

COLLEGE AND ASSOCIATION OF REGISTERED NURSES OF ALBERTA

DECISION OF THE HEARING TRIBUNAL

RE: CONDUCT OF **JENNIFER DENESUK**, R.N. REGISTRATION #73,398

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 16, 2020

INTRODUCTION

A hearing was held on January 16, 2020 at the College and Association of Registered Nurses of Alberta (“CARNA”) by the Hearing Tribunal of CARNA to hear a complaint against Jennifer Denesuk, R.N. registration #73,398.

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
Jenna Chamberlain, Student-At-Law

c. CARNA Representative:

Kate Whittleton, Conduct Counsel

d. Regulated Member Under Investigation:

Jennifer Denesuk (sometimes hereinafter referred to as “the Regulated Member”) attending by telephone

e. Regulated Member’s Legal Counsel/Labour Relations Officers:

Kristan McLeod, Legal Counsel
Tricia Gibbs, Labour Relations Officer, United Nurses of Alberta, attending by telephone
Dwayne MacKinnon, Labour Relations Officer, United Nurses of Alberta, attending by telephone

PRELIMINARY MATTERS

Conduct Counsel and Legal Counsel 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. 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.

The Chairperson noted that there were Hearing Tribunal members present as observers, for educational purposes.

Conduct Counsel confirmed that the matter was proceeding by Agreement.

ALLEGATIONS AND ADMISSION

The allegations in the Notice to Attend as amended in the Consent Agreement (Exhibit #2) are as follows:

The behaviour of you, Jennifer Denesuk, Registration #73,398, constitutes unprofessional conduct, in that while employed as a Registered Nurse at Transition Services – Community, CCA & RCTP, Alberta Health Services (AHS), Calgary, Alberta, your practice fell below the standard expected of a RN when you:

1. Failed to complete course work as required by a CARNA Hearing Tribunal order dated April 26, 2017 (the “Order”) when you:
 - a. Failed to complete NURS 334 by December 1, 2018;
 - b. Failed to complete NURS 335 by December 1, 2018;
2. [*Amended*] Failed to provide a satisfactory Performance Appraisal to a CARNA Hearing Tribunal, as required by the Order, when practice concerns, occurring between March 5, 2018 and June 26, 2018, were identified by the Care Manager and submitted to a CARNA Hearing Tribunal;
 - a. [*Withdrawn*];
 - b. [*Withdrawn*];
 - c. [*Withdrawn*];
 - d. [*Withdrawn*];
 - i. [*Withdrawn*];
 - ii. [*Withdrawn*];
 - iii. [*Withdrawn*];
 - e. [*Withdrawn*];
 - f. [*Withdrawn*];
3. [*Withdrawn*].

The Regulated Member has 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 Jennifer Denesuk and Kate Whittleton, 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 – Joint Recommendations;

Exhibit #6 – Course Outline NURS 0334;

Exhibit #7 – Course Outline NURS 335;

Exhibit #8 – Excerpt from *Jaswal v. Newfoundland Medical Board*.

SUBMISSIONS ON THE ALLEGATIONS

Submissions by Conduct Counsel:

Conduct Counsel made brief submissions. Conduct Counsel thanked the Regulated Member, Legal Counsel for the Regulated Member and the Labour Relations Officers in getting to an agreement today. She noted the request that Allegation 2 be amended to show particulars (a) to (f) were withdrawn and that Allegation 3 also be withdrawn.

Conduct Counsel reviewed the Agreement (Exhibit #2). The Allegations at issue in this hearing relate to a prior unprofessional conduct Order. The Regulated Member has acknowledged the conduct and admitted it constitutes unprofessional conduct in Exhibit #2. Conduct Counsel referred to the performance appraisal found at Appendix I. She noted the prior decision of the Hearing Tribunal was at Appendix H.

Conduct Counsel submitted that the conduct constitutes unprofessional conduct under sections 1(1)(pp)(i), (ii), (viii) and (xii) of the HPA.

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, 2.7, 3.3, 3.4, 4.1, 4.2, 4.3, 5.2, 5.3, 5.5 and 5.6. Conduct Counsel also noted that the following provisions from the Code of Ethics applied: A1, A3, A14, A15, B2, B4, C1, D6, D7, D13, G1, G2, G3, G4. Conduct Counsel noted there may be other applicable provisions, but that in her view, these were applicable.

Submissions by Legal Counsel for the Regulated Member:

Legal Counsel for the Regulated Member brought Appendix T to the attention of the Hearing Tribunal, which provides some background information. At the time of the events leading to the conduct, the Regulated Member was experiencing significant personal issues.

Legal Counsel for the Regulated Member noted that the Regulated Member did manage to comply with the terms of the Order earlier in the year. She provided a positive performance appraisal approximately 6 months before being unable to provide a satisfactory performance appraisal.

Questions from the Hearing Tribunal:

The Hearing Tribunal adjourned to review the Exhibits and consider the submissions. When the hearing reconvened, the Hearing Tribunal had a question for the parties related to how the failure to complete the two courses and provide a satisfactory performance appraisal relates to the provisions in the Practice Standards and Code of Ethics that deal with nurse interaction with patients and nursing skills.

Similarly, the Hearing Tribunal asked for additional submissions on how the conduct may constitute 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.

Conduct Counsel submitted that in her view the conduct related to nursing skills as the concerns were noted in the performance appraisal at Appendix I. Conduct Counsel submitted that, even with the particulars removed, the information in the Allegations indicates there were performance concerns.

Following a brief adjournment, Legal Counsel for the Regulated Member stated she disagreed with Conduct Counsel's position on nursing skills but submitted that the failure to provide a satisfactory performance appraisal showed a lack of judgment on the part of the Regulated Member.

Independent Legal Counsel clarified the issue on the record. She noted that the question had first been raised by the Hearing Tribunal as to whether certain Practice Standards and Code of Ethics provisions related to the Allegations. Independent Legal Counsel stated the advice she had provided to the Hearing Tribunal was that the Hearing Tribunal had the authority to make a decision about the allegations before them, whether the allegations were proven and whether the conduct in the allegations constitutes unprofessional conduct. Independent Legal Counsel further indicated that in her view, the Hearing Tribunal's authority was limited to the allegations and the Hearing Tribunal could not make findings outside of the allegations as worded.

Conduct Counsel and Legal Counsel for the Regulated Member were provided with the opportunity to respond to this advice. Conduct Counsel noted that she understood the advice and agreed it was in the Hearing Tribunal's jurisdiction to determine the issue. Legal Counsel for the Regulated Member had no additional submissions or comments.

DECISION AND REASONS OF THE HEARING TRIBUNAL ON THE ALLEGATIONS

The Hearing Tribunal reviewed the exhibits and considered the submissions made by the parties.

Exhibit #2 attaches a previous Order of the Hearing Tribunal (Appendix H). As part of that Order, the Regulated Member was required to provide proof by December 1, 2018 of successfully completing and passing certain courses including: NURS334 Clinical Nursing Skills and NURS335 Nursing Refresher Clinical. The Regulated Member did not complete these courses by December 1, 2018. In addition, the Order required the Regulated Member to provide performance appraisals by certain timelines. The Regulated Member submitted one satisfactory performance appraisal but failed to provide the second performance appraisal as required by the Order.

The Hearing Tribunal finds that Allegations 1 and 2, as amended, are proven. The Hearing Tribunal finds that the conduct in Allegation 1 and Allegation 2, as amended, constitutes unprofessional conduct. The Hearing Tribunal confirms the withdrawal of particulars (a) to (f) of Allegation 2 and the withdrawal of Allegation 3.

The Hearing Tribunal considered the definition of unprofessional conduct under section (1)(1)(pp) of the HPA. The Hearing Tribunal finds that the Allegations 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:

- (ii) contravention of this Act, a code of ethics or standards of practice;
- (viii) contravention of an order under Part 4, conditions imposed on a practice permit or a direction under section 118(4);
- (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, 2.4, 3 (no specific indicators), 5.2, 5.3, and 5.6, 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.

Standard Two: Knowledge-Based Practice

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

Indicators

- 2.4 The nurse exercises reasonable judgment and sets justifiable priorities in practice.

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).

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.
- 5.6 The nurse regularly assesses their practice and takes the necessary steps to improve personal competence.

The Hearing Tribunal finds that the Regulated Member breached the following provision of the Code of Ethics: G1, as follows:

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.

The breaches of the Practice Standards and the Code of Ethics are serious and constitute unprofessional conduct. The Hearing Tribunal narrowed the specific provisions of the Practice Standards and the Code of Ethics to those related specifically to the findings in the Allegations. While the performance appraisal raised concerns with respect to nursing skills, the Hearing Tribunal found that nursing skills were not specifically part of the Allegations and so declined to make findings with respect to those provisions of the Practice Standards and Code of Ethics that were suggested by Conduct Counsel. The breach of the Order from the Hearing Tribunal is clearly within the definition of section 1(1)(pp)(viii) of the HPA.

In addition, failure to comply with an order in a prior hearing before a Hearing Tribunal is conduct that harms the integrity of the regulated profession. Regulated members are expected and required to comply with orders made by a Hearing Tribunal. The integrity of the profession is maintained by assuring the public that CARNA is able to appropriately regulate its members.

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). This proposed sanction combines the terms of the previous Order not yet complied with, so that the Regulated Member is under only one Order.

The Regulated Member has not been working since being suspended in July 2018. The purpose of the fine is to send a clear message. The rationale for the timeline to pay the fine is to provide

her time to start working again. The supervision order will ensure that the Regulated Member's conduct is supervised, to ensure protection of the public.

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 must be denounced as unprofessional conduct.
2. The age and experience of the member: The Regulated Member has been registered with CARNA since March 2002. She should be well aware of her obligations and the consequences of not complying with an order of a Hearing Tribunal.
3. The previous character of the member: She has a prior finding of unprofessional conduct. This directly relates to the conduct at issue in this case.
4. The age and mental condition of the offended patient: Exhibit #2 provides information about some of the patients in her care.
5. The number of times the offence was proven to have occurred: There are two allegations: failure to complete the course work and failure to provide a satisfactory evaluation. There is information in the Exhibits as well about the timelines.
6. The role of the registered nurse in acknowledging what occurred: The Regulated Member has acknowledged the conduct. This is a mitigating factor.
7. Whether the member has already suffered other serious financial or other penalties: She was suspended as of July 2018. Her suspension was lifted for the purposes of registration to complete the course work, but she has not been working since July 2018.
8. The impact on the offended patient: The patients here were vulnerable or individuals dealing with vulnerable family members.
9. The presence or absence of any mitigating factors: There is information in Exhibit #2 about mitigating factors.
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:

Clearly the conduct was completely unacceptable. It is a breach of a prior Hearing Tribunal Order. The issue of specific deterrence is to ensure that this Regulated Member does not repeat the conduct. The supervision will allow concerns to be identified and addressed. The proposed sanction also sends a clear message to the membership generally.

Submissions by Legal Counsel for the Regulated Member:

The Regulated Member is in complete agreement with the joint recommendation. With respect to *Jaswal* factors 4 and 8, there is no evidence that any of the patients were negatively affected by

the Allegations set forth by the manager. No patient complaints were lodged. However, there is always a possibility of negative patient outcomes, which was acknowledged.

With respect to *Jaswal* factor 7, the Regulated Member has not been working as an RN or otherwise since her suspension. She is the sole caregiver of three minor children. She has had difficult financial circumstances.

With respect to *Jaswal* factor 9, Legal Counsel for the Regulated Member referred the Hearing Tribunal to Appendix T, regarding the personal circumstances and health issues of the Regulated Member.

DECISION AND REASONS OF THE HEARING TRIBUNAL ON SANCTION

The Hearing Tribunal considered the submissions of the parties and the Joint Recommendations. The Hearing Tribunal accepts the proposed Orders set out in the Joint Recommendations.

The conduct in this case is very serious. A regulated member must abide by Orders of the Hearing Tribunal. The failure to do so is a serious breach and the Hearing Tribunal wishes to send a clear message to the Regulated Member and to the profession.

The fine represents a punishment which reflects the significance of a failure to comply with an Order of the Hearing Tribunal. The conduct must be denounced. A member cannot ignore an Order of a Hearing Tribunal. Given the circumstances of the Regulated Member's finances, the amount of the fine and the time period to pay are appropriate.

The Order for completing the courses is appropriate. The Regulated Member must comply with the prior Order as part of this process.

Although not part of the specific allegations, the concerns raised by the manager led to the failure of the Regulated Member to be able to provide a satisfactory performance appraisal. The courses will help address this. In addition, a period of Supervised Practice is appropriate, given that she will have been away from practice for a period of time. Since the last appraisal was not satisfactory and given the Regulated Member's absence from work, it is important for the protection of the public to ensure a level of supervision once the Regulated Member returns to practice.

The Hearing Tribunal finds that the terms of the proposed Performance Evaluation are clear and will provide comprehensive guidance to the individual providing the evaluations. The conditions on the Regulated Member's practice permit help to protect the public, as does sending out the information to other jurisdictions.

The Orders are appropriate. They appropriately consider the relevant factors in *Jaswal*, are reasonable and serve to protect the public interest.

ORDER OF THE HEARING TRIBUNAL

The Hearing Tribunal orders that:

1. The Regulated Member, Jennifer Denesuk (the "**Regulated Member**") shall receive a reprimand.

2. The Regulated Member shall pay a fine to CARNA in the amount of **\$250.00** payable on the following terms:
 - a. **\$250.00** to be paid to CARNA within one (1) year after the Complaints Director approves a Supervised Practice setting under paragraph 4.
 - 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 **July 16, 2021**, the Regulated Member shall provide proof satisfactory to the Complaints Director, and in accordance with a previous Hearing Tribunal Order of April 26, 2017 and the approval of CARNA to register in these courses, that she has successfully completed and passed the following courses of study and learning activity:
 - a. *Clinical Skills Lab (NURS334 – MacEwan University)*; and
 - b. *Nursing Refresher Clinical (NURS335 – MacEwan University)*.
4. The Regulated Member shall apply to the Complaints Director to do **300 hours of Supervised Practice** in an acute care, community or long term care setting, and is prohibited from practicing as an RN at all until the Supervised Practice is approved by the Complaints Director.
5. 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* Registered Nurses or Nurse Practitioners.
 - 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 supervisor(s) agrees to submit the following to CARNA:
 - i. A Performance Evaluation immediately upon the completion of 300 hours of Supervised Practice (the “**Supervised Practice Performance Evaluation**”).
 - f. The Supervised Practice Performance Evaluation must:
 - i. be satisfactory to the Complaints Director, indicating that the Regulated 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 rights;
 - 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.
- g. The Regulated Member shall do no less than **the first 80 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 along-side 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.

- h. At the end of the Buddied Hours, if the supervisor is satisfied that the Regulated Member may work safely with more independence, the supervisor need not be buddied with the Regulated Member, but must be available to the Regulated Member throughout the entire shift to answer the Regulated Member's questions and provide assistance as the Regulated Member requests, or as the supervisor deems necessary.
 - i. The supervisor (or one of the supervisors) will be working the same shifts as the Regulated Member and will be on the unit at the same time. (A 'unit' means no more than approximately 40 patients in close physical proximity). The supervisor(s) will be in a position to observe from time to time, mentor and assist the Regulated Member in all aspects of the Regulated Member's duties, as determined by the supervisor or as requested by the Regulated Member. The level of observation required on the unit during any given shift may be increased in the absolute discretion of the supervisor.
 - j. The supervisor(s) must have had sufficient opportunities to observe the Regulated Member in order to provide informed input into the Supervised Practice Performance Evaluation.
 - k. Until the Regulated Member has successfully completed **300 hours of Supervised Practice** and provided to the Complaints Director **one (1)** satisfactory Supervised Practice Performance Evaluation, the Regulated Member is prohibited from working as a RN in any circumstances except the Supervised Practice setting with the supervisor(s) that has been approved by the Complaints Director.
6. Once the Regulated Member has successfully completed **300 hours of Supervised Practice** (above), and has submitted the satisfactory Supervised Practice Performance Evaluation, the Regulated Member shall provide to the Complaints Director **two (2) additional Performance Evaluations** from her RN manager in the same setting where she did her Supervised Practice, on the following terms:
- a. The fact that each of these terms of the Performance Evaluations has been complied with will be mentioned in the Performance Evaluations.
 - b. The Regulated Member is no longer required to work under Supervised Practice. 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*).
 - c. 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.
 - d. The RN manager must confirm in writing that he/she has read this Decision of the Hearing Tribunal (the Decision includes the allegations, findings and Order).

- e. The first Performance Evaluation, as required under this paragraph, is due within **four (4) months** from the date the Supervised Practice Performance Evaluation (above) is deemed satisfactorily completed by the Complaints Director.
- f. The second Performance Evaluation, as required under this paragraph, is due **four (4) months** after the first Performance Evaluation described in paragraph 6(e) has been satisfactorily completed and approved by the Complaints Director.
- g. Each Performance Evaluation, as required by paragraphs 6(e) and 6(f) above, must consider the completion of at least **250 nursing practice hours**.
- h. Each Performance Evaluation must be satisfactory to the Complaints Director indicating that the Regulated Member is performing to the standard expected of a Registered Nurse.
- i. Each Performance Evaluation must 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 rights;
 - 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.
7. Until the Regulated Member has submitted the final Performance Evaluation to the Complaints Director as required under **paragraph 6(f)** above, and it is satisfactory to the Complaints Director, the Regulated Member is prohibited from working in any setting except the employment setting approved by the Complaints Director, unless the Regulated Member obtains permission from the Complaints Director to obtain other employment, in which case:
 - a. Performance Evaluation(s) will be required from the RN manager under the terms in paragraph 6, up to the date the Regulated Member's employment ended (if it ended); and
 - b. Performance Evaluation(s) will be required from an RN manager at the new employer as well, and shall comply with all of the terms of paragraph 6.
 8. For clarity and certainty, the Regulated Member is, in addition to what is set out in this Order, required to complete any and all requirements as have or may be imposed from CARNA's Registration Department. This Order does not supersede or, if complied with, serve to satisfy any such requirements from CARNA's Registration Department.
 9. This Order supersedes the Hearing Tribunal's Order of April 26, 2017, so the Regulated Member only has to comply with this current Order.

COMPLIANCE

10. 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.
11. 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 this Hearing Tribunal Order, without varying the substance of the Order.
12. 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 Regulated Member's practice permit.
13. 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

14. 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. *Must Pay Fine (call CARNA);*
 - b. *Coursework required (call CARNA);*
 - c. *Letter from Employer(s) required (call CARNA);*
 - d. *Restricted re Employment Setting (call CARNA);*
 - e. *Supervised practice hours required (call CARNA);*
 - f. *Performance Evaluation(s) required (call CARNA).*
15. Effective **January 16, 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).
16. 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.
17. This Order takes effect **January 16, 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,



Jason Anuik, Chairperson
On Behalf of the Hearing Tribunal
Date of Order: January 16, 2020