

COLLEGE OF LICENSED PRACTICAL NURSES OF ALBERTA

**IN THE MATTER OF
A HEARING UNDER *THE HEALTH PROFESSIONS ACT*,**

**AND IN THE MATTER OF A HEARING REGARDING
THE CONDUCT OF LAWRENCE CROTHWAITE**

**DECISION OF THE HEARING TRIBUNAL
OF THE
COLLEGE OF LICENSED PRACTICAL NURSES OF ALBERTA**

**IN THE MATTER OF A HEARING UNDER THE *HEALTH PROFESSIONS ACT* REGARDING THE
CONDUCT OF LAWRENCE CROSTHWAITE, LPN #30691, WHILE A MEMBER OF THE COLLEGE OF
LICENSED PRACTICAL NURSES OF ALBERTA (“CLPNA”)**

DECISION OF THE HEARING TRIBUNAL

(1) Hearing

The hearing was conducted at the offices of the College of Licensed Practical Nurses of Alberta in Edmonton, Alberta on January 14, 2020 with the following individuals present:

Hearing Tribunal:

Nicole James, Licensed Practical Nurse (“LPN”) Chairperson
Christine Buck, LPN
Marg Hayne, Public Member

Legal Counsel for the Hearing Tribunal:

Maya Gordon

Staff:

Jason Kully, Legal Counsel for the Complaints Consultant, CLPNA
Susan Blatz, Complaints Consultant, CLPNA

Investigated Member:

Lawrence Crosthwaite, LPN (“Mr. Crosthwaite or “Investigated Member”)
Kathie Milne, AUPE Representative for the Investigated Member

(2) Preliminary Matters

The hearing was open to the public.

There were no objections to the members of the Hearing Tribunal hearing the matter, and no Hearing Tribunal member identified a conflict. There were no objections to the jurisdiction of the Hearing Tribunal.

The Hearing was conducted by way of an Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct and a Joint Submission on Penalty.

(3) Background

Mr. Crosthwaite was an LPN within the meaning of the Act at all material times, and more particularly, was registered with CLPNA as an LPN at the time of the complaint. Mr. Crosthwaite

was initially licensed as an LPN in Alberta on January 1, 2008.

On November 14, 2016, the CLPNA received a complaint dated November 9, 2016 (the "First Complaint") from Dennis Holliday, HR Business Partnerships, Alberta Health Services, pursuant to s. 57 of the *Health Professions Act* (the "Act"). The First Complaint stated Mr. Crosthwaite, LPN, had received a three day suspension of his employment at the Royal Alexandra Hospital ("RAH") as a result of behavior and communication with a patient that was determined to be disrespectful, unprofessional, offensive, and that created an unsafe environment.

In accordance with s. 55(2)(d) of the Act, Ms. Sandy Davis, the Complaints Director of the CLPNA (the "Complaints Director") determined she would conduct a preliminary investigation into the First Complaint. Mr. Crosthwaite received notice of the First Complaint and the investigation by letter dated November 16, 2016.

By letter dated February 3, 2017, the Complaints Director advised Mr. Crosthwaite that she had appointed John Gladwin, Investigator for the CLPNA, to conduct a further investigation into the First Complaint.

On June 30, 2017, Mr. Gladwin concluded the investigation into the First Complaint and submitted an Investigation Report to the Complaints Director.

On August 2, 2017, the CLPNA received a further complaint dated August 1, 2017 (the "Second Complaint") from Mr. Holliday pursuant to s. 57 of the Act. The Second Complaint stated that Mr. Crosthwaite had received a five-day suspension of his employment at the RAH as a result of a patient complaint about the care provided by Mr. Crosthwaite.

On August 2, 2017, the CLPNA also received another complaint dated August 1, 2017 (the "Third Complaint") from Mr. Holliday pursuant to s. 57 of the Act. The Third Complaint stated that Mr. Crosthwaite had received a letter of final warning as a result of Mr. Crosthwaite's conduct with a patient's spouse and his interaction with a co-worker.

The Complaints Director delegated her authority under Part 4 of the Act to Ms. Susan Blatz, Complaints Consultant for the CLPNA (the "Complaints Consultant"), pursuant to s. 20 of the Act, for the First Complaint, the Second Complaint, and the Third Complaint.

The Complaints Consultant determined that she would conduct a preliminary investigation into the Second Complaint and the Third Complaint.

By letter dated December 1, 2017, the Complaints Consultant advised Mr. Crosthwaite that she had appointed Kerry Palyga, Investigator for the CLPNA, to conduct a further investigation into the Second Complaint and the Third Complaint.

On March 13, 2018, Mr. Palyga concluded the investigation into the Second Complaint and the Third Complaint and submitted an Investigation Report to the Complaints Consultant.

Following receipt of the Investigation Reports from Mr. Gladwin and Mr. Palyga, the Complaints

Consultant determined there was sufficient evidence that the issues raised in the First Complaint, the Second Complaint, and the Third Complaint should be referred to the Hearings Director in accordance with s. 66(3)(a) of the Act. Mr. Crosthwaite received notice the matters were referred to a hearing, as well as a copy of the First Statement of Allegations and Investigation Report, on August 1, 2018.

Shortly thereafter, on August 15, 2018, the CLPNA received a complaint dated June 28, 2018 (the "Fourth Complaint") from Laurie Loowell, Director, HR Business Partnerships, Alberta Health Services, pursuant to s. 57 of the Act. The Fourth Complaint stated Mr. Crosthwaite had been terminated from his employment at the RAH as a result of a patient complaint in regard to his conduct and behavior with the patient.

On August 22, 2018, the Complaints Director requested that Teresa Bateman, Executive Officer for the CLPNA, impose an interim suspension of Mr. Crosthwaite's practice pursuant to s. 65(1)(b) of the Act due to the number of complaints made against Mr. Crosthwaite relating to the same conduct, patients under his care were at a potential risk of harm, and the allegations raised were serious and demonstrated an inability to develop therapeutic relationships with patients under his care and to maintain the standards expected of an LPN.

In accordance with s. 55(2)(d) of the Act, the Complaints Director appointed Kerry Palyga, Investigator for the CLPNA, to conduct an investigation into the Fourth Complaint. The Complaints Director also delegated her authority to the Complaints Consultant to handle the Fourth Complaint. Mr. Crosthwaite received notice of the Fourth Complaint, investigation, appointment of the Investigator and Notice of the Complaints Director's request for the imposition of the interim suspension by letter dated August 22, 2018.

By letter dated August 23, 2018, Ms. Bateman granted the request for an interim suspension of Mr. Crosthwaite's practice permit and notified Mr. Crosthwaite accordingly.

On September 16, 2018, Mr. Palyga concluded the investigation into the Fourth Complaint and submitted an Investigation Report to the Complaints Consultant.

On September 21, 2018, the Complaints Consultant and Mr. Crosthwaite agreed that a hearing of the First Statement of Allegations would be held in abeyance until the Complaints Consultant made a decision with respect to the Fourth Complaint.

Following receipt of the Investigation Report from Mr. Palyga, the Complaints Consultant determined there was sufficient evidence that the issues raised in Fourth Complaint should be referred to the Hearings Director in accordance with s. 66(3)(a) of the Act. Mr. Crosthwaite received notice the matter was referred to a hearing, as well as a copy of the Second Statement of Allegations and Investigation Report, on October 29, 2018.

The parties agreed that the issues relating to Mr. Crosthwaite's conduct from the First Statement of Allegations and from the Second Statement of Allegations should be consolidated and heard in one proceeding.

On April 5, 2019, the interim suspension of Mr. Crosthwaite's practice permit was removed.

A Notice of Hearing, Notice to Attend and Notice to Produce was served upon Mr. Crosthwaite under cover of letter November 27, 2019.

(4) Allegations

The Allegations in the First Statement of Allegations are:

"It is alleged that **LAWRENCE CROSTHWAITE, LPN**, while practising as a Licensed Practical Nurse engaged in unprofessional conduct by:

- On or about September 19 and 20, 2016, communicated in an inappropriate manner with patient SC by doing one or more of the following:
- Repeatedly questioning her in an aggressive manner about whether she would bathe without providing information in a timely manner about when she could bathe after a scheduled procedure;
- While attending to her IV, hitting her hand away and admonishing her to "stop driving the bus";
- Telling her that she could eat pork when aware she was Muslim and did not eat pork; and
- Asking her why she was thanking God after giving her the results of her angiogram.
- On or about December 17, 2016, failed to facilitate a therapeutic relationship with patient EN by doing one or more of the following:
- Communicating in a rude, disrespectful, and abrupt manner; and
- Ignoring repeated requests from EN to be more careful while providing catheter care.
- On or about January 10 and 11, 2017, failed to facilitate a therapeutic relationship with patient RB by doing one or more of the following:
- Communicating in a rude, disrespectful, and abrupt manner, and
- threatening to take away RB's food if he did not stop eating so much.
- On or about February 7, 2017, communicated in a rude, disrespectful, and abrupt manner with VD, the spouse of patient ED.
- On or about February 7, inappropriately documented interactions with, and observations of, VD in ED's Patient Care Record.

- On or about February 7, 2017, communicated in a rude and aggressive manner with co-worker IN.”

The allegations in the Second Statement of Allegations are:

“It is alleged that **LAWRENCE CROSTHWAITE, LPN**, while practising as a Licensed Practical Nurse engaged in unprofessional conduct by:

- On or about May 6, 2018 failed to facilitate a therapeutic relationship with patient CD by doing one or more of the following:
 - Communicated in a rude and aggressive manner;
 - Roughly placed ECG leads on CD, causing pain; and
 - Failed to respect CD’s privacy by leaving the door open and leaving CD’s chest exposed during and after performing an ECG.
- On or about May 6, 2018 responded to a request by patient CD’s husband and daughter to adjust a chair in an inappropriate manner by aggressively banging and pushing the chair up against the wall.
- On or about May 6, 2018 failed to administer Sitagliptin 50 mg at 0800 to patient CD as ordered.”

Jointly, the allegations listed in the First Statement of Allegations and the Second Statement of Allegations shall be referred to as the “Allegations” herein.

(5) Admission of Unprofessional Conduct

Section 70 of the Act permits an investigated member to make an admission of unprofessional conduct. An admission under s. 70 of the Act must be acceptable in whole or in part to the Hearing Tribunal.

Mr. Crosthwaite acknowledged unprofessional conduct to all the allegations as evidenced by his signature on the Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct and verbally admitted unprofessional conduct to all the allegations set out in the Statement of Allegations during the hearing through his representative, Kathie Milne.

Legal Counsel for the Complaints Consultant submitted, where there is an admission of unprofessional conduct, the Hearing Tribunal should accept the admission absent exceptional circumstances.

(6) Exhibits

The following exhibits were entered at the hearing:

- Exhibit #1: First Statement of Allegations dated 1 August 2018
- Exhibit #2: Second Statement of Allegations dated 29 October 2018
- Exhibit #3: Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct
- Exhibit #4: Joint Submission on Penalty
- Exhibit #5: Agreement and Undertaking between Mr. Crosthwaite and the Complaints Consultant signed by Mr. Crosthwaite on 8 March 2018

(7) Evidence

The evidence was adduced by way of Agreed Statement of Facts, and no witnesses were called to give *viva voce* testimony. The Hearing Tribunal accepts the evidence set out in the Agreed Statement of Facts which was admitted as Exhibit #3.

(8) Decision of the Hearing Tribunal and Reasons

The Hearing Tribunal is aware it is faced with a two-part task in considering whether a regulated member is guilty of unprofessional conduct. First, the Hearing Tribunal must make factual findings as to whether the alleged conduct occurred. If the alleged conduct occurred, it must then proceed to determine whether that conduct rises to the threshold of unprofessional conduct in the circumstances.

The Hearing Tribunal has reviewed the documents included in Exhibit #3 and finds as facts the events as set out in the Agreed Statement of Facts.

The Hearing Tribunal also accepts Mr. Crosthwaite's admission of unprofessional conduct as set out in the Agreed Statement of Facts as described above. Based on the evidence and submissions before it, the Hearing Tribunal did not identify exceptional circumstances that would justify not accepting the admission of unprofessional conduct from Mr. Crosthwaite.

First Statement of Allegations - Allegation 1

Mr. Crosthwaite admitted on or about September 19 and 20, 2016, he communicated in an inappropriate manner with patient SC by doing one or more of the following:

- Repeatedly questioning her in an aggressive manner about whether she would bathe without providing information in a timely manner about when she could bathe after a scheduled procedure;
- While attending to her IV, hitting her hand away and admonishing her to “stop driving the bus”;

- Telling her that she could eat pork when aware she was Muslim and did not eat pork; and
- Asking her why she was thanking God after giving her the results of her angiogram.

Facts

Mr. Crosthwaite provided care to patient SC on September 19 and 20, 2016 on Unit 1 East at the RAH.

On September 19, 2016, Mr. Crosthwaite asked SC in an aggressive manner if she was going to bathe. Mr. Crosthwaite repeatedly asked SC why she was not taking a bath throughout the day.

Eventually Mr. Crosthwaite informed SC that she would not be able to shower for seven days after her scheduled procedure. By the time Mr. Crosthwaite provided this information, it was too late for SC to have a bath or shower. SC was upset as, if Mr. Crosthwaite had provided this information sooner, she would have bathed.

Mr. Crosthwaite attended to SC's IV later on September 19, 2016. SC attempted to adjust the bandage on her hand where Mr. Crosthwaite was working. Mr. Crosthwaite hit SC's hand away and told her to "stop driving the bus" and that he knew what he was doing.

On September 20, 2016, SC's angiogram results came back and indicated healthy coronary arteries. Mr. Crosthwaite went to SC's room to relay the results of SC's angiogram. Mr. Crosthwaite told her that there was nothing wrong with her and that she could now go and eat pork. Mr. Crosthwaite was aware SC was Muslim and that she did not eat pork.

During this conversation, SC stated she was happy there was nothing wrong with her. SC stated, "Thank God the tests were normal" and repeated "Thank God" several times for her favourable test results. Mr. Crosthwaite questioned SC as to why she was thanking God and that she should thank something other than God like the table or the door.

The Hearing Tribunal considered the facts included in the Agreed Statement of Facts and Mr. Crosthwaite's admission of unprofessional conduct. The Hearing Tribunal found that the facts and documents included in Exhibit #3 prove that the conduct for Allegation 1 did in fact occur.

Unprofessional Conduct

The Hearing Tribunal finds that the conduct admitted to amounts to unprofessional conduct as defined in s. 1(1)(pp) of the Act. In particular, the Hearing Tribunal found the following definitions of unprofessional conduct have been met:

- **Displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services:** Mr. Crosthwaite's conduct, which was demonstrated in the evidence reviewed by the Hearing Tribunal and acknowledged by him in the Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct, clearly demonstrated a severe lack of judgment in the provision of

his professional services in that he should never have repeatedly questioned patient SC in an aggressive manner, hitting her hand and saying, “Stop driving the bus”. Mr. Crosthwaite disrespected the rights of this individual's culture and beliefs by telling the patient that she could eat pork when she was a Muslim and asking her why she is thanking God for her angiogram results;

- **Contravention of the Act, a code of ethics or standards of practice:** Mr. Crosthwaite did not abide by the CLPNA Code of Ethics or the CLPNA Standards of Practice, as acknowledged by him in the Agreed Statement of Facts and Acknowledgment of Unprofessional Conduct and set out in detail below. The Hearing Tribunal finds the conduct breached the CLPNA Code of Ethics and the CLPNA Standards of Practice as set out below and that such breaches are sufficiently serious to constitute unprofessional conduct; and
- **Conduct that harms the integrity of the regulated profession:** The public has the right to expect respectful, safe and competent care when receiving care from an LPN. The Hearing Tribunal recognized that this was not the case in this matter and that conduct such as this damages the profession in the eyes of the public and constitutes unprofessional conduct as defined in the Act.

CLPNA Code of Ethics and CLPNA Standards of Practice

Mr. Crosthwaite acknowledged that his conduct breached one or more of the following requirements in the CLPNA's Code of Ethics for Licensed Practical Nurses in Canada adopted by the CLPNA on June 3, 2013 (“CLPNA Code of Ethics”), which state as follows:

Principle 1: Responsibility to the Public - LPNs, as self-regulating professionals, commit to provide safe, effective, compassionate and ethical care to members of the public. Principle 1 specifically provides that LPNs:

- 1.1 Maintain standards of practice, professional competence and conduct;
- 1.4 Respect the rights of all individuals regardless of their diverse values, beliefs and cultures;
- 1.5 Provide care directed to the health and well-being of the person, family, and community; and
- 1.6 Collaborate with clients, their families (to the extent appropriate to the client's right to confidentiality), and health care colleagues to promote the health and well-being of individuals, families and the public.

Principle 2: Responsibility to Clients – LPNs have a commitment to provide safe and competent care for their clients. Principle 2 specifically provides that LPNs:

- 2.6 Provide care to each client recognizing their individuality and their right to choice;
- 2.7 Develop trusting, therapeutic relationships, while maintaining professional boundaries;
- 2.8 Use evidence and judgement to guide nursing decisions; and
- 2.9 Identify and minimize risks to clients.

Principle 3: Responsibility to the Profession – LPNs have a commitment to their profession and foster the respect and trust of their clients, health care colleagues and the public. Principle 3 specifically provides that LPNs:

- 3.1 Maintain the standards of the profession and conduct themselves in a manner that upholds the integrity of the profession;
- 3.3 Practise in a manner that is consistent with the privilege and responsibility of self-regulation; and
- 3.4 Promote workplace practices and policies that facilitate professional practice in accordance with the principles, standards, laws and regulations under which they are accountable.

Principle 4: Responsibility to the Profession – LPNs develop and maintain positive, collaborative relationships with nursing colleagues and other health professionals. Principle 4 specifically provides that LPNs:

- 4.2 Collaborate with colleagues in a cooperative, constructive and respectful manner with the primary goal of providing safe, competent, ethical, and appropriate care to individuals, families and communities; and
- 4.5 Respect the expertise of colleagues and share own expertise and knowledge.

Principle 5: Responsibility to Self – LPNs recognize and function within their personal and professional competence and value systems. Principle 5 specifically provides that LPNs:

- 5.1 Demonstrate honesty, integrity and trustworthiness in all interactions; and
- 5.3 Accept responsibility for knowing and acting consistently with the principles, practice standards, laws and regulations under which they are accountable.

Mr. Crosthwaite acknowledged that his conduct breached one or more of the following requirements in the CLPNA's Standards of Practice for Licensed Practical Nurses in Canada adopted by the CLPNA on June 3, 2013 ("CLPNA Standards of Practice"), which state as follows:

Standard 1: Professional Accountability and Responsibility – LPNs are accountable for their practice and responsible for ensuring that their practice and conduct meet both the standards of the profession and legislative requirements. Standard 1 specifically provides that LPNs:

- 1.1. Practice to their full range of competence within applicable legislation, regulations, by-laws and employer policies;
- 1.6. Take action to avoid and/or minimize harm in situations in which client safety and well-being are compromised;
- 1.9 Practice in a manner consistent with ethical values and obligations of the Code of Ethics for Licensed Practical Nurses; and
- 1.10 Maintain documentation and reporting according to established legislation, regulations, laws, and employer policies.

Standard 2: Knowledge-Based Practice – LPNs possess knowledge obtained through practical nurse preparation and continuous learning relevant to their professional LPN practice. Standard 2 specifically provides that LPNs:

- 2.7. Demonstrate understanding of their role and its interrelation with clients and other health care colleagues; and
- 2.12. Practice in a culturally competent manner.

Standard 3: Service to the Public and Self-Regulation – LPNs practice nursing in collaboration with clients and other members of the health care team to provide and improve health care services in the best interests of the public. Standard 3 specifically provides that LPNs:

- 3.5 Provide relevant and timely information to clients and co-workers; and
- 3.6 Demonstrate an understanding of self-regulation by following the standards of practice, the code of ethics and other regulatory requirements

Standard 4: Ethical Practice – LPNs uphold, promote and adhere to the values and beliefs as described in the Canadian Council for Practical Nurse Regulators (CCPNR) Code of Ethics. Standard 4 specifically provides that LPNs:

- 4.1 Practice in a manner consistent with ethical values and obligations of the Code of Ethics for LPNs;

- 4.7. Communicate in a respectful, timely, open and honest manner;
- 4.8 Collaborate with colleagues to promote safe, competent and ethical practice; and
- 4.9 Support and contribute to healthy and positive practice environments.

The Hearing Tribunal accepted Mr. Crosthwaite's admission of unprofessional conduct. As expressed above, the conduct underlying this allegation, which includes aggressive and disrespectful conduct in relation to a patient, is something that the CLPNA treats very seriously.

The Hearing Tribunal also finds the conduct breached the CLPNA Code of Ethics and the CLPNA Standards of Practice as set out above and that such breaches are sufficiently serious to constitute unprofessional conduct.

First Statement of Allegations - Allegation 2

Mr. Crosthwaite admitted on or about December 17, 2016, he failed to facilitate a therapeutic relationship with patient EN by doing one or more of the following:

- Communicating in a rude, disrespectful, and abrupt manner; and
- Ignoring repeated requests from EN to be more careful while providing catheter care.

Facts

Mr. Crosthwaite provided care to patient EN on December 17, 2016 on Unit 1 East at the RAH.

Patient EN had an ongoing issue with his bladder and required flushing of his catheter three times a day.

On December 17, 2016, Mr. Crosthwaite performed a catheter flush for EN. EN felt Mr. Crosthwaite performed the task in an aggressive manner and requested that Mr. Crosthwaite be more careful. Mr. Crosthwaite ignored this request. EN continued to ask Mr. Crosthwaite to be less aggressive and Mr. Crosthwaite continued to ignore the requests.

During his interaction with EN, Mr. Crosthwaite spoke to EN in a condescending, short and disrespectful manner. Mr. Crosthwaite was abrupt with his communications.

EN felt Mr. Crosthwaite was aggressive and rude in his communications and that he did not have consideration for EN.

The Hearing Tribunal considered the facts included in the Agreed Statement of Facts and Mr. Crosthwaite's admission of unprofessional conduct. The Hearing Tribunal found that the facts and documents included in Exhibit #3 prove that the conduct for Allegation 2 did in fact occur.

Unprofessional Conduct

The Hearing Tribunal finds that the conduct admitted to amounts to unprofessional conduct as defined in s. 1(1)(pp) of the Act. In particular, the Hearing Tribunal found the following definitions of unprofessional conduct have been met:

- **Displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services:** Mr. Crosthwaite's conduct, which was demonstrated in the evidence reviewed by the Hearing Tribunal and acknowledged by him in the Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct, clearly demonstrated a severe lack of judgment in the provision of his professional services in that he should have respected the client's wishes and not have been condescending and aggressive. He failed to build a trusting therapeutic relationship with patient EN; and
- **Contravention of the Act, a code of ethics or standards of practice:** Mr. Crosthwaite did not abide by the CLPNA Code of Ethics or the CLPNA Standards of Practice, as acknowledged by him in the Agreed Statement of Facts and Acknowledgment of Unprofessional Conduct and set out in detail below. The Hearing Tribunal finds the conduct breached the CLPNA Code of Ethics and the CLPNA Standards of Practice as set out above under Allegation 1 and that such breaches are sufficiently serious to constitute unprofessional conduct;
- **Conduct that harms the integrity of the regulated profession:** The conduct that is the subject of this allegation harms the integrity of the profession of LPNs, as the patient relationship is at the core of LPN care and competence. By communicating in a rude and disrespectful manner and ignoring repeated patient requests, Mr. Crosthwaite did not uphold the standard expected of LPNs.

The Hearing Tribunal accepted Mr. Crosthwaite's admission of unprofessional conduct. As expressed above, the conduct underlying this allegation, which includes rude, disrespectful and abrupt communication with a patient, along with ignoring patient requests, is something that the CLPNA treats very seriously.

The Hearing Tribunal also finds the conduct breached the CLPNA Code of Ethics and the CLPNA Standards of Practice as set out above and that such breaches are sufficiently serious to constitute unprofessional conduct.

First Statement of Allegations - Allegation 3

Mr. Crosthwaite admitted on or about January 10 and 11, 2017, he failed to facilitate a therapeutic relationship with patient RB by doing one or more of the following:

- Communicating in a rude, disrespectful, and abrupt manner, and

- Threatening to take away RB's food if he did not stop eating so much.

Facts

RB was a patient at the RAH for approximately three weeks before transfer to the University of Alberta Hospital for coronary bypass surgery.

Mr. Crosthwaite provided care to patient RB on January 10 and 11, 2017 on Unit 1 East at the RAH.

While providing care, Mr. Crosthwaite generally ignored RB. Mr. Crosthwaite was impatient with RB and when he communicated with RB, Mr. Crosthwaite communicated in a rude, disrespectful and abrupt manner.

On January 11, 2017, Mr. Crosthwaite threatened to restrict RB's food. Mr. Crosthwaite told RB that RB could not eat as much as he did and that he would have to take away RB's food if he did not stop eating so much.

RB felt disrespected by the threat to take away his food and did not feel safe in Mr. Crosthwaite's care.

The Hearing Tribunal considered the facts included in the Agreed Statement of Facts and Mr. Crosthwaite's admission of unprofessional conduct. The Hearing Tribunal found that the facts and documents included in Exhibit #3 prove that the conduct for Allegation 3 did in fact occur.

Unprofessional Conduct

The Hearing Tribunal finds that the conduct admitted to amounts to unprofessional conduct as defined in s. 1(1)(pp) of the Act. In particular, the Hearing Tribunal found the following definitions of unprofessional conduct have been met:

- **Displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services:** Mr. Crosthwaite's conduct, which was demonstrated in the evidence reviewed by the Hearing Tribunal and acknowledged by him in the Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct, clearly demonstrated a severe lack of judgment in the provision of his professional services in that he communicated in a rude, disrespectful and abrupt manner, and threatened to take away RB's food if he did not stop eating so much. Mr. Crosthwaite failed to develop a trusting therapeutic relationship with patient RB;
- **Contravention of the Act, a code of ethics or standards of practice:** Mr. Crosthwaite did not abide by the CLPNA Code of Ethics or the CLPNA Standards of Practice, as acknowledged by him in the Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct and set out in detail below. The Hearing Tribunal finds the conduct breached the CLPNA Code of Ethics and the

CLPNA Standards of Practice as set out above under Allegation 1 and that such breaches are sufficiently serious to constitute unprofessional conduct; and

- **Conduct that harms the integrity of the regulated profession:** Developing a trusting therapeutic relationship and respecting each patient is central to the job of an LPN and the expectation of the public. By failing to develop that relationship and treating RB in this manner, Mr. Crosthwaite harmed the integrity of the profession.

The Hearing Tribunal accepted Mr. Crosthwaite's admission of unprofessional conduct. As expressed above, the conduct underlying this allegation, which includes rude, disrespectful and abrupt communication with a patient, along with threatening to remove a patient's food, is something that the CLPNA treats very seriously.

The Hearing Tribunal also finds the conduct breached the CLPNA Code of Ethics and the CLPNA Standards of Practice as set out above and that such breaches are sufficiently serious to constitute unprofessional conduct.

First Statement of Allegations - Allegation 4

Mr. Crosthwaite admitted on or about February 7, 2017, he communicated in a rude, disrespectful, and abrupt manner with VD, the spouse of patient ED.

Facts

Mr. Crosthwaite provided care to patient ED on February 7, 2017 on Unit 1 East at the RAH.

While providing care to ED, Mr. Crosthwaite communicated in a rude, short and abrupt manner with VD, the spouse of ED.

By way of example, on February 7, 2017, Mr. Crosthwaite asked ED questions related to preparing ED for his MRI scan. VD entered the room and answered some of the questions for her husband. Mr. Crosthwaite appeared perturbed and exasperated and told VD to let ED answer the questions. VD asked Mr. Crosthwaite if she offended him and Mr. Crosthwaite responded in a rude and disrespectful manner.

By way of further example, on February 7, 2017, Mr. Crosthwaite was rude and abrupt with VD when discussing travel plans. In response to a question from VD about his plans at the end of the shift, Mr. Crosthwaite advised he was going to Ponoka. VD asked why he was going to Ponoka and Mr. Crosthwaite responded with a cold and uninformative "because I want to".

The Hearing Tribunal considered the facts included in the Agreed Statement of Facts and Mr. Crosthwaite's admission of unprofessional conduct. The Hearing Tribunal found that the facts and documents included in Exhibit #3 prove that the conduct for Allegation 4 did in fact occur.

Unprofessional Conduct

The Hearing Tribunal finds that the conduct admitted to amounts to unprofessional conduct as defined in s. 1(1)(pp) of the Act. In particular, the Hearing Tribunal found the following definitions of unprofessional conduct have been met:

- **Displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services:** Mr. Crosthwaite's conduct, which was demonstrated in the evidence reviewed by the Hearing Tribunal and acknowledged by him in the Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct, clearly demonstrated a severe lack of judgment in the provision of his professional services in that he communicated in a rude, disrespectful and abrupt manner with VD, the spouse of ED;
- **Contravention of the Act, a code of ethics or standards of practice:** Mr. Crosthwaite did not abide by the CLPNA Code of Ethics or the CLPNA Standards of Practice, as acknowledged by him in the Agreed Statement of Facts and Acknowledgment of Unprofessional Conduct and set out in detail below. The Hearing Tribunal finds the conduct breached the CLPNA Code of Ethics and the CLPNA Standards of Practice as set out above under Allegation 1 and that such breaches are sufficiently serious to constitute unprofessional conduct; and
- **Conduct that harms the integrity of the regulated profession:** It is expected of all LPNs that they treat members of the public, including family of patients with respect and courtesy. By failing to do so with VD, Mr. Crosthwaite harmed the integrity of the profession.

The Hearing Tribunal accepted Mr. Crosthwaite's admission of unprofessional conduct. As expressed above, the conduct underlying this allegation, which includes communicating in a rude, disrespectful, and abrupt manner to the spouse of a patient, is something that the CLPNA treats very seriously.

The Hearing Tribunal also finds the conduct breached the CLPNA Code of Ethics and the CLPNA Standards of Practice as set out above and that such breaches are sufficiently serious to constitute unprofessional conduct.

First Statement of Allegations - Allegation 5

Mr. Crosthwaite admitted on or about February 7, he inappropriately documented interactions with, and observations of, VD in ED's Patient Care Record.

Facts

The facts found in relation to Allegation 4 are repeated.

Mr. Crosthwaite documented his observations of VD and the interactions he had with VD in ED's

Patient Care Record.

Mr. Crosthwaite documented the following:

Spouse appears to be masking anxiety or fear over pt's condition by being insistent towards PT perform tasks, eat, drink more, encourages then somewhat cajoles pt into action. Spouse appears impatient with pace of investigations + treatment particular OT/PT.

Spouse left unit abruptly with family members without acknowledging writers salutation to travel well + sleep well.

The Tribunal reviewed a copy of ED's Patient Care Record containing Mr. Crosthwaite's opinion on the comments and behavior of VD.

The documentation was purely personal observation and not relevant to the ED's care plan.

The Hearing Tribunal considered the facts included in the Agreed Statement of Facts and Mr. Crosthwaite's admission of unprofessional conduct. The Hearing Tribunal found that the facts and documents included in Exhibit #3 prove that the conduct for Allegation 5 did in fact occur.

Unprofessional Conduct

The Hearing Tribunal finds that the conduct admitted to amounts to unprofessional conduct as defined in s. 1(1)(pp) of the Act. In particular, the Hearing Tribunal found the following definitions of unprofessional conduct have been met:

- **Displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services:** Mr. Crosthwaite's conduct, which was demonstrated in the evidence reviewed by the Hearing Tribunal and acknowledged by him in the Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct, clearly demonstrated a lack of judgment in the provision of his professional services in that he inappropriately documented interactions with, and observations of, VD in ED's Patient Care Record. VD was not a patient of the RAH and it was a purely personal observation, which demonstrated a lack of judgment and skill on the part of Mr. Crosthwaite;
- **Contravention of the Act, a code of ethics or standards of practice:** Mr. Crosthwaite did not abide by the CLPNA Code of Ethics or the CLPNA Standards of Practice, as acknowledged by him in the Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct and set out in detail below. The Hearing Tribunal finds the conduct breached the CLPNA Code of Ethics and the CLPNA Standards of Practice as set out above under Allegation 1 and that such breaches are sufficiently serious to constitute unprofessional conduct; and
- **Conduct that harms the integrity of the regulated profession:** When an LPN improperly documents the conduct of a non-patient on a patient's care record,

noting purely personal observations which are not relevant to the patient's care plan this harms the integrity of the regulated profession, as the public would not expect this from a professional.

The Hearing Tribunal accepted Mr. Crosthwaite's admission of unprofessional conduct. As expressed above, the conduct underlying this allegation, which includes inappropriately documented interactions with a patient and his spouse is something that the CLPNA treats very seriously.

The Hearing Tribunal also finds the conduct breached the CLPNA Code of Ethics and the CLPNA Standards of Practice as set out above and that such breaches are sufficiently serious to constitute unprofessional conduct.

First Statement of Allegations - Allegation 6

Mr. Crosthwaite admitted on or about February 7, 2017, he communicated in a rude and aggressive manner with co-worker IN.

Facts

On February 7, 2017, Mr. Crosthwaite called in to advise he would be late for his 0700 hours shift.

As he was late, IN, the Charge Nurse for Unit 1 East, took report for Mr. Crosthwaite at 0700 hours and completed a number of urgent tasks related to Mr. Crosthwaite's patients, including ordering a "stat" renal panel for two patients. IN relayed the orders to the laboratory department, processed the paperwork, and returned to rounds.

Mr. Crosthwaite arrived for his shift at approximately 0720 hours. At this time, IN gave report to Mr. Crosthwaite.

At approximately 1000 hours, Mr. Crosthwaite approached IN in a hallway at the RAH.

Mr. Crosthwaite confronted IN with the chart containing the renal panel order and, in a rude and annoyed manner, asked IN if she did it. IN stated she completed the order and explained her rationale for entering the orders which was that she did not want to delay the entering of the orders.

Later in the shift on February 7, 2017, while Mr. Crosthwaite was on break, IN took a call from another nurse wanting confirmation on what medication should be given to one of Mr. Crosthwaite's patients.

IN called the Pharmacist and confirmed the medication was appropriate to administer. IN picked up the patient's chart and was then confronted by Mr. Crosthwaite in a hallway on the unit. Mr. Crosthwaite asked, in an aggressive and tense manner, if there was anything that IN wanted to tell him.

IN and Mr. Crosthwaite engaged in an escalating back and forth discussion in which Mr. Crosthwaite asked if the patients were IN's or his and in which Mr. Crosthwaite insisted on being kept informed of things affecting his patients. Mr. Crosthwaite was not happy with IN's replies.

IN stated she was sorry, that she was just trying to help, and that she did not know what else to do. Mr. Crosthwaite raised his voice and told IN that he could have done it when he arrived.

IN turned away and took a deep breath and nervously laughed as a way to de-escalate the dispute.

Mr. Crosthwaite threw his hands up in the air and shouted in a loud voice to the retreating IN, words to the effect of, "Fine, laugh at me and walk away". Mr. Crosthwaite's combative response was delivered loud enough to be heard by patients and other staff.

IN was stunned by the response and went into a co-worker's office and burst into tears.

The Hearing Tribunal considered the facts included in the Agreed Statement of Facts and Mr. Crosthwaite's admission of unprofessional conduct. The Hearing Tribunal found that the facts and documents included in Exhibit #3 prove that the conduct for Allegation 6 did in fact occur.

Unprofessional Conduct

The Hearing Tribunal finds that the conduct admitted to amounts to unprofessional conduct as defined in s. 1(1)(pp) of the Act. In particular, the Hearing Tribunal found the following definitions of unprofessional conduct have been met:

- **Displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services:** Mr. Crosthwaite's conduct, which was demonstrated in the evidence reviewed by the Hearing Tribunal and acknowledged by him in the Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct, clearly demonstrated a severe lack of judgment in the provision of his professional services in that he communicated in a rude aggressive manner with co-worker IN. Mr. Crosthwaite failed to collaborate with his colleague in a constructive, cooperative and respectful manner which showed a lack of skill, knowledge or judgment in the provision of his professional services;
- **Contravention of the Act, a code of ethics or standards of practice:** Mr. Crosthwaite did not abide by the CLPNA Code of Ethics or the CLPNA Standards of Practice, as acknowledged by him in the Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct and set out in detail below. The Hearing Tribunal finds the conduct breached the CLPNA Code of Ethics and the CLPNA Standards of Practice as set out above under Allegation 1 and that such breaches are sufficiently serious to constitute unprofessional conduct; and
- **Conduct that harms the integrity of the regulated profession:** The public expects LPNs to work together in a respectful, collaborative manner. Doing so

protects patients and provides for better care. By not working with IN in that manner, Mr. Crosthwaite harmed the integrity of the regulated profession.

The Hearing Tribunal accepted Mr. Crosthwaite's admission of unprofessional conduct. As expressed above, the conduct underlying this allegation, which includes communicating in a rude and aggressive manner with a co-worker, is something that the CLPNA treats very seriously.

The Hearing Tribunal also finds the conduct breached the CLPNA Code of Ethics and the CLPNA Standards of Practice as set out above and that such breaches are sufficiently serious to constitute unprofessional conduct.

Second Statement of Allegations - Allegation 1

Mr. Crosthwaite admitted on or about May 6, 2018, he failed to facilitate a therapeutic relationship with patient CD by doing one or more of the following:

- Communicated in a rude and aggressive manner;
- Roughly placed ECG leads on CD, causing pain; and
- Failed to respect CD's privacy by leaving the door open and leaving CD's chest exposed during and after performing an ECG.

Facts

CD was a patient at the RAH from May 1, 2018 to May 7, 2018 pending surgery. On May 7, 2018, CD was transferred to the Mazankowski Heart Institute for open heart surgery.

Mr. Crosthwaite provided care to patient CD on May 6, 2018 on Unit 1 East at the RAH.

In the morning of May 6, 2018, Mr. Crosthwaite attended CD's room and attempted to administer 100 mg of Sitagliptin (Januvia) to CD. CD advised Mr. Crosthwaite that she took 50 mg at home and that other nurses had administered 50 mg. Mr. Crosthwaite became verbally aggressive and waved a paper at CD, telling her the order was for 100 mg of Sitagliptin (Januvia).

Later, on May 6, 2018, CD came out of the shower with monitor/telemetry leads/electrodes attached to her skin. Mr. Crosthwaite, in a rude and aggressive manner, told CD that the leads/electrodes were to be taken off prior to taking a shower. CD advised Mr. Crosthwaite that other nurses would replace the missing leads/electrodes and reattach them. Mr. Crosthwaite, in an aggressive and angry manner, demanded to know which nurses were doing this.

At approximately 1147 hours on May 6, 2018, Mr. Crosthwaite performed an ECG on CD. Mr. Crosthwaite was rough when he attached the leads/electrodes, causing CD pain.

Mr. Crosthwaite left CD's chest area exposed for an extended period of time during and after the ECG. Mr. Crosthwaite failed to close the door to CD's room and failed to close the curtain around CD's bed, which allowed a clear line of sight of CD from the public hallway.

Sometime around lunch time on May 6, 2018, Mr. Crosthwaite provided an insulin pen to CD. CD self-administered the insulin and placed the lid back on the pen. Mr. Crosthwaite became angry, removed the lid, and threw the lid on CD's lunch tray. He angrily told CD that she should have put the insulin pen in the Sharps container and told CD in an aggressive manner "Let's see if you can do it right at supper time".

Mr. Crosthwaite's communication and behavior with CD throughout his shift on May 6, 2018 was rude, condescending and aggressive. CD was scared of Mr. Crosthwaite as a result of her interactions with Mr. Crosthwaite.

The Hearing Tribunal considered the facts included in the Agreed Statement of Facts and Mr. Crosthwaite's admission of unprofessional conduct. The Hearing Tribunal found that the facts and documents included in Exhibit #3 prove that the conduct for Allegation 1 did in fact occur.

Unprofessional Conduct

The Hearing Tribunal finds that the conduct admitted to amounts to unprofessional conduct as defined in s. 1(1)(pp) of the Act. In particular, the Hearing Tribunal found the following definitions of unprofessional conduct have been met:

- **Displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services:** Mr. Crosthwaite's conduct, which was demonstrated in the evidence reviewed by the Hearing Tribunal and acknowledged by him in the Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct, clearly demonstrated a severe lack of judgment in the provision of his professional services in the he communicated in a rude and aggressive manner, roughly placed ECG leads on CD, causing pain and failed to respect CD'S privacy by leaving CD's chest exposed during and after performing an ECG. Mr. Crosthwaite failed to establish a therapeutic relationship with patient CD. Patient CD had pain caused by Mr. Crosthwaite's aggressive manner. Mr. Crosthwaite demonstrated a lack of knowledge, skill or judgment in the provision of his professional services with this conduct;
- **Contravention of the Act, a code of ethics or standards of practice:** Mr. Crosthwaite did not abide by the CLPNA Code of Ethics or the CLPNA Standards of Practice, as acknowledged by him in the Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct and set out in detail below. The Hearing Tribunal finds the conduct breached the CLPNA Code of Ethics and the CLPNA Standards of Practice as set out above under Allegation 1 (First Statement of Allegations) and that such breaches are sufficiently serious to constitute unprofessional conduct; and
- **Conduct that harms the integrity of the regulated profession:** If an LPN acts in an aggressive, discourteous or unkind manner to patients, or does not respect their privacy, this is not what the public expects of an LPN taking care

of someone in a hospital. By these actions, Mr. Crosthwaite's conduct harms the integrity of the regulated profession.

The Hearing Tribunal accepted Mr. Crosthwaite's admission of unprofessional conduct. As expressed above, the conduct underlying this allegation, which includes failing to facilitate a therapeutic relationship with a patient, is something that the CLPNA treats very seriously.

The Hearing Tribunal also finds the conduct breached the CLPNA Code of Ethics and the CLPNA Standards of Practice as set out above and that such breaches are sufficiently serious to constitute unprofessional conduct.

Second Statement of Allegations - Allegation 2

Mr. Crosthwaite admitted on or about May 6, 2018, he responded to a request by patient CD's husband and daughter to adjust a chair in an inappropriate manner by aggressively banging and pushing the chair up against the wall.

Facts

Mr. Crosthwaite provided care to patient CD on May 6, 2018 on Unit 1 East at the RAH.

In the afternoon on May 6, 2018, CD was being visited by her husband and daughter. CD's husband and daughter used a chair, which adjusted into a flat bed, in order to sleep and rest while they visited CD.

CD's husband had difficulty adjusting the chair from its flat position back to a chair. CD's husband requested Mr. Crosthwaite's assistance in placing the chair upright.

Mr. Crosthwaite appeared annoyed at the request. Mr. Crosthwaite was very aggressive while providing assistance in adjusting the chair and banged and hit the chair against the wall. Mr. Crosthwaite pushed the chair against the wall and broke the chair. Mr. Crosthwaite then left the room.

CD and her family were concerned by Mr. Crosthwaite's behavior.

The Hearing Tribunal considered the facts included in the Agreed Statement of Facts and Mr. Crosthwaite's admission of unprofessional conduct. The Hearing Tribunal found that the facts and documents included in Exhibit #3 prove that the conduct for Allegation 2 did in fact occur.

Unprofessional Conduct

The Hearing Tribunal finds that the conduct admitted to amounts to unprofessional conduct as defined in s. 1(1)(pp) of the Act. In particular, the Hearing Tribunal found the following definitions of unprofessional conduct have been met:

- **Displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services:** Mr. Crosthwaite's conduct, which was demonstrated

in the evidence reviewed by the Hearing Tribunal and acknowledged by him in the Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct, clearly demonstrated a severe lack of judgment in the provision of his professional services in that he responded to a request by patient CD's husband and daughter to adjust a chair in an inappropriate manner by aggressively banging and pushing the chair up against the wall. Mr. Crosthwaite failed to establish a positive relationship with patient CD's family, thereby potentially jeopardizing his therapeutic relationship with CD and her ability to trust his care;

- Contravention of the Act, a code of ethics or standards of practice: Mr. Crosthwaite did not abide by the CLPNA Code of Ethics or the CLPNA Standards of Practice, as acknowledged by him in the Agreed Statement of Facts and Acknowledgment of Unprofessional Conduct and set out in detail below. The Hearing Tribunal finds the conduct breached the CLPNA Code of Ethics and the CLPNA Standards of Practice as set out above under Allegation 1 (First Statement of Allegations) and that such breaches are sufficiently serious to constitute unprofessional conduct; and
- **Conduct that harms the integrity of the regulated profession:** Members of the public clearly expect LPNs to treat patients and their families with respect, courtesy and patience. By acting in the manner that he has admitted to, Mr. Crosthwaite has not fulfilled that obligation and harmed the integrity of the regulated profession.

The Hearing Tribunal accepted Mr. Crosthwaite's admission of unprofessional conduct. As expressed above, the conduct underlying this allegation, which includes responding to a patient request in a rude and aggressive manner, is something that the CLPNA treats very seriously.

The Hearing Tribunal also finds the conduct breached the CLPNA Code of Ethics and the CLPNA Standards of Practice as set out above and that such breaches are sufficiently serious to constitute unprofessional conduct.

Second Statement of Allegations - Allegation 3

Mr. Crosthwaite admitted on or about May 6, 2018, he failed to administer Sitagliptin 50 mg at 0800 to patient CD as ordered.

Facts

Mr. Crosthwaite provided care to patient CD on May 6, 2018 on Unit 1 East at the RAH.

Patient CD was ordered to receive Sitagliptin (Januvia) 50 mg at 0800 hours on May 6, 2018.

In the morning of May 6, 2018, Mr. Crosthwaite attended CD's room and attempted to administer 100 mg of Sitagliptin (Januvia) to CD. CD advised Mr. Crosthwaite that she took 50 mg at home

and that other nurses administered 50 mg. Mr. Crosthwaite became verbally aggressive and waved a paper at CD, telling her the order was for 100 mg of Sitagliptin (Januvia).

After this interaction, Mr. Crosthwaite did not administer any medication and failed to administer Sitagliptin (Januvia) 50 mg at 0800 hours on May 6, 2018 to CD as ordered. The Tribunal reviewed a copy of CD's Medication Administration Record indicating same.

The Hearing Tribunal considered the facts included in the Agreed Statement of Facts and Mr. Crosthwaite's admission of unprofessional conduct. The Hearing Tribunal found that the facts and documents included in Exhibit #3 prove that the conduct for Allegation 3 did in fact occur.

Unprofessional Conduct

The Hearing Tribunal finds that the conduct admitted to amounts to unprofessional conduct as defined in s. 1(1)(pp) of the Act. In particular, the Hearing Tribunal found the following definitions of unprofessional conduct have been met:

- **Displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services:** Mr. Crosthwaite's conduct, which was demonstrated in the evidence reviewed by the Hearing Tribunal and acknowledged by him in the Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct, clearly demonstrated a severe lack of judgment in the provision of his professional services in that he failed to administer Sitagliptin 50mg at 0800 to patient CD as ordered. Mr. Crosthwaite failed to administer the correct dosage of medication to patient CD causing a medication error, which displays a clear lack of judgment and skill in the provision of his services;
- **Contravention of the Act, a code of ethics or standards of practice:** Mr. Crosthwaite did not abide by the CLPNA Code of Ethics or the CLPNA Standards of Practice, as acknowledged by him in the Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct and set out in detail below. The Hearing Tribunal finds the conduct breached the CLPNA Code of Ethics and the CLPNA Standards of Practice as set out above under Allegation 1 (First Statement of Allegations) and that such breaches are sufficiently serious to constitute unprofessional conduct; and
- **Conduct that harms the integrity of the regulated profession:** It is central to the job of an LPN to provide medication to patients as directed by physicians. Not doing so clearly harms the integrity of the profession. In addition, the aggressive and dismissive manner in which Mr. Crosthwaite provided the care to patient CD further harms the integrity of the profession.

The Hearing Tribunal accepted Mr. Crosthwaite's admission of unprofessional conduct. As expressed above, the conduct underlying this allegation, which includes the failure to administer medication to a patient, is something that the CLPNA treats very seriously.

The Hearing Tribunal also finds the conduct breached the CLPNA Code of Ethics and the CLPNA Standards of Practice as set out above and that such breaches are sufficiently serious to constitute unprofessional conduct.

Conclusion

In sum, the Hearing Tribunal considered the evidence put forth in Exhibit #3 and concluded that each of the Allegations from the First Statement of Allegations and the Second Statement of Allegations against Mr. Crosthwaite were factually found. In addition, after considering the definition of unprofessional conduct found in section 1(1)(pp) of the Act, the CLPNA Code of Ethics and CLPNA Standards of Practice applicable to Mr. Crosthwaite as an LPN, the Hearing Tribunal found that for each allegation, unprofessional conduct had occurred.

(9) Joint Submission on Penalty

The Complaints Consultant and Mr. Crosthwaite made a joint submission with respect to penalty, which was entered as Exhibit #4. The parties jointly submitted the following proposal to the Hearing Tribunal for consideration:

1. The Hearing Tribunal's written decision (the "Decision") shall serve as a reprimand.
2. Mr. Crosthwaite shall pay 25% of the costs of the investigation and hearing to a maximum of \$3,500.00, subject to the following:
 - a) Costs will be paid in equal monthly installments over a period of 36 months, or over such other period of time as agreed to by the Complaints Consultant.
3. Mr. Crosthwaite shall read and reflect on how the following CLPNA documents, located on the CLPNA website at www.clpna.com under the "Governance" tab, will impact his nursing practice and provide to the Complaints Consultant a written reflection of 500 – 750 words, satisfactory to the Complaints Consultant, on how the CLPNA documents will impact his professional practice within 60 days of service of the Decision:
 - a) Code of Ethics for Licensed Practical Nurses in Canada;
 - b) Standards of Practice for Licensed Practical Nurses in Canada;
 - c) CLPNA Practice Policy: Professional Responsibility & Accountability;
 - d) CLPNA Practice Policy: Documentation;
 - e) CLPNA Competency Profile D1: Communication and Collaborative Practice;
 - f) CLPNA Competency Profile D3: Legal Protocols, Documenting and Reporting;
 - g) CLPNA Competency Profile U2: Medication Preparation and Administration; and
 - h) CLPNA Competency Profile C: Professionalism and Leadership.

If such documents become unavailable, they may be substituted by equivalent documents approved in advance in writing by the Complaints Consultant.

4. Mr. Crosthwaite shall complete the following nursing quizzes located on website <http://www.learningnurse.org/> and provide the Complaints Consultant with documentation confirming successful completion of the quizzes (a mark of at least 80%) within 60 days of service of the Decision:
 - **12.9 25Q Medication Errors;** and
 - **14.2 Legal Risks.**

If such quiz becomes unavailable, an equivalent quiz may be substituted where approved in advance in writing by the Complaints Consultant.

5. Mr. Crosthwaite shall complete, at his own cost, the **Professional Communications in Nursing** course, offered on-line at www.icollinsconsulting.com, and provide the Complaints Consultant with a certificate confirming successful completion of the course within 180 days of service of the Decision.

If such course becomes unavailable, an equivalent course may be substituted where approved in advance in writing by the Complaints Consultant.

6. Should Mr. Crosthwaite be unable to comply with any of the deadlines for completion of the penalty orders identified above, the deadlines may, upon written request, be extended for a reasonable period of time with the written consent of the Complaints Consultant.
7. Mr. Crosthwaite shall provide the CLPNA with his contact information, including his home mailing address, home and cellular telephone numbers, current e-mail address and current employment information. Mr. Crosthwaite will keep his contact information current with the CLPNA on an ongoing basis.
8. Should Mr. Crosthwaite fail or be unable to comply with any of the above orders for penalty, or if any dispute arises regarding the implementation of these orders, the Complaints Consultant may do any or all of the following:
 - Refer the matter back to a Hearing Tribunal, which shall retain jurisdiction with respect to penalty;
 - Treat Mr. Crosthwaite's non-compliance as information for a complaint under s. 56 of the *Health Professions Act*; or
 - In the case of non-payment of the costs described in paragraph 2 above, suspend Mr. Crosthwaite's practice permit until such costs are paid in full or the Complaints Consultant is satisfied that such costs are being paid in accordance with a schedule of payment agreed to by the Complaints Consultant.

Legal Counsel for the Complaints Consultant submitted the primary purpose of orders from the Hearing Tribunal is to protect the public. The Hearing Tribunal is aware that s. 82 of the Act sets out the available orders the Hearing Tribunal is able to make if unprofessional conduct is found.

The Hearing Tribunal is aware, while the parties have agreed on a joint submission as to penalty, the Hearing Tribunal is not bound by that submission. Nonetheless, as the decision-maker, the Hearing Tribunal should defer to a joint submission unless the proposed sanction is unfit, unreasonable or contrary to public interest. Joint submissions make for a better process and engage the member in considering the outcome. A rejection of a carefully crafted agreement would undermine the goal of fostering cooperation through joint submissions, and may significantly impair the ability of the Complaints Director to enter into such agreements. If the Hearing Tribunal had concerns with the proposed sanctions, the proper process is to notify the parties, articulate the reasons for concern, and give the parties an opportunity to address the concerns.

The Hearing Tribunal therefore carefully considered the Joint Submission on Penalty proposed by Mr. Crosthwaite and the Complaints Consultant.

(10) Decision on Penalty and Conclusions of the Hearing Tribunal

The Hearing Tribunal recognizes its orders with respect to penalty must be fair, reasonable and proportionate, taking into account the facts of this case.

The orders imposed by the Hearing Tribunal must protect the public from the type of conduct that Lawrence Crosthwaite has engaged in. In making its decision on penalty, the Hearing Tribunal considered a number of factors identified in *Jaswal v Newfoundland Medical Board* [1986] NJ No 50 (NLSC-TD), specifically the following:

- The nature and gravity of the proven allegations;
- The age and experience of the investigated member;
- The previous character of the investigated member and in particular the presence or absence of any prior complaints or convictions;
- The age and mental condition of the victim, if any;
- The number of times the offending conduct was proven to have occurred;
- The role of the investigated member in acknowledging what occurred;
- Whether the investigated member has already suffered other serious financial or other penalties as a result of the allegations having been made;
- The impact of the incident(s) on the victim;
- The presence or absence of any mitigating circumstances;
- The need to promote specific and general deterrence and, thereby to protect the public and ensure the safe and proper practice;
- The need to maintain the public's confidence in the integrity of the profession; and/or

- The range of sentence in other similar cases.

1. The nature and gravity of the proven allegations: As admitted, there was a significant breach in failure to facilitate a therapeutic relationship with his patients, including rude, aggressive and inappropriate behaviour in relation to patients and their families. He also failed to administer the correct dose of medication. These allegations are serious and beyond what is expected of an LPN. Patients and other members of the public have the right to expect professional treatment from an LPN. The behavior in all these allegations is unacceptable.

2. The age and experience of the investigated member: Mr. Crosthwaite registered as an LPN on January 1, 2008. He had been working at RAH since 2009 and was employed by RAH at the time of the allegations. Therefore, he was an experienced LPN and should have been aware that patients, families and co-workers need to be treated in a professional, patient and courteous manner.

3. The previous character of the investigated member and in particular the presence or absence of any prior complaints or convictions: Mr. Crosthwaite had complaints of a similar nature in the past and on July 28, 2015, the CLPNA received a complaint that he had been suspended for one-day at the RAH due to intimidating behaviour to a co-worker. There was another complaint of the same nature on November 17, 2015 resulting in a three-day suspension for intimidating communication to a patient and the patient's family. These complaints were both acknowledged by Mr. Crosthwaite and were resolved without a hearing pursuant to s. 55 of the Act, and a copy of the Agreement and Undertaking was entered as Exhibit #5. These prior complaints from 2015 demonstrate a continued pattern of intimidating behaviour and conduct toward co-workers, patients, and families which continued to occur in the four new complaints from 2016, 2017 and 2018 at issue in this hearing.

4. The age and mental condition of the victim, if any: The Hearing Tribunal was not made aware of the age and the mental condition of any of the clients in Mr. Crosthwaite's care. All of the patients; however, were in a vulnerable position of requiring serious medical care and were not familiar with the procedures or rules surrounding their care. This should have resulted in a heightened requirement to be patient, courteous and respectful in this setting.

5. The number of times the offending conduct was proven to have occurred: As expressed above, there were two complaints from 2015 of a similar nature involving Mr. Crosthwaite. In this hearing, there were nine allegations presented to the Hearing Tribunal which took place from November 14, 2016 through to August 15, 2018, almost all of which related to rude, disrespectful and aggressive behaviour toward co-workers, patients or patients' families. As noted above, this presents a concerning pattern of behaviour for the Hearing Tribunal and; therefore, there is a requirement for the Tribunal to bring home to Mr. Crosthwaite the seriousness of the conduct and that it needs to change.

6. The role of the investigated member in acknowledging what occurred: The Investigated Member acknowledged his unprofessional conduct and assisted in arriving at an Agreed

Statement of Facts which greatly simplified the Hearing and eliminated the need for witnesses. The Tribunal recognizes and appreciates this.

7. Whether the investigated member has already suffered other serious financial or other penalties as a result of the allegations having been made: Mr. Crosthwaite had a three day suspension in November 2016 and a five day suspension in August 2017 from his employer at RAH. He was terminated from his position at the RAH after the Fourth Complaint in 2018. He had an interim suspension placed on his license on August 23, 2018 and it was removed from his practice permit on April 5, 2019. The Hearing Tribunal understands that he has been restored to his position at the RAH at the time of the hearing due to the grievance process. Therefore, the Hearing Tribunal acknowledges that Mr. Crosthwaite has suffered consequences as a result of these allegations.

8. The impact of the incident(s) on the victim, and/or: The Hearing Tribunal was not given any evidence that the victims suffered any impact as a result of Mr. Crosthwaite's conduct. However, the Hearing Tribunal believes that the patients in his care, including EN, RB, IN, and CD all felt intimidated and unsafe due to his behaviour.

9. The presence or absence of any mitigating circumstances: The Hearing Tribunal was not presented with any information regarding any mitigating circumstances regarding Mr. Crosthwaite.

10. The need to promote specific and general deterrence and, thereby to protect the public and ensure the safe and proper practice: Regarding specific deterrence, there is a need to impose sanctions on Mr. Crosthwaite because he needs to be aware that this type of behavior is not acceptable of an LPN, nor will it be tolerated by the CLPNA and that this type of behavior is taken seriously by the CLPNA. The sanctions are intended to prevent similar conduct occurring in the future by educating Mr. Crosthwaite on respectful and proper conduct. The sanctions that are imposed with regards to Mr. Crosthwaite will also act as a deterrent to other LPNs by CLPNA acknowledging the seriousness of these breaches of conduct and responding with appropriate orders. These are core duties of an LPN and are a basic skill, knowledge base, and a fundamental responsibility of an LPN.

11. The need to maintain the public's confidence in the integrity of the profession: The CLPNA deals with the actions of its members when they conduct themselves in a way that is not becoming of the LPN profession. The CLPNA must deal with any breaches in the Act, the CLPNA Code of Ethics and the CLPNA Standard of Practice in a manner that shows the public that it takes these matters seriously and responds to such concerns in order to ensure an ethical and competent profession which acts in the public interest.

12. The range of sentence in other similar cases: The Hearing Tribunal was not presented with similar cases.

It is important to the profession of LPNs to maintain the CLPNA Code of Ethics and the CLPNA

Standards of Practice, and in doing so to promote specific and general deterrence and, thereby, to protect the public. The Hearing Tribunal has considered this in the deliberation of this matter, and again considered the seriousness of the Investigated Member's actions. The penalties ordered in this case are intended, in part, to demonstrate to the profession and the public that actions and unprofessional conduct such as this is not tolerated and it is intended that these orders will, in part, act as a deterrent to others.

After considering the proposed orders for penalty, the Hearing Tribunal finds the Joint Submission on Penalty is appropriate, reasonable and serves the public interest and therefore accepts the parties' proposed penalties.

(11) Orders of the Hearing Tribunal

The Hearing Tribunal is authorized under s. 82(1) of the Act to make orders in response to findings of unprofessional conduct. The Hearing Tribunal makes the following orders pursuant to s. 82 of the Act:

1. The Hearing Tribunal's written decision (the "Decision") shall serve as a reprimand.
2. Mr. Crosthwaite shall pay 25% of the costs of the investigation and hearing to a maximum of \$3,500.00, subject to the following:
 - a) Costs will be paid in equal monthly installments over a period of 36 months, or over such other period of time as agreed to by the Complaints Consultant.
3. Mr. Crosthwaite shall read and reflect on how the following CLPNA documents, located on the CLPNA website at www.clpna.com under the "Governance" tab, will impact his nursing practice and provide to the Complaints Consultant a written reflection of 500 – 750 words, satisfactory to the Complaints Consultant, on how the CLPNA documents will impact his professional practice within 60 days of service of the Decision:
 - a) Code of Ethics for Licensed Practical Nurses in Canada;
 - b) Standards of Practice for Licensed Practical Nurses in Canada;
 - c) CLPNA Practice Policy: Professional Responsibility & Accountability;
 - d) CLPNA Practice Policy: Documentation;
 - e) CLPNA Competency Profile D1: Communication and Collaborative Practice;
 - f) CLPNA Competency Profile D3: Legal Protocols, Documenting and Reporting;
 - g) CLPNA Competency Profile U2: Medication Preparation and Administration;
and
 - h) CLPNA Competency Profile C: Professionalism and Leadership.

If such documents become unavailable, they may be substituted by equivalent documents approved in advance in writing by the Complaints Consultant.

4. Mr. Crosthwaite shall complete the following nursing quizzes located on website <http://www.learningnurse.org/> and provide the Complaints Consultant with documentation confirming successful completion of the quizzes (a mark of at least 80%) within 60 days of service of the Decision:
 - **12.9 25Q Medication Errors;** and
 - **14.2 Legal Risks.**

If such quiz becomes unavailable, an equivalent quiz may be substituted where approved in advance in writing by the Complaints Consultant.

5. Mr. Crosthwaite shall complete, at his own cost, the Professional Communications in Nursing course, offered on-line at www.jcollinsconsulting.com, and provide the Complaints Consultant with a certificate confirming successful completion of the course within 180 days of service of the Decision.

If such course becomes unavailable, an equivalent course may be substituted where approved in advance in writing by the Complaints Consultant.

6. Should Mr. Crosthwaite be unable to comply with any of the deadlines for completion of the penalty orders identified above, the deadlines may, upon written request, be extended for a reasonable period of time with the written consent of the Complaints Consultant.
7. Mr. Crosthwaite shall provide the CLPNA with his contact information, including his home mailing address, home and cellular telephone numbers, current e-mail address and current employment information. Mr. Crosthwaite will keep his contact information current with the CLPNA on an ongoing basis.
8. Should Mr. Crosthwaite fail or be unable to comply with any of the above orders for penalty, or if any dispute arises regarding the implementation of these orders, the Complaints Consultant may do any or all of the following:
 - Refer the matter back to a Hearing Tribunal, which shall retain jurisdiction with respect to penalty;
 - Treat Mr. Crosthwaite's non-compliance as information for a complaint under s. 56 of the *Health Professions Act*; or
 - In the case of non-payment of the costs described in paragraph 2 above, suspend Mr. Crosthwaite's practice permit until such costs are paid in full or the Complaints Consultant is satisfied that such costs are being paid in accordance with a schedule of payment agreed to by the Complaints Consultant.

The Hearing Tribunal believes these orders adequately balances the factors referred to in Section 10 above, and are consistent with the overarching mandate of the Hearing Tribunal, which is to ensure that the public is protected.

Under Part 4, s. 87(1)(a),(b) and 87(2) of the Act, the Investigated Member has the right to appeal:

“87(1) An investigated person or the complaints director, on behalf of the college, may commence an appeal to the council of the decision of the hearing tribunal by a written notice of appeal that

- (a) identifies the appealed decision, and
- (b) states the reasons for the appeal.

(2) A notice of appeal must be given to the hearings director within 30 days after the date on which the decision of the hearing tribunal is given to the investigated person.”

DATED THE 13th DAY OF FEBRUARY 2020 IN THE CITY OF EDMONTON, ALBERTA.

THE COLLEGE OF LICENSED PRACTICAL NURSES OF ALBERTA

A handwritten signature in cursive script, appearing to read "Nicole James".

Nicole James, LPN
Chair, Hearing Tribunal