication level for the situation.</p>   |  |

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|  |                           | <p>When a staff member approached me regarding the passing of a loved one ensuring tone and voice was soft an empathetic, providing all relevant information while being sensitive to situation.</p> <p>When doing a disciplinary meeting with a staff member regarding privacy and confidentiality concerns my communication was respectful but direct to ensure message is received that it is not appropriate to breach policy, while still actively listening to employee's perspective.</p> <p>Ensuring when conveying message to an employee whose English is not as strong as other employees, speaking clearly and plainly and asking if they understand or have any questions. Showing physically when possible.</p> <p>When speaking with a patient who has hearing concerns using a clear and strong voice or going closure if necessary, pointing to physical language if possible, or finding a family member to assist.</p>  |                    |
| <p>3. Use language tailored to audience.</p>                   | <p>I</p>                  | <p>When addressing staff or public ensuring the use plain language and grade 6 reading level for handout or presentations, using open body language, empathic responses when necessary and adjusting tone of voice when necessary.</p> <p>When conveying messages to dietitians or managers understanding my tone and articulation need to be at a higher level.</p> <p>When speaking with another profession about the department ensuring I am not using language specific to the department, or ensuring I explain process or procedure to create clear understanding.</p> <p>When addressing staff in a meeting or huddle demonstrating inclusive pronouns such as we or us and creating a more casual tone and environment then I would with other professionals or higher levels of management.</p> <p>Understanding communication across generations is different, for example creating a more relaxed language for students as their mentor, versus a more professional respectful language for those who are in a more prominent position or from an older generation.</p> <p>When addressing patients often using a softer gentler language and creating an environment of trust and caring.</p> |                    |
| <p><b>3.02 Use effective written communication skills.</b></p> | <p><b>Self-Rating</b></p> | <p><b>Evidence: Activities/ Assignments/ Continuing Education</b></p>  | <p><b>Date</b></p> |

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| <p>1. Write in a manner responsive to audience.</p>         | <p>M-I</p>                | <p>Able to clearly communicate to audiences and staff members in plain language via email, handouts, presentations, meetings, meeting minutes, huddles.<br/> For public communication or some staffing communication keeping thing simple and logical. For examples a printout for retail using one sentence to convey message with pictures for context. Or for staff using picture print outs on 3 tier pot sink method for quick analysis and clear messaging.<br/> When communicating with dietitians articulating level of knowledge and understanding and providing reference for links to products, or evidence-based information often via email.<br/> When writing to management being polite and professional while being concise and clear to ensure message is received as they are receiving numerous emails per day.</p> |                    |
| <p>2. Write clearly and in an organized fashion.</p>        | <p>M-I</p>                | <p>When writing meeting minutes or huddle notes ensuring communication from meeting is captured, but clear and concise deliverable benchmarks are captured.<br/> When doing huddles using white board to create simple messaging staff can reference.<br/> When writing emails ensuring a proper greeting, personal check in if relationship is present, clear and concise message, and professional conclusion are present.<br/> When doing presentations or slideshows ensuring there is an introduction, explanatory body, and conclusion.<br/> Examples of letters and professional communication in portfolio.</p>  |                    |
| <p><b>3.03 Use effective oral communication skills.</b></p> | <p><b>Self-Rating</b></p> | <p><b>Evidence: Activities/ Assignments/ Continuing Education</b></p>  | <p><b>Date</b></p> |
| <p>1. Speak in a manner responsive to audience.</p>         | <p>I</p>                  | <p>Able to clearly and effectively speak to staff, patients and colleagues throughout the hospital in a variety of different context.<br/> Examples include patient visiting, one on one conversation, group meetings/presentations, Teams meetings.<br/> Through such I have learn different communication techniques related to the situation and audience, and tailor based on the audience.</p>  |                    |

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|  |                    | <p>For staff or team meetings speaking in a more relaxed tone and vocabulary to ensure team feels engaged and inclusive. Speaking clearly and organized, while executing active listening to ensure team feels valued.</p> <p>When speaking to patients I always judge the level of engagement they wish to pursue, some would like to chat more about their lives and have a more familiarized interaction.</p> <p>When speaking with management and other professionals ensuring I am professional, polite, and engaged to ensure collaborative decision making.</p> <p>When speaking with retail customers ensuring I am friendly and inviting, being very pleasant and engaging to encourage continued customer retention.</p> <p>When speaking with dietitians regarding patients ensuring I am articulating my level of knowledge and understanding in a more professional tone.</p>  |             |
| 2. Speak clearly and in an organized fashion.              | I                  | <p>Able to communicate to audiences and staff members in plain language in a clear and concise manner, handling the policies or objectives at point.</p> <p>When leading a staff meeting speaking in an organized fashion, coming prepared with agenda items, starting with introductions, the agenda items, and leaving room for staff inquiries or suggestions and following with a wrap up.</p> <p>When leading huddles starting with a warmup activity, the topics in need of covering, and ending with open ended dialogue for staff to bring forward topics.</p> <p>When speaking during a disciplinary meeting starting with introductions then chronologically covering events, or evidence in a clearly constructed manner, allowing for staff perspective, and proven ability to reference material.</p> <p>Speaking confidently and firmly to showcase the seriousness of the events.</p> <p>When speaking with patients, starting with introduction, asking for consent of care, proceeding with conversation related to visit, and adjusting tone and clarity as needed.</p> |             |
| <b>3.04 Use effective electronic communication skills.</b> | <b>Self-Rating</b> | <b>Evidence: Activities/ Assignments/ Continuing Education</b>  | <b>Date</b> |
| 1. Use electronic communication relevant to context.       | I                  | <p>Able to successfully email to managers, team members, colleagues, regarding information.</p> <p>Able to recognize when email is the preferred method of communication and when in person communication is required. For example, emailing an HRBC a question regarding a situation, versus having a meeting regarding discipline.</p>  |             |

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|   |                    | Emailing a manager when they are busy, versus asking for dedicated time to sit down and discuss a topic.   |             |
| <b>3.05 Use effective interpersonal skills.</b> | <b>Self-Rating</b> | <b>Evidence: Activities/ Assignments/ Continuing Education</b>   | <b>Date</b> |
| 1. Employ principles of active listening.       | I                  | <p>During conversations with both patients and staff I ensure.</p> <ul style="list-style-type: none"> <li>• Pay full attention</li> <li>• Show that you are listening (repeating back what is heard)</li> <li>• Provide feedback</li> <li>• Defer judgement</li> <li>• Respond appropriately</li> </ul> <p>When a staff member came back into my office to discuss concerns regarding retail, I ensured all distractions were removed, computer, phone, and paperwork. Ensuring I was engaged with eye contact and nodding, repeating back when necessary. Empathize with how they are feeling and summarize to understand. Coming to a solution at the end of the conversation.</p>   |             |
| 2. Use and interpret non-verbal communication.  | I                  | <p>During conversations scanning for nonverbal cues. Eye contact, turning away, tone of voice, and crossing arms. Noting these examples during a conversation can explain how someone is feeling beyond what they are verbally expressing.</p> <p>When speaking to a patient who noted they fine but looked quite down I asked open ended end questions about how they were and how they've been enjoying the meals, they opened up about what was bothering them.</p> <p>Often during my day, I can see when someone is not themselves. I typically ask about how they are doing, and how they don't seem themselves in a private scenario, not probing if they don't want to answer, letting them know someone is there is they need support.</p> <p>When a staff member was asked to come back to my office but sat down with their arms crossed and their eyes off to the side, realizing they didn't want to talk, and acknowledging they were upset with the situation. I told the staff member I could see they were upset and allowed them to express their truth concerns in an open and honest conversation, where their non-verbal cues began to subside.</p> |             |

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| <p>3. Act with empathy.</p>  | <p>I</p> | <p>Many interactions over the years of staff reporting tough situations at home, or within the workplace. Understanding as a supervisor that employees have many things that take place outside of the workplace and doing the best we can to assist, and or guide them through their tough times without crossing any professional boundaries.</p> <p>When a staff member called me regarding their father passing away, letting them know how deeply sorry I was to hear, offering supports, and telling them to take the time they needed, and to call me when they were feeling up to it regarding coming back to work. In these situations, I often ask staff if they would like to contribute to buying flowers or cards for our team members to show we care for them.</p> <p>When a coworker is struggling with sick calls or workload, I often offer my supports or if I can take something over for them such as on call.</p> <p>When our manager was off for an extended period and messaging them after some time to let them know we were thinking about them and hoped they were okay.</p> <p>When a patient confided in me that they were unable to bathe themselves anymore, listening empathetically, and understanding how hard that must have been to share.</p> |  |
| <p>4. Establish rapport.</p> | <p>I</p> | <p>Have built rapport with multiple different professionals over the years. Being successful in building rapport means asking questions, listening actively, understanding, sharing experiences, and being authentic and honest.</p> <p>With my staff I take 15 minutes every morning before I start work to talk to each individual staff member about their personal life they've share, or how their workday has been. Creating a level of personal trust and understanding that we are a team.</p> <p>Have created rapport with dietitians by checking in on them and emailing my updates. Discussing patients, personal interests, and updates that are not confidential to the department.</p> <p>When training a new manager, offering to buy a coffee if I was going out, providing supports as necessary, and conversing about common interests to gain a great working relationship.</p> <p>When working on the practicum selection committee ensuring I talked with each member and the practicum coordinator to create a working relationship that fostered collaborative decision making.</p>  |  |

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|   |          | <p>When working with managers from other departments scheduling sit down meetings or teams' meetings, if possible, to create a better communication environment, and a more personalized conversation.</p>   |  |
| <p>5. Employ principles of negotiation and conflict management.</p> | <p>I</p> | <p>Numerous interactions with staff and between each other over the years have given me a wealth of knowledge in this topic. Unless it goes against disrespectful workplace, we always encourage staff to resolve their own conflict in the workplace first.</p> <p>Have worked with many staff and students over the years to assist them in having courageous conversations. Following NS health guidelines, and doing mock conversations to provide context, or achieve competencies.</p> <p>When I noticed a staff member banging dishes around, and was making everyone uncomfortable, I approached the individual and asked them what was going on, in a private space, I listened empathetically to their concerns and was able to get their guard down. I reiterated even if we are upset, we can't do things that make others uncomfortable, and they acknowledged this.</p> <p>When trying to take a patients order they became very upset and started cursing and stating how awful the food was. I told them I was sorry to hear this and tried to use empathetic listening, however they were not receptive to my strategies, and said they were not eating, I told them I was sorry to hear this and I would be back later to see if there was anything else I could offer them.</p> <p>When a staff member came to my office to discuss a concern that was brought forward the answers to the question became very circular and were not productive or clear. I asked the staff member to end the conversation and asked to try again tomorrow. They came in the next day with a clearer answer to the concern.</p> <p>When a staff member came into my officer regarding a time off request they failed to submit, they noted they swore they passed it in. While I was sympathetic, I told them I would be happy to look at the request but there were no guarantees it would be approved and apologized.</p> |  |
| <p>6. Seek and respond to feedback.</p>                             | <p>I</p> | <p>Continuously looking for feedback from staff, students, and managers. Responding appropriately to feedback. Active listening to understand message.</p> <p>When asking and receiving feedback from manager regarding staff meetings it was pointed out that I tended to address staff members as "guys" without noticing, following this have been mindful not to use that term.</p>  |  |

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|   |                    | <p>When asking for feedback on attestation log, I recognized that what I had submitted could be improved upon and sought our resources to better understand what areas I could improve upon.</p> <p>When a staff member left the department shortly after implementing CBORD, I asked them if they had any feedback on the new system so I could address for future employees, they noted one position was very physically demanding, had a meeting with other staff members who agreed, and adjusted the work routines to ensure fair distribution of tasks.</p>  |             |
| 7. Provide constructive feedback to others. | I                  | <p>Yearly performance reviews with staff since 2015, supervising and guiding on the floors, disciplinary actions meetings with staff, management and unions. Understanding information is not always processed the same and allowing for questions, reflection, and clarification.</p> <p>Recently shadowed food service workers on compliance on precautions PPE procedures, noticed one staff member was not following or not aware of precautions, reviewed all the signs with them and explained proper procedure, they thanked me for explaining</p> <p>During interaction with dietetic technician had a conversation about workload, and noted they were really great with the patients and the patients enjoyed the team member very much, but in the interest of time need to ensure they are wrapping up conversations in a timely manner, and I was happy to provide supports in doing so, they wanted to try on their own first.</p> <p>When noting plating for a shaped puree, reviewed with food production worker and demonstrated proper technique for cooking and plating shaped puree.</p> |             |
| <b>3.06 Engage in teamwork.</b>             | <b>Self-Rating</b> | <b>Evidence: Activities/ Assignments/ Continuing Education</b>   | <b>Date</b> |
| 1. Contribute effectively to teamwork.      | I                  | <p>Numerous meetings and huddles over the course of my career to implement process changes, gain feedback and contribute to shared decision making. Ensuring as a leader we are leading by example and intervening when necessary. Taking on call and making decisions that best effect the team by gaining perspective and asking for their suggestions on what they can handle first.</p> <p>During huddles suggesting activities that contribute to teamwork and team building skills.</p> <p>Working collaboratively with colleagues to ensure we are supporting each other to have time off, relieve burn out, and assist when necessary.</p>   |             |

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|  |                    | Working also closely with other professions especially dietitians, speaking with and checking in on things, and following up when necessary.   |             |
| <b>3.07 Participate in collaborative practice.</b>           | <b>Self-Rating</b> | <b>Evidence: Activities/ Assignments/ Continuing Education</b>   | <b>Date</b> |
| 1. Participate in discussions with team members.             | I                  | Making decisions with staff and dietitians, as well as management to make the best decision for patients and the department. Continuously working with other nurse managers to ensure we are doing the best for patients and working collaboratively.<br>Frequently attending meetings with colleagues from other sites or zones to participate in discussion, as well was working on many working groups over the years to discuss projects.  |             |
| 2. Contribute dietetics knowledge in collaborative practice. | M-I                | Well versed in food provision and management dietetic knowledge, would benefit from using additional clinical or communication knowledge in collaborative practice.<br>Able to successful communicate nutrition and food knowledge to other professions when discussing collaborate decision making.<br>Often have questions come to me from dietitians, especially relating to CBORD and how it works able to successfully communicate and guide on processes related to CBORD.<br>Recently had a dietitian ask for Gatorade on a sodium restriction and explaining how CBORD would not allow the patient to have the product, explained the different way we would be able to provide the patient with the product they need.<br>Also had a question come from a dietitian regarding extremely thick liquids, I knew we did not have any of the products on hand and explained why, reached out to provincial team for alternative options and how the situation is handled in other facilities, once I found the answer I passed along to all dietitians on site for future knowledge.<br>When switching diet standard often had questions come from nursing to explain the difference between digestive soft diets, and mechanically altered products, and what new diet standards would translate to. |             |
| 3. Draw upon the expertise of others.                        | I                  | HRBP, Dietitians, Occupational Health and Safety, Maintenance, IPAC, Nursing, Pharmacy, Environmental Services, Security. All other hospital departments I've worked with over the years on various projects to ensure   |             |

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|   |   | <p>their perspectives and expertise were understood and utilised as it pertained to the work.</p> <p>Have drawn out perspective from experience and other advice throughout my career from managers, dietitians, and colleagues who were more senior than me to ensure I have the best knowledge before making a decision.</p> <p>As a dietetic technician also working very closely with dietitians to suggest but also take expertise of dietitian when making decision about a patient.</p>  |  |
| 4. Contribute to collaborative decision making. | I | <p>During my career learning that the best way to contribute to collaborative decision making is by including all stakeholders, this can include supervisors, managers, team members, and for patients health care workers, patients, and family involved in their care.</p> <p>Ensuring there is open communication, shared decision making, brainstorming, distributing tasks and responsibilities and creating a shared goal and objective that feels inspiring rather than a mandate.</p> <p>For inpatient decisions it's best to offer all the possibilities and come to a solution in their care.</p> <p>Have been part of the following working groups: JOHSC, menu working group, WZ management weekly meetings, Provincial Nutrition and Food weekly huddles, WZ SOP working group, Supervisor training working group, and CBORD implementation.</p> |  |

**Communication and Collaboration Comments:**

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**4. Management and Leadership**

Dietitians use management skills and provide leadership to advance health, through food and nutrition.

| <b>4.01 Manage programs and projects.</b>            | <b>Self-Rating</b> | <b>Evidence: Activities/ Assignments/ Continuing Education</b>  | <b>Date</b> |
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| 1. Contribute to strategic and operational planning. | I                  | <p>Heavily involved in strategic planning of enhanced room service model and CBORD implementation. Contributed effectively to many menu planning committees, huddles, meetings, and implementation strategies. As interim manager, and supervisor was responsible for operational planning which included but not limited to; equipment implementation, ordering, education, meetings, huddles, training sessions, monitoring, recipe review, collaborative interdisciplinary education and buy in and re-evaluation strategies</p> |             |

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| 2. Contribute to human resource management.                            | I                  | 10+ year experience with hiring, interviewing, onboarding, orientation, benefit and compensation, payroll, scheduling, managing collective agreements, performance review, disciplinary meetings, training and development, and WCB return to work plans   |             |
| 3. Contribute to financial management.                                 | I                  | Interim manager responsibilities included monitoring and reporting on variance reports with monthly and yearly budgets, mitigation costs, plans for variance, monitoring OT and planning effective solutions for future mitigations as well as planning for needs. Reporting on meal days costs, and planning for future mitigation. Reviewing FTEs and determining budgets.   |             |
| 4. Contribute to physical resource management.                         | I                  | 10+ years experience ordering and managing physical resources in acute care and long-term care settings in regional and rural care settings, understanding food, equipment, and all other nontangible items to run and effective and efficient department while staying within budgetary constraints. Able to communicate effectively with suppliers, receiving quotes, outsourcing where necessary, planning decisions based on costs, and reaching out to colleagues for alternatives where applicable.  |             |
| <b>4.02 Assess and enhance approaches to practice.</b>                 | <b>Self-Rating</b> | <b>Evidence: Activities/ Assignments/ Continuing Education</b>   | <b>Date</b> |
| 1. Assess a practice situation.  | I                  | Continuously monitoring menus both for retail and inpatient for acute and long-term care facilities. For retail noting when sales go down or a menu has been in place for a very long time and there is fatigues amongst patients or customers.  |             |
| 2. Interpret and consolidate evidence to establish a course of action. | I                  | Collected evidence via sales and comparing to previous sales for retail or noting waste in both retail and patient areas.<br>Used data from waste audits and patient satisfaction surveys or attended resident counsel meetings to collect feedback. Spoke with staff about what they are noticing or receiving as feedback as a collection of evidence.<br>Established a course of action often involves including stakeholders (patients, staff, customer), reviewing tangible data, meetings about suggestions and improvements, and creating a shared responsibilities on how to successfully complete goal. |             |
| 3. Plan the implementation of change.                                  | I                  | Created new menus, new production schedule for cooks, gathered feedback, promoted taste testing, brought in new menu items, new marketing for retail, and ensuring all items have been costed effectively as so they are fiscally appropriate. Planned to adjust as necessary if something doesn't work.   |             |

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| 4. Plan the evaluation of change.                              | I                  | Evaluation often came from monitoring waste again and comparing data, and feedback from customers.<br>Following up with residents regarding change. Monitoring sales. Following up on patient satisfaction survey. |             |
| <b>4.03 Participate in practice-based research activities.</b> | <b>Self-Rating</b> | <b>Evidence: Activities/ Assignments/ Continuing Education</b>   | <b>Date</b> |
| 1. Frame question(s).  | N/A                |  |             |
| 2. Critically appraise literature.                             | N/A                |  |             |
| 3. Identify relevant methodology.                              | N/A                |  |             |

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| 4. Interpret findings.                                       | N/A                |   |             |
| 5. Communicate findings.                                     | N/A                |   |             |
| <b>4.04 Undertake knowledge translation.</b>                 | <b>Self-Rating</b> | <b>Evidence: Activities/ Assignments/ Continuing Education</b>  | <b>Date</b> |
| 1. Identify food and nutrition knowledge relevant to others. | I                  | Shadowing, supervising, and huddles to review knowledge of others.<br>Acknowledging the need for review for topics such as food safety, proper processes, diets and restrictions, and IDDSI.  |             |
| 2. Reframe knowledge into a format accessible to others.     | I                  | Communicated about topics for review in an appropriate manner. For example, visual review/handouts or presentations for things such as 3 tier sink sanitation. Physical example for things such as IDDSI flow and huddles for review on day-to-day tasks. |             |

| 4.05 Advocate for ongoing improvement of nutritional health and care. | Self-Rating | Evidence: Activities/ Assignments/ Continuing Education   | Date |
|---|-------------|---|------|
| 1. Identify opportunities for advocacy.                               | M-I         | Over many years have advocated for additional staffing levels through increased patient count data. Additional equipment through costing and comparison on replacement versus new purchase. Additional menu items through patient feedback and diet compliance. More appropriate supplements through clinical feedback and supporting documentation. Self advocacy during employment by promoting self and demonstrating knowledge and competency. Advocacy for the team through team meetings, speaking with other departments, and demonstrating team commitment to clientele.  |      |
| 2. Identify strategies for effective advocacy.                        | M-I         | Found the best way to advocate is to ensure you have done your research before bringing concerns forward, how something may help or change an activity, or positively affect the clientele we serve. Ensuring that cause and affect are brought forward and coming back with results to continue process or system change.  |      |
| 3. Engage in advocacy.  | M-I         | Have met with multiple decision makers over the years to ensure our voice is heard, from manager level to voicing opinions in provincial director meetings. Learned from my career persistent advocacy is key in promoting change.  |      |
| 4.06 Foster learning in others.                                       | Self-Rating | Evidence: Activities/ Assignments/ Continuing Education   | Date |
| 1. Identify opportunities for learning.                               | I           | Often opportunities come from shadowing staff, learning what diets they are aware of, their cooking knowledge, how effectively they can use nutrition management systems.<br>Often continuously learning from mistakes and events as a group or organization. Situations that have arose, two patient identifiers, lockdown procedures, respectful workplace policies, IDDSI standards, SOP for equipment.<br>During onboarding or training understanding the level of comprehension, realizing these events are opportunities for learning, policy and procedure review, food provision skills, diet comprehension.<br>With all of these opportunities I take the time to teach to individual in the moment but also take the time to review as a department, or bring forward to higher level management if the perceived learning may benefit a larger population. |      |

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| 2. Assess learning needs and assets.          | I | Often assessed through identifying the above, plus questionnaires if possible, or even during interviewing processes. When first welcoming practicum students to the management rotation, asking about their experience, what they want to learn, where they want to focus, strengths and areas of improvement, as well as while filling out their logs recognizing the gaps and creating a plan to fill those gaps.   |  |
| 3. Develop learning outcomes.                 | I | <p>Typically, after a midpoint meeting with practicum students creating goals and objectives to fill gaps, some may be self directed, or others may be guided through shadowing.</p> <p>Creating timelines and following up with weekly meetings.</p> <p>Providing resources and material to assist in the learning outcomes, probing questions, or projects that highlight the understanding from learning objectives.</p> <p>For staff this often comes from speaking one on one on what their goals may be. For example, after a performance review professional goals and objectives are reviewed. Collaboratively discussing these goals and objectives and creating clear goals on how to accomplish. Following up in a year's time to review accomplishments or identify further resources.</p> <p>Following up with resources, courses, information, and reviewing what is needed to increase learning and professional development.</p> |  |
| 4. Implement educational strategies.          | I | <p>Often educational strategies come from group or personalized information, goals or objective.</p> <p>I have developed several different educational strategies from handouts to PowerPoints, meetings to review material, shadowing to demonstrate practical knowledge, implementing group educational sessions for programs, or forwarding information on classes, or meetings that increase knowledge.</p>  |  |
| 5. Evaluate achievement of learning outcomes. | I | <p>For students this is typically done through proof of projects or logs where learning can be evaluated.</p> <p>For staff this often comes from shadowing and verifying, ensuring appropriate learning and education is being passed on correctly, and lack of mistakes or confusion is evident.</p> <p>For both students and staff if it is related to behaviour noticing a significant change in behaviour and following up if not appropriate.</p>   |  |

| <b>4.07 Foster development of food literacy in others.</b>          | <b>Self-Rating</b> | <b>Evidence: Activities/ Assignments/ Continuing Education</b>   | <b>Date</b> |
|---|--------------------|--|-------------|
| 1. Identify strategies to assist the development of food literacy.  | M                  | Have worked with many staff and students in educating on food skills, knowledge, nutrition and food labels, and ingredients list. Demonstrated strategies by demonstrating and reviewing cook techniques and procedures with cooks and production workers, proper food handling procedures with all food service staff, trained on new cooking technology (rationale), diet education review with staff, nutrition labels and allergies. With patients have done some conversing about nutrition and health, and why we serve the food we serve and how it assists in their health.  |             |
| 2. Engage in activities to build food literacy.                     | M                  | Hands on training for practical things such as cooking, food safety, IDDSI flow tests, food handling, HACCP, meditech, CBORD, Vision, reviewing diets and restrictions related to health and diet. Would appreciate more experience in a community setting, or outpatient setting.   |             |
| <b>4.08 Foster development of food skills in others.</b>            | <b>Self-Rating</b> | <b>Evidence: Activities/ Assignments/ Continuing Education</b>   | <b>Date</b> |
| 1. Respond to the cultural foodways of client.                      | I                  | Understanding patient or customer cultural foodways ensures active listening, gathering information and providing the best options we have available to assist them in their care/comfort. As management doing our best to provide culturally appropriate food items that fits within their cultural foodway. For example, bringing in Halal, or Kosher items, culturally appropriate foods, or working with the client's suggestions to ensure we are providing foods that are comforting in their care, as food is medicine. I've also ensured palliative clients are provided with comfort foods during end-of-life care, going out of my way to source these items from food distributors or local grocery stores for specific products. |             |
| 2. Identify strategies to assist in the development of food skills. | M-I                | Have identified strategies with cooks, and food service workers with hands on training, food safety training, and discussion with dietitians and diet techs regarding options and food skills with/for patients. For food provision have review safe food handling techniques (cross contamination, sanitation, temperature control, cutting, cooking techniques, reducing the risk of food borne illness, storage and receiving)  |             |

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|  |   | Have reviewed many food skills with students regarding ingredients, costing, meal plans, cooking techniques, ordering, supervising cooks for meal preparation, inventory control, cultural pathways, profitability, food labels and nutritional's.<br>Would appreciate additional experience in community and outpatient settings.   |  |
| 3. Critically appraise food messaging and marketing. | M | Have reviewed many students project for food messaging and marketing and assisted in appropriate revisions, what catches the audience, relevance to menu and project plan, nutritional's, and review of public recipes. Have often gotten questions from patients regarding food trends and marketing and have done my best to answer within my scope of practice or passed along to the appropriate level of care.                        |  |
| 4. Interpret food label.                             | I | Before digitalized programs we often had to review food labels for what was appropriate for diets or patients or used nutritional analysis programs, providing guidance to others (patients and staff) on things such as allergies, sodium levels, carbohydrate amounts, potassium, calcium and adding to recipes for cooks, and staff to review.  |  |
| 5. Demonstrate food preparation techniques.          | I | I have over 18 years experience in the food industry from starting at McDonalds preparing meals to the public as a cook. To then working with professional red seal chef in hospitalized kitchens. Have taught, trained and demonstrated numerous different food preparation techniques from knife skills to salad and sandwich prep, dessert preparation and portioning, to cooking techniques (sauté, steaming, roasting, and pouching). |  |

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| 6. Engage with client in building food skills. | I | Have worked and mentored with numerous different staff and students over the years in label reading, menu creation and design, cooking review, batch cooking, recipe adjustment, ingredient or food substitutions, food safety audits, temperature control and HACCP procedures, budgeting, inventory and food sourcing. |  |
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**Management and Leadership Comments:**

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**5. Nutrition Care**

Dietitians use the Nutrition Care Process to provide individualized care.

| <b>5.01 Conduct nutrition assessment.</b>  | <b>Self-Rating</b> | <b>Evidence: Activities/ Assignments/ Continuing Education</b>   | <b>Date</b> |
|--|--------------------|--|-------------|
| 1. Use appropriate nutrition risk screening strategies.                          | E                  | Have used malnutrition screening questions and put in Kardex   |             |
| 2. Identify relevant information.  | E                  | Have gathered information from patients as dietetic technician and passed along to dietitian (pre-screening, or updating)  |             |
| 3. Assess and interpret food-and nutrition-related history.                      | E                  | Have spoken with many patients regarding their food preferences at home as a dietetic technician. How they cook, who they eat with, how they grocery shop, how they view nutrition in their perspective.       |             |
| 4. Obtain and interpret medical history.   | E                  | Have reviewed patients Kardex before speaking with patient to ensure I have the most up to date information possible. Also shadowed dietitian when doing TPN and PN to review medical history through Meditech |             |
| 5. Obtain and interpret demographic, psycho-social and health behaviour history. | E                  | Less experience, but many exposures to patient's home lives through conversation and trust building.   |             |
| 6. Assess and interpret anthropometric parameters.                               | E                  | Less practical experience, but aware of concepts and how they apply.   |             |
| 7. Assess and interpret nutrition focused physical findings.                     | E                  | Have reviewed lab values of patients.  |             |
| 8. Obtain and interpret biochemical data.  | E                  | Have reviewed lab values of patients.  |             |
| 9. Obtain and interpret results from medical test and procedures.                |                    | Not observed as of yet   |             |
| 10. Obtain and interpret medication data.  |                    | Not observed as of yet   |             |

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| 11. Assess and interpret chewing, swallowing, and eating abilities          | E                  | Have viewed and spoken with many patients as supervisor in LTC and as dietetic technician, have reviewed with dietitian and suggested recommendation for chewing and eating abilities. Also supported dietitians with MBS and bedside swallowing assessments as dietetic technician and learned a great deal about swallowing difficulties as well as dysphagia. |             |
| <b>5.02 Determine nutrition diagnosis.</b>                                  | <b>Self-Rating</b> | <b>Evidence: Activities/ Assignments/ Continuing Education</b>   | <b>Date</b> |
| 1. Integrate assessment findings to identify nutrition problem(s).          |                    | Not observed as of yet   |             |
| 2. Prioritize nutrition problems.   |                    | Not observed as of yet   |             |
| <b>5.03 Plan nutrition interventions.</b>                                   | <b>Self-Rating</b> | <b>Evidence: Activities/ Assignments/ Continuing Education</b>   | <b>Date</b> |
| 1. Determine nutrition goals.   | E                  | Have as a dietetic technician visited patients and worked with dietitians to determine nutrition goals.<br>Have also as a supervisor understood the need for CBORD and limiting nutrients, or increasing supplementation as needed for nutrition goals.  |             |
| 2. Determine nutrition requirements.  | E                  | Have worked with dietitians to ensure carb, K, NA, Ca, P and fluid requirements are met. Worked with patients with their limitations to ensure requirements were met.  |             |
| 3. Determine dietary modifications.   | E                  | Have worked for several years with modified diets, working with patients, and dietitians. However, have not done any assessments and/or recommendations.   |             |
| 4. Determine therapeutic supplementation.                                   | E                  | Have worked closely with dietitians as supervisor and dietetic technician to recommend supplementation, as well as shadowing for TPN and EN for additional supplementation.  |             |
| 5. Determine supportive physical and social / environmental accommodations. |                    | Not observed as of yet   |             |

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| 6. Determine enteral nutrition regimens.   | E                  | Exposure through shadowing, also part of responsibility as supervisor to ensure all enteral feeds are stocked, monitored, calculated, and delivered correctly for patients.                                       |             |
| 7. Determine parenteral nutrition regimens.  | E                  | Shadowed dietitian.   |             |
| 8. Determine client learning needs and assets.   | E                  | Some discussion with patients regarding their wants and needs to learn more. Recognizing my own professional limitations and discussing with dietitian what is appropriate to share/teach. I.E scope of practice. |             |
| 9. Determine required resources and support services.                                      |                    | Not observed as of yet  |             |
| <b>5.04 Implement nutrition intervention(s).</b>   | <b>Self-Rating</b> | <b>Evidence: Activities/ Assignments/ Continuing Education</b>  | <b>Date</b> |
| 1. Coordinate implementation of nutrition intervention(s).                                 |                    | Not observed as of yet  |             |
| 2. Provide nutrition education.  |                    | Not observed as of yet  |             |
| 3. Provide nutrition counselling.  |                    | Not observed as of yet  |             |
| <b>5.05 Monitor nutrition intervention(s) and evaluate achievement of nutrition goals.</b> | <b>Self-Rating</b> | <b>Evidence: Activities/ Assignments/ Continuing Education</b>  | <b>Date</b> |
| 1. Determine strategies to monitor effectiveness of nutrition intervention(s).             |                    | Not observed as of yet  |             |
| 2. Evaluate progress in achieving nutrition goals.   |                    | Not observed as of yet  |             |

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| 3. Adjust nutrition intervention(s) when appropriate. |  | Not observed as of yet |  |
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**Nutrition Care Comments:**  
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**6. Population Health Promotion**  
Dietitians assess food and nutrition needs with communities / populations and collaborate in planning to promote health.

| 6.01 Assess food and nutrition related situation of communities and populations.   | Self-Rating | Evidence: Activities/ Assignments/ Continuing Education | Date |
|--|-------------|---|------|
| 1. Identify types and sources of information required to assess food and nutrition-related situation of communities and populations. |             | Not observed as of yet                                  |      |
| 2. Identify stakeholders.  |             | Not observed as of yet                                  |      |
| 3. Access relevant assessment information.   |             | Not observed as of yet                                  |      |
| 4. Interpret food and nutrition surveillance data.   |             | Not observed as of yet                                  |      |
| 5. Interpret health status data.   |             | Not observed as of yet                                  |      |
| 6. Interpret information related to the determinants of health and health equity.  |             | Not observed as of yet                                  |      |

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| 7. Interpret information related to food systems and dietary practices.                   |                    | Not observed as of yet   |             |
| <b>6.02 Determine food- and nutrition- related issues of communities and populations.</b> | <b>Self-Rating</b> | <b>Evidence: Activities/ Assignments/ Continuing Education</b> | <b>Date</b> |

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| 1. Integrate assessment findings to identify food- and nutrition-related assets, resources and needs. |                    | Not observed as of yet   |             |
| 2. Prioritize issues requiring action.  |                    | Not observed as of yet   |             |
| <b>6.03 Develop food- and nutrition related community / population health plan.</b>                   | <b>Self-Rating</b> | <b>Evidence: Activities/ Assignments/ Continuing Education</b> | <b>Date</b> |
| 1. Contribute to development of goals and objectives.   |                    | Not observed as of yet   |             |
| 2. Identify strategies to meet goals and objectives.  |                    | Not observed as of yet   |             |
| 3. Identify required resources and supports.  |                    | Not observed as of yet   |             |
| 4. Contribute to identification of evaluation strategies.   |                    | Not observed as of yet   |             |
| <b>6.04 Implement food- and nutrition-related community / population health plan.</b>                 | <b>Self-Rating</b> | <b>Evidence: Activities/ Assignments/ Continuing Education</b> | <b>Date</b> |

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| 1. Participate in implementation activities.   |                    | Not observed as of yet   |             |
| <b>6.05 Monitor and evaluate food- and nutrition-related community / population health plan.</b> | <b>Self-Rating</b> | <b>Evidence: Activities/ Assignments/ Continuing Education</b> | <b>Date</b> |
| 1. Contribute to monitoring implementation activities.   |                    | Not observed as of yet   |             |

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| 2. Contribute to evaluation activities.   |  | Not observed as of yet |  |
| 3. Propose adjustments to increase effectiveness or meet modified goals and objectives. |  | Not observed as of yet |  |

**Population Health Promotion Comments:**  
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**7. Food Provision**  
Dietitians manage and consult on quantity food provision to support health.

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| <b>7.01 Determine food provision requirements of a group / organization.</b>          | <b>Self-Rating</b> | <b>Evidence: Activities/ Assignments/ Continuing Education</b>   | <b>Date</b> |
| 1. Identify types and sources of information required to assess food provision needs. | I                  | Sources of information required for food provision needs related to food provision include both organizational policies and procedures; mission, strategic, and operational planning, union and management contracts, food safety resources and training, budgets, financials, occupation health and safety standards, Nova Scotia Food Retail and Nutrition Policy, sanitation manuals, NSHA organization policies and procedures found on company intranet, as well as SharePoint page for SOPs related to food provision. |             |

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| 2. Access relevant information.                               | I | <p>Accessing the above information from internet, intranet, SharePoint, paper copies in the department, emailing appropriate resources when there are questions, management teams, food safety compliance officer for example when there are questions relating to food code. Working with IPAC if there is a construction project within the department that must disrupt food flow or safety.</p>  |  |
| 3. Interpret situation factors that impact food provision.    | I | <p>Emergency situations affect food provision as well as labour and supply. For example, many times there are situations where large pieces of equipment are out of service. A prime example is the dishwasher; thus, we need to move to 3 tier sink method.</p> <p>If order is shorted or deliveries are late creating a plan for an alterative food items or meal that will be appropriate, or for example many times I have had to cover a cook in LTC facilities and ensuring food options are appropriate and follow guidelines but are within my scope of practice and level of understanding.</p> <p>If we are short staffed due to weather or other reasons, determining what our core goals of accomplishment are, for example, if a cook is out and there is no trained cook, what food options do we have onsite and how does that affect the patients, or if we are short staffed, do we move to paper to save on labour. Also heavily involved in strike planning for multiple facilities during contract negotiations with CUPE in 2025.</p> |  |
| 4. Assess food provision requirements.                        | I | <p>Daily assessment of food provision requirements; based on how food comes in, what's available, how we store, how we prepare, who we need to have prepare, what is needed to do the job safety, how we follow policy and procedures, what is needed to ensure we have well trained competent staff, how we follow ordering in regards to diets, food on contact and provincially approved, how many specialized diets we have, ensuring working with other departments to ensure diets, meals, and policies and procedures are followed. Maintenance of equipment is completed, facilities management is in order, flow of food is followed, HAACP guidelines are in place.</p> <p>Also ensuring collaboration with dietitians and other professions to ensure adequate nutrition needs are successfully fulfilled.</p>  |  |
| 5. Integrate findings to determine food provision priorities. | I | <p>Findings may be a shortage in food – priority would be determining if we have alternatives or need to outsource elsewhere.</p>  |  |

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|  |                    | <p>Findings are shortage of staffing – priority would be to feed patients’ adequate meals in appropriate time frame, with resources available and communicating plan effectively.</p> <p>Finding is unsafe food – communication with management, staff and food distributors. Would then determine what food is deemed safe, what learning needs to come from unsafe food, what procedures need to be followed i.e. food recall, notifying food compliance officer, notifying public. And coming up with goals and objectives for the day.</p>  |             |
| <b>7.02 Plan food provision</b>                            | <b>Self-Rating</b> | <b>Evidence: Activities/ Assignments/ Continuing Education</b>  | <b>Date</b> |
| 1. Participate in development of goals and objectives.     | I                  | Done daily in current role, but more specifically with go live. Understanding the goals and objectives from the top down. What is following our vision, mission, and values, why are we implementing enhanced room service, how will we achieve that at our specific site level, what specific goals and objectives are needed and how they need to be tailored. For example, how with our limited staff we implement enhanced room service, deciding what staffing we have and who can do what duty. What needs to be accomplished, and who will be champions in training and leading the team through the change. |             |
| 2. Identify strategies to meet goals and objectives.       | I                  | Strategies to meet goals and objectives to go live enhanced room service model included staff meetings, discussing goals and objectives, contacting other sites to see what they were doing, referencing the provincial team, ensuring staff are trained and competent before starting, asking for additional support, creating a new supervisory schedule to ensure appropriate onsite supervision for referencing, troubleshooting and questions.   |             |
| 3. Identify required resources and supports.               | I                  | Resources included reviewing provincial order guide and making sure all food items were onsite, ensuring we had tablets that were ordered and up and running, ensuring we had equipment (which included working with maintenance regarding electrical etc.). Ensuring we had supports from provincial team for training, other management from other sites who were previously present at other go lives, IT support for new technology, additional staffing who had already been familiarized with new process and procedure.  |             |
| 4. Participate in identification of evaluation strategies. | I                  | Evaluation strategies included monitoring, shadowing, speaking with patients about the new changes and how they were liking it, reviewing delivery times,   |             |

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|   |                    | pick up times, monitoring patients for amount of food eaten, reviewing how many patients were on no dial and how they were finding the changes.   |             |
| <b>7.03 Manage food provision.</b>  | <b>Self-Rating</b> | <b>Evidence: Activities/ Assignments/ Continuing Education</b>  | <b>Date</b> |
| 1. Identify facility layout and equipment requirements for food production.               | I                  | Have reviewed and adjusted many layouts for food production and flow of food from acute to long term care, in regional and community hospitals. Understand numerous pieces of equipment and have trained on such. Understand and explain flow of food and safety protocols.   |             |
| 2. Participate in purchasing, receiving, storage, inventory control and disposal of food. | I                  | 10+ years experience in purchasing and receiving from many differing vendors in different facility types and spaces. Educated and monitored receiving protocols as per HACCP guidelines. Have demonstrated inventory management as per food safety guidelines, inventory counts, food disposal, and waste management protocols according to provincial guidelines.  |             |
| 3. Develop and standardize recipes.   | I                  | Have developed many standardize recipes for both inpatient and retail locations in both long term care, and acute care settings. Also teaching student on how to develop and standardize, as well as staff in how to interpret.   |             |
| 4. Participate in menu planning   | I                  | Have developed menus for both long term care, acute care, and retail facilities including holding meetings with all stakeholders and receiving feedback and providing follow up evaluation.   |             |
| 5. Participate in management of food production and distribution procedures.              | I                  | Have supervised numerous different roles within Nova Scotia Health Authority including several cooks, food production workers, and food service workers giving clear concise direction, goals, and objectives to appropriate procedures, food safety, protocols, and distribution procedures.   |             |
| 6. Participate in maintaining safety and quality control.                                 | I                  | Continuous monitoring for quality control, safe work practices and keeping up to date with such and reviewing with staff.<br>Many safety audits completed including food safety audits, two client identification audits, quarterly retail audits, weekly food safety audits, JOHSC workplace audits, tray audits, waste audits, patient satisfaction audits, while also monitoring and shadowing for everyday safety and quality control.<br>Educating staff on safety and quality control standards pertaining to WHMIS, food safety, and workplace safety. |             |

| 7.04 Monitor and evaluate food provision.   | Self-Rating | Evidence: Activities/ Assignments/ Continuing Education  | Date |
|---|-------------|--|------|
| 1. Participate in monitoring food provision activities.   | I           | <p>Have monitored food safety through HACCP checks, temperature documentation, compliance checks, nutritional audits through retail, mealtime audits, tray audits, while shadowing cooks, food production workers, cafeteria workers, and food service workers.</p> <p>Have been able to successfully provide contrastive feedback, suggestions, and provide customers/patients with safe nutritious food for over 10+ years.</p>          |      |
| 2. Contribute to evaluation of food provision activities.   | I           | <p>Have completed menu reviews for nutritional status, quality, palatability, and waste. Have completed numerous different observation tools for temperature, food handling skills, pH levels of sanitization, waste logs, dish machine temperature audits, receiving logs and audits following HACCP guidelines. As well as completing numerous different patient satisfaction surveys, mobile intake, waste audits.</p>                  |      |
| 3. Propose adjustments to food provision to increase effectiveness or meet modified goals and objectives. | I           | <p>From these audits I have adjusted menu items, cooking methods, plating methods, and replaced specific products.</p> <p>I have ensured teaching both personalized and group settling to ensure appropriate and consistent method of food provision activities were implemented.</p> <p>From waste audits, patient satisfaction surveys, and mobile intake have discussed and implemented new menus, new items, and removal of items.</p> |      |
| <p><b>Food Provision Comments:</b><br/>Click or tap here to enter text.</p>                               |             |  |      |