

COLLEGE AND ASSOCIATION OF REGISTERED NURSES OF ALBERTA also known as
COLLEGE OF REGISTERED NURSES OF ALBERTA (the “**College**”)

DECISION OF THE HEARING TRIBUNAL

RE: CONDUCT OF **MARFE THAUBERGER**, R.N. REGISTRATION #**89,982**

AS A RESULT OF A HEARING HELD BEFORE

THE HEARING TRIBUNAL

OF THE

COLLEGE OF REGISTERED NURSES OF ALBERTA

11120 178 STREET

EDMONTON, ALBERTA

ON

APRIL 14, 2022

INTRODUCTION

A hearing was held on April 14, 2022, via Microsoft Teams videoconference by the Hearing Tribunal of the College of Registered Nurses of Alberta (“**College**”) to hear a complaint against Marfe Thauberger, R.N. registration #89,982.

Those present at the hearing were:

a. Hearing Tribunal Members:

Grace Brittain, Chairperson
John Bradbury
Doug Dawson, Public Representative
David Rolfe, Public Representative

b. Independent Legal Counsel to the Hearing Tribunal:

Mary Marshall

c. CRNA Representative:

Kate Whittleton, Conduct Counsel

d. Registrant Under Investigation:

Marfe Thauberger (sometimes hereinafter referred to as “the Registrant”)

e. Registrant’s Legal Counsel:

Matthew Deshaye

PRELIMINARY MATTERS

Conduct Counsel and the Legal Counsel for the Registrant confirmed that there were no objections to the composition of the Hearing Tribunal or to the Hearing Tribunal’s jurisdiction to proceed with the hearing. No preliminary applications were made.

The Chairperson noted that pursuant to section 78 of the *Health Professions Act*, RSA 2000, c. H-7 (“HPA”), the hearing was open to the public. No application was made to close the hearing.

Conduct Counsel confirmed that the matter was proceeding by agreement.

ALLEGATIONS AND ADMISSION

The allegations in the Notice to Attend a Hearing are as follows (the “**Allegations**”):

1. On or about April 17, 2020, the Registrant failed to contact [Patient 1's] family, or ensure that [Patient 1's] family was contacted, in a timely manner following an incident related to inappropriate behavior between [Patient 1] and [Patient 2], contrary to the CNACE, the CELCPRN, and the CPSRM.

2. In or between March 2020 and April 2020, and while in the position of Resident Care Manager, the Registrant failed to adequately monitor, or cause the health care team to adequately monitor, [Patient 2's] care and health status to ensure effective consultation with support services, and appropriate management of [Patient 2's] behavior, contrary to the CNACE, the CELCPRN, and the CPSRM.

The Registrant has admitted to the conduct in the Allegations in the Agreed Statement of Facts and Liability (Exhibit #2) as follows and agreed that they constitute unprofessional conduct:

The Registrant admits, as fact, that while employed as a Registered Nurse (“RN”) at [a care centre] in Calgary, Alberta, the Registrant's practice fell below the standard expected of a RN when:

- a. On or about April 17, 2020, the Registrant failed to contact [Patient 1's] family, or ensure that [Patient 1's] family was contacted, in a timely manner following an incident related to inappropriate [behavior] between [Patient 1] and [Patient 2], contrary to the Canadian Nurses Association Code of Ethics (2017) (“**Code of Ethics**”), the Entry Level Competencies for the Practice of Registered Nurses (2019) (“**Entry Level Competencies**”), the Practice Standards for Regulated Members (2013) (“**Practice Standards**”).
- b. In or between March 2020 and April 2020, and while in the position of Resident Care Manager, the Registrant failed to adequately monitor, or cause the health care team to adequately monitor, [Patient 2's] care and health status to ensure effective consultation with support services, and appropriate management of [Patient 2's] behavior, contrary to the Code of Ethics, the Entry Level Competencies, and the Practice Standards.

EXHIBITS

The following documents were entered as Exhibits:

| NUMBER | DESCRIPTION |
|--------------------|--------------------------------------------------------------------------------------------------------------------------|
| Exhibit #1: | Notice to Attend a Hearing by the Hearing Tribunal of the College of Registered Nurses of Alberta dated February 2, 2022 |
| Exhibit #2: | Agreed Statement of Facts and Liability including the following Appendices: |
| | Appendix A Complaint |
| | Appendix B Resume of Registrant |
| | Appendix C Ongoing education for Registrant |
| | Appendix D <i>Practice Standards for Regulated Members, 2013</i> |

| NUMBER | DESCRIPTION |
|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Appendix E | <i>Canadian Nurses Association Code of Ethics, 2017</i> |
| Appendix F | <i>Entry Level Competencies for the Practice of Registered Nurses, 2013</i> |
| Appendix G | Job Description |
| Appendix H | Patient Profile |
| Appendix I | [Patient 2] Care Plans and Care Plan Report |
| Appendix J | Resident [Patient 2] Progress Notes |
| Appendix K | Behavior Mapping and Monitoring |
| Appendix L | RAI MDS Assessments for [Patient 2] |
| Appendix M | Resident MARS and Physician Orders |
| Appendix N | GMH Referral Notes and Psychiatry Report |
| Appendix O | Requests for Additional Funding |
| Appendix P | Patient Information Transfer |
| Appendix Q | Email Correspondence from Registrant |
| Appendix R | Incident Report and Reportable Incident for April 16, 2020 |
| Appendix S | Police Report |
| Appendix T | Resident [Patient 1] Progress Notes |
| Appendix U | Staff Educational Resources |
| Exhibit #3: | Joint Recommendations on Sanction |
| Exhibit #4: | Course Outlines: Leadership in Nursing (NURS 0149) (MacEwan University) Responsible Nursing (NURS 0170) (MacEwan University) My Learning Space Catalogue |
| Exhibit #5: | Excerpt from <i>Jaswal v. Newfoundland Medical Board</i> , (1996), 42 Admin L.R. (2d) 233 (" <i>Jaswal</i> ") |

SUBMISSIONS ON THE ALLEGATIONS

Submissions by Conduct Counsel:

Conduct Counsel made brief submissions. Conduct Counsel reviewed the Agreed Statement of Facts and Liability (Exhibit #2). This matter is proceeding by way of a consent agreement and joint recommendations on sanction. Documents are being entered as exhibits by way of consent.

Conduct Counsel submitted that the College is in a transition phase. It is operating as the College of Registered Nurses of Alberta, but the legal name remains the College and Association of Registered Nurses of Alberta until the HPA can be amended to reflect the name change. Conduct Counsel thanked the Registrant and counsel for the Registrant for their complete cooperation.

There are three main parts to the Agreed Statement of Facts and Liability. Part A provides background information into the complaint, and the Registrant's history with the College.

Part B is the Registrant's admissions and how the behaviour constitutes unprofessional conduct. Paragraph 9 refers to the specific provisions in the Practice Standards, Code of Ethics, and Entry Level Competencies that the Registrant contravened through her conduct.

Part C contains further factual admissions in chronological order in order to provide context to the Hearing Tribunal. The Registrant was a Resident Care Manager at [a Care Centre] and was very involved in the care of residents. Issues were identified and the Registrant would be involved in managing behaviour. As a result of the COVID pandemic, many restrictions were put into place. This affected the ability to ensure continuity of care and oversight.

The records show detailed information about an increase in aggressive behaviour by Patient 2 after the onset of COVID restrictions. Prior to that time, Patient 2's [family] would visit to help manage his behaviour, and his behaviour was stable until the onset of COVID restrictions. Staff would do what they could to redirect him. The chart entries during the relevant time show escalating behaviour.

The details of the incident in Allegation #1 are set out in the Incident Report and Police Report which are part of the appendices. Patient 2 was not charged. On or around 2145 on April 16, 2020, staff recorded that Patient 1 may have been [assaulted] by Patient 2. The Registrant was informed when she arrived at work on April 17, 2020, and reviewed the Incident Report. The Registrant contacted Patient 1's family at or between 1550 and 1625 on April 17, 2020. This was the first contact with Patient 1's family. Patient 1 was not transferred to the hospital for an [examination]. Patient 2 was transferred to the hospital due to increased aggression, poor judgment, inappropriate [behaviour] and potential aggression.

At the time of the incident, [Care Centre] did not have a specific policy to address [assault]. Since that time, Staff Educational Resources have been developed on what to do when a [assault] or inappropriate behaviour occurs.

The records show that Patient 2's behaviour was being managed adequately until March 2020. During the relevant time in March and April 2020, there was sub optimal handling of Patient 2's behaviour. The Registrant was aware that there were supports available to handle escalating behaviour when required. There was a Resident Safety Committee ("**RSC**"), and Patient 2 was discussed at the RSC meetings. Due to the COVID pandemic, the RSC did not meet in March and April 2020.

Conduct Counsel submitted that the Hearing Tribunal should accept the factual admissions in Exhibit #2. The Registrant did not monitor Patient 2's care, and ensure that staff adequately monitored his care. Patient 1's family was not notified about an incident that occurred on April 16, 2020 until late in the afternoon on April 17, 2020. They could not take any steps at that time for a [examination]. Conduct Counsel submitted that the conduct constitutes unprofessional conduct under sections 1(1)(pp)(i) and (ii) of the HPA.

Submissions by the Counsel for the Registrant:

Counsel for the Registrant thanked Conduct Counsel for her submissions, and stated that he agreed with them and that there should be a finding of unprofessional conduct. For further context, when the Registrant came to work on April 17, 2020 for her morning shift, there was a lot going on before Patient 1's family was notified. The Registrant was balancing her responsibilities as a manager with her role as registered nurse, and she was having discussions with management about the best way to proceed. There was no formal [assault] policy at the time, and in the absence of a policy there was delayed contact with the family.

DECISION AND REASONS OF THE HEARING TRIBUNAL ON THE ALLEGATIONS

The Hearing Tribunal reviewed the exhibits and considered the submissions made by the parties. The role of the Hearing Tribunal is to decide whether the Allegations are proven, and if so whether that conduct constitutes unprofessional conduct as defined in section 1(1)(pp) of the HPA. The Hearing Tribunal finds that the Allegations admitted to by the Registrant are proven.

The Hearing Tribunal considered the definition of unprofessional conduct under section (1)(1)(pp) of the HPA. The Hearing Tribunal finds that the proven Allegations constitute unprofessional conduct under section (1)(1)(pp) of the *Health Professions Act*, as follows:

Unprofessional conduct means one or more of the following, whether or not it is disgraceful or dishonourable:

- (i) displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services;
- (ii) contravention of this Act, a code of ethics or standards of practice.

The Hearing Tribunal finds that the proven conduct breached the following provisions in the Standards of Practice: **Standards 1.2, 2.1, 2.2, 2.3, 2.4, 2.7, 3.4, 4.2, 4.3, 4.6, 5.2, and 5.3**

Standard One: Responsibility and Accountability

The nurse is personally responsible and accountable for their nursing practice and conduct.

Indicators

- 1.2** The nurse follows current legislation, standards and policies relevant to their practice setting.

Standard Two: Knowledge-Based Practice

The nurse continually acquires and applies knowledge and skills to provide competent, evidence-informed nursing care and service.

Indicators

- 2.1 The nurse supports decisions with evidence-based rationale.
- 2.2 The nurse uses appropriate information and resources that enhance client care and the achievement of desired client outcomes.
- 2.3 The nurse uses critical inquiry in collecting and interpreting data, planning, implementing and evaluating all aspects of their nursing practice.
- 2.4 The nurse exercises reasonable judgment and sets justifiable priorities in practice.
- 2.7 The nurse applies nursing knowledge and skill in providing safe, competent, ethical care and service.

Standard Three: Ethical Practice

The nurse complies with the Code of Ethics adopted by the Council in accordance with Section 133 of HPA and CARNA bylaws (CARNA, 2012).

Indicators

- 3.4 The nurse communicates effectively and respectfully with clients, significant others and other members of the *health care team* to enhance client care and safety outcomes.

Standard Four: Service to the Public

The nurse has a duty to provide safe, competent and ethical nursing care and service in the best interest of the public.

Indicators

- 4.2 The nurse collaborates with the client, significant others and other members of the health-care team regarding activities of care planning, implementation and evaluation.
- 4.3 The nurse effectively assigns care or nursing service and supervises others when appropriate or required to enhance client outcomes.
- 4.6 The nurse participates in *quality improvement* activities.

Standard Five: Self-Regulation

The nurse fulfills the professional obligations related to self-regulation.

Indicators

- 5.2 The nurse follows all current and relevant legislation and regulations.
- 5.3 The nurse follows policies relevant to the profession as described in CARNA standards, guidelines and position statements.

The Hearing Tribunal finds that the proven conduct breached the following provisions in the 2017 Code of Ethics: **Responsibilities** A4, A5, A7, and A13; B4; D6; G1, and G4

A. Providing Safe, Compassionate, Competent and Ethical Care

Nurses provide safe, compassionate, competent and ethical care.

Ethical responsibilities:

4. Nurses question, intervene, report and address unsafe, non-compassionate, unethical or incompetent practice or conditions that interfere with their ability to provide safe, compassionate, competent and ethical care; and they support those who do the same (see Appendix B).
5. Nurses are honest and take all necessary actions to prevent or minimize **patient safety incidents**. They learn from **near misses** and work with others to reduce the potential for future risks and preventable harms (see Appendix B).
7. When resources are not available to provide appropriate or safe care, nurses collaborate with others to adjust priorities and minimize harm. Nurses keep persons receiving care informed about potential and actual plans regarding the delivery of care. They inform employers about potential threats to the safety and quality of health care.
13. Nurses work toward preventing and minimizing all forms of **violence** by anticipating and assessing the risk of violent situations and by collaborating with others to establish preventive measures. When violence cannot be anticipated or prevented, nurses take action to minimize risk and to protect others and themselves (CNA, 2016a; CNA & CFNU, 2015; Canadian Nursing Students' Association, 2014).

B. Promoting Health and Well-Being

Nurses work with persons who have health-care needs or are receiving care to enable them to attain their highest possible level of health and well-being.

Ethical responsibilities:

4. Nurses collaborate with other health-care providers and others to maximize health benefits to persons receiving care and with health-care needs and concerns, recognizing and respecting the knowledge, skills and perspectives of all.

D. Honouring Dignity

Nurses recognize and respect the intrinsic worth of each person.

Ethical responsibilities:

6. Nurses utilize practice standards, best practice guidelines, policies and research to minimize risk and maximize safety, well-being and/or dignity for persons receiving care.

G. Being Accountable

Nurses are accountable for their actions and answerable for their practice.

Ethical responsibilities:

1. Nurses, as members of a self-regulating profession, practise according to the values and responsibilities in the Code and in keeping with the professional standards, laws and regulations supporting ethical practice.
4. Nurses are accountable for their practice and work together as part of teams. When the acuity, complexity or variability of a person's health condition increases, nurses assist each other (LPNAPEI et al., 2014).

The Hearing Tribunal finds that the proven conduct breached the following provisions in the Entry Level Competencies: **Competencies 1.1, 1.2, 1.4, 1.6, 1.7, 1.8, 1.9, 1.24, 1.25, 2.3, 2.13, 2.14, 3.7, 4.2, 4.3, 5.1, 5.2, 6.2, 7.1, 9.1**

Competency Category 1: Clinician

Registered nurses are clinicians who provide safe, competent, ethical, compassionate, and evidence-informed care across the lifespan in response to client needs. Registered nurses integrate knowledge, skills, judgment and professional values from nursing and other diverse sources into their practice.

Competencies

- 1.1 Provides safe, ethical, **COMPETENT, COMPASSIONATE, CLIENT-CENTRED** and **EVIDENCE-INFORMED** nursing care across the lifespan in response to **CLIENT** needs.
- 1.2 Conducts a **HOLISTIC** nursing **ASSESSMENT** to collect comprehensive information on client health status.
- 1.4 Analyzes and **INTERPRETS** data obtained in client assessment to inform ongoing decision-making about client health status.
- 1.6 Evaluates effectiveness of plan of care and modifies accordingly.
- 1.7 Anticipates actual and potential health risks and possible unintended outcomes.
- 1.8 Recognizes and responds immediately when client safety is affected.
- 1.9 Recognizes and responds immediately when client's condition is deteriorating.
- 1.24 Uses effective strategies to prevent, de-escalate, and manage disruptive, aggressive, or violent behaviour.

- 1.25** Uses strategies to promote wellness, to prevent illness, and to minimize disease and injury in clients, self, and others.

Competency Category 2: Professional

Registered nurses are professionals who are committed to the health and well-being of clients. Registered nurses uphold the profession's practice standards and ethics and are accountable to the public and the profession.

Competencies

- 2.3** Exercises professional judgment when using agency policies and procedures, or when practising in their absence.
- 2.13** Recognizes, acts on, and reports **HARMFUL INCIDENTS, NEAR MISSES, and NO HARM INCIDENTS**.
- 2.14** Recognizes, acts on, and reports actual and potential workplace and occupational safety risks.

Competency Category 3: Communicator

Registered nurses are communicators who use a variety of strategies and relevant technologies to create and maintain professional relationships, share information, and foster therapeutic environments.

Competencies

- 3.7** Communicates effectively in complex and rapidly changing situations.

Competency Category 4: Collaborator

Registered nurses are collaborators who play an integral role in the health-care team partnership.

Competencies

- 4.2** Initiates collaboration to support care planning and safe, continuous transitions from one health-care facility to another, or to residential, community or home and self-care.
- 4.3** Determines their own professional and **INTERPROFESSIONAL** role within the team by considering the roles, responsibilities, and the scope of practice of others.

Competency Category 5: Coordinator

Registered nurses coordinate point-of-care health service delivery with clients, the healthcare team, and other sectors to ensure continuous, safe care.

Competencies

- 5.1 Consults with clients and health-care team members to make ongoing adjustments required by changes in the availability of services or client health status.
- 5.2 Monitors client care to help ensure needed services happen at the right time and in the correct sequence.

Competency Category 6: Leader

Registered nurses are leaders who influence and inspire others to achieve optimal health outcomes for all.

Competencies

- 6.2 Integrates **CONTINUOUS QUALITY IMPROVEMENT** principles and activities into nursing practice.

Competency Category 7: Advocate

Registered nurses are advocates who support clients to voice their needs to achieve optimal health outcomes. Registered nurses also support clients who cannot advocate for themselves.

Competencies

- 7.1 Recognizes and takes action in situations where client safety is actually or potentially compromised.

Competency Category 9: Scholar

Registered nurses are scholars who demonstrate a lifelong commitment to excellence in practice through critical inquiry, continuous learning, application of evidence to practice, and support of research activities.

Competencies

- 9.1 Uses best evidence to make informed decisions.

The Registrant is required to communicate effectively and respectfully with family and other members of the health care team to enhance client care and safety. The Registrant's delay in communicating with Patient 1's family following a serious incident is unacceptable, and a breach of the Practice Standards. As a Resident Care Manager, the Registrant was responsible for working with her team to develop effective strategies for managing Patient 2's conduct, and ensuring the safety of other residents.

SUBMISSIONS ON SANCTION

The Hearing Tribunal heard submissions on the appropriate sanction.

Submissions by Conduct Counsel:

Conduct Counsel noted there was a joint proposal on sanction and reviewed the Joint Recommendations (Exhibit #3). Conduct Counsel submitted that the sanction is appropriate.

Conduct Counsel reviewed the factors in the decision of *Jaswal v. Newfoundland Medical Board* and how those factors applied to the present case.

1. *The nature and gravity of the proven allegations:* The Allegations are serious. The Registrant failed to contact Patient 1's family, and failed to effectively monitor Patient 2. The Registrant was in a management position, and it was her responsibility to manage her team, provide leadership, arrange for external consultations, and be available to Patient 1's family. Patient 2's condition deteriorated until he was transferred to the hospital.
2. *The age and experience of the member:* The Registrant has been registered with the College since June 2011, and was well aware of her responsibilities including ethical responsibilities.
3. *The previous character of the member:* The Registrant does not have a prior disciplinary history and that is a mitigating factor.
4. *The age and mental condition of the offended patient:* Both patients were residents of [a Care Centre] and were in various stages of [health information redacted]. Patient 1 was [age] years old and was a total care patient meaning that caregivers do everything for the patient. Patient 1 was very vulnerable and unable to protect herself from harm. The Registrant was responsible for supervising staff and ensuring that the team was able to manage patients.
5. *The number of times the offence was proven to have occurred:* The incident in the first allegation occurred once on April 16, 2020 and the failure to contact the family was one time. The lack of oversight was ongoing from mid-March to mid-April.
6. *The role of the registered nurse in acknowledging what occurred:* The Registrant has admitted the Allegations and agreed that they constitute unprofessional conduct. This is a mitigating factor. She is taking responsibility for what occurred in an open and public hearing. The decision will be published.
7. *Whether the member has already suffered other serious financial or other penalties:* The Registrant cooperated with a lengthy investigation which has resulted in this hearing.
8. *The impact on the offended patient:* The delayed contact with Patient 1's family reduced the number of options available including taking Patient 1 to the hospital for an [examination]. The lack of monitoring of Patient 2's care presented a serious risk to other patients and to Patient 1. The conduct had a detrimental effect on Patient 1 and her family. Patient 2 was transferred away because of escalating behaviour, and the Registrant's conduct had an impact on him as well.

9. *The presence or absence of any mitigating factors:* Restriction relating to COVID 19 commenced in March 2020 and it changed the way that long-term care functioned in a number of ways. For Patient 2, one behaviour management strategy was to have him speak with his [family]. That option was no longer available due to the pandemic and there was no recreational therapy. Patient 1 was not able to be seen by her family in person. There have been changes introduced at [a Care Centre] regarding the response to [assaults], and the Registrant participated in work resulting in those changes.
10. *The need to promote specific and general deterrence:* The sanction will act as a specific deterrent to ensure that the Registrant does not repeat the conduct in the future. The Registrant must complete course work along with a College module with a self-reflective component.
11. *The need to maintain public confidence:* The proposed sanction is an important part of maintaining public confidence.
12. *Degree to which offensive conduct is outside the range of permitted conduct:* The conduct was unacceptable and unprofessional.

Conduct Counsel submitted that the joint recommendation is appropriate and should be accepted by the Hearing Tribunal.

Submissions by Counsel for the Registrant:

Counsel for the Registrant submitted that he wanted to touch on some of the *Jaswal* factors.

The Registrant does not disagree with submissions by Conduct Counsel that the Allegations are serious. However, the offending behaviour while serious is at the lower end of the spectrum when considered in context.

The Registrant is an experienced nurse who had an unblemished record. She has all of the tools necessary to be an effective and good nurse, and the circumstances in March and April 2020 related to a lapse in judgment.

Allegation #1 is a single offence. Allegation #2 relates to a pattern of conduct in March and April 2020. However, it is a culmination of that pattern that leads to a single offence and, as such, even the omission in Allegation #2 should be categorized as a single offence.

The Registrant's actions became offending conduct by not putting the patient first and contacting the family immediately. If these circumstances occurred again, the Registrant's actions would not be repeated. The Registrant has agreed to Joint Recommendations on Sanction, and has taken proactive steps to look into courses.

DECISION AND REASONS OF THE HEARING TRIBUNAL ON SANCTION

The Hearing Tribunal has carefully considered the Joint Recommendations on Sanction, and the submissions of the parties. The Hearing Tribunal has considered the factors noted in *Jaswal v. Newfoundland Medical Board*. The Hearing Tribunal accepts the joint recommended sanction. The joint recommendations take into account the nature of the findings of the Hearing Tribunal. They also address the issues that brought this Registrant before the Hearing Tribunal. The Hearing Tribunal finds that this recommended sanction appropriately considers the factors in

Jaswal. The Hearing Tribunal also considered the penalty in light of the principle that joint submissions should not be interfered with lightly.

The Hearing Tribunal finds that a reprimand is appropriate. It will reinforce to the Registrant that her failure to maintain the standards of practice of the profession is a serious finding. The Registrant should take the comments in the written decision as well as the concerns expressed by the Hearing Tribunal with respect to her conduct as her reprimand. In addition, the Registrant should consider her experiences in dealing with this complaint before this Hearing Tribunal and the College, as well as the Joint Submissions on Sanction as a reminder of how important it is to practise in accordance with the Practice Standards, Code of Ethics, and the Entry Level Competencies.

The Hearing Tribunal understands that the penalty ordered should protect the public and enhance public confidence in the ability of the College to regulate nurses. This is achieved through a penalty that addresses specific deterrence, general deterrence and, where appropriate, rehabilitation and remediation. These factors are addressed through the course requirements and reprimand. The penalty will assure the public that serious transgressions will be met with sanctions. The Registrant will be deterred from further unprofessional conduct by this penalty. The courses will reinforce high standards for her practice.

ORDER OF THE HEARING TRIBUNAL

The Hearing Tribunal orders that:

SANCTION

1. The Registrant shall receive a reprimand for unprofessional conduct.
2. By **October 14, 2022**, the Registrant shall provide proof satisfactory to the Complaints Director of the College that they have successfully completed and passed the following courses of study and learning activities:
 - a. **Responsible Nursing (NURS0170 - MacEwan University);**
 - b. **Leadership in Nursing (NURS0149 - MacEwan University).**
3. By **October 14, 2022**, the Registrant shall provide a written declaration to the Complaints Director, in the form attached as "**Schedule A**" to the Joint Recommendations on Sanction, confirming that they completed Stand up for Standards, a companion resource to the Practice Standards for Regulated Members (2013), including the guided self-reflection.

(the "**Condition(s)**")

COMPLIANCE

4. Compliance with this Order shall be determined by the Complaints Director of the College. All decisions with respect to the Registrant's compliance with this Order will be in the sole discretion of the Complaints Director.
5. The Registrant will provide proof of completion of the above-noted Conditions to the Complaints Director via e-mail to procond@nurses.ab.ca or via fax at 780-453-0546.
6. Should the Registrant fail or be unable to comply with any of the requirements of this Order, or if any dispute arises regarding the implementation of this Order, the Complaints Director may exercise the authority under section 82(3) of HPA.
7. The responsibility lies with the Registrant to comply with this Order. It is the responsibility of the Registrant to initiate communication with the College for any anticipated non-compliance and any request for an extension.

CONDITIONS

8. The Registrant confirms the following list sets out all the Registrant's employers and includes all employers even if the Registrant is under an undertaking to not work, is on sick leave or disability leave, or if the Registrant have not been called to do shifts, but could be called. Employment includes being engaged to provide professional services as a Registered Nurse on a full-time, part-time, casual basis as a paid or unpaid employee, consultant, contractor or volunteer. The Registrant confirms the following employment:

| Employer Name | Employer Address & Phone Number |
|-------------------------------|---------------------------------------------------------|
| [a Care Centre in Calgary AB] | [a Calgary AB Care Centre contact information redacted] |

9. The Registrant understands and acknowledges that it is the Registrant's professional responsibility to immediately inform the College of any changes to the Registrant's employers, and employment sites, including self-employment, for purposes of keeping the Registrar current and for purposes of notices under section 119 of the HPA.
10. The Registrar of the College will be requested to put the following condition against the Registrant's practice permit (current and/or future) and shall remain until the condition is satisfied:
 - a. **Course work required.**
11. Effective April 14, 2022, or the date of this Order if different from the date of the Hearing, notifications of the above condition shall be sent out to the Registrant's current employers (if any), the regulatory college for Registered Nurses in all Canadian provinces and territories, and other professional colleges with which the Registrant is also registered (if any).
12. Once the Registrant has complied with a condition listed above, it shall be removed. Once all the conditions have been removed, the Registrar will be requested to notify the regulatory colleges in the other Canadian jurisdictions.

13. This Order takes effect on April 14, 2022, and remains in effect pending the outcome of any appeal, unless a stay is granted pursuant to section 86 of the HPA.

This Decision is made in accordance with Sections 80, 82 and 83 of the HPA.

Respectfully submitted,

A handwritten signature in cursive script that reads "Grace Brittain".

Grace Brittain, Chairperson
On Behalf of the Hearing Tribunal

Date of Order: **April 14, 2022**