

COLLEGE AND ASSOCIATION OF REGISTERED NURSES OF ALBERTA

DECISION OF THE HEARING TRIBUNAL

RE: CONDUCT OF **KATIE SIROTA**, R.N. REGISTRATION #58,963

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

DECEMBER 5, 2019

INTRODUCTION

A hearing was held on December 5, 2019 at the College and Association of Registered Nurses of Alberta (“CARNA”) by the Hearing Tribunal of CARNA to hear a complaint against Katie Sirota R.N. registration #58,963.

Those present at the hearing were:

a. Hearing Tribunal Members:

Susan Derk, Chair
Lisa Heighington
Bonnie Bazlik
Nancy Brook, Public Representative

b. Independent Legal Counsel to the Hearing Tribunal:

Julie Gagnon

c. CARNA Representative:

Kate Whittleton, Conduct Counsel

d. CARNA Member Under Investigation:

Katie Sirota (sometimes hereinafter referred to as “the Member”)

e. CARNA Member’s Representative:

Jason Rockwell, Labour Relations Officer, UNA

f. Observers (Hearing Tribunal Orientation):

Carol Brouwer
Kathy Henry

PRELIMINARY MATTERS

Conduct Counsel and the Representative for the 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 Chair noted that pursuant to section 78 of the HPA, the hearing was open to the public. No application was made to close the hearing.

The Chair 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 are as follows:

The behaviour of Katie Sirota, Registration #58,963, constitutes unprofessional conduct, in that while working as a Registered Nurse (RN) at the Lois Hole Hospital for Women, Alberta Health Services, Royal Alexandra Hospital, Edmonton, Alberta, her practice fell below the standard expected of an RN when, despite prior warnings from her employer regarding her inappropriate communication:

- 1) On or about May 19, 2018, she used inappropriate language regarding identifiable groups that could be reasonably interpreted as derogatory or racist when speaking to [Patient 1] while [Patient 1] was on bedrest on the maternity unit due to her medical condition;
- 2) On or about September 6, 2018, when communicating with [co-worker 1], she breached confidentiality when she disclosed confidential information regarding a CARNA complaint and investigation.

The 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 Katie Sirota, #58,963 and Kate Whittleton, Conduct Counsel;

Exhibit #3 – CARNA Practice Standards for Regulated Members (“Practice Standards”) and 2017 Edition of the Canadian Nurses Association Code of Ethics for Registered Nurses (“Code of Ethics”);

Exhibit #4 – Joint Recommendations;

Exhibit #5 – CNA’s Learning Modules: Bringing the Code of Ethics to Life;

Exhibit #6 – Excerpt from *Jaswal v. Newfoundland Medical Board*.

SUBMISSIONS ON THE ALLEGATIONS

Conduct Counsel made brief submissions. 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, 2.3, 2.4, 2.7, 3.1, 3.2, 3.3, 3.4, 5.2 and 5.3. Conduct Counsel also noted that the following provisions from the Code of Ethics applied: A1, A2, A3, D1, D3, D6, D7, F1, F2, F3, G1, G2 and G4. Conduct Counsel noted there may be other applicable provisions, but that in her view, these were applicable. Conduct Counsel reviewed the Agreement (Exhibit #2).

The Member's Representative advised he had no submissions.

QUESTIONS FROM THE HEARING TRIBUNAL

The Hearing Tribunal adjourned to review and consider the materials and submissions.

The hearing reconvened and the Chair advised the parties that the Hearing Tribunal agreed with the Practice Standards cited by Conduct Counsel, except for Standards 2.3 and 2.4, which the Hearing Tribunal did not view as applicable.

The Hearing Tribunal Chair advised the parties that it was considering adding Standards 5.6 and 5.9. The parties were asked if there were any submissions with respect to these Standards. Neither Conduct Counsel nor the Member had submissions or took a position with respect to the addition of these Standards.

The Chair advised the parties that the Hearing Tribunal agreed with the provisions of the Code of Ethics cited by Conduct Counsel. The Chair advised the parties that the Hearing Tribunal was considering adding provisions D2, D14 and G5 of the Code of Ethics. The parties were given an opportunity to make submission on these sections of the Code of Ethics, but neither party had submissions nor took a position on the addition of these sections.

DECISION AND REASONS OF THE HEARING TRIBUNAL ON THE ALLEGATIONS

The Hearing Tribunal has reviewed the exhibits and considered the submissions by Conduct Counsel.

The Hearing Tribunal finds that the Allegations are proven and that the member's conduct constitutes unprofessional conduct under section (1)(1)(pp) of the Health Professions Act, specifically:

- (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 allegations admitted to by the Member in the Agreement (Exhibit #2) are proven. The Agreement indicates that the Member is employed at the Lois Hole Women's Centre ("LHWC"), Royal Alexandra Hospital. The Member had received prior letters of warning by her employer in December 2015 and March 2017 in relation to comments made by the Member about minorities and immigrants to student nurses and in public areas.

The Member was working an evening shift on May 19, 2018. [Patient 1] was admitted to the LHWC. [Patient 1] was pregnant with twins and was on bedrest. [Patient 1]'s blood pressure was being monitored, she wore elastic stockings for circulation and had blood work and weight done daily.

While caring for [Patient 1] and during [Patient 1]'s non-stress test on her twins, the Member engaged in conversation with [Patient 1], which was perceived by [Patient 1] as inappropriate and racist. [Patient 1] wrote a statement concerning her interaction with the Regulated Member, which is at Appendix H to Exhibit #2. The Member's comments included the following:

- a. that taxpayer money is being wasted on Aboriginal Peoples;
- b. stating that "Negroes" are crossing the Canadian border and going on welfare;
- c. that there are unemployed Albertans and "real Canadians", and immigrants are taking their jobs;
- d. when advised by [Patient 1] that her husband was Nigerian and a working immigrant, and that immigrants and refugees are looking for a better life like [Patient 1]'s grandparents and the Member's grandparents, the Member stated that Africa is rich in resources and needs to develop itself. The Member indicated that "they" need to work there, and fix "their" own country;
- e. when challenged by [Patient 1] about the availability of jobs for unemployed Albertans, the Member insisted that Africans stay in Africa, and work there.

Subsequent to the exchange with the Member, [Patient 1] requested a different nurse and another registered nurse assumed her care.

On September 6, 2018, the Member, while working at LHWC, emailed a staffing clerk about "stress leave from work" and indicated that she was being investigated by CARNA. The email is attached as Appendix J to Exhibit #2.

Based on the admission of the Member and the information in the Consent Agreement (Exhibit #2), the Hearing Tribunal finds that the allegations are proven on a balance of probabilities.

The Hearing Tribunal finds that the Member breached the following provisions of the Practice Standards: 1.1, 1.2, 2.7, 3.1, 3.2, 3.3, 3.4, 5.2, 5.3, 5.6 and 5.9.

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.

Indicator

- 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.
- 3.2 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 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.
- 5.9 The nurse ensures their **fitness to practice**.

The Hearing Tribunal finds that the Member breached the following provisions of the Code of Ethics: A1, A2, A3, D1, D2, D3, D6, D7, D14, F1, F2, F3, G1, G2, G4 and G5.

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.

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.
3. In health-care decision-making, in treatment and in care, nurses work with persons receiving care to take into account their values, customs and spiritual beliefs, as well as their social and economic circumstances without judgment or bias.
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.
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:

1. Nurses do not discriminate on the basis of a person's race, ethnicity, **culture**, political and spiritual beliefs, social or marital status, gender, gender identity, gender expression, sexual orientation, age, health status, place of origin, lifestyle, mental or physical ability, socio-economic status, or any other attribute.
2. Nurses respect the special history and interests of Indigenous Peoples as articulated in the Truth and Reconciliation Commission of Canada's (TRC) Calls to Action (2012).
3. Nurses refrain from judging, labelling, stigmatizing and humiliating behaviours toward persons receiving care or toward other health-care providers, students and each other.

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.
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 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.

In addition to the Practice Standards noted by Conduct Counsel, the Hearing Tribunal viewed Standards 5.6 and 5.9 as applicable. The Member had been warned previously and continued with the same pattern of behaviour in the comments made to [Patient 1]. This shows a failure to assess her practice and take the necessary steps to improve personal competence. With respect to fitness to practice (Standard 5.9), the Hearing Tribunal considered the definition of fitness to practice in the Practice Standards which includes "all the qualities and capabilities of an individual relevant to his/her capacity to practice as a registered nurse..." The Hearing Tribunal finds that fitness to practice would include responding to written warnings in an appropriate manner, which the Member failed to do.

In addition to the Code of Ethics provisions cited by Conduct Counsel, the Hearing Tribunal viewed provisions D2, D14 or G5 as applicable. The comments made by the Member to [Patient 1] did not maintain the patient's dignity and integrity. The Member did not foster a moral community in which ethical values and challenges could be openly discussed. In addition, "fitness to practice" is defined in the same manner in the Code of Ethics as in the Practice Standards.

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. Members are accountable and responsible for their conduct. Members must act in a manner that displays ethical and respectful behaviour and must not discriminate, judge, label or stigmatize others. Members must act in a manner that maintains the dignity and integrity of all those involved in the provision of health care services, in particular patients receiving care. In addition, the Member breached confidentiality by emailing her co-worker about a CARNA complaint. Members must act in accordance with employer policies and maintain confidentiality of private information.

The Hearing Tribunal finds that the conduct also constitutes unprofessional conduct under section 1(1)(pp)(i) as conduct that displays a lack of knowledge, skill or judgment in the provision of professional services. The Member showed a serious lack of judgment in the comments made to [Patient 1] and in disclosing confidential information in an email to the staffing clerk. Despite having been warned previously by her employer about her inappropriate comments, she continued to exhibit the same pattern of behaviour.

Finally, the Hearing Tribunal finds that the conduct constitutes unprofessional conduct under section 1(1)(pp)(xii) as conduct that harms the integrity of the profession. The comments made by the Member to [Patient 1] are clearly inappropriate and socially unacceptable. They are derogatory and racist towards minority groups. Registered Nurses are expected to uphold the Practice Standards and Code of Ethics and behave in a manner that shows respect for the dignity of all persons. The Member's conduct is harmful to 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 #4).

The purpose of the reprimand and fine are to send a clear message to the Member and the membership generally. Compassion and respect are integral values to the profession of nursing and the Member's conduct must be denounced. The course and performance evaluation are focused on conduct at hand and remediation. The employer will be asked to comment on the Member's performance, including communications, to ensure the Member's communications with patients and staff are monitored.

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 serious allegations. Despite prior warnings from her employer, the Member used inappropriate language that could reasonably be viewed as derogatory and racist. The Member also breached confidentiality regarding the CARNA investigation.
2. The age and experience of the member: The Member has been registered since 1990. She should be well aware that this conduct is not appropriate.
3. The previous character of the member: The Member received prior warnings from her employer. However, she has no prior discipline with CARNA. This is a mitigating factor in the analysis.
4. The age and mental condition of the offended patient: [Patient 1] [age redacted], admitted to the hospital on May 7, 2018, was on bedrest, with twins with daily monitoring.
5. The number of times the offence was proven to have occurred: Conduct Counsel noted that there were two prior incidents, in addition to the two matters in the current allegations.
6. The role of the registered nurse in acknowledging what occurred: The Member has admitted to the allegations and that the conduct constitutes unprofessional conduct. This is a mitigating factor.
7. Whether the member has already suffered other serious financial or other penalties: The Member had a 5-day suspension from her employer. There is no evidence of any other financial or other penalties.
8. The impact on the offended patient: [Patient 1] was quite vulnerable. She was in a city unknown to her and on bedrest and was unable to extricate herself from the conversation. This was troubling to [Patient 1], who asked to be treated by another nurse.
9. The presence or absence of any mitigating factors: There are no other mitigating factors, other than those previously outlined.
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:

With respect to these last three factors, Conduct Counsel submitted that the proposed recommended sanction protects the public. Clearly the conduct is unacceptable and falls outside the range of acceptable conduct. The Complaints Director views this as very serious. There is a need to impose a strong sanction to send a message to this Member and to deter her from future similar behaviour. General deterrence is the concurrent need to send a message to the membership about the conduct. This is done through the fine, reprimand and publication. These, in addition to performance evaluation and course, which are remedial in nature, will help maintain public confidence. If issues arise during the performance evaluation, they will be reported to CARNA, to be addressed.

Submissions by the Representative for the Member:

The Representative for the Member indicated that the Member is taking this very seriously. The Member has already completed the course work.

Questions from the Hearing Tribunal:

The Hearing Tribunal adjourned to consider the submissions on sanction. The Hearing Tribunal generally viewed the recommended sanction as appropriate to protect the public interest, but was concerned that, given the pattern of behaviour regarding inappropriate comments, for which the Member was warned on two occasions by her employer and that led to Allegation 1, that there should be an aspect of self-reflection in the final Order.

The hearing reconvened and the Chair advised the parties that it was considering the addition of a requirement for a self-reflective practice improvement plan as part of the Order. The specific provisions were discussed with the parties and the hearing was adjourned to allow the parties to consider the proposed Order. The parties also had a chance to ask questions to ensure both parties understood the proposed Order and were provided with proposed wording for the Order.

When the hearing reconvened, the parties indicated that there was no objection to the addition of a self-reflective practice improvement plan or the proposed wording of the Order.

DECISION AND REASONS OF THE HEARING TRIBUNAL ON SANCTION

The Hearing Tribunal accepts the joint recommended sanction with the addition of a Practice Improvement Plan.

The joint recommendations take into account the nature of the findings of the Hearing Tribunal. They also address the issues that brought the Member before this Hearing Tribunal. The Hearing Tribunal finds that the recommended sanction appropriately considers the factors in *Jaswal v. Newfoundland Medical Board*. However, the Hearing Tribunal was concerned that the proposed recommendation did not involve an aspect of self-reflection. The Hearing Tribunal views this as an important aspect of an Order in this case. It will provide the Member the opportunity to reflect on her practice and gain insight that she may not otherwise gain from the recommended sanction. The Hearing Tribunal finds that the recommended sanction, with the addition of the Practice Improvement Plan, protects the public interest and is reasonable.

ORDER OF THE HEARING TRIBUNAL

The Hearing Tribunal orders that:

1. The Regulated Member, Katie Sirota (the “**Regulated Member**”) shall receive a reprimand.
2. The Regulated Member shall pay a fine to CARNA in the amount of \$1,000.00 by **June 1, 2020**.
3. By no later than **June 1, 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. *CNA Code of Ethics Learning Modules* (accessible online).

4. By **January 10, 2020**, the Regulated Member shall provide a letter to the Complaints Director from her RN Manager at her current employer confirming that her RN Manager is prepared to provide to CARNA **one (1) performance evaluation** (the “**Performance Evaluation**”) on the terms set out in paragraph 5 below. There must be sufficient detail in the letter to satisfy the Complaints Director that the RN Manager at that site will be able to provide the Performance Evaluation on the terms set out in paragraph 5.
5. The terms of the Performance Evaluation are as follows:
 - a. The fact that each of these terms of the Performance Evaluation has been complied with will be mentioned in the Performance Evaluation;
 - b. 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 CARNA’s intention that the RN supervisor will tell anyone that he/she is collecting the information regarding the Regulated Member for CARNA*);
 - c. The RN Manager shall confirm that he/she has seen a copy of this Decision (including Allegations, Findings and Order);
 - d. 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 60 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;
 - e. The Performance Evaluation is due within **nine (9) months** from the date the Regulated Member complies with paragraph 4, **or 850 hours of practice**, whichever comes later;
 - f. The Performance Evaluation must be satisfactory to the Complaints Director, indicating that the Regulated Member is performing to the standard expected of a registered nurse. The Performance Evaluation must:
 - i. include comments on all of the following:
 - Professional responsibility;
 - Communication style with other members of the health care team – whether it is respectful, professional, polite, helpful and clear;
 - Communication style with patients/families of patients – whether the style demonstrates respect, kindness, gentleness and compassion;
 - Effective communication of relevant information to the patient/family;
 - Manner of interactions with patients – whether the manner demonstrates respect, kindness, gentleness and compassion;
 - Following the policies of the unit regarding all aspects of nursing practice;
 - Any other issues that the supervisor thinks are relevant;
 - ii. specifically comment on the Regulated Member’s practice as it relates to the

Code of Ethics for Registered Nurses, Part 1-F: “Promoting Justice”;

- iii. indicate that the Regulated Member has not by her comments to any person (whether staff or patient) or actions toward any person (whether staff or patient) indicated any dislike, prejudice or discrimination toward any person or group of persons based on:
 - race;
 - ethnicity;
 - culture;
 - spiritual beliefs;
 - social or marital status;
 - sex;
 - sexual orientation;
 - age;
 - health status;
 - lifestyle;
 - mental or physical disability; or
 - ability to pay for health services.

6. The Member will develop a self-reflective Practice Improvement Plan (“**Practice Improvement Plan**”) where she will review Practice Standard 3, in particular Indicators 3.1, 3.2, 3.3, and 3.4. The Member will address the following for each of the four indicators:
 - a. State the indicator;
 - b. Set out the issue and how she violated the Standard;
 - c. Set out what she is going to do to correct the behaviour;
 - d. Provide examples of what she has done to correct the behaviour.

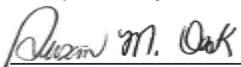
The Practice Improvement Plan will protect patient confidentiality and no patient names shall be identified in the Practice Improvement Plan. The template for the Practice Improvement Plan will be provided within three months from the date of this Order to the Complaints Director and must be satisfactory to the Complaints Director. The completed Practice Improvement Plan will be provided to the Complaints Director **by the same date as the Performance Evaluation** and must be satisfactory to the Complaints Director.

7. From the date of the hearing, **December 5, 2019**, the Regulated Member is prohibited from working in any setting except her sole current employer until she has submitted the final Performance Evaluation mentioned in paragraph 5 above which is satisfactory to the Complaints Director, unless she obtains permission from the Complaints Director to obtain other employment, in which case a performance evaluation (as described in paragraph 5 above) will be required from her current employer up to the date her employment ended, (if it ended) and from that new employer as well, on the terms set out in paragraph 5.
8. 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.

9. 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. Should the Regulated Member be unable to comply with any of the deadlines for completion set out herein, the deadline(s) may, upon written request, be extended for a reasonable period of time with the written consent of the Complaints Director. The Regulated Member must provide written reasons for the extension request. Decisions to extend timelines will be in the sole discretion of the Complaints Director.
10. 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.
11. 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.
12. 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. **Letter from Employer required (call CARNA);**
 - c. **Performance Evaluation required (call CARNA);**
 - d. **Restricted re Employment setting (call CARNA);**
 - e. **Practice Improvement Plan (call CARNA);**
13. Effective **December 5, 2019**, 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).
14. 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.
15. This Order takes effect **December 5, 2019**, 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 *Health Professions Act*.

Respectfully submitted,



Susan Derk, Chair
On Behalf of the Hearing Tribunal

Date of Order: December 5, 2019