

COLLEGE AND ASSOCIATION OF REGISTERED NURSES OF ALBERTA

DECISION OF THE HEARING TRIBUNAL

RE: CONDUCT OF **LINCOLN TAYLOR**, N.P. REGISTRATION #**78,404**

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

JANUARY 15, 2020

INTRODUCTION

A hearing was held on January 15, 2020 at the College and Association of Registered Nurses of Alberta (“CARNA”) by the Hearing Tribunal of CARNA to hear a complaint against Lincoln Taylor, N.P. registration #78,404.

Those present at the hearing were:

a. Hearing Tribunal Members:

Jason Anuik, Chairperson
Terrie Tietz
Grace Brittain
Nancy Brook, Public Representative

b. Independent Legal Counsel to the Hearing Tribunal:

Julie Gagnon

c. CARNA Representative:

Gwendolyn Parsons, Conduct Counsel

d. Regulated Member Under Investigation:

Lincoln Taylor (sometimes hereinafter referred to as “the Regulated Member”)

e. Regulated Member’s Labour Relations Officer:

Silvie Montier, Labour Relations Officer, United Nurses of Alberta

f. Observer (Hearing Tribunal Orientation):

Danica Wong

PRELIMINARY MATTERS

Conduct Counsel and the Labour Relations Officer 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. There were no preliminary applications.

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. A member of the public was present.

The Chairperson noted that there was a Hearing Tribunal member present as an observer, for educational purposes.

Conduct Counsel confirmed that the matter was proceeding by agreement.

ALLEGATIONS AND ADMISSION

The behaviour of you, Lincoln Taylor, Registration #78,404, constitutes unprofessional conduct, in that while employed as a Nurse Practitioner at Edmonton West Primary Care Network, Frail Elderly Program, Edmonton, Alberta, your practice fell below the standard expected of a Nurse Practitioner when:

1. [dismissed];
2. Regarding [patient 1], you:
 - a. Failed to attend a home visit for [patient 1] on February 15, 2018, when you were supposed to be on duty;
 - b. Led colleagues to believe you were working February 15, 2018, and attending a home visit, when you were not;
 - c. Documented false and inaccurate information on the client's clinical record for February 15, 2018;
 - d. When questioned about the visit by your employer, you initially lied by advising that the February 15, 2018 visit had occurred.
3. Regarding [patient 2], you:
 - a. Failed to attend a home visit for [patient 2] on February 15, 2018, when you were supposed to be on duty;
 - b. Led colleagues to believe you were working February 15, 2018, and attending a home visit, when you were not;
 - c. Documented false and inaccurate information on the client's clinical record for February 15, 2018;
 - d. When questioned about the visit by your employer, you initially lied by advising that the February 15, 2018 visit had occurred.
4. Regarding [patient 3], you:
 - a. Failed to attend a home visit for [patient 3] on February 16, 2018, when you were supposed to be on duty;
 - b. Led colleagues to believe you were working February 16, 2018, and attending a home visit for [patient 3], when you were not;
 - c. Documented false and inaccurate information on the client's clinical record for February 16, 2018;
 - d. When questioned about the visit by your employer, you initially lied by advising that the February 16, 2018 visit had occurred.
5. Regarding [patient 4], you:
 - a. Failed to attend a home visit for [patient 4] on February 16, 2018, when you were supposed to be on duty;
 - b. Led colleagues to believe you were working February 16, 2018, and attending a home visit for [patient 4], when you were not;
 - c. Documented false and inaccurate information on the client's clinical record for February 16, 2018;
 - d. When questioned about the visit by your employer, you initially lied by advising that the February 16, 2018 visit had occurred.
6. [dismissed].

The Regulated Member admitted to the conduct in the allegations in the Consent Agreement (Exhibit #2).

EXHIBITS

The following documents were entered as Exhibits:

Exhibit #1 – Notice to Attend a Hearing by the Hearing Tribunal of the College and Association of Registered Nurses of Alberta;

Exhibit #2 – Consent Agreement between Lincoln Taylor, #78,404 and Gwendolyn Parsons, Conduct Counsel;

Exhibit #3 – CARNA Practice Standards for Regulated Members (“Practice Standards”)

Exhibit #4 – 2017 Edition of the Canadian Nurses Association Code of Ethics for Registered Nurses (“Code of Ethics”);

Exhibit #5 – Entry-Level Competencies for Nurse Practitioners in Canada

Exhibit #6 – Letters dated November 4, 2019 and November 26, 2019;

Exhibit #7 – Joint Recommendations;

Exhibit #8 – Course Outlines Responsible Nursing and Professional Ethics;

Exhibit #9 – Excerpt from *Jaswal v. Newfoundland Medical Board*;

Exhibit #10 – Confirmation of payment of \$500 fine.

SUBMISSIONS ON THE ALLEGATIONS

Submissions by Conduct Counsel:

Conduct Counsel made brief submissions. Conduct Counsel thanked the Regulated Member and the Labour Relations Officer for reaching a Consent Agreement. Conduct Counsel requested that allegations 1 and 6 be dismissed.

Conduct Counsel briefly reviewed Exhibit #2. She noted that Appendix A includes the complaint from the Regulated Member’s employer and a self-report from the Regulated Member. She noted that in March 2018, the Regulated Member was directed to cease practice under section 118 of the HPA. This direction was subsequently lifted when the Regulated Member gave an undertaking which permitted him to practice under conditions in June 2018. By way of a letter dated December 16, 2019, the undertaking was lifted. There are currently no undertakings on the Regulated Member’s practice (Appendix C).

Conduct Counsel submitted that the conduct constitutes unprofessional conduct under the HPA. The Regulated Member acknowledges the conduct is unprofessional.

Conduct Counsel noted that the following Practice Standards were applicable: Standards 1.1, 1.2, 1.4, 2.2, 2.3, 2.4, 2.5, 3.1, 3.4, 4.2, 5.2, 5.3, 5.9. Conduct Counsel noted that the Practice Standards apply to nurse practitioners.

Conduct Counsel also noted that the following provisions from the Code of Ethics applied: A1, A3, A7, B4, D1, D13, E1, E8, E9, F8, G1, G2, G5.

Conduct Counsel noted there may be other applicable provisions of the Practice Standards and Code of Ethics.

Submissions by the Labour Relations Officer:

The Labour Relations Officer noted that the Regulated Member recognizes his errors and that his conduct is unprofessional. The background (Appendix C) provides context for his conduct. It is not meant to excuse the conduct, but to explain the conduct. [health information redacted]

The Labour Relations Officer noted that in Appendix F-1, the reference to the time from 12:30 to 1:30 should be disregarded by the Hearing Tribunal as it is not relevant to the allegations before the Hearing Tribunal. Appendix F-2 has information crossed out, which again is not relevant to the allegations before the Hearing Tribunal.

Questions from the Hearing Tribunal:

The Hearing Tribunal adjourned to review the Exhibits and consider the submissions. When the hearing reconvened, the Hearing Tribunal advised the parties that it was considering making a finding that the Regulated Member breached Practice Standard 2.7. The parties were given an opportunity to make submissions on this provision but had no comments with respect to these provisions.

The Hearing Tribunal advised the parties that it was considering making a finding that the Regulated Member breached articles C1 and E11 of the Code of Ethics. The parties were given an opportunity to make submissions but had no comments with respect to these provisions.

The Hearing Tribunal had questions about articles E9 and F8 of the Code of Ethics. Conduct Counsel advised that with respect to E9, she had misspoken and it was not applicable. With respect to F8, Conduct Counsel noted that where one is documenting incorrectly, it is hard for others to know what is going on in providing proper patient care. The Labour Relations Officer had no additional comments.

The Hearing Tribunal advised the parties that it was considering making a finding of unprofessional conduct under section 1(1)(pp):

- (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 asked the parties for any submissions with respect to these provisions. Both Conduct Counsel and the Labour Relations Officer agreed that these were applicable.

DECISION AND REASONS OF THE HEARING TRIBUNAL ON THE ALLEGATIONS

The Hearing Tribunal carefully reviewed the exhibits and considered the admission of the Regulated Member and the submissions of the parties. The Hearing Tribunal finds that allegations 2, 3, 4, and 5 are proven. The Hearing Tribunal agrees to dismiss allegations 1 and 6.

The Regulated Member became registered with CARNA as a Registered Nurse in February 2005. He became a Nurse Practitioner in May 2014. The Regulated Member's employer made a complaint to CARNA in March 2018. The Regulated Member also self-reported the conduct directly to CARNA.

In February 2018, the Regulated Member worked for Edmonton West Primary Care Network in the Frail Elderly Outreach Program doing client home visits. [health information redacted] On February 15, 2018 he came to work and indicated to staff that he was going to his home visits. He went home and did not visit the clients he was scheduled to visit. In particular, he failed to attend a home visit for [patients 1 and 2]. He led his colleagues to believe he was attending the home visits, when he was not. He documented false and inaccurate information on [patient 1 and 2]'s clinical record for February 15, 2018. Similarly on February 16, 2018, the Regulated Member failed to attend a home visit for [patients 3 and 4]. He led his colleagues to believe he was attending the home visits, when he was not. He documented false and inaccurate information on [patient 3 and 4]'s clinical record for February 16, 2018. Finally, when questioned about these visits by his employer, he initially lied by advising that the home visits had occurred.

On March 28, 2018, the Regulated Member was directed by CARNA to cease practising pursuant to section 118 of the HPA. That direction was lifted when the Regulated Member signed an Undertaking with conditions. The conditions on the practice permit were lifted on December 16, 2019.

The Hearing Tribunal considered the definition of unprofessional conduct under section (1)(1)(pp) of the HPA. The Hearing Tribunal finds that the remaining Allegations (Allegations 2, 3, 4, and 5) are proven and that the Regulated Member's conduct constitutes 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:

- (iii) displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services;
- (iv) 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: 1.1, 1.2, 1.4, 2.2, 2.3, 2.4, 2.5, 2.7, 3.1, 3.4, 4.2, 5.2, 5.3, 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

- 2.2 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 registered nurse complies with the *Code of Ethics* adopted by the Council in accordance with Section 133 of *Health Professions Act* and CARNA bylaws (CARNA, 2012).

Indicators

- 3.1 The nurse practices with honesty, integrity and respect.
- 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.

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.
- 5.9 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, A3, A7, B4, C1, D1, D13, E1, E8, E11, F8, G1, G2, 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**.
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.
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.

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.

C. Promoting and Respecting Informed Decision-Making

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

Ethical responsibilities:

1. Nurses provide persons receiving care with the information they need to make informed and autonomous decisions related to their health and well-being. They also work to ensure that health information is given to those persons in an open, accurate, understandable and transparent manner.

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.
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.

E. Maintaining Privacy and Confidentiality

Nurses recognize the importance of privacy and confidentiality and safeguard personal, family and community information obtained in the context of a professional relationship.

Ethical responsibilities:

1. Nurses respect the interests of persons receiving care in the lawful collection, use, access and disclosure of personal information.
8. Nurses do not abuse their access to information by accessing health-care records, including those of a family member or any other person, for purposes inconsistent with their professional obligations. When using photo, video or other technology for assessment, diagnosis, planning,

implementation and evaluation of persons receiving care, nurses obtain their consent and do not intrude into their privacy. They handle photos or videos with care to maintain the confidentiality of the persons involved, including colleagues and students.

11. In all areas of practice, nurses safeguard the impact new and emerging technologies can have on patient privacy and confidentiality, **professional boundaries**, and the professional image of individual nurses and the organizations in which they work (CNA, 2012). They are also sensitive to ethical conduct in their use of electronic records, ensuring accurate data entry and avoiding the falsification or alteration of documentation.

F. Promoting Justice

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

Ethical responsibilities:

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., **whistle-blowing**). 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, practice 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 practice with integrity in all of their professional interactions. Nurses represent themselves clearly with respect to name, title and role.
5. Nurses maintain their **fitness to practice**. If they are aware that they do not have the necessary physical, mental or emotional capacity to practice 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 practice, in consultation with appropriate professional resources.

The breaches of the Practice Standards and the Code of Ethics are serious. Honesty and integrity are foundational values of the profession of nursing. The Hearing Tribunal finds that lying is never

acceptable in the profession of nursing. It interferes with continuity of care for patients. A Regulated Member must be able to practice with integrity. The Regulated Member's illness does not excuse him from practicing with integrity. He actively made a decision not to attend the home visits for his clients and then actively tried to cover it up. He falsified patient records and then lied about his actions when confronted.

The Regulated Member showed a lack of respect for the patients in his care, his colleagues, other professionals, his employer and the profession of nursing generally.

By lying to his employer about where he was during his work hours and falsifying information in the patient records, the Regulated Member showed a serious lack of judgment in the provision of professional services. This is serious conduct.

This conduct harms the integrity of the profession of nursing. The public places its trust in nurses to assist them or their family members in their most vulnerable time. If a nurse cannot be trusted, this harms the integrity of the profession.

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 #7). Conduct Counsel noted that the Regulated Member is currently working full-time.

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 conduct represents a fundamental breach of foundational tenants of nursing practice: ethical practice. Patients and colleagues must be able to trust what a nurse says. In that sense, the allegations are very serious.
2. The age and experience of the member: The Regulated Member has been a Nurse Practitioner for a few years and previously was a Registered Nurse for many years.
3. The previous character of the member: There is no prior discipline history for this Regulated Member.
4. The age and mental condition of the offended patient: The patients were in the Frail Elderly Program. They were extremely vulnerable and required the utmost care and attention from their health care professional. Their records would need to accurately reflect the circumstances of their care so that other health care professionals would know what is going on.
5. The number of times the offence was proven to have occurred: There are two days were the Regulated Member charted inaccurately.

6. The role of the registered nurse in acknowledging what occurred: The Regulated Member reported himself to CARNA and the Regulated Member has acknowledged his failings in the Consent Agreement before the Hearing Tribunal.
7. Whether the member has already suffered other serious financial or other penalties: The Regulated Member is no longer employed with the former employer. The employment relationship ended as a result of this behaviour. The Regulated Member was also off work from March 2018 for a period of a few months. In June 2018, he was permitted to work with conditions, pursuant to the undertaking. This was lifted in December 2019.
8. The impact on the offended patient: Thankfully this behaviour was discovered fairly quickly. There is no information about actual harm to patients, but there was a risk of harm arising from this behaviour, including from inaccurate charting.
9. The presence or absence of any mitigating factors: The Consent Agreement sets out the medical information and information about the Regulated Member's health issues. This does not excuse the behaviour, especially relating to falsification of patient records. The fine is a punishment to send a clear signal that the behaviour is not appropriate. The Regulated Member has been under the scrutiny and close supervision of the College since March 2018. This sanction adds to what has already been done.
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:

Conduct Counsel noted that the conduct is unacceptable and the Regulated Member has acknowledged that the conduct is clearly unacceptable. The fine reflects a punishment. The requirement to write a paper is an opportunity for self-reflection with respect to his fitness to practice. The courses are a further opportunity for self-reflection. The supervision will ensure that no further issues are identified. The proposed sanction also sends a message to the public and the profession that this conduct is taken seriously.

Conduct Counsel noted that in her submission, the proposed sanction is appropriate in the circumstances of this case. Conduct Counsel confirmed at the end of the hearing that the Regulated Member had paid the fine of \$500.

Submissions by the Labour Relations Officer:

With respect to factor 4 in the *Jaswal* factors, the Labour Relations Officer noted that they are vulnerable patients, but they are people who live at home. They understand what is happening and can speak for themselves. With respect to the number of times the conduct occurred (factor 5), it was on two dates, but side by side, therefore, this should be considered to be one instance of conduct. This is out of character for the Regulated Member.

With respect to factor 6, the Regulated Member self-reported. [health information redacted] He continues to make sure he remains fit to practice.

With respect to factor 8, the charting was not sent to a physician, where it could have been an issue. There was very little chance, within the time at issue, that there was a risk to the patients.

The Complaints Director permitted the Regulated Member to practice under an undertaking, showing that she thought he was able to practice with conditions. There is no issue with his practice skills.

This is a serious sanction and sends a strong message to the Regulated Member that ensuring fitness to practice is a top priority and must be taken very seriously.

With respect to factor 10, the proposed sanction sends a clear message to the membership. The Regulated Member hopes that the message the membership gets is that if you feel down, it is important to ensure that you are fit to practice. It is important to take steps.

The Regulated Member knows the conduct was wrong. He self-reported and acknowledged it in the Consent Agreement.

DECISION AND REASONS OF THE HEARING TRIBUNAL ON SANCTION

The Hearing Tribunal accepts the proposed recommended sanction. The recommended sanction is reasonable and appropriately addresses the conduct that gave rise to the Allegations in this case.

The Hearing Tribunal considered that the Regulated Member has been under the College's supervision since March 2018 and has been successfully practicing under conditions since June 2018. He will continue to be followed for another year with the requirements for evaluations which is appropriate in this case.

The reprimand is appropriate in this case. The Hearing Tribunal also finds that the \$500 fine is reasonable. This sends a message to the Regulated Member and to the membership that this conduct must be denounced and that a punishment is necessary. The fine will also act as a deterrent to the Regulated Member and to others in the profession.

The requirement to prepare a paper will provide the Regulated Member with an opportunity to self-reflect on the incidents and to help ensure the conduct does not happen again. The courses will assist the Regulated Member to have additional learning in the areas of ethics and responsibilities and will help strengthen his practice. The Hearing Tribunal also finds that the performance evaluations are appropriate in this case. In addition, the requirement that the Regulated Member work for only one employer will allow the Regulated Member to create a stronger relationship with his employer. It will put him in a better position for success and help ensure public safety. The conditions on his permit and notification to other jurisdictions will also help protect the public interest.

The sanction sends a clear message to the public that the conduct is not acceptable and maintains the public's confidence in the integrity of the profession.

The Hearing Tribunal finds that the proposed recommended sanction is reasonable. The proposed sanction appropriately considers the factors set out in the *Jaswal* case and serves to protect the public interest.

ORDER OF THE HEARING TRIBUNAL

The Hearing Tribunal orders that:

1. Lincoln Taylor shall receive a reprimand for unprofessional conduct.
2. Lincoln Taylor shall pay a fine of Five Hundred (\$500.00) dollars to CARNA by July 15, 2020.

(The Hearing Tribunal confirmed that Lincoln Taylor paid the fine on the day of the hearing.)
3. Lincoln Taylor shall write and submit to the Complaints Director by May 15, 2020, a paper which must be satisfactory to the Complaints Director as follows:
 - a. the title of the paper shall be Fitness to Practise: Implications for My Practice;
 - b. shall be 2000 words in length;
 - c. shall be typed and neat;
 - d. the paper must demonstrate insight into why the Regulated Member's behaviours, as outlined in all the allegations, were unacceptable and demonstrate insight into how those behaviours may reflect on the profession of Nursing, and
 - e. the paper shall have a bibliography of at least 6 recent references, one of which must be the *Practice Standards for Regulated Members and Code of Ethics*;
 - f. Any quotes or paraphrases from other authors must be clearly identified in the paper, and shall not comprise more than a total of 200 words in the paper. The other 1800 words in the paper must be original, independent, reflective thought from the Regulated Member.
4. Lincoln Taylor shall provide proof to the Complaints Director by January 15, 2021, that he has passed the following courses:
 - a. Professional Ethics (Philosophy 333 from Athabasca University);
 - b. Professional Responsibilities - Responsible Nursing (from MacEwan University).
5. Lincoln Taylor shall provide printed certificates to the Complaints Director by March 15, 2020, proving that he has completed the ten CNA E-Modules on the Code of Ethics.
6. Lincoln Taylor shall provide to the Complaints Director performance evaluations from his current employer/employment site, Redwater Medical Clinic. The performance evaluations:
 - a. Are due to be submitted to the Complaints Director as follows:
 - i. Due July 15, 2020, and

- ii. Due January 15, 2021.
 - b. Must be satisfactory to the Complaints Director and indicate that the Regulated Member is practising at the standard expected of a Nurse Practitioner.
 - c. Must comment on all the specific duties of the Regulated Member as a Nurse Practitioner in that setting and in addition comment on:
 - i. Honesty, integrity and ethical practice;
 - ii. Effective leadership;
 - iii. Management of patient care in a timely and effective manner;
 - iv. Anything else the Manager thinks should be reported to the Complaints Director.
 - d. The supervisor who completes the evaluation must indicate that they have read the Decision of this Hearing Tribunal (including the allegations, findings and order).
7. Until Lincoln Taylor has provided the final satisfactory performance evaluation pursuant to paragraph #6 above, he is restricted to working at his current employment site: Redwater Medical Clinic. If Lincoln wants to change employment sites, or add another employment site, he must first obtain permission from the Complaints Director, in which case a performance evaluation(s) shall be required from the current employer and the new employment site as well.
8. Compliance with this Order:
- a. 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.
 - b. 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 Regulated 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 the Hearing Tribunal Order, without varying the substance of this Order.
 - c. 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 65 of the HPA which may include suspension of the Regulated Member's practice permit.
 - d. 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.

9. The registrar will be requested to put the following conditions against the Regulated Member's practice permit (current and/or future). Each condition shall remain on any current and future practice permits until the condition is fully satisfied. Effective January 15, 2020, notifications of the 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). Once the Regulated Member has complied with a condition listed below, 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. Conditions to be placed against any current and future practice permits:
- Must write paper. (call CARNA)
 - Course work required. (call CARNA)
 - Restricted re employment setting. (call CARNA)
 - Performance evaluation(s) required. (call CARNA)
10. This Order takes effect January 15, 2020, and remains in effect pending the outcome of any appeal, unless a stay is granted pursuant to section 86 HPA.

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

Respectfully submitted,



Jason Anuik, Chairperson
On Behalf of the Hearing Tribunal

Date of Order: January 15, 2020