Job Class Profile: Clinical Dietitian III

Pay Level: CG-45  
Point Band: 1136-1189

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**JOB SUMMARY**

The Clinical Dietitian III is advanced, specialized, professional, and clinical work as clinical leader for a practice area where the incumbent is the senior person within the profession, or in an area of specialization where the incumbent provides clinical leadership in the organization, planning, development, and co-ordination of clinical services and mentoring of other professional staff.

**Key and Periodic Activities**

— Assumes a leadership role in planning, organizing, developing and implementing clinical services within a clinical practice area or area of specialization. (i.e. HOPE Program for eating disorders, newborn nursery, or the Neonatal Intensive Care Unit).

— Co-ordinates and chairs program planning sessions with the team to assist with the ongoing development of protocols, policies, guidelines, and procedures with program development. (i.e. develops intake process, redevelops guidelines as the program evolves, developing standardized letters for clients and physicians).

— Provides a leadership role in facilitating decision making among the various disciplines of the interdisciplinary team by attending rounds and making various clinical decisions daily. Collaborates with the Program Manager in difficult decision making situations.

— Conducts comprehensive nutrition assessments of clients to determine their nutritional deficiencies or needs.

— Implements therapeutic interventions based on assessed needs by developing appropriate meal plans, providing individual or group counselling, and selecting appropriate teaching aids and resources to optimize client’s nutritional status.

— Conducts telephone consultations with patients or caregivers on select patients throughout the province where specialized services are not available.

— Documents all nutritional assessments including recommendations or instructions provided to the patient and/or caregiver.

— Uses best evidence practices when developing teaching tools for groups or individual counselling.

— Identifies the need for follow-up care for clients after discharge and liaises with dietitians and community agencies.

— Evaluates and maintains caseload to meet the needs of individual clients.
Key and Periodic Activities

— Oversees the management and co-ordination of program components such as Meal Support in the HOPE Program by completing meal support schedules, developing and revising menus, ensuring adherence to the meal support guidelines by all staff and clients, and recruiting volunteers for meal support.

— Collaborates extensively with food service personnel and management to provide quality food to meet the nutritional requirements of program clients.

— Provides clinical advice to food service management and team members as it relates to specific therapeutic diets like gluten free or allergies.

— Advises and informs the program manager regarding day to day operational issues such as staff conflicts or concerns, budget requests, facility issues, scheduling issues, and communications with outside stakeholders.

— Provides clinical leadership and mentoring to Dietitian II’s within the practice area or area of specialization. Orient and provides guidance to new dietitians as required. Chairs regular meetings for program area dietitians. Co-ordinates coverage for dietitians on leave, acts as a preceptor, and co-ordinates peer review for dietitians.

— Provides consultative nutrition services and leadership to other dietitians outside the health authority, as well as other health professionals, community groups, and agencies on a provincial basis regarding the highly specialized nutritional management of people with eating disorders.

— Collaborates and provides direction to the Intake Co-ordinator to review complicated and complex referrals to decide whether a referral will be accepted based on the admission criteria.

— Communicates with internal and external stakeholders regarding program structure, scheduling, and new developments within the program.

— Develops and presents educational sessions to various health care providers within and outside of the health authority.

— Arranges and co-ordinates information sharing session with other program areas.

— Utilizes the Provincial Workload Measurement System to record workload stats on a monthly basis.

— Identifies continuing education needs as it relates to clinical nutrition and area of practice by reading journal and attending conferences.

— Works in collaboration with the Research Co-ordinator and other team members to identify areas of research.

— Reviews and determines acceptance of dietetic interns. Manages and supervises interns ensuring they meet the entry level competencies as stipulated by the Dietitians of Canada.

— Educates nursing students, medical students, and other health care students in the area of clinical specialty.

— Co-ordinates the orientation and training of all clinical and support staff newly hired and working in the program/area of clinical specialty with regards to clinical aspects and operational activities.

— Assesses medical nutritional products and completes medical nutritional product specification, evaluation, and tendering.
SKILL

Knowledge

General and Specific Knowledge:
— A high degree of specialized knowledge in a specific clinical area (i.e. Neonatal Intensive Care Unit, Eating Disorders).
— Nutritional best practices, procedures, current research, new technologies and medications.
— Assessment techniques and methods for statistical analysis.
— Newfoundland and Labrador College of Dietitians Act and Bylaws.

Formal Education and/or Certification(s):
— Minimum: Undergraduate degree from an accredited university in an area relevant to dietetics and post graduate certification, supplemented by a 1-year internship and a Registered Dietitian (RD) professional designation.

Years of Experience:
— Minimum: 4-5 years.

Competencies:
— Clinical expertise in a specialized area and the ability to provide expert advice in the field.
— Ongoing continuing education.
— Advocate with appropriate agencies for necessary services for clients.
— Ability to develop programs that meet client needs.
— Strong interpersonal and communication skills.

Interpersonal Skills

— A range of interpersonal skills are used for listening to information from others, asking questions to gain information when interviewing patients/clients/caregivers to complete nutritional assessments. Communicates routine and complex information, provides care/comfort/nurturing and support to those dealing with complex nutritional issues (i.e. preterm infants and newly diagnosed patients with cystic fibrosis who are failing to thrive). Skills are also used for teaching or training, facilitating meetings or sessions, collaborating with team members regarding clinical concerns and communicating relative issues and concerns to the manager, making formal presentations, gaining the co-operation of others to complete work/address issues/resolve problems, providing expert advice and counselling, dealing with upset or angry people, and motivating clients to make behaviour changes in their recovery.
— The three most significant contacts are with patients/clients to educate, assess, counsel, and support; peers and employees within the organization such as nursing staff, physicians, and other health professionals; employees and peers within the group. As the clinical leader interacts with other dietitians and team members to co-ordinate daily activities within the program, to provide advice relating to individual client cases, on issues relating to workload, annual leave coverage, etc.

EFFORT

Physical Effort
— The demands of the job do not result in fatigue requiring periods of rest.
— Constantly lifts up to 10 lbs. (charts, the length board and scales for measuring and weighing infants). Occasionally lifts up to 25 lbs. (i.e. cases of infant formula).
— Fine finger precision work is required on a regular basis when using a computer. Sitting during counselling sessions, meal support, assessments, responding to emails, and answering the telephone also occurs on a regular basis.
— There is occasional walking, standing, and driving.

## Concentration

— **Visual** concentration or alertness includes the identification of non-verbal cues like clients cutting up food in small pieces or hiding food during meal support, measuring pediatric patients and plotting growth on a chart, assessing various nutritional products to recommend the most appropriate, computer use for reports/assessments/emails/developing training materials.

— **Auditory** concentration or strain involves active listening to provide effective counselling and therapeutic interventions to clients/patients, compiling detailed medical histories, detailed telephone calls with patients/clients/physicians/community health nurses.

— **Alertness to the health and safety** of others (i.e. during meal times in the HOPE Program when clients are at risk of harming themselves, assessing when clients are at risk for becoming medically unstable, making recommendations to parents regarding stopping enteral feeding for trials of full oral feeds and ensuring the parents are aware of risks such as dehydration in situations where the infant does not consume sufficient amounts of formula.)

— **Time pressures and deadlines** are experienced from referring physicians and are challenging for pediatric patients who are often under a year old, and are at risk of poor or stunted growth or overall child development implications. Also, completing schedules like rounds list and ensuring appropriate number of staff, charting, workload measurement, and nutritional tenders.

— **Lack of control over the work pace** (i.e. when a client is in crisis, have to redirect all attention to ensure the safety of the client, the number and timing of referrals, urgent referrals or patients who are referred from out of town, or high patient admissions in NICU.

— Other sensory concentration (i.e. food or infant formulas are assessed for evaluation of taste and determine what products would be most appropriate for the client/patient.)

— **Eye/hand co-ordination** (i.e. use of computer, completing measurements of weight, length and head circumference of infants and children).

— **Exact results and precision** is required for individual assessments, in NICU they are compiled through detailed assessment of the medical chart, interviewing the patient, and using evidence based calculations based on their weight/height/BMI etc., which are plotted on a growth chart and used for precise nutritional care planning.

## Complexity

— Tasks and activities are generally different and related with unrelated functions (such as co-ordinating and chairing program planning sessions, scheduling). Tasks may have strategic and program significance.

— Typical challenges requiring resolution include patient cases with multiple complex diagnoses requiring analysis and the development of a nutritional care plan based on the individual client and fine tuning and adjustments to the plan; workload allocation of dietitian services within the specialty practice group - the clinical leader works with the dietitians to balance large caseloads and allocates staff; co-ordinating and chairing program planning sessions to assist in the
development of various protocols, policies, and procedures; revisiting and redeveloping aspects of the program to best meet the needs of clients and the population; activities regarding program planning; resolving issues regarding obtaining specialized formulas that are required on an immediate basis for a patient but are not available in the province.

— Problems/challenges/issues are resolved in various ways depending upon the nature of the issue. They may be addressed through the use of standard work processes, or the development of solutions in a team environment, or require analysis of the issue and the development of complex solutions.

— Due to the specialization of certain fields (i.e. eating disorders) and the lack of evidence based interventions, the clinical lead must often rely upon the judgement of the clinical team when problem solving and handling difficult situation.

— Guidelines and references used for typical problems may include the American Eating Disorders Clinical Practice Guidelines, internal policies and procedures, Dietitians of Canada Eating Disorder Network, Pediatric Manual for Clinical Dietetics from the American Dietetic Association, practice of Evidence Based Nutrition, and product handbooks.

RESPONSIBILITY

Accountability and Decision-Making

— Work tasks are generally not prescribed or controlled.

— Supervisory approval is not required for purchase requisitions under the HOPE Program for food at meal support and meal preparation group (up to 10 purchase orders of $100.00 each), specific interventions for clinical skills such as ordering books, using petty cash up to $100.00 and overseeing it is balanced. May order specialized formulas from out of province on an immediate basis for patients admitted to hospital; co-ordinate the coverage of dietitians on leave/urgent referrals/sick leave/etc.; assess and implement recommendations regarding patient’s nutritional status; consult with physicians or health care professionals to implement recommendations; and accept and supervise dietetic interns.

— Autonomy, discretion, independent determination of clinical needs and resources.

— Responsible for ensuring all team members are using best practice guidelines and that they are all competent and working within their scope of practice.

— Supervisory approval is required to implement policy and process changes, large purchases for the program, media issues, and human resources issues.

— A high degree of discretion and judgement must be exercised in recruiting volunteers for the HOPE program meal support. This program’s population is so unique, professional judgement is essential to the program. Must oversee not only the recruitment, but the orientation and coordination of the volunteers. Discretion and judgement must be exercised when providing clinical advice and guidance to other dietitians, scheduling of service provision, waitlist management, referring clients to external professionals, caseload management, and determining if a client is at risk for medical instability.

Impact

— Can have a positive and negative impact within the immediate work area/group, the organization, and on clients/patients/caregivers.

— Impact is also felt on processes, systems, information, finances, material resources, human
resources, health and safety, and on corporate image.

— Appropriate assessment and intervention has an immediate and direct effect on the patient or client. For example, inappropriate nutrition for a preterm infant can result in poor long term outcomes which include reduced lean body mass and poor bone mineralization. Advises and involves other health professionals in the treatment plan and takes a leadership role with dietitians on clinical issues concerning the treatment of clients/patients.

— Mistakes or errors can result in injury/illness to the patient/client if not assessed accurately or if incorrect advice/guidance provided to other dietitians. Extreme mistakes can have extreme consequences such as overlooking low potassium when reviewing a client’s blood work. Must ensure all team members are using best practice guidelines and that they are all competent and working within their scope of practice.

— As clinical leader for a specialized area of practice, operational and clinical issues arise daily which must be addressed.

— The time frame associated with the identification and resolution of errors is dependant upon the nature of the error or situation. Identifying the mistake, reporting it to the manager, and completing an occurrence report are essential tasks to complete as soon as the problem has been identified.

### Development and Leadership of Others

— Responsible for the supervision of a medium size work group (5 to 10 employees).

— Performs a clinical lead role and is required to provide clinical leadership to other dietitians, co-ordinates and participates in peer review, organizes and supervises dietetic interns, co-ordinates coverage for dietitians on leave, orients and provides guidance to newly hired clinical and support staff within the program; provides advice and guidance to dietitians external to the health authority.

### WORKING CONDITIONS

### Environmental Working Conditions

— There are no safety precautions or equipment required for this position.

— There is a limited likelihood of minor cuts/bruises/minor illnesses.

— Occasional exposure to distracting noise, bodily fluids and waste, infectious disease, odours, wet or slippery surfaces, physical dangers or threats (when working in a mental health program), adverse weather conditions, and travel.