

COLLEGE AND ASSOCIATION OF REGISTERED NURSES OF ALBERTA

DECISION OF THE HEARING TRIBUNAL

RE: CONDUCT OF **SHERRIE MEILLEUR**, R.N. REGISTRATION #**80,989**

AS A RESULT OF A HEARING HELD BEFORE

THE HEARING TRIBUNAL

OF THE

COLLEGE AND ASSOCIATION OF REGISTERED NURSES OF ALBERTA

11120 178 STREET

EDMONTON, ALBERTA

ON

**MAY 21, 2020**

## INTRODUCTION

A hearing was held on May 21, 2020 via WebEx videoconference by the Hearing Tribunal of the College and Association of Registered Nurses of Alberta (“CARNA”) to hear a complaint against Sherrie Meilleur, R.N. registration #80,989.

Those present at the hearing were:

**a. Hearing Tribunal Members:**

Grace Brittain, Chairperson  
Christa Easton  
Rosemary McGinnis  
Nancy Brook, Public Representative

**b. Independent Legal Counsel to the Hearing Tribunal:**

Mary Marshall

**c. CARNA Representative:**

Kate Whittleton, Conduct Counsel

**d. Regulated Member Under Investigation:**

Sherrie Meilleur (sometimes hereinafter referred to as “the Regulated Member”)

**e. Regulated Member’s Labour Relations Officer:**

Katie McGreer

## PRELIMINARY MATTERS

Conduct Counsel and the Labour Relations Officer for the Regulated Member 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. Conduct Counsel thanked the Regulated Member and her Labour Relations Officer for their cooperation in reaching a Consent Agreement.

## ALLEGATIONS AND ADMISSION

The allegations in the Notice to Attend are as follows:

While employed as a registered nurse at [a mental health facility], [city redacted], Alberta, your practice fell below the standard expected of an RN when:

1. On or about August 11, 2019, you failed to appropriately manage or de-escalate an incident of psychiatric patient aggression related to [Patient 1] when you,
  - a. entered the room and engaged the patient despite the patient's care plan which directed that if the patient displayed physical or verbal aggression toward staff you should not engage and should leave the room and let her calm down,
  - b. used excessive force to manage the situation when you,
    - i. pushed the patient toward her bed, and/or
    - ii. grabbed the patient's hair, and/or
    - iii. forcefully covered the patient's mouth causing it to bleed, and/or
    - iv. verbalized that the patient "was not going to get away with this".
  - c. entered the patient's room when you knew or ought to have known the patient may continue to be reacting to a verbal altercation you had with her earlier in the shift,
2. On or about August 11, 2019, you failed to accurately or adequately document the incident of psychiatric patient aggression related to [Patient 1] that occurred on or after 2100 hours,
3. On or before August 11, 2019, you failed to develop an appropriate professional relationship with co-workers that caused them to be reluctant to come forward with concerns about your professional interactions.

The Regulated Member has admitted to the conduct in the amended allegations in the Consent Agreement (Exhibit #2) as follows:

While employed as a registered nurse at [a mental health facility], [city redacted], Alberta, your practice fell below the standard expected of an RN when:

1. On or about August 11, 2019, you failed to appropriately manage or de-escalate an incident of psychiatric patient aggression related to [Patient 1] when you,
  - a. entered the room and engaged the patient despite the patient's care plan which directed that if the patient displayed physical or verbal aggression toward staff you should not engage and should leave the room and let her calm down,
  - b. [Amended] used excessive force in response to perceived patient aggression when you,
    - i. [Amended] used physical means to direct the patient toward her bed in an unnecessarily aggressive manner, and/or
    - ii. [Amended] grabbed the patient by or around her collar, head and/or mouth area in an unnecessarily aggressive manner that had the potential to, and/or did, cause harm,
    - iii. [Withdrawn]

- iv. [Withdrawn]
- c. [Amended] entered the patient's room without fully considering that the patient may continue to be in an agitated state due to a verbal altercation you had with her earlier in the shift that had occurred approximately some four to five hours prior to the incident,

**("Allegation 1")**

2. On or about August 11, 2019, you failed to accurately or adequately document the incident of psychiatric patient aggression related to [Patient 1] that occurred on or after 2100 hours,

**("Allegation 2")**

3. On or before August 11, 2019, you failed to develop an appropriate professional relationship with co-workers that caused them to be reluctant to come forward with concerns about your professional interactions.

**("Allegation 3")**

The Regulated Member further admits, and the Regulated Member and Conduct Counsel agree, that the conduct constitutes unprofessional conduct under the HPA.

## EXHIBITS

The following documents were entered as Exhibits:

<b>NUMBER</b>	<b>DESCRIPTION</b>
<b>Exhibit #1:</b>	Notice to Attend a Hearing by the Hearing Tribunal of the College and Association of Registered Nurses of Alberta dated May 11, 2020
<b>Exhibit #2:</b>	Consent Agreement between Sherrie Meilleur, #80,989, and Kate Whittleton, Conduct Counsel
<b>Exhibit #3:</b>	CARNA Practice Standards for Regulated Members ("Practice Standards")
<b>Exhibit #4:</b>	2017 Edition of the Canadian Nurses Association Code of Ethics for Registered Nurses ("Code of Ethics")
<b>Exhibit #5:</b>	Joint Recommendations for Sanction
<b>Exhibit #6:</b>	Course Outlines for Documentation in Nursing (NURS0162), Essentials of Mental Health Emergencies (NURS0470), and Canadian Nurses Association's Learning Modules: Bringing the Code of Ethics to Life (Modules 1 through 8)
<b>Exhibit #7:</b>	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 reviewed the Consent Agreement (Exhibit #2). Conduct Counsel submitted that the conduct constitutes unprofessional conduct under sections 1(1)(pp)(i), (ii) and (xii) of the HPA.

Conduct Counsel noted that the following Practice Standards were applicable: Standards 1.1, 1.2, 1.4, 2.1, 2.2, 2.3, 2.4, 2.5, 2.7, 3.1, 3.2, 3.3, 3.4, 4.2, 4.3, 5.2, 5.3, 5.5, 5.6, 5.9.

Conduct Counsel also noted that the following provisions from the Code of Ethics applied: A1, A2, A3, A4, A5, A6, A7, A12, A13 and A15; B1 and B4; C4; D1, D2, D4, D6, D7, D13 and D14; F4 and F8; and G1, G2, G3, G4 and G5.

Conduct Counsel noted there may be other applicable provisions, but that in her view, these were applicable.

### Submissions by the Labour Relations Officer for the Regulated Member:

The Regulated Member's Labour Relations Officer advised she had no submissions. She further advised that the Regulated Member would give evidence later in the hearing, and the evidence would provide background information regarding the proposed sanction.

## 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 Hearing Tribunal orders that the allegations be amended as set out in the Consent Agreement between the Member and Conduct Counsel (Exhibit #2) and finds that the allegations admitted to by the Regulated Member 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 conduct constitutes unprofessional conduct pursuant to sections 1(1)(pp)(i), (ii) and (xii) 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;
- (xii) conduct that harms the integrity of the regulated profession.

The Hearing Tribunal finds that the Regulated Member breached the following provisions of the Practice Standards: Standards 1.1, 1.2, 1.4, 2.1, 2.2, 2.3, 2.4, 2.5, 2.7, 3.1, 3.2, 3.3, 3.4, 4.2, 4.3, 5.2, 5.3, 5.5, 5.6, 5.9, as follows:

### **Standard One: Responsibility and Accountability**

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

#### **Indicators**

- 1.1 The nurse is accountable at all times for their own actions.
- 1.2 The nurse follows current legislation, standards and policies relevant to their practice setting.
- 1.4 The nurse practices competently.

### **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.
- 2.5 The nurse documents timely, accurate reports of data collection, interpretation, planning, implementation and evaluation of nursing 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**

- 3.1 The nurse practices with honesty, integrity and respect.
- 3.2 The nurse protects and promotes a client's right to autonomy, respect, privacy dignity and access to information.
- 3.3 The nurse ensures that their relationships with clients are therapeutic and professional.

- 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.

#### **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.
- 5.5 The nurse practices within their own level of **competence**.
- 5.6 The nurse regularly assesses their practice and takes the necessary steps to improve personal competence.
- 5.9 The nurse ensures their **fitness to practice**.

The Hearing Tribunal finds that the Regulated Member breached the following provisions of the Code of Ethics: A1, A2, A3, A4, A5, A6, A7, A12, A13 and A15; B1 and B4; C4; D1, D2, D4, D6, D7, D13 and D14; F4 and F8; and G1, G2, G3, G4 and G5, as follows:

#### **A. Providing Safe, Compassionate, Competent and Ethical Care**

Nurses provide safe, compassionate, competent and ethical care.

##### ***Ethical responsibilities:***

1. Nurses have a responsibility to conduct themselves according to the ethical responsibilities outlined in this document and in practice standards in what they do and how they interact with persons receiving care and other members of the **health-care team**.
2. Nurses engage in compassionate care through their speech and body language and through their efforts to understand and care about others' health-care needs.

3. Nurses build trustworthy relationships with persons receiving care as the foundation of meaningful communication, recognizing that building these relationships involves a **conscious** effort. Such relationships are critical to understanding people's needs and concerns.
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).
6. Nurses practise "within their own level of competence and seek [appropriate] direction and guidance . . . when aspects of the care required are beyond their individual competence" (Licensed Practical Nurses Association of Prince Edward Island [LPNAPEI], Association of Registered Nurses of Prince Edward Island, & Prince Edward Island Health Sector Council, 2014, p. 3).
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.
12. Nurses foster a safe, quality practice environment (CNA & Canadian Federation of Nurses Unions [CFNU], 2015).
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).
15. Nurses support each other in providing person-centred care.

## **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:**

1. Nurses provide care directed first and foremost toward the health and wellbeing of persons receiving care, recognizing and using the values and principles of **primary health care**.
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.

### C. Promoting and Respecting Informed Decision-Making

Nurses recognize, respect and promote a person's right to be informed and make decisions.

#### *Ethical responsibilities:*

4. Nurses are sensitive to the inherent power differentials between care providers and persons receiving care. They do not misuse that power to influence decision making.

### D. Honouring Dignity

Nurses recognize and respect the intrinsic worth of each person.

#### *Ethical responsibilities:*

1. Nurses, in their professional capacity, relate to all persons receiving care with respect.
2. Nurses support persons receiving care in maintaining their dignity and integrity.
4. Nurses intervene, and report when necessary, when others fail to respect the dignity of a person they are caring for or a colleague (including students), recognizing that to be silent and passive is to condone the behaviour. They speak up, facilitate conversation and adjudicate disputes, as appropriate/required.
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.
7. Nurses maintain appropriate professional **boundaries** and ensure their relationships are always for the benefit of the person. They recognize the potential vulnerability of persons receiving care and do not exploit their trust and dependency in a way that might compromise the **therapeutic relationship**. They do not abuse their relationship for personal or financial gain and do not enter into personal relationships (romantic, sexual or other) with persons receiving care.
13. Nurses treat each other, colleagues, students and other health-care providers in a respectful manner, recognizing the power differentials among formal leaders, colleagues and students. They work with others to honour dignity and resolve differences in a constructive way.
14. Nurses foster a moral community in which ethical values and challenges can be openly discussed and supported.

### F. Promoting Justice

Nurses uphold principles of justice by safeguarding **human rights**, equity and **fairness** and by promoting the **public good**.

***Ethical responsibilities:***

4. Nurses do not engage in any form of lying, punishment or torture or any form of unusual treatment or action that is inhumane or degrading. They refuse to be complicit in such behaviours. They intervene, and they report such behaviours if observed or if reasonable grounds exist to suspect their occurrence.
8. Nurses work collaboratively to develop a moral community. As part of this community, all nurses acknowledge their responsibility to contribute to positive and healthy practice environments. Nurses support a climate of trust that sponsors openness, encourages the act of questioning the status quo and supports those who speak out in good faith to address concerns (e.g., **whistleblowing**). Nurses protect whistle-blowers who have provided reasonable grounds for their concerns.

**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.
2. Nurses are honest and practise with integrity in all of their professional interactions. Nurses represent themselves clearly with respect to name, title and role.
3. Nurses practise within the limits of their competence. When aspects of care are beyond their level of competence, they seek additional information or knowledge, report to their supervisor or a competent practitioner and/or request a different work assignment. In the meantime, nurses remain with the person receiving care until another nurse is available.
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).
5. Nurses maintain their **fitness to practise**. If they are aware that they do not have the necessary physical, mental or emotional capacity to practise safely and competently, they withdraw from the provision of care after consulting with their employer. If they are self-employed, they arrange for someone else to attend to their clients' health-care needs. Nurses then take the necessary steps to regain their fitness to practise, in consultation with appropriate professional resources.

The breaches of the Practice Standards and the Code of Ethics are serious and constitute unprofessional conduct pursuant to section 1(1)(pp)(ii) of the HPA. The conduct occurred on August 11, 2019 when the Regulated Member was working on a 25-bed mental health unit for seniors suffering from psychiatric comorbidities at the [mental health facility] in [city redacted], Alberta. The Regulated Member failed to follow the care plan for a patient, and failed to de-escalate a situation. The Regulated Member used excessive force with the patient. When charting, the Regulated Member omitted material details about what occurred. The Regulated

Member did not have an appropriate professional relationship with co-workers that caused them to be reluctant to come forward with concerns.

The Regulated Member was involved with the care and treatment of an extremely vulnerable segment of the population, elderly patients who reside in psychiatric facilities. The Regulated Member's behaviour was not in accordance with the care plan developed for a patient who required specific actions in order to de-escalate situations involving agitation and aggression. The conduct of the Regulated Member was very serious, and she compromised the care and treatment of a vulnerable patient. Her conduct displayed a lack of judgment in the provision of services and was conduct that harmed the integrity of the profession. In doing so, the Regulated Member's actions contravened sections 1(1)(pp)(i) and (xii) of the HPA.

### **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 #5). The penalty is designed to protect the public and remediate the Regulated Member. CARNA does not require the Regulated Member to undergo counselling because there is no evidence of an underlying mental health issue. The Regulated Member has not been practising since her termination approximately nine months ago, and she has undertaken some remedial steps during that time.

#### **Submissions by the Regulated Member's Labour Relations Officer:**

The Regulated Member's Labour Relations Officer advised that the Regulated Member would like to make a statement about some of the steps that she has taken since her termination. The Regulated Member is doing the hard work to make sure that she is living up to CARNA's standards.

#### **Regulated Member's Evidence:**

The Regulated Member was affirmed. She graduated in 2006 and has worked full time as a Registered Nurse since that time. She has worked with seniors since graduating, and that was her job for 14 years. The Regulated Member stated that she can't imagine doing anything else.

The Regulated Member sought help following the events that happened on the evening shift. It was a very difficult situation. She stayed at home on Monday and then went to see the doctor on Tuesday. She was not well enough to go back to work and was off for a week. The Regulated Member had injuries to her face, neck and arm. She has been seeing her physician every two weeks since October. As well, she sought out therapy sessions with a registered psychologist. There have been some limitations because of the pandemic, and the Regulated Member has seen the registered psychologist three times.

The Regulated Member intends to learn and move forward. She has taken courses and reviewed materials in order to know what went well and what didn't go well. She has studied information on emotional intelligence, responding to fight and flight in your body, and anger management. She has taken this very seriously and is truly saddened by what has happened. It was the wrong way to react, and the Regulated Member wants to figure it out so that it never happens again.

### **Cross-examination by Conduct Counsel:**

In response to questions from Conduct Counsel, the Regulated Member stated that she intends to continue to see a physician and registered psychologist, and she intends to share with them a copy of the Hearing Tribunal's decision from this hearing.

### **Questions from the Hearing Tribunal:**

The Chair asked Conduct Counsel if she was suggesting that requirements relating to seeing a registered psychologist be included in the Order of the Hearing Tribunal.

In response, Conduct Counsel stated that she was not suggesting that it be included the Joint Recommendations. However, the Regulated Member is in compliance with counselling on her own initiative.

### **Submissions by Conduct Counsel on the *Jaswal* factors:**

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:*

These are very serious allegations of patient abuse where the Regulated Member used excessive force and grabbed the patient around the head area, as well as the allegations of inadequately documenting the incident. The Regulated Member also failed to develop appropriate relationship with co-workers. This conduct is unacceptable and must be denounced.

2. *The age and experience of the member:*

The Regulated Member has been registered with CARNA since April 2006 and should be well aware of her responsibilities.

3. *The previous character of the member:*

The Regulated Member does not have a prior discipline history with CARNA.

4. *The age and mental condition of the offended patient:*

The patient was born in 1940 and in a senior's mental health program. Her care plan was quite detailed, with aspects of the care plan directing staff what to do when the patient displayed aggression.

5. *The number of times the offence was proven to have occurred:*

The incident occurred on one shift in August 2019.

6. *The role of the registered nurse in acknowledging what occurred:*

The Regulated Member has admitted all conduct and that her actions constitute unprofessional conduct.

7. *Whether the member has already suffered other serious financial or other penalties:*

The Regulated Member was terminated by her former employer and has not practised as a Registered Nurse since that time. She is currently not working as a Registered Nurse. Regarding section 65 of the HPA, if the Hearing Tribunal makes an order today, the section 65 conditions will expire, and the Hearing Tribunal conditions will be in place. There will be no need for a specific order for section 65 restrictions to disappear.

8. *The impact on the offended patient:*

The patient's mouth was bleeding after the Regulated Member grabbed the patient in the head area. The patient aggressed further and did not calm down. The Regulated Member's behaviours had a significant and detrimental effect on the patient.

9. *The presence or absence of any mitigating factors:*

Conduct Counsel is not aware of any further mitigating circumstances.

10. *The need to promote specific and general deterrence:*

11. *The need to maintain public confidence:*

12. *Degree to which offensive conduct is outside the range of permitted conduct:*

Regarding the last three factors, Conduct Counsel submitted that the conduct was unacceptable. The Regulated Member has admitted that it was unprofessional conduct. Specific deterrence requires the imposition of a sentence to ensure the conduct is not repeated. The Regulated Member states she does not want to repeat it.

General deterrence means that the penalty sends a message that this type of conduct will not be tolerated. The Regulated Member must complete two courses, and pay a fine. The fine sends a clear message to the public, the Regulated Member, and members of CARNA that the conduct will not be tolerated. The supervised practice requirements will provide for remediation of the Regulated Member and protect the public. There is no counselling component, but the Regulated Member has undertaken some of that on her own initiative. If an issue arises, it will be identified through the multiple performance evaluations, and any problems will be dealt with.

**Submissions by the Labour Relations Officer for the Regulated Member:**

The Labour Relations Officer thanked Conduct Counsel for her submissions. Her submissions will focus on the mitigating circumstances. The Regulated Member has no previous discipline history with CARNA. Admitting to the allegations and that they constitute unprofessional conduct shows that the Regulated Member appreciates the seriousness of what happened. The Regulated Member shows a lot of insight to seek out treatment, and knows what she has to work on.

Regarding the incident itself, it is important to acknowledge that the Regulated Member works on the mental health unit. She was working with a psychiatric patient. There were two incidents that occurred during the shift in question. During her first interaction with the patient, the Regulated Member did walk away. The second incident was not something that was premediated. It was a reaction to aggression by the patient. The Regulated Member knows that this must not happen again. These factors have been considered when developing the Joint Recommendations. The Regulated Member wants to look to the future and dedicate herself to a better practice.

## DECISION AND REASONS OF THE HEARING TRIBUNAL ON SANCTION

The Hearing Tribunal has carefully considered the joint submissions 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 Member before the Hearing Tribunal. The Hearing Tribunal finds that this recommended sanction appropriately considers the factors in *Jaswal*. The Hearing Tribunal finds that the recommended sanction protects the public interest and is reasonable.

The Hearing Tribunal finds that the penalty proposed meets the goals of penalty. Specific and general deterrence are achieved by the reprimand and fine portions of the penalty. A strong message will be sent to the membership that conduct of this nature will not be tolerated. The public will be protected through the remediation and monitoring components of the penalty.

The Member 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 Member should consider her experiences in dealing with this complaint before this Hearing Tribunal and CARNA, and her experiences with her employer and co-workers, as well as the joint submissions on sanction, as a reminder of how important it is to practise in accordance with the Practice Standards and Code of Ethics.

## ORDER OF THE HEARING TRIBUNAL

The Hearing Tribunal orders that:

1. The Regulated Member, Sherrie Meilleur, (the “**Regulated Member**”) shall receive a reprimand.
2. The Regulated Member shall pay a fine to CARNA in the amount of **\$500.00** payable on the following terms:
  - a. The total amount of \$500.00 to be paid to CARNA by **November 30, 2020** either by instalments (whereby all instalments are paid on or before November 30, 2020), or in one lump sum payment, by the end of business day, namely 4:00 p.m.;
  - b. The usual terms of fine payment, as per 82(3)(c) of the *Health Professions Act*, apply whereby the Regulated Member may be automatically suspended for any non-payment.
3. By no later than **November 15, 2020**, the Regulated Member shall provide proof satisfactory to the Complaints Director, that she has successfully completed and passed the following courses of study and learning activity:
  - a. *Documentation in Nursing (NURS0160 – MacEwan University)*;

- b. Essentials of Mental Health Emergencies (NURS0470 – MacEwan University);*
  - c. CNA Ethics Modules.*
4. The Regulated Member shall create and provide to the Complaints Director a written Behavior Improvement Plan **prior to or at the time she applies to do Supervised Practice under paragraph 5 below**, addressing how to effectively manage her communication, frustration and anger at work. The Behavior Improvement Plan shall consist of the following:
  - a. The Regulated Member shall create a list of at least five (5) unhelpful habits that she has had for exhibiting or dealing with her frustration/anger, and five (5) unhelpful communication habits that she currently has that may inhibit effective communication and interaction with patients who are cognitively impaired;
  - b. For each of those ten (10) unhelpful habits, the Regulated Member shall come up with a written plan of how she will practice changing that negative habit into a positive habit to improve her communication and effectively manage her frustration/anger at work;
  - c. The Regulated Member will create a list of indicators that will tell her new strategies are successful.
5. The Regulated Member shall apply to the Complaints Director to do **one (1) year of Supervised Practice**, covering at least **1400 hours** of nursing practice, in an acute care or long-term care setting, and is prohibited from practising as an RN at all until the Supervised Practice is approved by the Complaints Director. The Regulated Member is only permitted to practise as a registered nurse under supervision of another registered nurse (“RN”) or nurse practitioner (“NP”), and it is the responsibility of the Regulated Member to advise any prospective employer(s) of this restriction prior to obtaining employment. The nature of this supervision will be direct supervision to start, followed by indirect supervision at the discretion of the RN Manager.
6. Prior to commencing employment, the Regulated Member shall provide to the Complaints Director a letter from her prospective employer, signed by her prospective RN Manager at the prospective employment setting:
  - a. Listing the names of the RNs and/or NPs under whose supervision the Regulated Member will be working pursuant to paragraphs 5 and 7, and confirming that those RNs and/or NPs have agreed to be supervisors and understand their duties;
  - b. Confirming the RN Manager has read the Decision of this Hearing Tribunal (including the allegations, findings and Order);
  - c. Confirming the RN Manager has received a copy of the Behavior Improvement Plan required under paragraph 4 above;
  - d. Confirming the RN Manager shall provide **four (4) Performance Evaluations** required by this Order, on the terms set out in paragraph 7 below.
7. The terms of the Supervised Practice are as follows:
  - a. The setting and conditions of the Supervised Practice must be approved by the Complaints Director prior to commencement of the Supervised Practice.
  - b. There may be more than one supervisor for the purposes of this Supervised Practice, and all supervisors must be RNs or NPs.

- c. The Supervised Practice is intended to be done in one continuous period of time without any breaks. Therefore, if the period of Supervised Practice is interrupted for any reason, the Regulated Member is required to notify the Complaints Director and seek direction.
- d. The supervisor (or supervisors, if there are more than one) must confirm in writing that the supervisor has read this Decision of the Hearing Tribunal (the Decision includes the allegations, findings and Order).
- e. The Regulated Member shall do no less than **the first 350 hours** of Supervised Practice as buddied supervised practice (the "**Buddied Hours**"), which means that the Regulated Member is buddied with an RN, who shall be her supervisor, and who works alongside the Regulated Member, with the same patient assignment at the same time as the Regulated Member, and can assist her, mentor her, giving feedback and suggestions, and who watches her perform all her nursing duties, giving feedback and suggestions.
- f. At the end of the Buddied Hours, if the RN Manager is satisfied that the Regulated Member may work safely with more independence, the Regulated Member is no longer required to work under direct supervision. However, the RN manager will personally observe and obtain feedback from Registered Nurse(s) who are on the same unit for the shifts that the Regulated Member is working who have ample opportunities to observe all aspects of the Regulated Member's nursing practice. The RN Manager will also obtain feedback from other members of the health care team, patients and their families and will do chart audits (*Note: It is not the intention of the Hearing Tribunal that the RN supervisor will tell anyone that she is collecting the information regarding the Regulated Member for CARNA*). The RN Manager will confirm that the Regulated Member was never the only RN on duty on the unit (a unit means approximately no more than 50 patients in close physical proximity) and that there was always at least one other RN working with her, on the same shift, on the same unit. The level of observation required on the unit during any given shift may be increased in the absolute discretion of the RN Manager.
- g. Within **three (3) months** of commencing Supervised Practice, the Regulated Member shall provide the Complaints Director a "self-reflection" on the Behavior Improvement Plan, with specific examples of how she implemented the changes outlined in the Behavior Improvement Plan required under paragraph 3.
- h. The RN Manager will submit the following Performance Evaluations to CARNA:
  - i. The first Performance Evaluation is due within **three (3) months** of the Regulated Member commencing Supervised Practice, covering at least 350 hours of nursing practice (the "**First Performance Evaluation**");
  - ii. The second Performance Evaluation is due within **six (6) months** of the Regulated Member commencing Supervised Practice, covering at least an additional 350 hours of nursing practice (the "**Second Performance Evaluation**");
  - iii. The third Performance Evaluation is due within **nine (9) months** of the Regulated Member commencing Supervised Practice, covering at least an additional 350 hours of nursing practice (the "**Third Performance Evaluation**");

- iv. The fourth Performance Evaluation is due within **twelve (12) months** of the Regulated Member commencing Supervised Practice, covering at least an additional 350 hours of nursing practice (the “**Fourth Performance Evaluation**”);  
(collectively, the “**Performance Evaluations**”).
- i. The Performance Evaluations must:
  - i. be satisfactory to the Complaints Director, indicating that the Member is performing to the standard expected of a RN and that there have been no problems related to the issues identified in the findings in the Decision; and
  - ii. specifically comment on all of the following:
    - Administration of medications and medication charting, including:
      - critical thinking skills in determining the patient’s medication needs and all steps taken prior to actual administration of the medication;
      - knowledge of medications;
      - administration of medications using the Medication Management Standards (CARNA, March 2020);
      - assessment of patient pre and post administration; and
      - documentation;
    - Medication reconciliation;
    - Charting, all aspects, plus narcotic records, incident reports;
    - Assessment skills: both initial assessment and ongoing assessment of patients’ conditions;
    - Reporting the results of assessments to the appropriate persons, including other staff, charge nurse and physician; effective communication of all appropriate information to other staff/physicians regarding patient’s condition;
    - Implementation of appropriate nursing interventions based on the assessment;
    - Setting priorities for patient care;
    - Taking responsibility to ask questions or find necessary information;
    - Specific skills that are necessary on the unit;
    - Professional responsibility;
    - Communication style with patients/families of patients - whether the style demonstrates respect, kindness, gentleness and compassion;
    - Manner of interactions with patients when required to touch the patient – whether the manner demonstrates respect, kindness, gentleness and compassion;
    - Following the policies of the unit regarding all aspects of nursing practice;

- Processing of physician's orders; and
  - Any other issues that the supervisor thinks are relevant.
- j. The RN Manager must confirm that he/she has obtained feedback from the RN and/or NP supervisors who were supervising the Regulated Member as required above, and the RN Manager and supervisor(s) must have had sufficient opportunities to observe the Regulated Member in order to provide informed input into the Performance Evaluations.
- k. The Performance Evaluations must indicate that the Regulated Member has appropriately managed her frustration/anger in the workplace; it has not interfered with the provision of care to patients or working collaboratively with colleagues; and is not an issue.
- l. The Performance Evaluations must incorporate the elements of the Regulated Member's Behavior Improvement Plan and indicate whether she has successfully implemented the Plan.
- m. The Performance Evaluations must confirm that the Regulated Member is providing safe, compassionate care to all patients. The Performance Evaluations must be satisfactory to the Complaints Director in that the Complaints Director shall be satisfied from information in the Performance Evaluations that the Regulated Member has consistently demonstrated a high level of respect, kindness and compassion toward all patients and their families and her colleagues, and is otherwise practising at the level expected of a registered nurse. The Performance Evaluations shall specifically comment on the Regulated Member's practice as it relates to her attitude toward patients as demonstrated through her interactions with patients; and as demonstrated through her discussions about patients with other members of the health care team.
8. Until the Regulated Member has complied with paragraph 7 above she is prohibited from practising as an RN in any setting except for the employment setting approved by the Complaints Director under paragraphs 5, 6 and 7, under the supervision of the RN(s) and/or NP(s) approved by the Complaints Director. In the event the Regulated Member wants to change employers or employment sites prior to fully complying with paragraph 7 above, she must request permission from the Complaints Director who will have to approve an appropriate RN supervisor(s) at the new employer and/or employment site, and require Performance Evaluation(s) from the approved employer as per paragraph 7 above, and Performance Evaluation(s) from the new employer as per paragraph 7 above for the time period deemed appropriate by the Complaints Director.
9. Once the Regulated Member has successfully complied with paragraph 7 above, she is no longer required to work under supervision.
10. For the **next two (2) years**, starting from the date the Complaints Director confirms that the Regulated Member has fully complied with paragraph 7 above, the Regulated Member must comply with the following:
- a. The Regulated Member must notify the Complaints Director of all new employment sites (if any) immediately prior to commencement of employment;
  - b. The Regulated Member must provide proof that her supervisor at the new site has read the Decision of the Hearing Tribunal in this matter (allegations, findings and Order) within **one (1) month** of the Regulated Member's commencement of employment;

- c. If the Regulated Member leaves the employ of any employment setting within two (2) years of complying with paragraph 7, she is required to provide a letter from her nursing supervisor at that site indicating there were no performance issues.

## COMPLIANCE

11. Compliance with this Order shall be determined by the Complaints Director of CARNA. All decisions with respect to the Regulated Member's compliance with this Order will be in the sole discretion of the Complaints Director.
12. Proof of compliance with all requirements under this Order must be received by the Complaints Director of CARNA by the deadlines set out in the Order. If the Complaints Director deems it appropriate, and for the sole purpose of permitting the Member to proceed toward compliance with this Order, the Complaints Director may in her sole discretion grant extensions or make other minor adjustments to the Order that are in keeping with this Hearing Tribunal Order, without varying the substance of the Order.
13. Should the Regulated Member 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 the HPA, and, in so doing, may rely on any non-compliance with this Order as grounds to make a recommendation under section 65 of the HPA which may include suspension of the Member's practice permit.
14. The responsibility lies with the Regulated Member to comply with this Order. It is the responsibility of the Regulated Member to initiate communication with CARNA for any anticipated non-compliance and any request for an extension.

## CONDITIONS

15. The Registrar of CARNA will be requested to put the following conditions against the Regulated Member's practice permit (current and/or future) and shall remain until the condition is satisfied:
  - a. **Course work required (Call CARNA);**
  - b. **Must complete Practice Improvement Plan (call CARNA);**
  - c. **Supervised Practice required (call CARNA);**
  - d. **Letter from Employer(s) required (call CARNA);**
  - e. **Must pay fine (call CARNA);**
  - f. **Performance Evaluation(s) required (call CARNA);**
  - g. **Restricted re employment setting (call CARNA).**
16. Effective May 21, 2020 or the date of this Order, if different from the date of the Hearing, notifications of the above conditions shall be sent out to the Regulated Member's current employers (if any), the regulatory college for Registered Nurses in all Canadian provinces and territories, and other professional colleges with which the Regulated Member is also registered (if any).
17. Once the Regulated Member 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 college of the other Canadian jurisdictions.

18. This Order takes effect May 21, 2020 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: **May 21, 2020**