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# THE COMMENTATOR

**CMLTA**  
COLLEGE OF  
MEDICAL LABORATORY  
TECHNOLOGISTS  
OF ALBERTA

Volume 3, Issue 2 - May 2014

## COUNCIL'S CHRONICLES

### FROM THE PRESIDENT'S PEN

#### Competence and Trust

Trust is an integral value woven through our professional lives. Our clients exercise trust in us as medical laboratory professionals. This trust is in our education, our experience, our professional integrity, and our working processes - including quality surveillance. As guardians of such a trust, it is our responsibility to maintain a high level of professional competence.

When the Continuing Competence Program (CCP) of the College of Medical Laboratory Technologists of Alberta (CMLTA) was being developed, many structures and processes were explored. Many models including prospective, retrospective, and credit-based systems were examined. Advisors in government, education, law, adult learning, and competence were consulted. Ultimately, the self-assessment and prospective format we use today was selected as the best practice model for monitoring and maintaining professional medical laboratory competence in Alberta. This process was supported by an informed group of laboratory professionals elected by the membership of the CMLTA to represent our voice and action in the public trust. As a group of professionals, we can be proud of our ongoing quest for excellence in this sphere.

Development of the CCP Competency Profile is continuous. As medical laboratory professionals, we are accustomed to the ever-changing face of healthcare. In order for a Competency Profile to keep up with these changes, it is essential that it be a living document. The current document has been crafted over the years and through hundreds of hours of consultation with government, legal,

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#### NOMINATIONS

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#### AWARD OF DISTINCTION

**DEADLINE: June 1, 2014**[Click here for details](#)

#### AWARD OF MERIT

**DEADLINE: June 1, 2014**[Click here for details](#)

#### BURSARY AWARD

**DEADLINE: December 31, 2014**[Click here for details](#)

educational, and medical laboratory professionals across the province. It is a current snapshot of who we are and what we do. As a medical laboratory professional, you have an opportunity to keep it relevant by recommending additions, deletions, or revisions that reflect current practices.

The CMLTA is required by the *Health Professions Act* (HPA) to prove compliance with the CCP by auditing its membership. This concept is not unfamiliar in a laboratory setting; similar auditing processes are implemented to validate data entry, procedural compliance, laboratory accreditation standards, etc. Auditing is part of quality assurance. In order for the CMLTA to demonstrate quality among medical laboratory professionals in mandatory professional development, the College is working towards twenty percent of the membership to be randomly selected for the Compliance Audit annually. CMLTA Compliance Audits may require as little as one or as many as five years of documentation submission. Many improvements have been made and will continue to be made to the submission process in order to make this action as simple as possible for the CMLTA membership. By achieving this level of auditing, the CMLTA will be able to report a statistically significant level of continuing education compliance among medical laboratory professionals in Alberta. This level of statistical significance promotes the confidence placed in our membership by the public trust and enables us to confidently live up to that trust.

Admittedly, I do not jump for joy when September comes around and I am faced with completing a Learning Plan for the coming registration year, nor am I excited at the prospect of being selected in any given year for a Compliance Audit. Mostly I feel this way because it's not easy - I like easy and I'm sure you do too. However, easy does not always produce the quality we need. I like to hike in the mountains in the summer. Climbing a mountain is not easy, but when I'm standing at the top looking over the path I've travelled, another mountain range, river, or lake beyond, I've never been disappointed with the expenditure of effort to get to the top. I invite us all to take this approach when looking at competence. The CMLTA CCP, including the Compliance Audit, when implemented properly, produces and proves the quality view we need to provide our clients. Let's remember that we are our own clients, as are

parents, children, family members, and friends. We deserve a quality view of healthcare; we trust that we have one.

– Jodi Luckwell, 2014 CMLTA President

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## MEETING HIGHLIGHTS

College Council convened on Saturday, March 1, 2014 for a regularly scheduled Council meeting. The following are highlights from the meeting:

- Approved the 2013 audited financial statement as presented by the auditor.
- Approved the 2013 Annual Report for distribution to the Minister of Health and regulated Members.
- Approved 2013 Bursary Award funding to five applicants.
- Approved revisions to College Bylaws and Special Rules of Order for presentation to regulated Members at the 2014 Annual General Meeting.
- Approved revisions to Council Process and Executive Director/Registrar Linkage Policies.
- Provided direction to the Legislation Sub-Committee to create a meeting evaluation tool for Council self-assessment and to draft a guidebook for new Councilors.

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## NOMINATIONS

Council is currently accepting nomination forms for the following positions:

- 2015 – 2017 President Elect
- 2015 - 2017 Councilor
- 2015 - 2017 Councilor

If you are interested, please submit a nomination form which is available on the College [website](#). The deadline is May 31, 2014.

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## EXECUTIVE DIRECTOR'S EXCHANGE

### **It's All About Perspective**

*"We can complain because rose bushes have thorns, or rejoice because thorn bushes have roses." - Abraham Lincoln*

Admittedly, one of the privileges of being the editor of this publication is I have a standing platform to

preach, rant and rave . . . or I can choose to educate, inform, and at the very least, provoke thought and discussion.

When I first began my career as an MLT, I became a Member of the Alberta Society of Medical Laboratory Technologists (ASMLT). I paid my annual membership fees simply because many of my colleagues did; however, I did not actively participate in the ASMLT. When the ASMLT became the Alberta College of Medical Laboratory Technologists (ACMLT) in 2002, I only became aware of this change when I had to address my annual cheque to a different organization. In the fall of 2006 when the Continuing Competence Program (CCP) was instituted, I recall sighing over the massive binder I received in the mail, but resigned myself to comply as it was too much energy to complain and the program participation was mandatory. I viewed the CCP like the Canada Revenue Agency – developing a Learning Plan, committing to fulfill it, and documenting learning activities were similar to filing an annual income tax return . . . a necessary evil. When I was hired by the ACMLT in 2008, my perspective changed drastically and has continued to do so over the last six years as I learn and understand more about self-regulation and its legislated authority.

I am not apathetic by nature and those who know me will say I am a passionate person willing to fight for a cause or lead the parade. Over the years I have learned to be more selective about the “hill to die on” as my time and energies were often divided between other commitments. Another factor that weighs heavily in my decision to invest in a cause or not is “Habit 1” from Stephen Covey’s book *The 7 Habits of Highly Effective People*. Although I read his book twenty-five years ago, a single concept still resonates with me today.

Habit 1 refers to being proactive and taking responsibility for your life. Every moment and situation provides a new choice, and in doing so, it gives you the opportunity to do things differently to produce more positive results. The problems, challenges, and opportunities one faces fall into two areas – *Circle of Concern* and *Circle of Influence*. Proactive people focus their time, energy, and efforts on their *Circle of Influence* and work on the things they can control or do something about: health, children, or personal growth. Reactive people focus

their efforts in the *Circle of Concern* over things which they have little or no control: the weather, national debt, or the existence of the CMLTA and the CCP.

At its core, Habit 1 is simple and straightforward and seems relatively effortless to implement and practice in everyday life. But try to recall how many situations in which you have been reactive and gotten upset over a circumstance you had no control over, and no matter how angry you got, you were not in a position to affect the outcome. Now think of the time and energy you focused on matters such as these.

Isaac Asimov once said "*it is the obvious which is so difficult to see most of the time. People say 'It's as plain as the nose on your face.'* But how much of the nose on your face can you see, unless someone holds a mirror up to you?" I do not intend to insult the intelligence or professionalism of anyone, but sometimes stating the obvious helps one re-focus and gain an awareness of the areas in which they deploy their energies, and how one can be more proactive and invest in matters that fall under the *Circle of Influence*. Could this be interpreted as resigning one's self to apathy or indifference to areas they cannot change or impact? Possibly, but is that so wrong? This mindset allows one to focus on what matters, how to truly impact or influence a positive change, and how to make a difference.

So how does this all relate back to you and the CMLTA? The existence of the CMLTA and its governing legislation, the *Health Professions Act*, fall under the *Circle of Concern*. No matter how much you want the CMLTA and its mandated programs and services such as annual registration dues and the CCP to simply go away, they will not and are here to stay. However, your *Circle of Influence* includes volunteering on CMLTA Council where you can have a voice and impact the future direction of the College, or contributing to enhancement of the CCP MLT Competency Profile to incorporate emerging technologies and the expanding scope of MLT professional practice.

Just something to think about . . . and perhaps change your perspective.

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## 2015 DUES NOTICE

September 15-October 31: \$560 (early bird discount)

November 1-30: \$610 (regular dues)

December 1-31: \$735 (regular dues plus processing fees)

All voluntary renewals will continue as hard-copy (MLA & Associate = \$160, Retired = \$75)

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## COMPETENCE AND PROFESSIONAL DEVELOPMENT DIALOGUE

### **The 2014 CCP Compliance Audit is in Full Swing**

The College sent out Continuing Competence Program (CCP) Compliance Audit notices via email and registered mail February 11<sup>th</sup> of this year to 244 (10%) randomly selected regulated Members.

Those individuals selected for the Compliance Audit were required to provide documentation and evidence of learning for the previous registration year. Members were provided the option to submit the required documentation by hard copy or by utilizing the new online Compliance Audit process. The new online submission process permitted Members to submit all documents by simply uploading and emailing to the College through a secure Member portal on the CMLTA website.

Approximately half of all audited Members submitted their Compliance Audit documents, in part or whole, through the online process. Those Members who utilized the online program were unanimously in favor of it, and commented on how simple it was to navigate once they sat down with an open mind to give it a try.

In addition to the positive Member feedback, the online CCP Compliance Audit resulted in a streamlined process for the College and a decreased processing turn-around-time. This was due to Members being guided using a step-by-step process during the online CCP Compliance Audit as to which documentation the College actually needed - rather than submitting excess or unnecessary information. The decreased paper flow allowed staff more time to field phone calls or emails from Members with questions regarding the CCP Compliance Audit. For these reasons, commencing 2015, all CCP Compliance Audits must be submitted online.

A major component of the CCP Compliance Audit is the submission of a CCP Activity Log. The College recommends keeping all CCP Activity Logs current. Regulated Members have access to the online CCP Activity Log (through their Member login on the College website) to document learning activities completed as far back as their 2013 Learning Plan. For directions on utilizing the online CCP Activity Log click [here](#).

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## **GREY AREAS**

### **[A Commentary on Legal Issues Affecting Professional Regulation.](#)**

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## **PROFESSIONAL PRACTICE PERSPECTIVES**

**Patient Confidentiality and Medical Laboratory Technologists** - Submitted by Blair Maxston, BA, LLB, College Legal Counsel

### **Legal and Ethical Duties**

In Canada, the principles of patient confidentiality have long been a cornerstone of the relationship between healthcare providers and their patients. Although the duty of confidentiality has been recognized by courts and codified in legislation, maintaining privacy of patient information is increasingly difficult due to the advent of the electronic health record and the number of healthcare professionals who can access large amounts of patient information simply at the click of a mouse.

This article will examine the duty of confidentiality, exceptions to it, and the possible consequences for Medical Laboratory Technologists (MLTs) who inappropriately access or disclose confidential patient information.

### **The Duty of Confidentiality: Basic Principles**

All healthcare providers, including MLTs, owe a duty of confidentiality to their patients. There are several important reasons to treat patient information as confidential. As a starting point, healthcare providers need accurate and complete information to appropriately assess, treat, and monitor a patient. This includes the laboratory analysis and diagnostic

testing that MLTs provide. Patients could be reluctant to share information if they do not have trust and confidence that the information they provide will be protected.

Another important principle underlying this duty is respect for patient autonomy. In short, patients should have control over how and by whom their healthcare information is shared, and just as importantly, when information will not be disclosed or accessed.

Finally, it is also imperative to be aware that the Supreme Court of Canada has ruled that while a patient's chart is owned by the healthcare provider or institution that created it, all patients have the right to examine their entire patient record, and to receive a copy all of the information it contains, including laboratory test results. This applies to hard copy and electronic patient charts, and in turn means that anything placed on a patient chart can be accessed by the patient.

### **Confidentiality: Legal, Ethical, and Other Obligations**

Canadian case law has expressly imposed a duty of confidentiality on all healthcare providers. In the leading Supreme Court of Canada decision of *McInerney v. MacDonald*, the Supreme Court stated that this duty is founded on the fiduciary or legal and ethical relationship of trust that exists between healthcare providers and their patients. Specifically, the court stated *Certain duties do arise from the special relationship of trust and confidence between doctor and patient. Among these is the duty of the doctor to act with utmost good faith and loyalty, and to hold information received from or about a patient in confidence.* The same principles would of course apply to all healthcare providers, including MLTs.

The duty of confidentiality is also set out in various federal and provincial legislation governing hospitals and public health facilities. In addition, extensive federal and provincial legislation governs the collection, use, and disclosure of patient information. In Alberta, the *Health Information Act* addresses those matters. Professional regulatory organizations, such as the CMLTA almost universally create patient confidentiality obligations and duties in their Codes of Ethics or Standards of Practice that apply to their members. For example, section 5 of the CMLTA Code



of Ethics states *Confidentiality and Conflict of Interest - Medical Laboratory Technologists understand and comply with applicable privacy legislation and policies regarding the collection, use and disclosure and confidential information*. Additionally, institutional employers often have confidentiality agreements, pledges, and policies which reflect and reinforce the duty of confidentiality that apply to healthcare providers. In summary, there are clear legal and professional ethical confidentiality obligations that apply to all MLTs.

### **Recognized Exceptions to the Duty of Confidentiality**

There are several recognized exceptions to the duty of confidentiality that allow (and in some cases, require) healthcare providers to access and disclose confidential patient information. The more significant exceptions can be summarized as follows:

1. Specific legislative provisions that mandate the release of confidential information in certain circumstances. For example, child protection legislation, public health, and communicable disease legislation can require disclosure to protect public health and safety.
2. Court orders can obligate a healthcare provider to give testimony in court - including discussing confidential patient information where applicable. Similarly, most provinces have provisions similar to those in *Alberta's Health Professions Act* that allow persons investigating allegations of unprofessional conduct on behalf of a regulatory College to require healthcare providers and institutions to disclose what would otherwise be private and confidential information. That information can also be part of a discipline hearing where warranted.
3. Medically required disclosure of health information (oral, written, and electronic) within the healthcare team. This is usually referred to as "implied consent" and is necessary for the patient to be treated properly by having all members of the treatment team receive and exchange information about the patient's condition.
4. Patient authorization or consent to disclose information. In most cases, an institution or healthcare provider will require signed and dated consent forms from a patient specifying what information is to be disclosed and

indicating who the recipients of the information are.

### **Unauthorized Access to or Disclosure of Patient Information**

If an MLT accesses or discloses patient information outside the normal course of his or her job duties - that is without a justifiable clinical reason - he or she can be exposed to significant consequences and liability. To begin with, a patient may take legal action by suing the MLT for negligence, breach of confidentiality, or even defamation. The patient could also file a complaint with the Alberta Office of the Information and Privacy Commissioner. Additionally such conduct clearly violates the ethical obligations that are set out in the CMLTA Code of Ethics. As a result, a complaint could be made to the College about the MLT's actions alleging that they constitute "unprofessional conduct" under the *Health Professions Act*. After being investigated, those matters could be referred to a discipline hearing before a Hearing Tribunal of the College. If an MLT is found to have committed unprofessional conduct by a Hearing Tribunal, then he or she can be ordered to pay fines, the costs of a hearing or both, and can be subject to other orders including suspensions or restrictions on professional practice. Furthermore, depending on the nature and severity of the breaches of confidentiality and the number of times they occurred, an MLT will almost certainly have breached employer privacy policies and guidelines. That could result in a suspension without pay or even termination of employment in the most serious situations.

In conclusion, it is essential that the use of and access to patient information is properly protected. A legal duty of confidentiality has been created by the Courts and in legislation which is also reflected in a professional Code of Ethics and employer confidentiality pledges and policies. The longstanding obligation of MLTs to strictly observe patient confidentiality endures in the digital and electronic age.

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### **PROFESSIONAL DISCIPLINE AND CONDUCT CONSIDERATIONS**

A Hearing Tribunal made two findings of unprofessional conduct against a Member who

contravened the *Health Professions Act*, the College Standards of Practice, and the College Code of Ethics with (i) the unauthorized and inappropriate *access* of multiple patient records, and unauthorized and inappropriate *attempts to access* multiple patient records and; (ii) the failure to provide accurate and/or complete information to the employer concerning charge (i). The Member admitted to the unprofessional conduct and signed an Agreed Statement of Facts and a Joint Submission on Penalty in conjunction with the College. The Hearing Tribunal ordered fines in the amount of \$2,000.00 to be paid within 30 days and the successful completion of a health information access and privacy course to be completed within one year and at the Member's own cost.

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## FROM STRANGERS TO COLLEAGUES

**The University of Alberta's Interprofessional Pathway for Health Science students** - Submitted by Sue Robins

They started out as individual students from different faculties. By the end of the half-day Interprofessional (IP) Pathway Launch at the University of Alberta, they had gone from strangers to colleagues.

"This was my first real experience of the interprofessional approach," says Harold Pang, a nursing student and president of the Health Sciences Student Association. "It was an eye-opening experience to truly discover that there are so many people involved in a health-care team."

The IP Launch is a gathering of students from six different health faculties, barely three weeks into the first year of their programs. Some students are fresh out of high school, while others have university degrees. Four half-day IP Launches are held in September with combined attendance totaling over 1,000 students.

"The health sciences faculties here at the University of Alberta understand the need for interprofessional health education," says Sharla King, Director of the Health Sciences Education and Research Commons (HSERC). "The Health Sciences Council (HSC) is continually looking for new and better ways to ensure our students graduate ready to become

agents of change, to build health teams, to collaborate with their peers, and to create a more efficient health system. As the health education and research arm of the Council, we are well-positioned to take the lead on this crucial aspect of health and wellness education.”

The IP Launch is the students’ introduction to the world of collaborative health. The day begins in the Edmonton Clinic Health Academy, where the students are assigned to teams with names like Femur and Stethoscope. The anxiety is palpable in the opening session. Participants do not know each other, and they have to spend the next three hours rotating among stations and collaboratively completing a case study. The newly formed teams stream out into the hallways to meet a patient mentor, a practitioner group, and two health regulatory bodies.

The IP Launch demands active participation from the students – this is not passive learning. The theme of the Launch is patient-centred care, and the stations build on four IP competencies: communication, collaboration, role clarification and reflection.

Eleven health regulatory bodies set up their booths and stock them with publications and freebies for the students. The Launch is an opportunity for the colleges to highlight their professions and explain how each professional plays a pivotal part in the health-care team.

“This is a brilliant event for the students to see how they fit in and work with each other,” says Doug Cook, the Executive Director of the College of Dietitians of Alberta.

“The Launch is a great opportunity to teach students early in their career to work with others and to know they aren’t alone. It’s also an opportunity to advance the profile of our profession,” adds Darlene Fraser, Member Services Coordinator at the College of Dental Hygienists of Alberta.

Not all colleges at the Launch have students at the University of Alberta. For example, the College of Licensed Practical Nurses of Alberta is invited to the IP Launch to demonstrate the variety of health professionals students will work with after graduation. “I love talking to students,” says Linda Findlay, the college Practice Consultant. She is happy

to answer the common student question: what is the difference between an LPN and an RN. (The short answer is that LPNs are frontline nurses who graduate with a two-year college diploma, while RNs are university educated and have a broader scope of practice than their LPN colleagues).

“One question I was asked often was: how can other health professionals make it easier for us to do our jobs?” says Larissa Fadish, Deputy Registrar of the College of Medical Laboratory Technologists of Alberta. “I was impressed with the quality of student questions, and the kinds of insights these questions reflect,” she says.

After visiting the college booths, teams rotate to a patient mentor station. Patient mentors share their personal health experiences and students are challenged to build rapport, and learn about the patients’ real-life experiences communicating with their health teams.

Gina Clarke’s wisdom comes from having cancer and a leg amputation. She says she gives her time, and shares her story at the Launch because she wants to give back to the medical system that saved her life.

“I hope the students come away from this experience knowing that it doesn’t take extra time to be polite to a patient. This is an aspect of the patient-caregiver experience that worries me, because I see genuine interpersonal skills and good bedside manner fading away,” Gina says.

Medical student Andrea Johnson found the patient mentors invaluable. “They helped me see the patient as a whole person, and focus on discovering what is important to that person in their life. Knowing what disease or condition a patient has is only part of the story. I also need to learn to hear the things they are telling me about their lives, what else brought them through my door.”

Next, the students move to a station of practitioners. An exercise specialist, mental health coordinator, dietitian, and nurse from Edmonton Southside Primary Care Network (PCN) talk about their roles, and how they work together as a team.

Sandra Butler, RN, relishes the opportunity to talk about how satisfying it is to work in a team

environment. She explains to the audience how her team provides patient-centred care; and that this can be as simple as picking up the phone to contact a colleague.

"This event opens students' eyes to opportunities for collaboration in health care. It lets them know they don't have to work in silos when they are in practice," adds Sue Perry, Mental Health Coordinator.

Finally, teams spend an hour reviewing a patient case study, and using the skills and knowledge of their full team to establish goals for care. The students emerge from the experience smiling and enthusiastic.

"I get it now. I understand how each profession brings their skills to the table, and I've realized how much more we can do if we work together," says Mohammad Maghfourian, a physical therapy student.

"It's really liberating. I've learned I can trust my team to help me care for patients – I don't have to know everything," concludes pharmacy student Daniel Leung.

By the end of their time at the Launch, an amazing transformation has occurred – individual students have coalesced into interprofessional teams. The impression left by the IP Launch will stay with them as they become health professionals working in real life practice. They will graduate inspired and equipped to build teams, to work with their peers in other professions, and to make important advances in patient-centred care for all Albertans.

For more information, please visit our website:

[hserc.ualberta.ca/Research/HSERCProjects](http://hserc.ualberta.ca/Research/HSERCProjects)

Or contact us by email: [hserc@ualberta.ca](mailto:hserc@ualberta.ca)

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JUNE 21-23 | SASKATOON, SK

# It's your time to shine!

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Quality Control  
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**Sessions include:**  
Managing Risk in Phlebotomy  
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Personalized Medicine  
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**New Plenary Sessions Announced!**

**Fergall Magee**  
Division Head of Anatomic Pathology, Saskatoon Health Region  
Changing Practice in Laboratory Medicine

**Michael Noble**  
Chair, Program Office for Laboratory Quality Management at UBC  
Risk & Error in the Laboratory

ENGAGING SPEAKERS | DYNAMIC SESSIONS | INTERACTIVE EXHIBITS | LIMITLESS NETWORKING

Stay tuned to [labcon.csmls.org](http://labcon.csmls.org) for updates.



*The College of Medical Laboratory Technologists of Alberta (CMLTA) is a recognized leader in the regulation and governance of medical laboratory services. As a trusted partner in healthcare regulation, the CMLTA acknowledges self-regulation is a privilege and endeavors to enhance public protection and patient safety, promote high standards for professional practice, and contribute to the overall wellness of Albertans. The CMLTA protects the public by regulating Medical Laboratory Technologists (MLTs) and fostering excellence in professional practice.*

*The Commentator e-newsletter is the CMLTA's primary communication vehicle and is distributed February, May, and October. It provides MLTs and the public with current and timely information about CMLTA programs, services, and topics relevant to MLTs and which may have an impact on the healthcare continuum.*

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**All regulated members are responsible for receiving *The Commentator* and being aware of its contents.**

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