

**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 NEJAHA AHMED**

**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 NEJAHA AHMED, LPN #37549, WHILE A MEMBER OF THE COLLEGE OF LICENSED  
PRACTICAL NURSES OF ALBERTA (“CLPNA”)**

**DECISION OF THE HEARING TRIBUNAL**

**(1) Hearing**

The hearing was conducted via Videoconference on March 30, 2021 with the following individuals present:

**Hearing Tribunal:**

Michelle Stolz, Licensed Practical Nurse (“LPN”) Chairperson  
Allan Castillo, LPN  
James Lees, Public Member

**Staff:**

Gregory Sim, Legal Counsel for the Complaints Consultant, CLPNA  
Jason Hurley, Legal Counsel for the Complaints Consultant, CLPNA  
Kevin Oudith, Complaints Consultant, CLPNA

**Investigated Member:**

Nejaha Ahmed, LPN (“Ms. Ahmed” or “Investigated Member”)

**(2) Preliminary Matters**

The hearing was open to the public.

When the hearing began, the Chairperson of the Hearing Tribunal advised the Investigated Member she had the right to legal counsel under section 72(1) of the Health Professions Act (“the Act”). The Investigated Member confirmed she wished to proceed with the hearing without legal counsel.

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**

Ms. Ahmed 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. Ms. Ahmed was initially licensed as an LPN in Alberta on October 23, 2013.

On August 24, 2020, a complaint letter was received by the CLPNA from Elzaan Beukes, Director of Health and Wellness for Revera Inc. – McConachie Gardens (the “Complaint”). The Complaint was made pursuant to s. 57(1) of the Act stating that Ms. Nejaha Ahmed, LPN had failed to respond, or appropriately respond, to a client who had incurred a serious fall, failed to conduct a proper assessment of the client, failed to remain with the client and failed to properly initiate cardiopulmonary resuscitation.

In accordance with s. 20(1) of the Act, Ms. Sandy Davis, Complaints Director for the CLPNA (the “Complaints Director”), delegated her authority under Part 4 of the Act to Kevin Oudith, Complaints Consultant for the CLPNA (the “Complaints Consultant”).

In accordance with s. 55(2)(d) of the Act, the Complaints Consultant appointed Kerry Palyga, Investigator for the CLPNA (the “Investigator”) to conduct an investigation into the Complaint.

Ms. Ahmed received notice of the Complaint and the investigation by letter dated August 25, 2020.

In accordance with s. 65(1)(b) of the Act, the Complaints Consultant made a recommendation to Ms. Jeanne Weis, Chief Executive Officer of the CLPNA (the “Chief Executive Officer”), to immediately suspend Ms. Ahmed’s practice permit.

The Chief Executive Officer suspended Ms. Ahmed’s practice permit effective September 23, 2020 and notified Ms. Ahmed of the suspension by way of a letter dated September 23, 2020.

On October 18, 2020, the Investigator concluded the investigation into the Complaint and submitted the Investigation Report to the CLPNA.

On November 12, 2020, the Complaints Consultant made a further recommendation that the suspension of Ahmed’s practice permit be lifted. The Chief Executive Officer accepted the Complaints Consultant’s recommendation and lifted the suspension effective November 13, 2020.

Following the Investigation Report, the Complaints Consultant determined there was sufficient evidence that the matter should be referred to the Hearings Director in accordance with s. 66(3)(a) of the Act. Ms. Ahmed received notice that the matter was referred to a hearing as well as a copy of the Statement of Allegations and Investigation Report under cover of letter dated November 23, 2020.

A Notice of Hearing, Notice to Attend and Notice to Produce was served upon Ms. Ahmed under cover of letter dated February 9, 2021. The letter advised the Hearing would take place remotely via videoconference.

**(4) Allegations**

The Allegations in the Statement of Allegations (the “Allegations”) are:

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

1. On or about August 20, 2020, did one or more of the following with regard to client AB:
  - a. Failed to respond to AB’s collapse properly, or at all;
  - b. Failed to assess AB adequately, or at all;
  - c. Failed to remain with AB; and
  - d. Failed to initiate cardiopulmonary resuscitation of AB properly, or at all.”

**(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.

Ms. Ahmed acknowledged unprofessional conduct to all the allegations as evidenced by her 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.

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: Statement of Allegations
- Exhibit #2: Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct
- Exhibit #3: Joint Submission on Penalty

**(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 #2.

**(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 #2 and finds as facts the events as set out in the Agreed Statement of Facts.

The Hearing Tribunal also accepts Ms. Ahmed'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 Ms. Ahmed.

**Allegation 1**

Ms. Ahmed admitted that on or about August 20, 2020, she did one or more of the following with regard to client AB:

- a. Failed to respond to AB's collapse properly, or at all;
- b. Failed to assess AB adequately, or at all;
- c. Failed to remain with AB; and
- d. Failed to initiate cardiopulmonary resuscitation of AB properly, or at all.

On August 20, 2020, Ms. Ahmed worked a 0700 to 1515 hours shift at the Facility. She was assigned to the Memory Care Floor. Ms. Ahmed was the only LPN assigned to the floor. At 0754 hours, in a hallway, client AB collapsed face-first to the floor in a prone position. The fall of client AB and the subsequent events were captured by the Facility's closed-circuit camera.

Health Care Aid ("HCA") Manirampa witnessed the fall. HCA Manirampa promptly alerted Ms. Ahmed. At 0756 hours, Ms. Ahmed arrived at client AB's location. Ms. Ahmed momentarily crouched down beside client AB and then left to find client AB's Goals of Care form. At 0759 hours, Ms. Ahmed returned to client AB after failing to find the form. Ms. Ahmed then called 911 and requested an ambulance. Client AB remained lying face-first on the floor during this time.

At 0805 hours, HCA Llenes and Ms. Ahmed rolled client AB to a supine position. At 0807 hours, LPN Gonzales arrived from the upper floors of the Facility to assist. At 0808 hours, Ms. Ahmed began chest compressions to client AB. This was approximately 14 minutes after client AB collapsed. At 0810 hours, EMS arrived and took over care of client AB.

Ms. Ahmed's decision to search for the Goals of Care form significantly delayed a call to 911 and the initiation of cardiopulmonary resuscitation. On observing client AB collapsed on the floor, Ms. Ahmed failed to conduct a proper assessment and subsequently failed to follow the Facility's Code Blue procedures. Client AB was transported by EMS to the Royal Alexandra Hospital. It was determined client AB suffered a cardiac arrest. Client AB died as a result.

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:

- i. Displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services;
- ii. Contravention of the Act, a code of ethics or standards of practice;

Ms. Ahmed's conduct displayed a significant lack of knowledge and judgement by failing to conduct a proper assessment, failing to follow the Facility's Code Blue procedures, as well as, failing to initiate cardiopulmonary resuscitation and calling 911 immediately. Ms. Ahmed's behaviour significantly delayed potential life saving measures. The Hearing Tribunal did hear that the client did suffer a massive cardiac event and subsequently passed away at the hospital. Although the Hearing Tribunal was not provided with evidence that the actions of Ms. Ahmed caused the client to pass away, the expectation is that she should have done everything she could to provide appropriate care.

The conduct breached the following principles and standards set out in CLPNA's Code of Ethics ("CLPNA Code of Ethics") and CLPNA's Standards of Practice for Licensed Practical Nurses in Canada ("CLPNA Standards of Practice"):

CLPNA Code of Ethics:

Principle 1: Responsibility to the Public:

- 1.1: Maintain standards of practice, professional competence and conduct.
- 1.5: Provide care directed toward the health and well-being of the person, family, and community.
- 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:

- 2.8: Use evidence and judgement to guide nursing decisions.
- 2.9: Identify and minimize risks to clients.

Principle 3: Responsibility to the Profession:

- 3.1: Maintain the standards of the profession and conduct themselves in a manner that upholds the integrity of the profession.
- 3.3: Practice in a manner that is consistent with the privilege and responsibility of self-regulation.

Principle 4: Responsibility to Colleagues:

- 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.

Principle 5: Responsibility to Self:

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

CLPNA Standards of Practice:

Standard 1: Professional Accountability and Responsibility:

- 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.
- 1.7: Incorporate established client safety principles and quality assurance/improvement activities into LPN practice.
- 1.9: Practice in a manner consistent with ethical values and obligations of the Code of Ethics for LPNs.
- 1.10: Maintain documentation and reporting according to established legislation, regulations, laws and employer policies.

#### Standard 2: Knowledge-Based Practice:

- 2.2: Apply knowledge from nursing theory and science, other disciplines, evidence to inform decision-making and LPN practice.
- 2.11: Use critical inquiry to assess, plan and evaluate the implications of interventions that impact client outcomes.
- 2.13: Modify and communicate to appropriate person changes to specific interventions based on the client's responses.

#### Standard 3: Service to the Public and Self-Regulation:

- 3.3: Support and contribute to an environment that promotes and supports safe, effective and ethical practice.
- 3.4: Promote a culture of safety by using established occupational health and safety practices, infection control and other safety measures to protect clients, self and colleagues from illness and injury.
- 3.5: Provide relevant and timely information to clients and co-workers.
- 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:

- 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.
- 4.10: Practice with honesty and integrity to maintain the values and reputation of the profession.

The conduct breached these provisions of the Code of Ethics and Standards of Practice in that Ms. Ahmed failed to practice in a manner that is expected of LPNs. She did not appropriately assess the client and use that evidence in application to her knowledge in order to carry out a course of care to minimize risk and promote well-being. These actions not only failed to promote a safe environment for the clients under her care but goes against the expectation of self-regulation and ethical practice. LPNs are called to be decisive and spring into action in circumstances of pressing urgency; Ms. Ahmed did not meet that call in this case. Ms. Ahmed's actions failed to align with practices that are consistent for other LPNs in the profession. As such, she failed in her duties to her client, to the public, to her profession and to herself.

**(9) Joint Submission on Penalty**

The Complaints Consultant and Ms. Ahmed proposed to the Hearing Tribunal a Joint Submission on Penalty, which was entered as Exhibit #3. The Joint Submission on Penalty proposed the following sanctions to the Hearing Tribunal for consideration:

1. The Hearing Tribunal's written reasons for decision ("the Decision") shall serve as a reprimand.
2. Ms. Ahmed shall pay 25% of the costs of the investigation and hearing to be paid over a period of **36 months** from service of the decision subject to the following:
  - a. Ms. Ahmed will be provided with a letter advising of the final costs once the same have been confirmed.
3. Ms. Ahmed shall read and reflect on the following CLPNA documents. These documents are available on CLPNA's website <http://www.clpna.com/> under "Governance" and will be provided. Ms. Ahmed shall provide to the Complaints Consultant a written reflection of 500 – 750 words, satisfactory to the Complaints Consultant, on how the CLPNA documents will impact her professional practices within **ninety (90) 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 Competency Profile A1: Critical Thinking;
  - e) CLPNA Competency Profile A2: Clinical Judgment and Decision Making;
  - f) CLPNA Competency Profile C5: Accountability and Responsibility;
  - g) CLPNA Competency Profile C9: Informal Leadership;
  - h) CLPNA Competency Profile F1: Urgent and Emergent Situations.

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

4. In the event the reflective paper is not satisfactory to the Complaints Consultant, Ms. Ahmed shall within two (2) weeks of being notified by the Complaints Consultant that the reflective paper is not satisfactory, or such longer period as determined by the Complaints Consultant at his sole discretion, submit a revised paper that is acceptable to the Complaints Consultant.
5. Ms. Ahmed shall complete the **LPN Ethics Course** available online at <http://www.learninglpn.ca/index.php/courses>. Ms. Ahmed shall provide the Complaints Consultant with a certificate confirming successful completion of the course within **90 days** of service of the Decision.

6. Ms. Ahmed shall complete, at her own cost, the course **Sharpening Critical Thinking Skills** available online at <https://www.ncsbn.org/5126.htm>. Ms. Ahmed shall provide the Complaints Consultant with a certificate confirming successful completion of the course within **90 days** of service of the Decision.
7. Ms. Ahmed shall complete the course, **Health Assessment Self-Study** available online at <https://studywithclpna.com/healthassessment/>. Ms. Ahmed shall provide the Complaints Consultant with a certificate confirming successful completion of the course within **90 days** of service of the Decision.
8. Should any of the above course(s) become unavailable, then Ms. Ahmed shall request in writing to be assigned an alternative course prior to the deadline. The Complaints Consultant shall, in his sole discretion, reassign a course. Ms. Ahmed will be notified by the Complaints Consultant, in writing, advising of the new course required.
9. The sanctions set out above at paragraphs 1-8 will appear as conditions on Ms. Ahmed's practice permit and the Public Registry subject to the following:
  - a. The requirement to complete the remedial education and readings/reflection paper outlined at paragraphs 3-8 will appear as "CLPNA Monitoring Orders (Conduct)", on Ms. Ahmed's practice permit and the Public Registry until the below sanctions have been satisfactorily completed;
    - i. Readings/Reflection Paper;
    - ii. Ethics Course;
    - iii. Sharpening Critical Thinking Skills Course; and
    - iv. Health Assessment Course.
  - b. The requirement to pay costs, will appear as "Conduct Cost/Fines" on Ms. Ahmed's practice permit and the Public Registry until all costs have been paid as set out above at paragraph 2.
10. The conditions on Ms. Ahmed's practice permit will be removed upon completion of each of the requirements set out above at paragraph 9.

Ms. Ahmed shall provide the CLPNA with her contact information, including her home mailing address, home and cellular telephone numbers, current e-mail address and her current employment information. Ms. Ahmed will keep her contact information current with the CLPNA on an ongoing basis.

Should Ms. Ahmed 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.

Should Ms. Ahmed 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:

- a. Refer the matter back to a Hearing Tribunal, which shall retain jurisdiction with respect to penalty;
- b. Treat Ms. Ahmed's non-compliance as information for a complaint under s. 56 of the Act; or
- c. In the case of non-payment of the costs described in paragraph 2 above, suspend Ms. Ahmed'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 through further submissions to the Hearing Tribunal.

The Hearing Tribunal therefore carefully considered the Joint Submission on Penalty proposed by Ms. Ahmed 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 Nejaha Ahmed 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:

1. The nature and gravity of the proven allegations
2. The age and experience of the investigated member

3. The previous character of the investigated member and in particular the presence or absence of any prior complaints or convictions
4. The age and mental condition of the victim, if any
5. The number of times the offending conduct was proven to have occurred
6. The role of the investigated member in acknowledging what occurred
7. Whether the investigated member has already suffered other serious financial or other penalties as a result of the allegations having been made.
8. The impact of the incident(s) on the victim
9. The presence or absence of any mitigating circumstances
10. The need to promote specific and general deterrence and, thereby, to protect the public and ensure the safe and proper practice
11. The need to maintain the public's confidence in the integrity of the profession
12. The range of sentence in other similar cases

1. **The nature and gravity of the proven allegations:** The Hearing Tribunal finds the allegations that Ms. Ahmed admitted to are very serious in nature. The expectation of all LPNs is to be able to provide high quality CPR when indicated. It is a requirement that all LPNs must update their CPR training annually. Although CPR may not have changed the outcome in this case, the failure to initiate CPR for an extended period of time is alarming and fails to meet the expectation the public has of the profession.
2. **The age and experience of the investigated member:** Ms. Ahmed has been practicing as an LPN for 14 years. She was first licensed in British Columbia from 2007-2013. She then transferred her license to Alberta in 2014 and has held her license continually since. She was employed by Revera on November 1, 2018. Ms. Ahmed has many years of nursing experience prior to the incident; therefore, she should have acted accordingly and followed all policies and procedures that were set out for her. She should have had the ability to take control of the situation, assess the patient and initiate CPR.
3. **The previous character of the investigated member and in particular the presence or absence of any prior complaints or convictions:** Ms. Ahmed has no record of any prior complaints or convictions.
4. **The age and mental condition of the victim, if any:** The Hearing Tribunal did not hear specifics on the mental condition of the victim, although he was in a care home so it can be assumed he was frail and dependent on his caregivers.
5. **The number of times the offending conduct was proven to have occurred:** This was the only time the offending conduct occurred.
6. **The role of the investigated member in acknowledging what occurred:** Ms. Ahmed was very cooperative in acknowledging the incident. She was also cooperative during the investigation as well as taking part in preparing the Agreed Statement of Facts and the Joint Submission on Penalty.

7. **Whether the investigated member has already suffered other serious financial or other penalties as a result of the allegations having been made:** Ms. Ahmed was suspended without pay for 2 months. This suspension was a significant financial penalty.
8. **The impact of the incident(s) on the victim:** The victim did pass away in the hospital, although no evidence was submitted that the client's fall was a primary cause of death.
9. **The presence or absence of any mitigating circumstances:** The member did mention that the employer did review their Code Blue Policy and that it was a relatively new Facility. The Hearing Tribunal did not feel these factors were to be given any weight as we were not provided with evidence regarding them.
10. **The need to promote specific and general deterrence and, thereby, to protect the public and ensure the safe and proper practice:** The Hearing Tribunal felt this factor was very important and placed a significant amount of weight on it. In terms of specific deterrence, we felt it was imperative the member realized that her actions will not be tolerated. Other members of the profession also need to be deterred from failing to act accordingly in situations such as the one in this Hearing. The expectation is that LPNs will act in a way that promotes proper safe practice in order to protect the public. We feel the sanctions submitted in this hearing are just and will provide both specific and general deterrence.
11. **The need to maintain the public's confidence in the integrity of the profession:** The public needs to have confidence in the integrity of the profession. Sanctions need to be appropriate to ensure this confidence is maintained and they see the CLPNA will not tolerate such actions. The Hearing Tribunal feels the sanctions in this case will continue to maintain the public's confidence in the integrity of the LPN profession.
12. **The range of sentence in other similar cases:** The Hearing Tribunal was not provided with any similar cases.

It is important to the profession of LPNs to maintain the Code of Ethics and 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 reasons for decision ("the Decision") shall serve as a reprimand.
2. Ms. Ahmed shall pay 25% of the costs of the investigation and hearing to be paid over a period of **36 months** from service of the decision subject to the following:
  - a. Ms. Ahmed will be provided with a letter advising of the final costs once the same have been confirmed.
3. Ms. Ahmed shall read and reflect on the following CLPNA documents. These documents are available on CLPNA's website <http://www.clpna.com/> under "Governance" and will be provided. Ms. Ahmed shall provide to the Complaints Consultant a written reflection of 500 – 750 words, satisfactory to the Complaints Consultant, on how the CLPNA documents will impact her professional practices within **ninety (90) days** of service of the Decision:
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  - c) CLPNA Practice Policy: Professional Responsibility & Accountability;
  - d) CLPNA Competency Profile A1: Critical Thinking;
  - e) CLPNA Competency Profile A2: Clinical Judgment and Decision Making;
  - f) CLPNA Competency Profile C5: Accountability and Responsibility;
  - g) CLPNA Competency Profile C9: Informal Leadership;
  - h) CLPNA Competency Profile F1: Urgent and Emergent Situations.

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

4. In the event the reflective paper is not satisfactory to the Complaints Consultant, Ms. Ahmed shall within two (2) weeks of being notified by the Complaints Consultant that the reflective paper is not satisfactory, or such longer period as determined by the Complaints Consultant at his sole discretion, submit a revised paper that is acceptable to the Complaints Consultant.
5. Ms. Ahmed shall complete the **LPN Ethics Course** available online at <http://www.learninglpn.ca/index.php/courses>. Ms. Ahmed shall provide the Complaints Consultant with a certificate confirming successful completion of the course within **90 days** of service of the Decision.

6. Ms. Ahmed shall complete, at her own cost, the course **Sharpening Critical Thinking Skills** available online at <https://www.ncsbn.org/5126.htm>. Ms. Ahmed shall provide the Complaints Consultant with a certificate confirming successful completion of the course within **90 days** of service of the Decision.
7. Ms. Ahmed shall complete the course, **Health Assessment Self-Study** available online at <https://studywithclpna.com/healthassessment/>. Ms. Ahmed shall provide the Complaints Consultant with a certificate confirming successful completion of the course within **90 days** of service of the Decision.
8. Should any of the above course(s) become unavailable, then Ms. Ahmed shall request in writing to be assigned an alternative course prior to the deadline. The Complaints Consultant shall, in his sole discretion, reassign a course. Ms. Ahmed will be notified by the Complaints Consultant, in writing, advising of the new course required.
9. The sanctions set out above at paragraphs 1-8 will appear as conditions on Ms. Ahmed's practice permit and the Public Registry subject to the following:
  - a. The requirement to complete the remedial education and readings/reflection paper outlined at paragraphs 3-8 will appear as "CLPNA Monitoring Orders (Conduct)", on Ms. Ahmed's practice permit and the Public Registry until the below sanctions have been satisfactorily completed;
    - i. Readings/Reflection Paper;
    - ii. Ethics Course;
    - iii. Sharpening Critical Thinking Skills Course; and
    - iv. Health Assessment Course.
  - b. The requirement to pay costs, will appear as "Conduct Cost/Fines" on Ms. Ahmed's practice permit and the Public Registry until all costs have been paid as set out above at paragraph 2.
10. The conditions on Ms. Ahmed's practice permit will be removed upon completion of each of the requirements set out above at paragraph 9.

Ms. Ahmed shall provide the CLPNA with her contact information, including her home mailing address, home and cellular telephone numbers, current e-mail address and her current employment information. Ms. Ahmed will keep her contact information current with the CLPNA on an ongoing basis.

Should Ms. Ahmed 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.

Should Ms. Ahmed 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:

- a. Refer the matter back to a Hearing Tribunal, which shall retain jurisdiction with respect to penalty;
- b. Treat Ms. Ahmed's non-compliance as information for a complaint under s. 56 of the Act; or
- c. In the case of non-payment of the costs described in paragraph 2 above, suspend Ms. Ahmed'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 3<sup>RD</sup> DAY OF MAY 2021 IN THE CITY OF EDMONTON, ALBERTA.**

**THE COLLEGE OF LICENSED PRACTICAL NURSES OF ALBERTA**

*M. Stolz, LPN*

Michelle Stolz, LPN  
Chair, Hearing Tribunal