Alliance of Canadian Dietetic Regulatory Bodies

Canadian Dietetic Registration Examination (CDRE)

Preparation Guide©

For the May 2017 sitting of the CDRE

Regulation of Dietetic Practice in Canada

The Alliance of Canadian Dietetic Regulatory Bodies (the Alliance) strives to maintain a uniform competency standard for entry into the dietetics profession. Therefore, members of the Alliance share common requirements for academic and practical training, and entry-level competencies[1] based on highly similar scopes of practice, professional standards, and codes of ethics and conduct.

The Canadian Dietetic Registration Examination (the Exam) is a requirement for registration as a dietitian in Canada in all provinces except Quebec.

This Preparation Guide© has been developed to help you understand the Exam process. To obtain more information, contact your provincial dietetic regulatory body (Appendix F).

[1]The Integrated Competencies for Dietetic Education and Practice (Partnership for Dietetic Education and Practice, 2013) are referred to as the COMPETENCIES (Appendix D).

This is the only guide that has been approved for the Canadian Dietetic Registration Examination.

No other examination guide has been authorized, reviewed for reliability, or in any way confirmed to be representative of the Exam questions in style, content or format. Adequate preparation is the responsibility of each candidate, and ultimately is confirmed when the COMPETENCIES have been met.

The Alliance assumes no responsibility for information about the Exam obtained from unauthorized sources.

The Guide is also available in French : *Examen d'admission à la profession de diététiste au Canada—Guide de préparation*

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1. Purpose of the Exam

Dietetic regulatory bodies (which may also be referred to as colleges, associations or boards) protect the public by assuring that only qualified people, who have demonstrated competence to practice dietetics, become dietitians in Canada. This maintains safe and effective dietetic services in Canada. Successful completion of the Exam enables entry into the dietetic profession via registration with the dietetic regulatory body in the Canadian jurisdiction where you have chosen to practice. It is not an exit exam from an internship or practical training program. It is designed to confirm competence to practice dietetics – this means that your practice-based knowledge and your ability to employ critical thinking by analyzing, interpreting and applying knowledge are at the level of minimal competence and that you are safe to practice.

The Exam is the final step in the registration process to become a registered dietitian and it has one purpose only: **to distinguish between competent and non-competent practitioners.**

2. Who Can Write the Exam?

To be eligible to write the Exam, you must meet the academic, practical training and any other registration requirements as designated by the regulatory body which issued you a temporary membership or which deemed you to be eligible to write the examination. You must have completed the required academic and practical training or completed any upgrading required by the regulatory body within three years of being deemed eligible to write the examination. Normally, a candidate must successfully complete the examination within four years of being eligible to write the examination. The candidate may attempt the exam no more than three times.

These requirements include:

- completion of a four-year baccalaureate degree in an accredited program in foods and nutrition at a Canadian university or equivalent, and
- development and demonstration of the COMPETENCIES (Appendix D) through an accredited internship or equivalent

Refer to your regulatory body for any additional registration requirements.

3. Applying to Write the Exam

The application process includes the following steps:

1. Obtain an application form from the regulatory body in the province where you intend to practice.
2. Confirm the date of the next Exam and the deadline for submitting your application. The deadlines are normally two to three months prior to the scheduled date of the Exam.
3. Submit a completed application package to the regulatory body by the submission deadline. A complete application consists of the application form, application fee and all of the necessary supporting documents.

You will be informed of your eligibility to write the Exam once your regulatory body determines that you meet the registration requirements. You will receive your login information via email and instructions to register for an exam date and location when your regulatory body receives the Exam fee and, if applicable, temporary registration fee (the requirement for the latter is set by each regulatory body).

To receive information concerning the Exam, it is important to keep the regulatory body informed of any changes in your contact information including your email, address and telephone number.

Temporary Registration

In some provinces, a candidate may be able to apply for temporary registration to practice while waiting to write the Exam. Temporary registration is granted for a limited time period and is only available when you have applied to write the Exam. Check with your regulatory body to see if this option is available.

Exam Fee

The May 2017 exam fee is $440. Contact your regulatory body for details on fee payments and due dates.

Exam Date and Site

Upon approval from your regulatory body, you will receive an email from Iso-Quality Testing (IQT) with the information on how to register for the exam, and select the date and location. Once a location and date has been selected, you will be mailed an admission letter which is your confirmation of the date, time and location of the Exam.

This admission letter must be taken with you on the day of scheduled exam.

Date and Frequency

The Exam is administered twice each year: May 12 and 13, 2017, and November (dates to be confirmed). In some locations, there is limited availability for writing the exam on both Friday and Saturday. All writing sites and times are available on a first come, first serve basis. You can obtain the exact dates of each exam from your regulatory body.

Site

A request for an ALTERNATE SITE may be considered. Any such request must be made at the time that you apply to write the examination. The exam candidate will be required to pay all fees associated with setting up an alternative site. Contact your regulatory body to confirm the additional costs of an alternate site.

Language Options

The Exam is available in English and French. You must indicate your choice of language on your exam application. Only candidates who request to receive the exam in French will be able to toggle (navigate) between the French and English versions. The regulatory body may ask you whether you are comfortable receiving the examination instructions from an English speaking invigilator or whether you require a French speaking invigilator.

Special Accommodations

If you have a disability, temporary disability or a special condition and wish to request a special accommodation, you must request this in writing by the examination application deadline. The request must be from a regulated health professional who is specialized in assessing individuals with the type of disability or special condition. The request must include:

- documentation of the disability or special condition;
- description of the accommodation(s) requested;
- evidence of the need for the accommodation(s) and the rationale for how the accommodation(s) address your disability/condition.

The request for accommodation related to breastfeeding does not require documentation from a regulated health professional, but a written request outlining the accommodation is required.

A request for accommodation for a learning disability must be made in writing by the examination application deadline, and must include a current evaluation (within five years of the application) of the disability by an assessor whose qualifications include being a registered psychiatrist or psychologist with comprehensive training and expertise in diagnosing adult learning disabilities.

The evaluation must include the following:

(1) official letterhead (name, title, professional credentials, address, phone/fax number of qualified assessor), typed, signed and dated by the assessor;
(2) diagnosis specific to learning (i.e. DSM Classification);
(3) objective evidence of a substantial
(4) a psycho-educational or neuro-psychological evaluation. limitation in cognitive or learning ability;
(5) recommendations for appropriate accommodations;
(6) documentation that demonstrates the learning disability significantly interferes with writing the examination in the traditional way.

Your request for special accommodations must be made to your regulatory body using Appendix F.

Your regulatory body will endeavour to provide mutually satisfactory accommodations. There is no additional fee for special accommodations. All exam sites are wheelchair accessible.

Religious Reasons

If your religious convictions prevent you from writing the Exam on the scheduled exam date(s) or times, you may request to write the Exam on an alternative date or at alternative times. You may request additional time to accommodate prayer during the sitting of the exam.

To arrange an accommodation for religious reasons, you must submit the request for accommodation at the time of application. Include an original letter on letterhead from a religious institution official (i.e., minister, priest, mullah, rabbi or pastor). The letter must include the official's name, title, address, phone/fax number, be typed, signed and dated. The letter must state the recommendations for accommodations.

There is no additional fee for this arrangement. Contact your regulatory body for more information.

Withdrawing from Writing the Exam and Refunds

To WITHDRAW your application or to SWITCH TO ANOTHER DATE:

- you must request this in writing to your regulatory body
- this must be dated WITHIN 14 calendar days following the deadline date for Exam fee payment (about two weeks before the exam date).

If you do not withdraw your application within 14 calendar days following the Exam fee deadline OR do not write the Exam, the Exam fee may be FORFEITED. Contact your regulatory body for details.

Exceptions – Compelling Reasons

Please note that under some circumstances, candidates may withdraw from writing the exam on or near the scheduled exam date. If a candidate chooses to write the exam under circumstances that affect their ability to concentrate, the exam result cannot be annulled.

If you are unable to write the Exam due to compelling reasons beyond your control, you may apply to your regulatory body for:

- an extension of the Exam eligibility period
- a refund of the Exam fee
- withdrawal of candidacy
- an extension of your temporary registration (if applicable) in accordance with the regulations and policies of your regulatory body.

Consideration will be given, but is not limited, to:

- accidents
- bereavement
- illness
- weather or travel disruption
- family or other personal crisis

To be eligible for a refund, you or your designate must:

- notify your regulatory body within TWO business days following the day of the Exam
- apply in writing to your regulatory body, clearly stating the circumstances of why you were unable to write the Exam. This must be RECEIVED within 30 calendar days following the Exam date. Please include any supporting documentation.

The regulatory body will inform you of its decision within 14 days of receipt of your request. If your request for a refund is approved, the Exam fee will be refunded and you will receive information regarding the next administration.

If you held temporary registration prior to the Exam date, check with your regulatory body for an extension.

A REFUND OF THE EXAM APPLICATION FEE WILL NOT BE GIVEN TO CANDIDATES WHO FAIL THE EXAM

4. Preparing to Write the Exam

The following information will help you to understand more about the Exam process and how questions are developed.

The EXAM	What this Means
• is a CRITERION-REFERENCED exam	It compares all candidates to a single criterion, which is deemed to be MINIMAL COMPETENCE. This is how it differs from most of the other exams you have written which are norm-referenced, and compare each candidate's performance to an arbitrarily set pass score.
• reflects dietetic practice in Canada • is based on the COMPETENCIES	There are five categories of COMPETENCIES: *Professional Practice, Communication and Collaboration, Nutrition Care, Population and Public Health, and Management.* The COMPETENCIES were developed and validated using a national process in 2010-2013 through the Partnership for Dietetics Education and Practice. It is important to understand the COMPETENCIES as this will assist you to identify the competency category or specific competency or performance indicator that is being tested in an exam question (see appendix D).
• is NOT a diagnostic test of competence • result is Pass/Fail	The Exam is designed only to confirm whether you have demonstrated minimal competence. It is not designed to measure HOW competent you may be. Therefore the result is PASS (you demonstrated minimal competence) or FAIL (you did not demonstrate minimal competence). Should you fail the Exam, this is the only reliable information that can be provided to you. Following a failure, a thorough review of the COMPETENCIES (Appendix D) is indicated.
• undergoes thorough and multiple screenings and review • this accounts for the cost of the Exam which is NOT profit-generating	A contracted testing agency with recognized expertise oversees the Exam development. The EXAM COMMITTEE, ITEM WRITERS, ITEM APPRAISERS and the FRENCH TRANSLATION REVIEW COMMITTEE are comprised of REGISTERED DIETITIANS with experience and expertise representing all areas of practice; academic and practical programs and all provinces are also represented. Each question undergoes at least ten screenings, to ensure the Exam tests: ▪ the Competencies at the proficiency level of entry to practice ▪ realistic and practical aspects of dietetic practice that are national in scope

The Exam Blueprint	
Exam and Question Format	• written in two 3-hour sessions (morning and afternoon) • upon completion of the first session, you may take a break and start the second session prior to the scheduled time • all writers are eligible to have a one-hour break between sessions • 200 multiple-choice questions • Passage-based questions with 3-6 questions related to a single passage (case/scenario) • independent questions
Cognitive Category Each question tests one of three levels of cognitive ability: knowledge, comprehension and critical thinking.	15% Demonstrate broad knowledge 35% Demonstrate comprehension of knowledge 50% Employ critical thinking by analyzing, interpreting and applying knowledge The verb contained in the PERFORMANCE INDICATOR determines the cognitive category. For example, the term 'integrate' is associated with a higher cognitive complexity level than the terms "identify" or "apply"
Competency Category Each question targets a PRACTICE COMPETENCY	Each question tests one of the PERFORMANCE INDICATORS associated with a PRACTICE COMPETENCY. The distribution of exam questions is as follows: 15% Professional Practice 13% Communication and Collaboration 35% Nutrition Care 15% Population and Public Health 22% Management
The percentage of questions on the exam for the Performance Indicators was based on the following considerations: • Some COMPETENCIES have more PERFORMANCE INDICATORS than others • Some PERFORMANCE INDICATORS are multidimensional. For example, "development and modification of meal plans" (3.02g) may reflect cultural preferences as well as texture modification. • Some PERFROMANCE INDICATORS relate to activities that pose a risk of harm. For example, "demonstrate knowledge of principles of parenteral nutrition." 3.02o)	• The Exam Blueprint in Appendix C indicates the percentage of questions on the exam for each PRACTICE COMPETENCY**.** • The Exam Blueprint also indicates the PERFORMANCE INDICATORS for which the exam will include at least one question**.** It is not possible to test all PERFORMANCE INDICATORS in one exam.

Contextual Variables • CLIENT AGE/GENDER • CULTURE • HEALTH CARE SETTING	• Questions are designed to provide a cross-section of contextual variables representing entry-level dietetic practice in Canada • Cultural issues are integrated in the Exam without introducing stereotypes and CONTENT TOPICS (Appendix E) provide a framework for question development

Questions and Comments from Previous Candidates

Commonly Asked Questions and Comments	Exam Committee Responses
"*Can I take my calculator or other electronic device into the exam?"*	No. Security prohibits the use of calculators or other electronic devices in the exam room.
"*Will I have to do calculations and remember lab values?"*	You will be expected to be familiar with, and interpret the lab values an entry-level dietitian would deal with, but you will not have to calculate or remember lab values. Necessary conversions and normal lab value ranges are provided when they are needed to answer the question e.g. "The client weighs 99 kg, is 180 cm tall (BMI 30.6)...."
"How is the French Exam developed?"	• The English Exam is professionally translated into French • Each question is then reviewed by the FRENCH TRANSLATION REVIEW COMMITTEE (French Committee) composed of practicing francophone dietitians representing all areas of practice. • High quality and equivalence to the English version is the goal. • Content accuracy, technical terminology and consistency in language are scrutinized and verified with recognized French resources. • Expressions not common to all provinces are avoided. • Special consideration is given to word count to match the length of the English version.
"I want to write the French exam. Can I have an English exam as well?"	• Candidates who select to write the exam in French will be able to toggle (navigate) between the French and English versions of the Exam. This feature will not be available to candidates who select to write the Exam in English. • It is recommended that candidates who select to write in French limit navigating repeatedly between both language options.
"How is the passing score set?"	• A passing score is set for the Exam and is not released; the difficulty of each question is assessed and the degree of difficulty of the questions on the exam is considered in setting the passing score. This ensures the fairest score in setting the competence/non-competence line. • It is just as important NOT to fail a competent candidate, as it is to fail the candidate who has not demonstrated minimal competence.

"The exam was too long. You could have confirmed my competence with fewer questions."	• A statistically minimum number of questions is required since no exam can assess a total body of knowledge. • An exam of 200 questions ensures that the assessment is VALID and RELIABLE. • Training and experience vary and you may be above minimal competence.
"There wasn't enough information provided."	• Irrelevant information is excluded because it MISLEADS. • ALL information needed to answer correctly is provided. • If you think something is missing, read again - it is most likely you made an incorrect assumption.
"I expected more knowledge-based questions."	• A dietitian's work is DOING not just knowing. • Competent practice requires appropriate KNOWLEDGE, COMPREHENSION AND CRITICAL THINKING including application questions assessing that they also confirm KNOWLEDGE**.**
"The exam should be essay format so I can explain my answers."	• Multiple choice format eliminates subjective marking. • Scientific methodology confirms the VALIDITY and RELIABILITY of the Exam.
"Questions were repetitive and redundant."	• Some types of client situations occur more frequently than others in dietetic practice. • The Exam attempts to reflect current practice.
"The exam should be: *..shortened..* *..written as one 4-hr session..* *..written on two days..*	• The needs of all candidates must be considered and while many candidates say they did not need the full three hours, others did. • Feedback has been obtained from candidates and the majority clearly indicates that the current two 3-hour sessions should be maintained.
"It was unfair because in my internship/setting... ..I didn't have a rotation in pediatrics or ..health promotion.	• Remember that you are being tested on the knowledge, application of knowledge and critical thinking related to the PRACTICE COMPETENCIES, not settings. • You are expected to transfer your knowledge and skills from one setting to another.
"Some questions have more than one correct answer."	• Each question has four options: one correct answer and threedistracters. • Distractors are designed to be plausible with faulty reasoning, inadequate reading or inappropriate assumptions. *See "How to Read and Exam Question" (next page)*
"When will I get my exam results?"	• Results are available within 7-8 weeks**.**

How to Read an Exam Question

Occasionally you may come across an aspect of a question's content that is not consistent with your own experience, or that may not seem plausible to you. Accept the scenario as presented. Remember, you are being tested on your ability to apply the PRACTICE COMPETENCIES in new settings. Internships, practical training and upgrading practicums differ across the country and what may seem unlikely to you has been judged REALISTIC and ENTRY-LEVEL in repeated screenings by experts.

<table>
<tr><td colspan="2">STEP 1</td></tr>
<tr><td>Read the text of the question to first determine:

a) competency category

b) cognitive level</td><td>Relate the question to one of the five competency categories: Are you asked to demonstrate competence in...
PROFESSIONAL PRACTICE?
COMMUNICATION AND COLLABORATION?
NUTRITION CARE?
POPULATION AND PUBLIC HEALTH?
MANAGEMENT?
Is the question simply asking for information?
– Such questions are at the knowledge level.
Is the question asking you to identify something about the information?
– Such questions test comprehension of knowledge.
Is the question asking you to analyze, interpret or apply knowledge?
– Such questions test your ability to employ critical thinking.</td></tr>
<tr><td colspan="2">STEP 2</td></tr>
<tr><td>Re-read the text along with the options provided.</td><td>Determine if there is a temporal aspect (point in time) to the question.
i.e. Are you being asked for an INITIAL step in a process or a concluding step?</td></tr>
<tr><td colspan="2">STEP 3</td></tr>
<tr><td>Choose the correct option of those provided.</td><td>Remember there are no trick questions.
Wrong options are there to act as distracters to reveal FAULTY knowledge, comprehension of knowledge or critical thinking.
Thinking there is not enough information is an indication that you need to go back to Step 1 and read more carefully.
All the information needed to answer questions correctly IS provided.
Irrelevant information is excluded because it wastes time and can mislead.</td></tr>
<tr><td colspan="2">Try this 3-step process in the exercise on the following page.</td></tr>
</table>

Exercise

1.
A public health dietitian in collaboration with community partners has developed an education program for grade 3 students on healthy snacks. The program was piloted with children in two different schools and is now ready for use in all city schools. What is the best strategy for the dietitian to take?
1. Contact the school board to have the information put onto the board's website
2. Send copies of the program to all grade 3 teachers and offer in-service classes
3. Write a newsletter outlining the program plan and send to all school principals
4. Present the program to the parent school council in each school

*cognitive level*_____ *competency category*_____ *temporal aspect* _____

2.
In a small community hospital, a new product has been purchased to thicken liquids for clients with dysphagia. A new recipe has been developed. What should the foodservice dietitian do next?
1. Add the recipe to the nourishment binder and flag it for staff
2. Have foodservice staff attend an in-service to learn about the product and recipe
3. Write a memo about the product and send to all foodservice staff with their pay stub
4. Ask the clinical dietitian to do a presentation on dysphagia to the foodservice staff

*cognitive level*_____ *competency category*_____ *temporal aspect* _____

3.
A 70-year-old inactive client with chronic constipation is referred for counselling following hip replacement surgery. The dietitian concludes that she is following Canada's Food Guide and her diet contains at least 35 g of fibre. What should the dietitian do next?
1. Document the assessment in the client's chart and refer her to the physiotherapist
2. Tell the client that she needs to exercise more frequently
3. Tell the client that she is eating well and does not need to change her diet
4. Discuss the client's activity needs with her and the physiotherapist

*cognitive level*_____ *competency category*_____ *temporal aspect* _____

Answers on next page

Exercise Answers and Rationales (correct option is **bolded**)

On first reading, you might mistakenly classify these as community, foodservice and clinical questions. These labels correctly apply to the settings, but not to the intent of the questions. In fact, all three questions target the same competency and the same performance indicator.

COMPETENCY: COMMUNICATION AND COLLABORATION
Performance indicator: d) Demonstrate knowledge of educational strategies relevant to practice, and their appropriate uses.
In addition, all 3 questions are of the same cognitive domain: Employ critical thinking by analyzing, interpreting and applying knowledge

Q1	
Option 1.	Leaves communication up to the client, no active communication by the dietitian
Option 2.	**The dietitian communicates the program to the clients (teachers) who will use it; thoroughness is demonstrated by offering an in-service**
Option 3.	Leaves it to principals to communicate with clients, no active communication by dietitian
Option 4.	Although it reaches some parents, it does not communicate with teachers and children

Q2	
Option 1.	Leaves communication up to client, no active communication by the dietitian
Option 2.	**The dietitian communicates the new product information to those using it**
Option 3.	Assigns a lesser priority to the initiative by putting it in with the pay stubs; does not communicate with the staff who will use the new product
Option 4.	The presentation is on dysphagia, not on the new product/recipe *As written, this option could be acceptable as a next step in the implementation process. This emphasizes the need to read the 'temporal' aspect of questions. Although not all small community hospitals employ both foodservice and clinical dietitians, you are asked to accept this scenario in this question.*

Q3	
Option 1.	No active communication with the client
Option 2.	Telling the client what to do is not effective implementation/communication
Option 3.	Eliminates any communication with the client about what the best plan is
Option 4.	**The dietitian communicates the plan with the client and appropriate others**

5. Writing the Exam—Rules

Candidate Declaration to Maintain Confidentiality

The Exam is protected by copyright. All questions are confidential and the property of the ALLIANCE OF CANADIAN DIETETIC REGULATORY BODIES.

The Exam is the final requirement for entrance into the dietetic profession in Canada. Identifying candidates who have not attained minimal competence is the sole purpose of the Exam, and ensures that only competent individuals are allowed to practice.

MAINTAINING INTEGRITY AND CONFIDENTIALITY is part of the dietitian's professional responsibility**.** By declaring that you will maintain strict confidentiality about the Exam, you will also be meeting the dietitian's responsibility for PROMOTING AND MAINTAINING HIGH STANDARDS.

ANY DISCUSSION of the Exam, including the informal or organized sharing of and distribution of questions based on memory or recall, once the Exam has been written, is not permitted, and means that you have breached confidentiality, as well as compromised your integrity and the standard of entry to the dietetic profession.

On the day of the Exam, prior to writing, you will be required to make the DECLARATION a second time, as a reminder of your commitment.

On the Day of the Exam:

- You **MUST** present your admission letter to the testing center in order to be admitted. Also, the *Candidate UserID* and *passcode* printed on the letter is required for you to login and start your examination.
- Please arrive at the testing center a **MINIMUM OF 10 MINUTES BEFORE YOUR APPOINTMENT TIME**. If you have any doubts about the location of the testing center, we strongly recommend that you go to MapQuest or Google Maps or similar on-line map application and print out a map to the location; or you may wish to travel to the center in advance (the evening prior, for example), to ensure you know where it is located.
- You must present a **VALID GOVERNMENT ISSUED PHOTO ID WITH SIGNATURE** in order to be admitted to the examination. Approved forms for ID are: Drivers License, Government Issued ID Card (must have photo and signature), Passport, Military ID Card. No other forms of identification will be accepted. The name and address on your admission letter must match the name and address on your photo ID.
- No food or drink will be permitted in the examination room.
- Please note that special accommodations for food and liquids will be made based on medical need at the discretion of the Regulatory Body. Please refer to the "Special Accommodation" information in section 3 (Applying to Write the Exam).
- Special accommodations may be made for medical reasons at the discretion of the regulatory body, based on appropriate documentation of the medical reasons.
- Follow all directions given by the invigilator(s)
- The Exam is offered in two 3-hour sessions. The first session is in the morning and the second session is in the afternoon. You may leave the exam room after completing the first session and return to write the second session BEFORE the scheduled start time. You are entitled to a one-hour break between sessions.

Please note that you will not be admitted to the Exam if you do not arrive at least 10 minutes prior to the scheduled exam time.

These items are NOT allowed at the desks:

- calculators or other aids
- study materials, such as books or notes
- electronic devices such as cell phones and PDAs
- food or liquid products

You may bring a wallet or small purse and lunch bag; however, these items will need to be placed in a designated area of the testing center.

You may bring ear plugs to wear.

The temperature of the exam room cannot be controlled to ensure the precise comfort needs of every writer. For that reason, writers are advised to wear clothing that can be added or removed to be able to control their personal comfort.

Distractions in the Exam Room

Creating an environment that is conducive to Exam candidates being able to concentrate is important. Please note that the Exam invigilator has the right to direct a candidate to remove apparel and accessories, such as jewelry, that make distracting sounds.

Should there be a disruption during the examination, such as a fire alarm or bomb threat, the exam invigilators will provide all necessary instructions and determine if the exam candidates must leave the building. If the interruption is contained in terms of time, the exam may be resumed with additional time provided to write the exam to offset the interruption. Candidates are cautioned not to breach their confidentiality agreement by talking about the exam. Major disruptions during the exam and their effect on writers will be given consideration in any appeal of exam results.

Cheating and Disqualification

Cheating can include, but is not limited to, any one or more of the following:

- having a non-registered individual pose as a registered candidate
- bringing study materials to your desk
- referring to electronic devices during the exam
- attempting to observe another candidate's work
- seeking or giving aid to another candidate
- communication of any kind with another candidate
- attempting to remove Exam materials from the Exam site
- failure to follow an invigilator's direction

CONTRAVENTION OF EXAM PROTOCOL (CHEATING) WILL RESULT IN IMMEDIATE DISQUALIFICATION AND REMOVAL FROM THE EXAMINATION

6. Exam Scoring

The Exam is PASS/FAIL. The passing score is based on the degree of difficulty of each question, which determines the overall score required to pass the Exam. You will not receive a grade score. A percentage mark would imply your skills were being evaluated, which would be misleading.

Your answers will be computer-scored. Results will be sent to you electronically by your regulatory body seven to eight (7-8) weeks following the Exam. Your PASS/FAIL status is released only to you.

7. Release of Statistical Information on Exam Results

An acknowledgement that Exam results (personally non-identifiable) can be released for statistical purposes is included on the Exam application form. Only with your written instruction will your Exam results be released to a third party.

8. Appeals

You have the right to appeal your Exam results based on irregularities in the Exam administration and content. The appeal procedure is:

- send a written request detailing the nature of your appeal to your regulatory body; this must be received within 15 calendar days of the date on the letter notifying you of your Exam result
- include a $75 appeal fee with your appeal; this will be refunded if your appeal is successful
- contact your regulatory body for more information on the appeal procedure

IF YOUR APPEAL IS SUCCESSFUL, you are allowed to write the next Exam at no additional cost.

If you held temporary registration prior to writing the Exam, check with your provincial regulatory body for reinstatement.

9. Failure and Re-application

Candidates will be informed of the procedure for the next administration of the Exam at the time of notification of failure. A candidate who fails their first attempt will have two additional attempts to pass the Exam. Additional education and/or practical training is required AFTER A SECOND FAILURE, as determined by the regulatory body, before the applicant can make their final attempt at the exam. An exam fee is charged for each attempt.

Appendix A Example Exam Questions

PASSAGE 1 (Questions 1 to 4 refer to this case)

A dietitian has been consulted to review the puréed menu in a long-term care facility. The dietitian was also asked to provide recommendations on using outsourced products to address concerns with the puréed menu. The present non-selective puréed menu provides 30-35 g of protein and 6,800-9,200 kJ (1,600-2,200 kcal) per day. In addition, residents are offered three between-meal nourishments. The last audit indicated that 40% of the time, residents did not accept the nourishments offered.

1. What is the primary concern with the puréed menu?

    1. Inadequate energy
    2. Inadequate protein
    3. Inadequate number of meals
    4. Inadequate number of nourishments

2. What action should the dietitian take regarding the unaccepted nourishments?

    1. Arrange a taste test of different nourishments with residents
    2. Discuss possible solutions with the residence council
    3. Collaborate with the clients to identify the problem
    4. Eliminate the nourishments and increase meal portions

3. The dietitian recommends purchasing outsourced puréed entrées on a one-month trial. The entrées will be evaluated on many factors during the trial. When the dietitian makes a final recommendation, what should be the deciding factor?

    1. Cost savings in labour hours
    2. Refrigerator and freezer storage space
    3. Acceptance of the entrées by residents
    4. Cost of outsourced puréed entrées

4. What action should the dietitian recommend for initiating the trial?

    1. Approach the manufacturer's representative to coordinate the trial
    2. Meet with staff to discuss the new products and handling procedures
    3. Instruct a supervisor on how to test the new products
    4. Contact Public Health and speak to nursing staff to build consensus

END OF PASSAGE 1

PASSAGE 2 (Questions 5 to 10 refer to this case)

A 25-year-old client with cerebral palsy (CP) lives in a group home. His motor, mental and communication functions are partly affected by his CP. He has recently been diagnosed with end-stage renal disease (ESRD).The dietitian has been consulted as the client is about to begin dialysis treatment.

5. How are diets for end-stage renal disease (ESRD) and dialysis different?

1. The recommended amount of protein for ESRD is lower than that for dialysis
2. The recommended amount of protein for ESRD is higher than that for dialysis
3. The recommended amount of energy for ESRD is lower than that for dialysis
4. The recommended amount of energy for ESRD is higher than that for dialysis

6. To decide on the type of dialysis for the client, who should be consulted, in addition to the renal team and the administrator of the group home?

1. The client and the client's family
2. A designated decision-maker for the client
3. The client's family and the designated decision-maker for the client.
4. The client and designated decision-maker for the hospital client

7. If the client goes on hemodialysis, which conditions should the dietitian consider in the long term?

1. Hypokalemia and hyperphosphatemia
2. Dyslipidemia and osteodystrophy
3. Hyperkalemia and hypophosphatemia
4. Hypotension and diabetes

8. The client is known to consume large amounts of fresh vegetables and fruits. Which condition will most likely result if he continues this diet?

1. Hyperkalemia
2. Hyperphosphatemia
3. Hyponatremia
4. Hypomagnesemia

9. The administrator of the home calls the dietitian to report that the client has been eating potato chips frequently. He has some edema and his blood pressure is rising. What action should the dietitian take?

1. Remind the client about the importance of following the meal plan
2. Explain to the administrator that the client has been advised about his diet already
3. Ask the foodservice manager to monitor the client's health
4. Meet with the client and the designated decision-maker to discuss the situation

10. One month later, the client is on hemodialysis and arrives for dialysis with a weight gain of two kg over the prescribed limit. He has normal serum sodium. What is the most likely dietary cause of his weight gain?

    1. Too much phosphorous and potassium
    2. Too much fluid and potassium
    3. Too much magnesium and chloride
    4. Too much fluid and sodium

END OF PASSAGE 2

PASSAGE 3 (QUESTIONS 11 to 14 refer to this case.)

A 45-year-old woman is referred to the dietitian because of high serum cholesterol and triglycerides. Both her mother and sister died of heart failure. She is a smoker, 20 kg overweight and inactive. She has been on low-carbohydrate, high-protein diets several times in the last few years resulting in short-term weight loss.

11. During the initial interview when asked about her readiness for lifestyle change, the client's response is “I have tried many times to lose weight and it doesn't work. My lifestyle has nothing to do with heart problems. It is in my family.” At what stage of change is the client?

    1. Precontemplation
    2. Contemplation
    3. Preparation
    4. Action

12. After several months, the client returns to see the dietitian. She has experienced angina and is clearly frightened. She says “I will do anything not to die like my sister and mom.” What should the dietitian do first?

    1. Identify potential barriers to change
    2. Register her for heart health group sessions
    3. Help her establish goals for change
    4. Discuss coping strategies for relapse

13. Which anthropometric measure would best predict this client's risk for heart disease?

    1. Percent ideal body weight
    2. Percent usual body weight
    3. Waist circumference
    4. Multiple skinfold thicknesses

14. After one year, the client has reached her goals of lowering serum cholesterol and triglycerides through a combination of lifestyle changes. She reports that she has quit smoking, is walking daily and eating a healthy diet but is disappointed with a 5 kg weight loss. She wants to go back on a low-carbohydrate, high-protein diet to lose more weight. What would be the dietitian's best approach?

    1. Redesign her meal plan to limit carbohydrates to 60 g daily
    2. Reinforce her positive lifestyle changes
    3. Help her design an exercise program using weights
    4. Re-evaluate her nutrition care plan

END OF PASSAGE 3

PASSAGE 4 (QUESTIONS 15 to 19 refer to this case.)

A 45-year-old woman with a history of ovarian cancer is being treated with radiation. She is admitted to the hospital with a high-output distal gastrointestinal fistula. She has lost 15 kg in the last four months.

15. What nutrition intervention should the dietitian recommend?

    1. Clear fluids to minimize residue
    2. Nasogastric enteral feed to meet estimated nutrition needs
    3. TPN to meet estimated nutrition needs
    4. Elemental enteral feed to minimize residue

16. The client is at risk for refeeding syndrome. Which electrolyte abnormalities are seen with refeeding syndrome?

    1. Hyponatremia and hypophosphatemia
    2. Hypernatremia and hyperphosphatemia
    3. Hypophosphatemia and hypokalemia
    4. Hypophosphatemia and hyperkalemia

17. The dietitian notices that the client’s serum sodium is above the normal range. What is the most likely cause?

    1. Overhydration
    2. Diuretic use
    3. Inadequate sodium intake
    4. Dehydration

18. The fistula has healed and the physician asks the dietitian to reassess the client. What should the dietitian recommend?

    1. Initiate nutrition support
    2. Initiate a regular meal plan
    3. Initiate clear fluids
    4. Initiate a low-fibre meal plan

19. The client is now on a regular meal plan and the dietitian wants to determine if she is meeting her nutrition needs. What method would the dietitian use to get an estimate of her usual intake?

    1. Obtain a 3-day food intake record
    2. Observe the client at meal-time
    3. Complete a 24-hr food recall
    4. Request nursing comments on the client's intake

END OF PASSAGE 4

INDEPENDENT QUESTIONS

20. An 83-year-old woman is admitted to hospital for shortness of breath, nausea, vomiting and ascites. She reports a recent rapid weight gain of 7 kg (height: 160 cm, present weight (67 kg). Upon admission, lab data reveal a low serum albumin and normal liver function tests. Her diet provides about 6,800 kJ (1,600 kcal) and 60 g protein. Which conclusion should the dietitian make based on this information?

    1. Weight gain is a positive indicator of improved nutrition status
    2. Recent weight gain reflects an increased oral intake
    3. Serum albumin is low due to the intake of a low-protein diet
    4. Recent weight gain is related to low serum albumin

21. A client is referred to the dietitian for an initial visit about his lactose intolerance. The referral form indicates that he is apprehensive and reluctant to discuss his symptoms. Which action would be most effective when counselling him?

    1. Ask him questions to assess his verbal and non-verbal responses
    2. Ask him to record his symptoms and email them before his next appointment
    3. Provide him with a list of lactose-free products
    4. Outline the changes he will have to make in his diet

22. An objective of a high school nutrition program is to increase the daily consumption of vegetables and fruit. Which tool will the dietitian use to assess behaviour change?
    1. Food frequency questionnaire
    2. 3-day food record
    3. Pre- and post-program questionnaire
    4. Focus groups

23. Which manifestations are characteristic of bulimia nervosa?

    1. Knuckle calluses, unwillingness to discuss food intake, amenorrhea
    2. Erosion of dental enamel, knuckle calluses, psychological distress
    3. Hypertension, low blood sugar, history of weight change
    4. Ketoacidosis, hypotension, edema

24. The dietitian in a long-term care facility sees the cook place a tray of newly-made egg salad sandwiches on the counter. An hour later the sandwiches are still there. According to Hazard Analysis Critical Control Point (HACCP) guidelines, what should the dietitian do first?

    1. Ask the cook when the sandwiches were prepared
    2. Take the temperature of the sandwiches
    3. Discard the sandwiches and substitute fresh sandwiches
    4. Refrigerate the sandwiches immediately until service

25. The dietitian is developing education materials to use in a pre-retirement worksite health promotion program. The dietitian wants to be sure the audience understands the messages. The participants include several ethnic groups with a range of literacy skills. Which strategy would be most effective for the dietitian to use?

    1. Hold a focus group with a representative sample of participants to pilot the materials
    2. Distribute a questionnaire at the end of the program to assess understanding
    3. Use pictures, charts and diagrams to reinforce information presented in written form
    4. Assess readability to confirm all materials are written at grade 6 level

26. A 13-year-old girl is referred to the dietitian because she refuses to consume milk products believing they cause weight gain. What should the dietitian do first?

    1. Suggest daily calcium and vitamin D supplement
    2. Review calorie and fat content of milk products
    3. Determine why she is concerned about weight gain
    4. Check her BMI to determine if it is in the healthy weight range

27. A group of people living independently in a senior citizens residence asks the community dietitian for information about shopping and cooking for one. What action should the dietitian take first?

    1. Discuss with the residents their current food shopping and cooking practices.
    2. Organize a grocery store tour to point out the single serving foods available
    3. Conduct a written survey with the residents to determine food preferences and nutrition knowledge
    4. Organize cooking classes at the senior citizens' residence

28. A 3-month-old breastfed infant is referred to the dietitian. His weight is at the 3rd percentile and his length is at the 40th percentile. No other medical problems are identified. His mother reports that he feeds frequently and requires four diaper changes per day. What should the dietitian do first?

    1. Advise his mother to feed him more frequently
    2. Refer his mother to a breastfeeding support group
    3. Obtain more information about the number and duration of feeds per day
    4. Suggest his mother supplement breastfeeding with an infant formula

29. A community dietitian is starting to work with a Canada Prenatal Nutrition Program in a First Nations community. A goal of this program is to increase the breastfeeding rate. What initial step should the dietitian take?

    1. Outline the health benefits of breastfeeding using visual aids
    2. Help the women compare the cost of formula feeding to breastfeeding
    3. Discuss with each woman which method of infant feeding she is considering
    4. Discuss how convenient breastfeeding can be for mothers

30. A client with bowel cancer is recovering from surgery, where much of the colon was removed. What is the dietitian's main concern for this patient?

    1. Increased loss of calcium
    2. Decreased absorption of vitamin B_{12}
    3. Decreased absorption of fat soluble vitamins
    4. Increased loss of fluid and electrolytes

31. A 45-year-old woman on hemodialysis for chronic renal failure is referred to the dietitian for dietary assessment. She is sedentary, her weight is stable at 55 kg and her BMI is 20. She is consuming about 7,500 KJ (1,800 kcal) and 45g protein per day. What should the dietitian address first?

    1. Activity level
    2. Protein intake
    3. Energy intake
    4. Body weight

32. A consulting dietitian has been hired by a 200-bed long-term care facility to provide clinical nutrition services. While charting in the foodservice department, the dietitian notes a 20 L mixer bowl of hot pudding being wheeled into the refrigerator for chilling. What should the dietitian do first?

    1. Suggest to the foodservice supervisor that they use instant puddings that require no heating
    2. Document details of the incident and monitor staff food handling techniques
    3. Recommend more staff training in safe food handling
    4. Inform the foodservice supervisor to ensure the pudding is safely handled

33. The dietitian launches a campaign to promote safe food handling practices during the barbecue season by distributing a pamphlet on this topic. The dietitian plans to evaluate the campaign by contacting a sample of people who receive the pamphlet. Which measure would best indicate that the campaign was successful?

    1. A decrease in the number of people who experience food poisoning
    2. The number of people who report changing their food handling practices after reading the pamphlet
    3. An increase in the number of people who use safe food handling practices
    4. The number of people who report reading the pamphlet

34. The dietitian at a large health club wants to offer 'Heart-Health' classes on a pay-per-session basis. The manager is unsure if the demand exists with the club members. What is the best way for the dietitian to assess present demand?

    1. Interview fitness instructors and personal trainers regarding members needs
    2. Hold a focus group with club members
    3. Offer an information session for interested club members
    4. Survey all club members by questionnaire

35. The consulting dietitian in a women's prison has been asked to implement a perpetual inventory system in the kitchen. What is the main advantage of this system?

    1. It provides a running balance of all food items
    2. There is a separate card for all food items on hand
    3. Food items can be easily counted once a month
    4. Food items are listed in alphabetical order

36. A group of women who are trying to lose weight want to learn more about food composition and food labelling in order to buy lower energy foods. Which activity would be most useful for the dietitian to arrange for these clients?

    1. A grocery store tour with discussion of their questions
    2. Direct them to Health Canada’s website for information on food labelling
    3. A taste test of a variety of lower energy foods
    4. A presentation on healthy eating and exercise

37. The health team in a First Nations community health centre is in the initial stages of developing a plan to reduce the risk factors for type 2 diabetes among women 20 to 50 years of age. What is most important for the team to undertake now?

    1. Screen high-risk women using blood glucose levels
    2. Work with a local group of women to identify issues
    3. Provide evening nutrition and fitness classes throughout the week
    4. Start a newsletter for distribution to women through the centre

38. A client was referred to the dietitian to increase his weight. One of the goals set with the dietitian was for him to consume two servings of high-energy oral liquid supplement per day. Three weeks later he remains at his previous weight and states he did not take any of the supplements. Which action should the dietitian take first?

    1. Review goals and gently remind him to take the supplement
    2. Reset goals in collaboration with the client
    3. Recommend a different flavoured supplement
    4. Recommend more enjoyable foods such as cookies and fruit

39. For a nutrition month project, a dietitian managing a high school cafeteria introduced a daily low-fat special. Discount pricing and attractive signs were unsuccessful in promoting sales. What action should the dietitian take?

    1. Discontinue the low-fat menu special
    2. Review the pricing of all menu items
    3. Remove fried food choices from the menu
    4. Explore other low-fat menu items with students

40. The dietitian has been asked to develop a lesson plan on the importance of breakfast for grade 3 students. The lesson will be delivered by teachers. What should the dietitian do first?

    1. Develop learning objectives after discussion with teachers
    2. Develop learning activities appropriate for children in grade 3
    3. Investigate computer games that appeal to children in grade 3
    4. Investigate breakfast-eating practices of the grade 3 teachers

41. A consulting dietitian works with a community centre that runs an afterschool program for girls aged 12–14 years. Many of the girls have recently decided to become vegetarian. The program coordinator is concerned that the girls may not have enough information about this choice and asks the dietitian to help address this situation. What approach should the dietitian take?

    1. Provide vegetarian snacks for the girls
    2. Design interactive cooking sessions for the group
    3. Review high-iron meat substitutes with the coordinator
    4. Provide the coordinator with resources on the vegan diet

42. A client with hyperlipidemia has successfully implemented the dietitian's recommendation to increase his soluble fibre intake over the past three months. Which serum marker of hyperlipidemia should the dietitian expect to decrease the most?

    1. Triglycerides
    2. LDL cholesterol
    3. HDL cholesterol
    4. Total cholesterol

43. A dietitian is asked by a workplace wellness committee to help them promote healthy eating to the employees. What is the best approach to encourage long-term behavioural changes that will improve healthy eating in the workplace?

    1. Provide an educational in-service on healthy eating for all employees
    2. Supply employees with fact sheets and pamphlets on healthy eating
    3. Develop workplace policies to enable healthy eating
    4. Provide managers with data that supports the benefits of healthy eating

44. A public health nurse returned from a school visit and informed the dietitian that the U.S. food guide is being used by a grade 6 teacher to teach healthy eating. What should the dietitian do?

    1. Send a Canada's Food Guide poster to the teacher
    2. Contact the teacher to discuss Canada's Food Guide
    3. Develop a grade-specific educational kit promoting Canada's Food Guide
    4. Report the inappropriate practice to the school principal

45. The foodservice dietitian receives several complaints about an employee. He is a good employee but becomes unprofessional and defensive under stress. What should the dietitian do first?

    1. Give him a written warning
    2. Decrease his workload
    3. Transfer him to another department
    4. Meet with him to determine a solution

46. A client recently admitted to a long-term care facility has refused to eat for three days but is otherwise healthy. His family is vocal about their concerns and insists the dietitian "do something". What is the first step the dietitian should take?

    1. Discuss the refusal to eat with the client and team members
    2. Encourage the family to voice their concerns to the client
    3. Recommend that enteral feeding be initiated if refusal to eat continues
    4. Consult the physician for input on why this behaviour is occurring

47. The dietitian would like to determine if clients on long-term tube feeds require vitamin and mineral supplements. What would be the first step?

    1. Compare nutrients provided by volume of formula to the DRIs
    2. Conduct anthropometrics measures
    3. Assess for clinical signs of deficiencies
    4. Monitor biochemical measures

ANSWERS

PASSAGE 1

Q1 Competency: NUTRITION CARE
DEMONSTRATE COMPREHENSION OF KNOWLEDGE
3.01 hh – Integrate assessment findings to identify nutrition problem(s)

Option 1. Energy is within recommended intake for an elderly person.
Option 2. **30-35 g of protein is inadequate. Between 10-35% of daily calories from protein is recommended for an elderly person.**
Option 3. Three meals a day is adequate especially when three between meal nourishments are also offered.
Option 4. Three nourishments a day is acceptable, standard practice.

Q2 Competency: MANAGEMENT
DEMONSTRATE COMPREHENSION OF KNOWLEDGE
1.07 c –Determine client perspectives and needs

Option 1. While this could be an appropriate action at a later stage, it does not identify the cause of the problem which would be the initial step.
Option 2. The residence council may not be aware of all the reasons why nourishments are not accepted. Same as Option 1.
Option 3. **The most accurate data will be collected directly from the clients. Then the problem can be analyzed**.
Option 4. Eliminating nourishments and increasing meal portions is not appropriate for long-term care. Residents can usually only eat small amounts at one time, so usually require smaller, more frequent meals.

Q3 Competency: PROFESSIONAL PRACTICE
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
1.07 D – Integrate client perspectives and needs into practice activities

Option 1. Labour savings are important but there will not be savings or quality service if clients do not eat the product and/or request something else.
Option 2. Storage space is not as important if residents do not accept the food product.
Option 3. **Clients' acceptance of the food product is the most important factor in selecting menu items. If clients aren't satisfied, all the other factors won't matter. The product will not be eaten and nutrition status may be impaired.**
Option 4. Product cost is important but there won't be savings if the residents do not eat the product and/or request something else.

Q4 Competency: MANAGEMENT
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
5.01 e – Demonstrate knowledge of ways to identify and obtain relevant information from key stakeholders

Option 1. Staff members are more familiar with kitchen routines than a representative, less biased, and are more likely identify other relevant issues.

Option 2. **The most appropriate method of initiating any trial is to discuss the trial products/changes in routine with the users (i.e. the staff preparing the product).**

Option 3. The supervisor should be aware of the changes to tasks, but it is the staff who should work with the products during a trial to assess fully.

Option 4. These groups are neither the consumer nor the user. The dietitian could seek feedback from nursing staff about client acceptance during the trial has been initiated.

PASSAGE 2

Q5 Competency: NUTRITION CARE
DEMONSTRATE BROAD KNOWLEDGE
3.02 c – Demonstrate knowledge of ways to identify and select appropriate nutrition interventions

Option 1. **ESRD diet is lower in protein because kidneys are unable to filter protein molecules. Dialysis helps this process allowing increased protein intake.**

Option 2. See Option 1.

Option 3. Kidney function does not impact energy intake.

Option 4. See Option 3.

Q6 Competency: NUTRITION CARE
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
3.01 e – Demonstrate knowledge of methods to obtain perspective of client, family and/or relevant others

Option 1. The client might still be able to be involved in making the decision but my need a designated decision-maker to be present because his mental and communication functions are affected by CP. The client's family may not be the designated decision-maker.

Option 2. The client might still be able to be involved in decisions concerning his condition but he was excluded.

Option 3. See Option 2.

Option 4. **The client might still be able to be involved in decisions, but will need a designated decision maker to be present.**

Q7 Competency: NUTRITION CARE
DEMONSTRATE COMPREHENSION OF KNOWLEDGE
3.02w – Demonstrate knowledge of strategies for monitoring and assessment of nutrition care plan outcomes

Option 1. Hyperphosphatemia should be monitored, but hyperkalemia (not hypokalemia) should be considered in the long term.

Option 2. Atherosclerosis is the most frequent cause of death among patients maintained on long-term hemodialysis. Osteodystrophy can be caused by hyperphosphatemia which resorbs calcium from the bones.

Option 3. Hyperkalemia should be monitored, but hyperphosphatemia (not hypophosphatemia) should be monitored.

Option 4. Hypertension and diabetes should be monitored, not hypotension.

Q8 Competency: NUTRITION CARE
DEMONSTRATE COMPREHENSION OF KNOWLEDGE
3.01n – Obtain and interpret food and nutrient intake data

Option 1. Vegetables and fruits are high in potassium and could lead to hyperkalemia.

Option 2. Vegetables and fruits are not high in phosphorous.

Option 3. Vegetables and fruits are low in sodium but would not cause hyponatremia.

Option 4. Vegetables and fruit are a source of magnesium so would not cause hypomagnesemia.

Q9 Competency: COMMUNICATION AND COLLABORATION
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
2.01 c– Demonstrate knowledge of communication techniques, and their appropriate uses

Option 1. Dietitian needs to determine the reasons why the client has not been following the prescribed meal plan.

Option 2. Dietitian should not disregard the administrator's concerns, especially if the client's blood pressure is rising and he has edema.

Option 3. Dietitian should monitor the client's health, not ask the foodservice managers to do this.

Option 4. Dietitian should meet with the client to discuss his eating habits, and evaluate the situation. The client might not be able to fully understand because of his affected mental and communication functions so the dietitian should include the designated decision-maker in the discussion.

Q10 Competency: NUTRITION CARE
DEMONSTRATE COMPREHENSION OF KNOWLEDGE
3.01 x – Identify signs and symptoms of nutrient deficiencies or excesses

Option 1. Phosphorous and potassium will not affect weight.
Option 2. Fluid intake would affect weight, but potassium would not.
Option 3. Chloride helps maintain cellular fluid balance so too much chloride could cause water retention and weight gain but magnesium does not cause water retention or weight gain.
Option 4. **Weight gain in renal disease is usually linked to edema and can be caused by too much sodium (retains water). Total fluid consumption is also crucial, because decline in renal function prevents elimination of excess fluids.**

PASSAGE 3

Q11 Competency: NUTRITION CARE
DEMONSTRATE BROAD KNOWLEDGE
3.04 b – Identify factors impacting the achievement of outcomes

Option 1. **A client in precontemplation does not consider making any changes.**
Option 2. A client in contemplation is thinking about making some changes.
Option 3. A client in preparation has read/thought about changes she could make and is ready to start making changes.
Option 4. A client in action has already made changes.

Q12 Competency: PROFESSIONAL PRACTICE
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
1.07d – Integrate client perspectives and needs into practice activities

Option 1. Barriers are identified at a later stage of change. The client is not quite ready to discuss barriers.
Option 2. Registering for heart health group sessions is an action that may be appropriate once goals are established but would not be the first thing the dietitian would do.
Option 3. **The first step is for the dietitian to work with the client to establish goals that the client will accept.**
Option 4. Coping strategies are discussed when the person is in action.

Q13 Competency: NUTRITION CARE
DEMONSTRATE COMPREHENSION OF KNOWLEDGE
3.01 d – Identify relevant assessment data to collect

Option 1. Percent ideal body does not assess heart disease risk.
Option 2. Percent usual body does not assess heart disease risk.
Option 3. **Waist circumference is an appropriate anthropometric measure to assess client's risk of heart disease. Abdominal fat can put an individual at risk for high blood pressure, high blood cholesterol, and heart disease.**
Option 4. Skinfold measurements are used to assess body fat and not a standard measure to assess heart disease risk.

Q14 Competency: NUTRITION CARE
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
1.04 c - Identify necessary changes to nutrition care plan

Option 1. This is not an appropriate amount of carbohydrate. The dietitian needs to re-evaluate the client's nutrition care plan.
Option 2. Reinforcing lifestyle changes are not enough. The dietitian needs to re-evaluate the nutrition care plan.
Option 3. The dietitian is not trained to provide a weight training program.
Option 4. The dietitian should reassess the client's nutrition care plan before recommending any dietary changes

PASSAGE 4

Q15 Competency: NUTRITION CARE
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
3.02 o – Demonstrate knowledge of principles of parenteral nutrition

Option 1. When the fistula output is high and distal, discontinuation of oral intake is recommended because oral intake stimulates further loss of fluids, electrolytes and protein via the fistula.
Option 2. In patients with a proximal fistula, if a nasojejunal tube can be introduced beyond the site of the fistula, then these patients can be supported with enteral nutrition, provided that there are at least 4-5 feet of small bowel distal to it and no distal obstruction. In this case it is a distal fistula so nasogastric feeding is not appropriate.
Option 3. When the fistula output is high, discontinuation of oral intake is recommended because oral intake stimulates further loss of fluids, electrolytes and protein via the fistula. A decrease in fistula output frequently occurs with the initiation of TPN.
Option 4. It does not matter if an elemental formula is used. The recommendation is to not use the gut.

Q16 Competency: NUTRITION CARE
DEMONSTRATE COMPREHENSION OF KNOWLEDGE
3.01u –Obtain and interpret biochemical data and results from medical tests and procedures

Option 1. Sodium levels are not affected by refeeding syndrome unless there is dehydration.
Option 2. See Option 1 for sodium. When refeeding syndrome occurs, there is a state of hypophosphatemia, not hyperphosphatemia.
Option 3. In refeeding syndrome, a rapid increase in insulin stimulates movement of extracellular potassium and phosphate into the cells causing a rapid fall in blood concentrations of these ions.
Option 4. When refeeding syndrome occurs, there is a state of hypokalemia, not hyperkalemia.

Q17 Competency: NUTRITION CARE
DEMONSTRATE COMPREHENSION OF KNOWLEDGE
3.01 x –Identify signs and symptoms of nutrient deficiencies or excesses

Option 1. Not likely since there is a high output fistula.
Option 2. There is no mention in the case about diuretics nor would diuretics cause high serum sodium.
Option 3. Even if sodium intake is high, it is unlikely that serum sodium will be high due to the high output fistula.
Option 4. **Ahigh-output fistula is defined by fluid loss over 500 mL/day. A high-output fistula increases the possibility of fluid and electrolyte imbalance and puts the client at high risk of dehydration.**

Q18 Competency: NUTRITION CARE
DEMONSTRATE COMPREHENSION OF KNOWLEDGE
3.02o – Demonstrate knowledge of principles of parenteral nutrition

Option 1. Nutrition support can be an adjuvant treatment with clear fluids at first in order to meet nutrition requirements if oral intake is not sufficient but should not be used as the only source of nutrition unless oral intake is impossible (e.g., intubation).
Option 2. A regular meal plan is not appropriate initially as the gastrointestinal tract is not ready for regular foods and needs to slowly adapt to oral intake.
Option 3. **Oral feeding should be initiated as soon as the gastrointestinal tract is functional. Dilute liquids are taken first and then, as the bowel adapts, the patient begins the slow return to a regular diet.**
Option 4. A low-fibre meal plan is not appropriate initially since the gastrointestinal tract is not yet accustomed to solid foods.

Q19 Competency: NUTRITION CARE
DEMONSTRATE COMPREHENSION OF KNOWLEDGE
3.01 m – Demonstrate knowledge of principles for obtaining and interpreting food and nutrient intake data

Option 1. **A 3-day food record would provide the best picture of usual intake as it allows the dietitian to average intake over a 3-day period.**
Option 2. This will provide information only for the observed meals, not total food intake.
Option 3. A 24-hr recall provides no information about day-to-day variation of food intake.
Option 4. Information from nursing can be subject to interpretation depending on the person. Also, often the rotation of nursing staff can change every 8-12 hours and from day to day so observations may not be consistent.

INDEPENDENT QUESTIONS

Q20 Competency: NUTRITION CARE
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
3.01 hh - Integrate assessment findings to identify nutrition problem(s)

Option 1. Low serum albumin precludes an improved nutrition status.
Option 2 An energy intake of only 6,800 kJ (1,600 kcal) could not be responsible for such a weight gain.
Option 3. Protein intake is within the recommended amount for the client.
Option 4. Rapid and significant weight gain is most likely due to a shift in fluid balance. This is supported by the low albumin level, which can result in edema, confirmed by her ascites.

Q21 Competency: COMMUNICATION AND COLLABORATION
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
2.04 g – Demonstrate knowledge of ways to establish rapport in communication

Option 1. Drawing client out puts him at ease and establishes rapport. Non-verbal communication is a reliable indicator of client apprehension.
Option 2. The dietitian must first determine the reasons for the client's apprehensions and reluctance to discuss symptoms. Changing to another form of communication will not do this
Option 3. The dietitian should not give client information before confirming his symptoms and condition. This disregards the referral information provided.
Option 4. See Option 3.

Q22 Competency: POPULATION AND PUBLIC HEALTH
DEMONSTRATE COMPREHENSION OF KNOWLEDGE
4.04 a - Demonstrate knowledge of processes and outcomes used to evaluate the effectiveness of population health activities.

Option 1. This approach looks at an individual's eating habits and does not assess behavior change.
Option 2. This approach assesses an individual's eating habits for a 3-day period and does not assess behavior change.
Option 3. This approach assesses whether the behavioral change goals of the program have been achieved.
Option 4. This approach is a guided discussion to provide feedback and would not assess behaviour change.

Q23 Competency: NUTRITION CARE
DEMONSTRATE BROAD KNOWLEDGE
3.01 y – Demonstrate knowledge of ways to obtain and interpret nutrition-focused physical observation data

Option 1. Knuckle calluses and unwillingness to discuss food may be seen but amenorrhea seldom occurs in bulimic clients who are often of normal weight.

Option 2. Repeated scraping of knuckles on teeth when purging results in calluses. Habitual vomiting erodes tooth enamel. Bulimic clients are often depressed/have mood swings.

Option 3. Hypertension and history of weight change are common in bulimic clients, but not low blood sugar.

Option 4. Hypotension and edema are common in bulimic clients, but ketoacidosis is not.

Q24 Competency: MANAGEMENT
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
5.03 g – Demonstrate knowledge of processes for purchasing, receiving, storage, inventory control and disposal activities in food services

Option 1. The cook's information only becomes relevant after the temperature is taken.

Option 2. The temperature is the critical element that will determine whether the food is safe.

Option 3. The sandwiches may not have to be discarded or substituted, once temperature is known.

Option 4. Refrigeration at this point provides a potential for serving unsafe food.

Q25 Competency: COMMUNICATION AND COLLABORATION
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
2.05 l – Demonstrate knowledge of ways to develop and deliver effective group educational sessions

Option 1. Pilot testing the materials in this way allows for revision as needed.

Option 2. This would provide information for developing materials for the next program but would provide no information for planning the current program.

Option 3. This may not suit participants' learning styles.

Option 4. Participants may be above or below grade 6 reading level. Does not consider the various ethnic groups.

Q26 Competency: PROFESSIONAL PRACTICE
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
1.07 c – Determine client perspectives and needs

Option 1. Before recommending supplements, alternate food sources should be considered.
Option 2. This does not address the client's beliefs about milk products and weight gain.
Option 3. **Before making any recommendations about food intake, the dietitian needs to understand the client's beliefs about weight gain.**
Option 4. While this would be an appropriate part of nutrition assessment, the dietitian needs to first understand the client's beliefs about weight gain.

Q27 Competency: POPULATION AND PUBLIC HEALTH
DEMONSTRATE COMPREHENSION OF KNOWLEDGE
4.04 b – Identify information needed to assess food and nutrition-related issues of a group, community of population

OPTION 1. **The dietitian cannot develop a plan of action without first learning what the residents are doing now.**
OPTION 2. The dietitian needs to confirm the residents priorities first, before providing an intervention such as this.
OPTION 3. Written surveys may limit the number of respondents due to barriers such as literacy or physical impairments to reading.
OPTION 4. See Option 2.

Q28 Competency: NUTRITION CARE
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
3.01 c – Demonstrate knowledge of ways to identify relevant data to perform a nutrition assessment

OPTION 1. It is the mother's perception that the infant feeds frequently. The dietitian needs to assess the situation first.
OPTION 2. Immediate action is required for the infant, whose growth is poor. Support is useful but does not address the issue.
OPTION 3. **More information is needed to identify the cause of poor growth before forming a plan of action.**
OPTION 4. This may be a possible solution, but initially, more information is needed to identify the cause of poor growth before forming a plan of action.

Q29 Competency: POPULATION AND PUBLIC HEALTH
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
4.02 d – Identify appropriate strategies to meet goals and objectives for population health.

Option 1. This would not be the most effective approach in this population to increase breast feeding rates.
Option 2. Calculating formula costs does not promote the benefits of breast feeding.
Option 3. The dietitian needs to determine the mothers chosen method of feeding in order to determine the next step.
Option 4. This option does not take into consideration the mothers' informed decision about infant feeding practices

Q30 Competency: NUTRITION CARE
DEMONSTRATE BROAD KNOWLEDGE
3.01 hh – Integrate assessment findings to identify nutrition problem(s)

Option 1. This occurs more commonly with duodenum and jejunum resection.
Option 2. This occurs more commonly with ileum resection.
Option 3. This is most common with surgery of the duodenum and ileum.
Option 4. This is most common with colon resection.

Q31 Competency: NUTRITION CARE
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
3.01 hh – Integrate assessment findings to identify nutrition problem(s)

OPTION 1. The client is sedentary and that is of concern but it is not the most important issue to address first.
OPTION 2. Dietary protein needs are 1.2 g/kg, about 50% high biologic value protein, to make up losses through the dialysate. Her needs are 55kg x 1.2g/kg = 66 g/day and she is only consuming 45 g of protein.
OPTION 3. The client is sedentary and has a healthy BMI. There is no need to increase energy intake.
OPTION 4. Weigh is notan issue since it is stable and she has a healthy BMI.

Q32 Competency PROFESSIONAL PRACTICE
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
1.03 c – Demonstrate knowledge of policies and directives specific to practice setting

OPTION 1. This does not solve the problem of improper cooling which may put residents at risk of foodborne illness.
OPTION 2. Documentation is needed but alone, this is inadequate for the seriousness of the situation.
OPTION 3. More staff training may be needed but the first step is to deal with the immediate concern about the pudding.
OPTION 4. **The dietitian is consulting and is not an employee of the facility but given the seriousness of the situation must act. It is the dietitian's responsibility to bring an occurrence that may cause harm to the residents to the immediate attention of the foodservice supervisor who has responsibility for food production to ensure that corrective action is taken promptly.**

Q33 Competency POPULATION AND PUBLIC HEALTH
DEMONSTRATE COMPREHENSION OF KNOWLEDGE
4.04a – Demonstrate knowledge of processes and outcomes used to evaluate the effectiveness of population health activities.

Option 1. A decrease in the number of incidents of food poisoning may not be a direct result of the campaign.
Option 2. **This approach clearly assesses that the change in behaviour of the participants was a direct result of the campaign.**
Option 3. An increase in the number of people who use safe food handling practices may not be a direct result of the campaign
Option 4. Reading the pamphlet does not demonstrate a change in behaviour.

Q34 Competency POPULATION AND PUBLIC HEALTH
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
4.01 c – Demonstrate knowledge of ways to determine key stakeholders and obtain relevant information

OPTION 1. Fitness instructors and personal trainers cannot speak for the clients.
OPTION 2. Focus groups are useful to gain insight and obtain advice/opinions. They involve a small number of people and would not necessarily provide information from the majority of club members needed to assess the demand adequately.
OPTION 3. This might give some indication of demand but would not answer the question about how many of the total membership would be willing to pay.
OPTION 4. **This is a systematic and efficient way to gather information and allows all members to respond.**

Q35 Competency: MANAGEMENT
DEMONSTRATE BROAD KNOWLEDGE
5.03 g – Demonstrate knowledge of processes for purchasing, receiving, storage, inventory control and disposal activities in food services

OPTION 1. **This is the essence of a perpetual inventory.**
OPTION 2. This can be done with a perpetual inventory but is not a major advantage.
OPTION 3. This is true for a physical inventory, not a perpetual inventory.
OPTION 4. Most inventory systems create an alphabetical listing, which by itself is not of particular value.

Q36 Competency: POPULATION AND PUBLIC HEALTH
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
4.03 a –Demonstrate knowledge of ways to coordinate and deliver population health activities

OPTION 1. **A hands-on tour in the store addresses both labelling and purchasing and is likely to have the greatest impact on the women's future purchases of lower energy foods.**
OPTION 2. Passive learning, although it may increase the women's knowledge, is not as effective as application of that knowledge.
OPTION 3. The women want information about food composition and buying lower energy foods, not just how they taste.
OPTION 4. This does not address the women's needs.

Q37 Competency: POPULATION AND PUBLIC HEALTH
DEMONSTRATE COMPREHENSION OF KNOWLEDGE
4.01 c – Demonstrate knowledge of ways to determine key stakeholders and obtain relevant information.

Option 1. Screening women's blood glucose level does not reduce the risk factors for diabetes.
Option 2. **Conducting a needs assessment and collecting information from the priority group is the most effective strategy.**
Option 3. This strategy does not consider the specific needs of the population.
Option 4 Prior to a newsletter being developed, priority issues need to be identified.

Q38 Competency: PROFESSIONAL PRACTICE
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
1.07 c – Determine client perspectives and needs

OPTION 1. The dietitian would have to first determine why the client did not take the supplements to learn if this is a viable option to suggest.
OPTION 2. **Goals should be determined in collaboration with the client.**
OPTION 3. See Option 1.
OPTION 4. See Option 1.

Q39 Competency: PROFESSIONAL PRACTICE
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
1.07 d - Integrate client perspectives and needs into practice activities

OPTION 1. Further investigation of the problem is needed before acting.
OPTION 2. Pricing may not be the issue. See Option 1.
OPTION 3. This is a reasonable thing to do but fried foods may not be related to the lack of sales.
OPTION 4. The dietitian needs to find solutions that the clients will accept.

Q40 Competency: POPULATION AND PUBLIC HEALTH
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
4.02 b – Identify goals and objectives for population health related to food and nutrition

OPTION 1. Learning objectives must be defined before planning a program.
OPTION 2. Learning activities would be planned to meet the learning objectives so would come after Option 1.
OPTION 3. Computer games may be helpful but the learning objectives must be set first.
OPTION 4. This is not relevant as the lesson is for grade 3 students. This might be done as a way of engaging teachers who deliver the program, but would not be a first step.

Q41 Competency: POPULATION AND PUBLIC HEALTH
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
4.02d – Identify appropriate strategies to meet goals and objectives for population health.

Option 1. The girls need vegetarian information and the provision of snacks does not address this requirement.
Option 2. A hands-on interactive cooking session is the best approach that will have the greatest impact to address the situation.
Option 3. The coordinator is not the designated target group that requires the education.
Option 4. The dietitian is responsible to assess the needs of the girls and determine the priority needs of the audience not the coordinator.

Q42 Competency: NUTRITION CARE
DEMONSTRATE COMPREHENSION OF KNOWLEDGE
3.01 u – Obtain and interpret biochemical data and results from medical tests and procedures

Option 1. Having a healthy weight, limiting fats and sugars help decrease serum triglycerides.
Option 2. Eating more soluble fibre is a key dietary intervention to help decrease LDL cholesterol.
Option 3. Losing weight, increasing exercise and eating healthier fats (monounsaturates and polyunsaturates) help increase HDL.
Option 4. Increasing exercise, losing weight and eating healthier fats will help decrease total cholesterol.

Q43 Competency: POPULATION AND PUBLIC HEALTH
DEMONSTRATE COMPREHENSION OF KNOWLEDGE
4.02 b – Identify appropriate strategies to meet goals and objectives for population health

Option 1. Education sessions do not necessarily lead to behavioural changes.
Option 2. Handouts do not necessarily lead to behavioural changes.
Option 3. **Policies can help change behaviours because they change the environment to enable healthy eating.**
Option 4. This does not address the problem.

Q44 Competency: COMMUNICATION AND COLLABORATION
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
2.04 c – Demonstrate knowledge of ways to engage in respectful communication

Option 1. Sending material without discussion may not be helpful.
Option 2. **It is best to discuss the issue on the telephone or in person to show support, not criticism.**
Option 3. The dietitian would need to work with teachers and obtain their input when developing materials for their use.
Option 4. It is always best to talk to the teacher first to build a positive working relationship and address the situation.

Q45 Competency: MANAGEMENT
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
5.02 q – Demonstrate knowledge of staff development and performance management activities

Option 1. This may have to need to be done later, but would not be a first step.
Option 2. This may be a solution later but a discussion with the employee needs to occur first.
Option 3. See Option 2.
Option 4. **The first step is to meet with the employee and listen to his perspective; a solution/further action can follow.**

Q46 Competency: PROFESSIONAL PRACTICE
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
1.07 d – Integrate client perspectives and needs into practice activities

Option 1. **Discussing the concern with the client and team members is the first step. Their perspectives must be understood first before actions/solutions are developed.**
Option 2. The dietitian has a responsibility to explore the family's concern. The dietitian cannot ignore this responsibility by putting it back on the family.
Option 3. It is too soon to decide on a solution before consulting with the client and the health care team and getting more information.
Option 4. It is the dietitian's responsibility to meet with the client and find out more about the problem before consulting with the physician.

Q47 Competency: NUTRITION CARE
EMPLOY CRITICAL THINKING BY ANALYZING, INTERPRETING AND APPLYING KNOWLEDGE
3.01 ff – Determine client nutritional requirements

<u>Option 1.</u> **These comparisons will give the dietitian the information needed to decide if the tube feeds meet client requirements.**

Option 2. This assessment would not give the dietitian information about the need for vitamin/mineral supplements.

Option 3. The dietitian would first determine if the standard tube feeding meet DRIs rather than wait for signs of deficiencies to appear (i.e., preventative/proactive approach).

Option 4. This may be done later but the first step is to compare the formulae with the DRIs for vitamins and minerals.

Appendix B Some References Currently used in Canadian Programs

The following are some of the publications currently in common use throughout Canadian institutions providing accredited food and nutrition baccalaureate programs and internships/practicums. This list does not attempt to include all acceptable references nor is it suggested that the Exam is necessarily based on these references. This list is provided as general reference guidance only. Please note that URLs for web-based references may change.

In preparation for the Exam, it is recommended that you review the Entry-Level Competencies (Appendix D) to identify those areas you may need to strengthen. As a well-prepared candidate:

- You will have a firm understanding of basic sciences (e.g. human physiology, biochemistry) as related to competent dietetic practice.
- You should feel capable of fulfilling each of the Professional Practice, Communication and Collaboration, Nutrition Care, Population and Public Health, and Management competency statements in all areas of dietetic practice.
- You will have reviewed the competency statements and your own self-assessment to help identify references to consult.

Remember, the purpose of this Exam is to confirm minimal competence (entry-level ability), not to assess all of your dietetic knowledge or skill areas.

Government Publications/Nutrition Standards

Health Canada Publications(available at www.hc-sc.gc.ca).

Document examples:

- *Eating Well with Canada's Food Guide*(Canada's Food Guide)
- Nutrition Labelling
- Dietary Reference Intakes
- Prenatal Nutrition
- Infant Nutrition

Dietitians of Canada

- Dietitians of Canada Position Statements (www.dietitians.ca)
- *Code of Ethics for the Dietetic Profession in Canada*
- Practice-based Evidence in Nutrition® (www.pennutrition.com)
- Nutrition for optimal athletic performance
- School Nutrition Policy
- Food Fortification

Community Nutrition

- Boyle, M.A., Holben, D.H. Community nutrition in action: An entrepreneurial approach (6thEd.). Belmont, CA: Wadsworth, 2013.
- Edelstein, S. Nutrition in public health: A handbook for developing programs and services (3rdEd.). Sudbury, MA: Jones & Bartlett Learning, 2011.
- Contento, I.R. Nutrition Education Linking Research, Theory and Practice (3rd Ed.). Burlington, MA: Jones & Bartlett Learning, 2016.
- Hubley, J., Copeman, J. Practical Health Promotion. Malden, MA: Polity Press, 2008.

Professional Standards (available at www.dietitians.ca and provincial regulatory body websites)

- Dietitians of Canada. The Principles of Professional Practice (Need to be a member to access this link) http://www.dietitians.ca/Downloadable-Content/Members-Only/Principles-of-Prof-Practice---English.aspx
- Dietitians of Canada. Professional Standards for Dietitians in Canada, 2000
- Provincial Regulations: Contact your Regulatory Body.

Clinical Nutrition

- Canadian Diabetes Association. Clinical practice guidelines for the prevention and management of diabetes in Canada. A position statement by the Canadian Diabetes Association. Can J Diabetes 37(1):2013. (available at www.diabetes.ca)
- Mahan, L.K., Escott-Stump, S, Krause, M.V. Krause's food & the nutrition care process (12th Ed.). St Louis, MO: Elsevier/Saunders, 2008.
- Rolfes, S.R., Pinna, K, Whitney, E. Understanding normal and clinical nutrition (10th Ed.). Belmont, CA: Wadsworth, 2015.
- Whitney, E, Rolfes, S.R. Understanding Nutrition (11th Ed). Belmont, CA: Wadsworth, 2008.

Communication

- Holli, B.B., Calabrese, R.J., O'Sullivan Maillet, J. Communication and education skills for dietetic professionals (5th Ed.). Philadelphia: Williams & Wilkins, 2009.
- Snetselaar, L.G. Nutrition counseling skills for the nutrition care process (4th Ed.). Sudbury, MA: Jones & Bartlett, 2009.
- Tamparo, C.D., Lindh, W.Q. Therapeutic communications for health care (3rd Ed.). Clifton Park, NY: Thomson Delmar Learning, 2008.
- Bauer, K.D., Liou D., Sokolik C.A. Nutrition Counseling and Education Skill Development (2nd Ed.). Belmont, CA: Wadsworth Cengage Learning, 2012.

Metabolism and Human Nutrition

- Brown, J.E. Nutrition through the lifecycle (4th Ed.). Belmont, CA: Wadsworth, 2011.
- Gropper, S.S., Smith, J.L., Groff, J.L. Advanced Nutrition and Human Metabolism (6th Ed). Wadsworth Cengage Learning, USA, 2013.
- Nelms, M., Sucher, K.P., Lacey, K., Roth, S.L. Nutrition therapy and pathophysiology (3rd Ed.). Belmont, CA: Wadsworth, 2016.
- DeBruyne, L.K., Pinna, K., Whitney, E. Nutrition and diet therapy (9th Ed.). Cengage Learning: Boston, MA, 2016.

Research

- Monsen, E.R., Van Horn, L. Research: Successful approaches (3rd Ed.). Chicago, IL: American Dietetic Association, 2008.
- Bryman, A., Teevan, J., Bell, E. Social Research Methods (2nd Ed.). Don Mills, Canada: Oxford, 2009.
- Palys, T., Atchison, C. Research Decisions –Quantitative, Qualitative, and Mixed Methods Approaches (5th Ed.). Canada: Nelson Education, 2014.

Foodservice Management

- Canadian Restaurant and Foodservice Association. Food Safety Code of Practice for Canada's Foodservice Industry. Toronto, ON, 2011.
- Gregoire, M.B. Foodservice organizations: A managerial and systems approach (8th Ed.). Upper Saddle River, NJ: Prentice Hall, 2013.
- Payne-Palacio, J., Theis, M. Foodservice management: Principles and practices (12th Ed.). Upper Saddle River, NJ: Prentice Hall, 2012.
- Canadian Centre for Occupational Health and Safety. Foodservice Workers Safety Guide (6th Ed.). Hamilton, Ontario: 2011.

Appendix C Exam Blue Print

Click on the link to view: http://nsdassoc.ca/images/media/documents/CDRE_Blue_Print_2014.pdf

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Appendix D The Integrated Competencies for Dietetic Education and Practice (ICDEP)

Click on the link to view: http://pdep.ca/files/Final_ICDEP_April_2013.pdf

Appendix E Knowledge Topics

The following list relates to questions that test knowledge and comprehension of knowledge. This is not considered an all-inclusive list. Please refer to the foundational knowledge section in the Integrated Competencies for Dietetic Education and Practice (see appendix D).

Topics can sometimes be applied to numerous settings including:
Public health units, home care agencies, community health centres, hospitals and other primary/tertiary institutional health care facilities, long-term care facilities, hospice and palliative care, business and industry, government and non-governmental agencies (i.e. not for profit associations), unionized/non-unionized, cafeterias, food banks, day care, restaurants, private practice, primary care settings, family practice, food and pharmaceutical companies.

Communication and Education Principles

- Communication: principles of counselling, formal/informal, direct/indirect, verbal/non-verbal, group/individual, written
- Education: implementation and evaluation, literacy, mass media, principles of education
- Factors Influencing Education: cultural, religious, holistic/spiritual, literacy, health and behaviour theory

Food and Nutritional Science

- Food Technology (e.g., chemical composition, effects of food preparation on physical and chemical properties of foods, food additives, functional foods, nutraceuticals)
- Fundamentals of Human Nutrition (e.g., chemistry, physiology, metabolism)
- Laboratory Assessment/Interpretation (e.g., function of indicators, significance/purpose of test, clinical implications for the following tests)
    - hemoglobin, electrolytes, minerals, glucose, lipoproteins, hematocrit, A1C (glycosylated hemoglobin), MCHC (Mean Corpuscular Hematocrit), MCV (Mean Corpuscular Volume), leukocytes, albumin, liver function tests, urea, creatinine, ferritin)
- Nutrition through the Life Cycle (e.g., adult, pregnancy, lactation, infant, toddler and pre-school, school age, adolescent, elderly)
- Nutrition Standards (e.g., indices to assess energy, protein, and fluid requirements, body composition, data collection techniques, conditions suggesting nutritional risk, diet assessment, computer-assisted assessment, anthropometric assessment, drug-nutrient interaction, biochemical assessment, subjective global assessment, physical assessment)
- Population Health, Food and Nutrition Surveillance (e.g., Canadian Community Health Study CCHS Cycle 2.2 – Nutrition, heart health surveys)

Food and Nutrition Systems

- Food Service Systems (e.g., organizational structure, facility layout, client relations, sanitation, satisfaction)
- Distribution and service (e.g., conventional vs cold plating, equipment selection, centralized vs decentralized)
- Menu planning (e.g., customer trends, selective vs non-selective, pilferage, cycle length, modified menus—special and therapeutic needs, ethnic and religious considerations)
- Procurement (e.g., purchasing standards, purchasing groups/prime vendor, tenders)
- Production (e.g., flow, quantity preparation, recipe standardization, portion control, outsourcing,)
- Inventory Management (e.g., types, turnover ratios)

- Computer systems (e.g., diet office, menu management)

Health Promotion/Disease Prevention

- Community Development
- Disease Prevention (e.g., cancer, heart disease, eating disorders, HIV)
- Food Safety
- Food Security
- Principles of Health Promotion (e.g., coalition building, program planning, social marketing)
- Program Management: planning, implementation and evaluation

Management

- Financial Management (e.g., budgeting, revenue generation, cost-effectiveness, profit/loss)
- Human Resources (e.g., staffing, interviewing and selection, orientation and training, job analysis, Human Rights Code, Employment Standards, conflict resolution, labour relations, staff scheduling, employee evaluation, performance reviews, attendance management)
- Monitoring Controls (e.g., menu pricing, performance indicators, meal days, computer applications e.g., Point-of-Sale, spreadsheets)
- Sales Process (e.g., target development, sales analysis, account management, business development)

Nutrition Care

- For each disease/condition:
    - diagnostic criteria, if applicable
    - effect on nutrition
    - rationale for nutrition care
    - matching diet to condition and treatment
    - effect of treatment (nutritional/drug/medical therapy)
    - monitoring/evaluation of therapy
- Cardiovascular (CVD) (e.g., atherosclerosis, hyperlipidemia, coronary heart disease, hypertension)
- Diabetes Mellitus (e.g., type 1/type 2 diabetes mellitus, gestational diabetes)
- Eating Disorders (e.g., obesity, anorexia, bulimia)
- Food Allergies/Intolerances
- Gastrointestinal (GI) Tract Diseases and Disorders (e.g., swallowing disorders, reflux, peptic ulcer, irritable bowel, ulcerative colitis, dumping syndrome, Crohn's disease, celiac, pancreatitis, constipation/diarrhea)
- Hepatic Disease
- Hyper/Hypo Metabolism (e.g., starvation, metabolic response to starvation, trauma, stress, burns, thyroid conditions)
- Hypoglycemia/Hyperglycemia
- Immunosuppression (HIV/AIDS)
- Lifestyle Nutrition (e.g., sports nutrition, vegetarianism, alternative/complementary care)
- Mental Health (e.g., food intake problems, drug/nutrient interaction)
- Micronutrient Malnutrition: indicators and effects
- Neurological Disorders and Injury (e.g., stroke, dysphagia, dementia, degenerative disease and immobility)
- Nutrition Support (e.g., TPN and enteral nutrition, product specification, routes of administration and monitoring, transitional feeding)

- Osteoporosis
- Obesity
- Oncology, Palliative Care
- Protein/Energy Malnutrition: indicators and effects (e.g., failure-to-thrive refeeding syndrome)
- Renal Disease (e.g., nephrotic syndrome, hemodialysis, continuous
- Ambulatory peritoneal dialysis, acute renal failure, end-stage renal disease, early renal insufficiency)
- Respiratory Disease (e.g., chronic obstructive pulmonary disease, cystic fibrosis)

Policies and Standards

- Dietitians of Canada's Code of Ethics
- Documentation
- Nutrition Education: nutrition policy and guidelines (e.g., refer to the Health Canada website)
- Nutrition Standards (e.g., DRIs, Canada's Food Guide)
- Practice Guidelines (e.g., ethical/legal issues, sharing information with colleagues, confidentiality)
- Professional Standards/Scope of Practice (e.g., feeding the terminally ill, consent issues, abuse prevention)
- Public Policy (e.g., nutrition labelling)
- Quality Assurance: tools, process, indicators, systems (e.g., HACCP [Hazard Assessment Critical Control Point], CQI [Continuous Quality Improvement]/TQM [Total Quality Management], Risk Management)

Research

- Consumer Research
- Market Research (e.g., client satisfaction, merchandising, 4Ps-product, price, place, promotion)
- Practice-based Research
- Research Process (e.g., critical appraisal of the literature, needs assessment, survey, sampling methods, study design, reliable and valid measures, analysis, interpretation)

Appendix F Form for Candidates Requiring Special Accommodations

Name	
Date of request	
Phone Number	
Postal Address	
Email address	
Date of exam	

☐ Documentation from a regulated health professional is attached

Please describe required accommodations and why they are needed.

Was this need accommodated in university?

☐ yes

☐ no

If yes, please describe.

Appendix G Canadian Dietetic Regulatory Bodies

Province	Contact Information
British Columbia College of Dietitians of British Columbia (CDBC)	Fern Hubbard,Registrar Suite 409–1367 West Broadway Vancouver, BCV6H 4A7 Phone (604) 736-2016Fax: (604) 736-2018 Toll free in BC: 1-877-736-2016 email: info@collegeofdietitiansbc.org
Alberta College of Dietitians of Alberta (CDA)	Doug Cook, Registrar Suite 740 —10707-100 Avenue Edmonton, AB T5J 3M1 Phone: (780) 448-0059 Fax: (780) 489-7759 Toll free: 1-866-493-4348 e-mail: office@collegeofdietitians.ab.ca
Saskatchewan Saskatchewan Dietitians Association (SDA)	Lana Moore, Registrar 17-2010 – 7th Ave, Regina, SK S4R 1C2 Phone: (306) 359-3040 Fax: (306) 359-3046 e-mail: registrar@saskdietitians.org
Manitoba College of Dietitians of Manitoba (CDM)	Michelle Hagglund, Registrar 36-1313 Border Street Winnipeg, MB R3H 0X4 Phone: (204) 694-0532 Fax: (204) 889-1755 e-mail: office.cdm@mts.net
Ontario College of Dietitians of Ontario (CDO)	Melisse L. Willems, Registrar and Executive Director 1810—5775 Yonge Street, Box 30 Toronto, ONM2M 4J1 Phone: (416) 598-1725 Fax: (416) 598-0274 Toll free: 1-800-668-4990 Email: melisse.willems@collegeofdietitians.org
Quebec Ordre professionnel des diététistes du Québec (OPDQ)	Annie Chapados, Registrar 1220 – 2155, rue Guy Montréal, QC H3H 2R9 Phone: (514) 393-3733 Fax: (514) 393-3582 e-mail: opdq@opdq.org
Nova Scotia Nova Scotia Dietetic Association (NSDA)	Jennifer Garus, Executive Manager 301-380 Bedford Highway Halifax, NS B3M 2L4 Phone: (902) 493-3034 e-mail: info@nsdassoc.ca
New Brunswick New Brunswick Association of Dietitians(NBAD/ADNB)	Ellen MacIntosh, Registrar 530 Main Street Woodstock, NB E7M 2C3 Tel: (506) 324-9396 Fax: (506) 328-2686 email: registrar@adnb-nbad.com
Newfoundland and Labrador Newfoundland and Labrador College of Dietitians (NLCD)	Cynthia Whalen, Registrar & Executive Coordinator P.O. Box 1756, St. John's NL A1C 5P5 Phone:(709) 753-4040 Fax: (709) 753-1044 e-mail: registrar@nlcd.ca
Prince Edward Island Prince Edward Island Dietitians Registration Board (PEIDRB)	Carolyn Knox, Registrar Box 362 Charlottetown, PEI C1A7K7 Phone: (902) 892-9234 e-mail: registrar@peidietitians.ca

www.dieteticregulation.ca