

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 EDNA DAYRIT**

**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 EDNA DAYRIT, LPN #28993, 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 April 13, 2022 with the following individuals present:

Hearing Tribunal:

Sheri Epp, Public Member, Chairperson
Candi Strohan, Licensed Practical Nurse (“LPN”)
Marie Concepcion, LPN
Anita Warnick, Public Member

Staff:

Kimberly Precht, Legal Counsel for the Complaints Director, CLPNA
Sandy Davis, Complaints Director, CLPNA

Investigated Member:

Edna Dayrit, LPN (“Ms. Dayrit” or “Investigated Member”)
Carol Drennan, 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

Ms. Dayrit 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. Dayrit was initially licensed as an LPN in Alberta on January 1, 2006.

The College of Licensed Practical Nurses of Alberta (the “CLPNA”) received a complaint dated August 26, 2021, from Lorelei Paul, General Manager, at Chartwell Eau Claire Care Residence (the “Complaint”), pursuant to s. 57 of the *Health Professions Act* (the “Act”). The Complaint advised Ms. Edna Nina Dayrit, LPN, had been suspended from her employment at Chartwell Eau Claire Care Residence for three days without pay as a result of acting aggressively towards and shouting at a resident.

By letter dated August 27, 2021, the Complaints Director of the CLPNA, Sandy Davis (the “Complaints Director”), provided Ms. Dayrit with notice of the Complaint. In accordance with s. 55(2)(d) of the Act, the Complaints Director notified Ms. Dayrit she had appointed David Burke, Investigator for the CLPNA (the “Investigator”) to conduct an investigation into the Complaint.

On December 6, 2021, the Investigator concluded the investigation of the Complaint.

The Complaints Director determined there was sufficient evidence that the issues raised in the Complaint should be referred to the Hearings Director in accordance with s. 63(3)(a) of the Act. Ms. Dayrit received notice the matter was referred to a hearing, as well as a copy of the Statement of Allegations and the Investigation Report with attachments, on January 28, 2022.

A Notice of Hearing, Notice to Attend and Notice to Product was served upon Ms. Dayrit under cover of letter dated February 23, 2022.

An amended Statement of Allegations was issued on March 23, 2022.

(4) Allegations

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

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

1. On or about July 4, 2021, did one or more of the following:
 - a. Shouted and or yelled at resident SD in an aggressive manner;
 - b. Intimidated and or threatened resident SD who is cognitively impaired;
 - c. Inappropriately leaned in towards resident SD invading her personal space;
 - d. Pulled resident SD’s walker while SD was holding onto the walker.

It is further alleged that your conduct constitutes “unprofessional conduct” as defined in s. 1(1)(pp)(ii) and (xii) of the *Health Professions Act*, RSA 2000, c H-7, and in particular your conduct breaches one or more of the following:

1. *Standards of Practice for Licensed Practical Nurses in Canada*, Standard 1: Professional Accountability and Responsibility, Indicators 1.4, 1.6, and 1.9
2. *Standards of Practice for Licensed Practical Nurses in Canada*, Standard 2: Knowledge-Base Practice, Indicators 2.1, 2.2, and 2.11
3. *Standards of Practice for Licensed Practical Nurses in Canada*, Standard 4: Ethical Practice, Indicators 4.1, 4.4, 4.7, 4.9, and 4.10
4. *Code of Ethics for Licensed Practical Nurses in Canada*, Principal 1: Responsibility to the Public, Ethical Responsibility, including Indicator 1.1
5. *Code of Ethics for Licensed Practical Nurses in Canada*, Principal 2: Responsibility to Clients, including Indicators 2.4 and 2.8
6. *Code of Ethics for Licensed Practical Nurses in Canada*, Principal 3: Responsibility to the Profession, including Indicators 3.1, 3.3, and 3.4
7. CLPNA Policy: Client and Co-Worker Abuse
8. CLPNA Policy: Professional Responsibility and Accountability”

(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. Dayrit 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 Director submitted, where there is an admission of unprofessional conduct, the Hearing Tribunal should accept the admission absent any exceptional circumstances.

(6) Documents

The following documents were before the Hearing Tribunal at the hearing:

- Revised Statement of Allegations dated March 23, 2022
- Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct dated March 20, 2022
- Joint Submission on Penalty dated March 28, 2022

(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 dated March 20, 2022.

(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 Agreed Statement of Facts and Acknowledgement of Unprofessional Conduct dated March 20, 2022 and finds as facts the events as set out in the Agreed Statement of Facts.

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

Allegation 1

Ms. Dayrit admitted that on or about July 4, 2021, she did one or more of the following:

- a. Shouted and or yelled at resident SD in an aggressive manner;
- b. Intimidated and or threatened resident SD who is cognitively impaired;
- c. Inappropriately leaned in towards resident SD invading her personal space;
- d. Pulled resident SD's walker while SD was holding onto the walker.

On July 4, 2021, Ms. Dayrit worked at the Facility starting at 1445 hours and ending at 2245 hours. A few HCAs had called in sick for their shift and Ms. Dayrit was upset about this.

Near the start of Ms. Dayrit's shift, Ms. Dayrit saw resident SD standing in the doorway of a room on the fourth floor of the Facility. Ms. Dayrit recognized resident SD as a resident who lives on a different floor of the Facility. Resident SD was not assigned to Ms. Dayrit.

Resident SD wanted to visit the resident in the fourth-floor room. However, the resident in the fourth-floor room was under isolation due to COVID-19 symptoms.

Although there was signage on the door to the fourth-floor resident's room stating not to enter because the resident was under isolation, resident SD did not appear to understand what the signage meant.

At the time of the events in issue, resident SD had mild cognitive impairment and dementia. Moreover, the vast majority of residents at the Facility have some form of dementia or memory issues. However, during Ms. Dayrit's interaction with resident SD, Ms. Dayrit did not know resident SD was cognitively impaired and had dementia, did not take any steps to find out, and did not act in a way that accounted for the possibility resident SD may have dementia or memory issues.

When resident SD did not leave after Ms. Dayrit attempted to explain to resident SD she could not visit her friend in the fourth-floor room, Ms. Dayrit raised her voice.

As well, Ms. Dayrit took hold of resident SD's walker and redirected it towards the elevator. Resident SD was holding onto her walker as Ms. Dayrit redirected it, so Ms. Dayrit was in effect pulling the walker while resident SD held on.

Resident SD reacted to Ms. Dayrit pulling on resident SD's walker by flailing her arms in the air and yelling, "Don't touch me". In response, Ms. Dayrit yelled at resident SD while leaning in towards resident SD, invading her personal space.

Ms. Dayrit threatened to report resident SD to management and asked an HCA who was nearby for the HCA's phone, as if to do so.

The manager on duty heard Ms. Dayrit yelling at resident SD from down the hall. Ms. Dayrit sounded angry and out of control.

The manager on duty intervened, ending the interaction between Ms. Dayrit and resident SD. The manager on duty then guided resident SD to the elevator and left with resident SD.

Three other staff also heard or saw some or all of Ms. Dayrit's interaction with resident SD. To those who witnessed it, Ms. Dayrit's behaviour appeared aggressive and intimidating.

When the manager on duty later informed Ms. Dayrit that resident SD had dementia, Ms. Dayrit responded by saying she did not believe resident SD had memory issues because resident SD was able to find her friend's room on the fourth-floor. Only after further coaching from the manager on duty did Ms. Dayrit acknowledge she had not handled the situation with resident SD appropriately.

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;
- iii. Contravention of another enactment that applies to the profession, and
- xii. Conduct that harms the integrity of the regulated profession.

The Hearing Tribunal finds that Ms. Dayrit displayed a lack of knowledge, skill and judgment in her treatment of SD. By becoming verbally aggressive and leaning into SD's personal space, she failed to understand or seek to understand that SD was cognitively impaired and may not have understood the situation regarding the Covid protocols. Ms. Dayrit demonstrated a lack of skill and judgment by failing to treat SD with compassion and by failing to appreciate her vulnerability due to her medical concerns. By pulling SD's walker to redirect her away from the room, Ms. Dayrit showed a lack of skill and judgment and could have caused actual harm to SD. While Ms. Dayrit explained there was a sense of urgency in making sure SD did not enter the room due to Covid protocols in place, the way in which she dealt with the situation falls far short of expected treatment in the circumstances.

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

Standards of Practice for Licensed Practical Nurses in Canada, Standard 1: Professional Accountability and Responsibility, Indicators 1.4, 1.6, and 1.9

Standards of Practice for Licensed Practical Nurses in Canada, Standard 2: Knowledge-Base Practice, Indicators 2.1, 2.2, and 2.11

Standards of Practice for Licensed Practical Nurses in Canada, Standard 4: Ethical Practice, Indicators 4.1, 4.4, 4.7, 4.9, and 4.10

Code of Ethics for Licensed Practical Nurses in Canada, Principal 1: Responsibility to the Public, Ethical Responsibility, including Indicator 1.1

Code of Ethics for Licensed Practical Nurses in Canada, Principal 2: Responsibility to Clients, including Indicators 2.4 and 2.8

Code of Ethics for Licensed Practical Nurses in Canada, Principal 3: Responsibility to the Profession, including Indicators 3.1, 3.3, and 3.4

CLPNA Policy: Client and Co-Worker Abuse

CLPNA Policy: Professional Responsibility and Accountability

Ms. Dayrit failed to provide SD with compassionate care which reflected her inherent dignity. She did not take into account her medical condition, nor did she seek to learn about SD's medical condition or how that could have played into SD's behaviour on the day in question. Even after learning about SD's medical and cognitive condition, she denied SD had any memory issues. Ms. Dayrit let her emotions control her actions.

Ms. Dayrit's treatment of SD was inexcusable even considering her explanation of the sense of urgency she felt to ensure the Covid protocols were not breached. Her conduct showed a lack of integrity and undermines the public trust in the services provided by LPNs to vulnerable patients.

LPNs are entrusted to provide competent and skilled care for the benefit of patients and for the public good. Ms. Dayrit's treatment of SD on July 4, 2021 fell far short of the obligations of LPNs.

Her conduct breached the Code of Ethics, Standards of Practice, and CLPNA Policies as outlined above.

(9) Joint Submission on Penalty

The Complaints Director and Ms. Dayrit jointly 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. Dayrit shall pay **25 percent** of the costs of the investigation and hearing, to be paid within **30 months** of the date Ms. Dayrit is provided with a letter advising her of the final hearing costs.
3. Ms. Dayrit shall read and reflect on how the following CLPNA documents will impact her nursing practice. These documents are available on CLPNA's website <http://www.clpna.com/> under "Governance". Ms. Dayrit shall provide a signed written declaration to the Complaints Director, within 30 days of service of the Decision, attesting that she has reviewed the CLPNA documents:
 - 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: Client & Co-Worker Abuse;
 - e) CLPNA Competency Profile A1: Critical Thinking;
 - f) CLPNA Competency Profile A2: Clinical Judgment and Decision Making;
 - g) CLPNA Competency Profile C4: Professional Ethics;

- h) CLPNA Competency Profile C5: Accountability and Responsibility;
- i) CLPNA Competency Profile D1: Communication and Collaborative Practice;
- j) CLPNA Competency Profile D2: Therapeutic Nurse-Patient Relationship;
- k) CLPNA Competency Profile F3: Patient Safety;
- l) CLPNA Competency Profile P2: Cognitive Care; and
- m) CLPNA Competency Profile P3: Dementia Care.

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

4. Ms. Dayrit shall complete the following remedial education, at her own cost. If any of the required education becomes unavailable, Ms. Dayrit shall make a written request to the Complaints Director to be assigned alternative education. Upon receiving Ms. Dayrit's written request, the Complaints Director, in her sole discretion, may assign alternative education in which case Ms. Dayrit will be notified in writing of the new education requirements. Ms. Dayrit shall provide the Complaints Director with certificates confirming successful completion within **six months** from service of the Decision:

- a) LPN Code of Ethics Learning Module available online at <https://www.learningnurse.org/index.php/e-learning/lpn-code-of-ethics>
- b) Staying Cool Under Fire available on-line at <https://www.nurse.com/ce/staying-cool-under-fire-how-well-do-you-communicate>
- c) Nursing Clients with Dementia (NCDEM014) offered on-line by John Collins Consulting

5. The orders set out above at paragraphs 2 - 4 will appear as conditions on Ms. Dayrit's practice permit and the Public Registry subject to the following:

- a) The requirement to complete the remedial education and readings outlined at paragraphs 3 - 4 will appear as "CLPNA Monitoring Orders (Conduct)", on Edna Dayrit's practice permit and the Public Registry until the below sanctions have been satisfactorily completed:

- i. Readings

- ii. LPN Code of Ethics Learning Module
 - iii. Staying Cool Under Fire
 - iv. Nursing Clients with Dementia
- b) The requirement to pay costs, will appear as “Conduct Cost” on Edna Dayrit’s practice permit and the Public Registry until all costs have been paid in full as set out above at paragraph 2.
6. The conditions on Ms. Dayrit’s practice permit and on the Public Registry will be removed upon completion of each of the requirements set out above at paragraph 5.
7. Ms. Dayrit shall provide the CLPNA with contact information, including home mailing address, home and cellular telephone numbers, current e-mail address and current employment information. Ms. Dayrit will keep her contact information current with the CLPNA on an ongoing basis.
8. Should Ms. Dayrit be unable to comply with any of the sanctions’ deadlines identified above, Ms. Dayrit may request an extension. The request for an extension must be submitted in writing to the Complaints Director, prior to the deadline, state a valid reason for requesting the extension and state a reasonable timeframe for completion. The Complaints Director shall, in their sole discretion, determine whether a time extension is accepted. Ms. Dayrit will be notified by the Complaints Director, in writing, if the extension has been granted.
9. Should Ms. Dayrit 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 Director 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. Dayrit’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. Dayrit’s practice permit until such costs are paid in full or the Complaints Director is satisfied that such costs are being paid in accordance with a schedule of payment agreed to by the Complaints Director.

Legal Counsel for the Complaints Director 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. Dayrit and the Complaints Director.

(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 Edna Dayrit 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, and/or
- 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

- The range of sentence in other similar cases

The Hearing Tribunal considered the fairness and reasonableness in accordance with the factors laid out in *Jaswal*, and has made the following findings:

- 1) **The nature and gravity of the proven allegations:** the proven conduct is very serious and constitutes an egregious breach of the professional obligations of an LPN.
- 2) **The age and experience of the investigated member:** Ms. Dayrit was initially registered with the CLPNA on January 1, 2006 and has worked with the facility since April 15, 2016. She is not a new member.
- 3) **The previous character of the investigated member and in particular the presence or absence of any prior complaints or convictions:** Ms. Dayrit had an unblemished record as an LPN prior to these allegations.
- 4) **The age and mental condition of the victim, if any:** SD suffers from dementia and is therefore particularly vulnerable.
- 5) **The number of times the offending conduct was proven to have occurred:** The conduct occurred once.
- 6) **The role of the investigated member in acknowledging what occurred:** Ms. Dayrit acknowledged her conduct and accepted responsibility for it which is a significant mitigating factor.
- 7) **Whether the investigated member has already suffered other serious financial or other penalties as a result of the allegations having been made:** Ms. Dayrit was suspended without pay for 3 days following the incident.
- 8) **The impact of the incident(s) on the victim:** the parties did not provide any specific evidence on this factor.
- 9) **The presence or absence of any mitigating circumstances:** Ms. Dayrit maintained that there was a sense of urgency in ensuring SD did not enter the room due to a Covid outbreak at the Facility.
- 10) **The need to promote specific and general deterrence and, thereby to protect the public and ensure the safe and proper practice:** The Complaints Director submitted, and the Hearing Tribunal accepts, that the penalties imposed are primarily remedial in nature and will serve to better equip Ms. Dayrit in the provision of professional services in the future thereby satisfying the specific deterrence objective. The penalties will also serve as a warning to the profession that such incidents will not be tolerated. The profession and

the public will know the CLPNA takes meaningful steps to deal with unacceptable behaviour from its regulated members.

11) The need to maintain the public's confidence in the integrity of the profession: Knowing that the CLPNA takes seriously the conduct such as that displayed by Ms. Dayrit provides the public with the confidence that such behaviour will not be tolerated.

12) The range of sentence in other similar cases: The Hearing Tribunal reviewed the sanctions in the cases of Distor, Slomkowi, and Wolkowycki and agree that the allegations in those cases were more serious. However, the Hearing Tribunal is satisfied the proposed penalty fits within the spectrum of sanctions previously ordered in relation to conduct of a similar nature.

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. Dayrit shall pay **25 percent** of the costs of the investigation and hearing, to be paid within **30 months** of the date Ms. Dayrit is provided with a letter advising her of the final hearing costs.
3. Ms. Dayrit shall read and reflect on how the following CLPNA documents will impact her nursing practice. These documents are available on CLPNA's website <http://www.clpna.com/> under "Governance". Ms. Dayrit shall provide a signed written declaration to the Complaints Director, within 30 days of service of the Decision, attesting that she has reviewed the CLPNA documents:

- 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: Client & Co-Worker Abuse;
- e) CLPNA Competency Profile A1: Critical Thinking;
- f) CLPNA Competency Profile A2: Clinical Judgment and Decision Making;
- g) CLPNA Competency Profile C4: Professional Ethics;
- h) CLPNA Competency Profile C5: Accountability and Responsibility;
- i) CLPNA Competency Profile D1: Communication and Collaborative Practice;
- j) CLPNA Competency Profile D2: Therapeutic Nurse-Patient Relationship;
- k) CLPNA Competency Profile F3: Patient Safety;
- l) CLPNA Competency Profile P2: Cognitive Care; and
- m) CLPNA Competency Profile P3: Dementia Care.

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

4. Ms. Dayrit shall complete the following remedial education, at her own cost. If any of the required education becomes unavailable, Ms. Dayrit shall make a written request to the Complaints Director to be assigned alternative education. Upon receiving Ms. Dayrit's written request, the Complaints Director, in her sole discretion, may assign alternative education in which case Ms. Dayrit will be notified in writing of the new education requirements. Ms. Dayrit shall provide the Complaints Director with certificates confirming successful completion within **six months** from service of the Decision:

- a) LPN Code of Ethics Learning Module available online at <https://www.learningnurse.org/index.php/e-learning/lpn-code-of-ethics>

- b) Staying Cool Under Fire available on-line at <https://www.nurse.com/ce/staying-cool-under-fire-how-well-do-you-communicate>
 - c) Nursing Clients with Dementia (NCDEM014) offered on-line by John Collins Consulting
5. The orders set out above at paragraphs 2 - 4 will appear as conditions on Ms. Dayrit's practice permit and the Public Registry subject to the following:
- a) The requirement to complete the remedial education and readings outlined at paragraphs 3 - 4 will appear as "CLPNA Monitoring Orders (Conduct)", on Edna Dayrit's practice permit and the Public Registry until the below sanctions have been satisfactorily completed:
 - i. Readings
 - ii. LPN Code of Ethics Learning Module
 - iii. Staying Cool Under Fire
 - iv. Nursing Clients with Dementia
 - b) The requirement to pay costs, will appear as "Conduct Cost" on Edna Dayrit's practice permit and the Public Registry until all costs have been paid in full as set out above at paragraph 2.
6. The conditions on Ms. Dayrit's practice permit and on the Public Registry will be removed upon completion of each of the requirements set out above at paragraph 5.
7. Ms. Dayrit shall provide the CLPNA with contact information, including home mailing address, home and cellular telephone numbers, current e-mail address and current employment information. Ms. Dayrit will keep her contact information current with the CLPNA on an ongoing basis.
8. Should Ms. Dayrit be unable to comply with any of the sanctions' deadlines identified above, Ms. Dayrit may request an extension. The request for an extension must be submitted in writing to the Complaints Director, prior to the deadline, state a valid reason for requesting the extension and state a reasonable timeframe for completion. The Complaints Director shall, in their sole discretion, determine whether a time extension is accepted. Ms. Dayrit will be notified by the Complaints Director, in writing, if the extension has been granted.

9. Should Ms. Dayrit 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 Director 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. Dayrit'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. Dayrit's practice permit until such costs are paid in full or the Complaints Director is satisfied that such costs are being paid in accordance with a schedule of payment agreed to by the Complaints Director.

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 26th DAY OF APRIL 2022 IN THE CITY OF CALGARY, ALBERTA.

THE COLLEGE OF LICENSED PRACTICAL NURSES OF ALBERTA



Sheri Epp, Public Member
Chair, Hearing Tribunal