

THE COMMENTATOR

CMLTA
COLLEGE OF
MEDICAL LABORATORY
TECHNOLOGISTS
OF ALBERTA

Volume 3, Issue 3 - October 2014

COUNCIL'S CHRONICLES

FROM THE PRESIDENT'S PEN

A Season of Change

As I prepared to write this article I recalled the many conversations involving my role on Council and in Council activities. I tried to think about an issue I might address that would help Members better understand the purpose of the College of Medical Laboratory Technologists of Alberta (CMLTA) or to become stronger proponents of its mission, vision, and core values. I read back issues of *Under the Microscope* and *The Commentator* and concluded every recurring question or concern I'd heard had been thoroughly addressed. Many excellent articles have been written on these subjects, many questions answered in person, via email, and through publications.

If you are someone with questions still burning on any of these issues I invite you to study CMLTA publications and governing legislation to seek answers. Without a fresh question to answer, or new issue to address, I decided to look over the last year to share with and remind you of some of the accomplishments of the CMLTA. The selections I have chosen to share are above and beyond the day to day regulatory functions of the CMLTA.

As part of interdisciplinary education, the University of Alberta holds an information fair for associations and Colleges of various health professions. In 2013, the CMLTA received its first invitation to this event. In preparation, the CMLTA published a fold out bookmark outlining who medical laboratory professionals are and what we do. This publication highlights the CMLTA role in Alberta and outlines our Standards of Practice and Code of Ethics. This information was widely distributed and well received at the 2014 event.

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NOMINATIONS

[click here for details](#)

BURSARY AWARD

DEADLINE: December 31, 2014

[Click here for details](#)

If you have recently visited the CMLTA website you may have seen the new video which was created to help future lab professionals in Alberta understand and value the role of the CMLTA in their careers. This video captures the principles on which the CMLTA has been built and the values with which it acts. It is a virtual module of self-serve education for twenty-first century learners.

The CMLTA is continuously looking for ways to improve our database system to keep up with emerging technologies. The software purchased by the CMLTA has a lot of flexibility and customizable features. The CMLTA staff have worked long hours to enable simplified electronic submissions for the Continuing Competence Program (CCP) requirements, including Learning Plans, Activity Logs, and Compliance Audits. These changes increase accessibility for Members of the CMLTA and simplify submissions to the CMLTA for registration and annual MLT Practice Permit renewal.

In alignment with the CMLTA strategic plan, the CMLTA staff have been able to increase the number of Compliance Audits performed from 10% to 12% of eligible regulated Members. This was accomplished with no increase in cost to the College or its Members. The end goal for CCP Compliance Audits is 20%. These audits enable the CMLTA to help Members understand and comply with the CCP. They also demonstrate accountability for CMLTA Members as registered health professionals in the province of Alberta.

There have been significant changes to the format of the AGM for 2014. The CMLTA Council believed that without the professional development or educational component, the AGM would be an unnecessary and unwanted event. Members at the 2013 AGM proved them wrong. Responding to the concerns of the membership, the CMLTA Council and staff arranged to continue with the AGM in a business format. Here Members have the opportunity to vote on Bylaw amendments, hear financial statements, and network with colleagues.

The CMLTA Council has re-evaluated the CMLTA awards program. Monetary awards and bursaries have been abandoned in order to align more fully with the regulatory only role of the College. The

College is currently considering a new award to recognize competent and dedicated laboratory practice and to foster, encourage, and recognize leaders in medical laboratory science.

Members of the CMLTA have often asked 'what's in it for me?' when referring to CMLTA membership, especially since the transition from a dual functioning association and College with membership services to a regulatory-only body. This year College Council and the Legislation Sub-Committee have penned a new document called a Value Proposition Statement. This document can be accessed on the College website. It has also been requested by and shared with National counterparts. It is a list of what staff, Council, and committee Members perceive is 'in it' for CMLTA Members. This idea is not limited to items that have been listed. The CMLTA Council welcomes any feedback from Members as far as items you would like to add or contribute to this list.

Historically CMLTA Councillors have received an orientation binder and an invitation to a strategic planning session and orientation meeting prior to beginning their role in Council. Through a self - evaluation process Council discovered a little more training information with a simplified overview may be required for new Councillors. The Legislation Sub-Committee has created a wonderful overview and orientation guide for new Councillors. This guide will be put into action for new Members of the 2015 Council.

It has been a year of accomplishments for the CMLTA Council, staff, and other volunteers. I hope you can join with us in celebrating these achievements.

– Jodi Luckwell, 2014 CMLTA President

MEETING HIGHLIGHTS

College Council convened on Saturday, June 14, 2014 for a regularly scheduled Council meeting. The following are highlights from the meeting:

- Approved revisions to Council process policies, including the role of Council, Council orientation and training, governance evaluation, and Nominations Committee terms of reference.
- Approved the creation of Executive

Director/Registrar linkage policies; including standards of conduct, voluntary/involuntary termination, and exit interviews.

- Approved a meeting evaluation template to be electronically submitted after regularly scheduled meetings of Council as a means to assess the performance of Council.
- Endorsed the new Value Proposition Statement drafted by the Legislation Sub-Committee.
- Approved archival of the Bursary Award effective January 1, 2015 as it aligns with membership services which are no longer offered with the regulatory-only role of the CMLTA.
- Endorsed the new Councilor Guidebook drafted by the Legislation Sub-Committee.

QUESTIONS TO COUNCIL

Member Question: Is it possible to have a person answer the CMLTA phone as I would like to speak with someone directly and not leave a message?

The College does not answer all telephone calls immediately as time management strategies conclusively agree a more productive use of time is to allocate specific portions of each day to projects, meetings, emails, voice mails, etc. In most cases, the College usually needs to retrieve a Member's file and review their documents to gain an understanding of a Member's specific circumstance in order to provide accurate information when a call is returned. If you are unsure of the appropriate person you need to speak with, please leave a message on the mainline mailbox and your call will be returned by one of the College staff. The College responds within two business days to all voice mail messages and encourages individuals to access the College website for information if it is required immediately.

NOMINATIONS

Council is currently accepting nomination forms for the following positions:

- 2016 - 2018 President Elect
- 2016 - 2018 Councilor
- 2016 - 2018 Councilor

If you are interested, please submit a nomination form available on the College [website](#).

The deadline is May 31, 2015.

EXECUTIVE DIRECTOR'S EXCHANGE

Unearthing the Value in Self-Regulation

It is human nature to resist and exhibit defiance when we are told we must do something, and it is even more difficult to see the value and significance of such actions when we do not understand the underlying rationale. One thing I have learned over the years is when I am told to do something unpalatable or something I disagree with in whole or in part, I do find it easier to *walk the line* if I have an understanding and justification for a decision or change in a current process. And if over time I come to believe there is validation in a decision or new approach, I will become a champion for the change or cause without even trying.

The CMLTA Council is not alone in its efforts to convey the value and benefits of self-regulation to Members – most self-regulatory organizations bare this burden and struggle with messaging in this regard. Some focus considerable time and resources on awareness campaigns and yet the return on investment is minimal at best. The ultimate goal is to shift the tide from regulated Members' dreading the annual Practice Permit renewal process and paying registration dues, feeling anxiety when selected for a Continuing Competence Program Compliance Audit, and arm-twisting individuals to volunteer on College Council. In a perfect world, Council's efforts would culminate in all Members' recognizing the privileges and opportunities of self-regulation and the true importance of regulated MLTs guiding the profession and the future direction of the CMLTA.

To this end, the CMLTA drafted a [Value Proposition Statement](#) to outline the benefits, privileges, and advantages of self-regulation. I encourage you to review this document with a view to adopt and internalize the message, or at the very least, mitigate apprehension towards a body created to protect you and yours.

2015 DUES NOTICE

September 15-October 31: \$560

November 1-30: \$610

December 1-31: \$735

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

PROFESSIONAL PRACTICE PERSPECTIVES

Apology Legislation and Social Media

Confidentiality - Submitted by Blair Maxston, BA, LLB, College Legal Counsel

Making Mistakes and "Apology Legislation"

Many Canadian provinces have enacted what is known as "apology legislation" to provide protection to persons who apologize for their actions. In the healthcare context, hospitals and their insurers have often been reluctant to allow healthcare providers to apologize for errors and mistakes due to a concern that apologies could be interpreted as an admission of guilt or wrongdoing. However, the simple act of "saying sorry" often provides closure to an affected person and can even lead the individual to forgo lawsuits or other formal steps (such as a complaint to a regulatory body).

In this province, changes to the Alberta Evidence Act now make it clear that:

- Making an apology is not an admission of fault or liability in a lawsuit or other civil (as opposed to criminal) proceedings.
- An apology is not admissible in a court or similar proceeding as evidence of fault or liability.
- Making an apology does not negate any malpractice insurance coverage.

It is very important to remember that apology legislation does **not** prevent someone from starting a malpractice lawsuit or filing a complaint with a professional regulatory College, but it does mean that the apology itself cannot be used in a lawsuit, discipline hearing, or similar process as evidence of wrongdoing.

For healthcare providers such as Medical Laboratory Technologists (MLTs), the importance of apology legislation is clear when a critical incident occurs. In those situations and altogether aside from legal liability considerations, healthcare providers are often very interested in letting the patient know that they

accept responsibility for an error or mistake and in expressing concern for and empathy with the patient. As well, apologies and expressions of empathy work to address not only the concerns of patients, but also concerns of affected family members and other healthcare professionals and can play an important part in informing the patient of the circumstances or outside factors giving rise to an incident.

Sincere apologies are often invaluable in terms of resolving conflict and repairing professional relationships with patients and co-workers. Apology legislation can of course be critical in facilitating apologies by not automatically incurring legal liability.

Despite the obvious benefits of having apology legislation, MLTs should be mindful of other considerations when deciding whether and when to offer an apology. Those factors include:

- Employer policies and guidelines for the investigation and reporting of critical incidents and providing apologies.
- The seriousness of the mistake and any adverse outcome or consequences for the patient.
- The extent of malpractice insurance provided by the employer and the steps you are required to take (including reporting the incident internally) in order to maintain insurance coverage.

Social Media and Patient Confidentiality

As mentioned in a previous issue of this newsletter, MLTs have a clear legal and ethical obligation to maintain the confidentiality of patient information. Those obligations arise because of case law, the CMLTA [Standards of Practice](#) and [Code of Ethics](#), legislation such as the [Health Information Act](#), and employer policies and guidelines.

With the advent of social media, MLTs must always bear in mind that the duty of confidentiality reaches beyond the actual workplace and now exists “virtual” cyberspace. The risk of liability for MLTs in using social media and breaching patient confidentiality typically arises in two scenarios.

First, many healthcare professionals will use social networks or discussion websites to post comments about workplace issues, concerns, and experiences. Obviously, communications on social media websites

such as Facebook, Twitter, and even internal professional or employer sites can give rise to patient confidentiality breaches. Specifically, if you mention jobsite thoughts and experiences among your "circle of friends" on social media you have no control over whether the recipients of that information might forward it to other online "friends" or colleagues. Of course, the information can be distributed and disseminated almost indefinitely, but even a single online transmission of information means that the information is no longer within your control. In short, social media allows for extremely quick and indiscriminate distribution of information that cannot be recalled.

Even if you are sharing information on social media for legitimate professional reasons --- such as asking for input from colleagues concerning a challenging case --- the potential for unauthorized disclosure of patient information definitely exists. The very unique nature of a medical condition or the medical history of a patient and his or her condition can result in the patient's identity being unintentionally disclosed. If an MLT posts information on social media concerning workplace and patient conditions it is essential to provide absolutely no identifying information about the facility, the patient, the patient's family, the patient's job and where the patient lives among other things. Those same risk management considerations would apply to blogs and other similar forums.

The second type of liability that an MLT could be faced with in this area arises from the fact that a great deal of social media information is stored on mobile devices such as smartphones and tablets. Due to their small size and portability those types of devices can easily be stolen or lost.

As a result, MLTs have a professional and legal obligation to ensure the safe storage and transportation of smartphones, tablets, and similar devices and to use strong passwords and encryption to prevent unauthorized access by third parties. Additionally, some employers have policies prohibiting the use of those types of devices in the workplace and those policies must be strictly complied with.

Leading practices require MLTs to be mindful at all times of what workplace information they are disclosing on social media and, even where the

information is seemingly generic, to maintain the integrity and security of smartphones, tablets and other mobile devices.

PROFESSIONAL DISCIPLINE AND CONDUCT CONSIDERATIONS

The following Hearing Tribunal proceedings were held and written Hearing Tribunal decisions were rendered of the College since the previous issue of this newsletter. Findings have been presented without the publication of identifying information. The discipline summaries are not intended to provide comprehensive information on the complaint, details of the investigation, or Hearing Tribunal proceedings; they are for educational purposes only.

Case 2

A Hearing Tribunal made a finding of unprofessional conduct against a Member who contravened the *Health Professions Act*, the College Standards of Practice, and the College Code of Ethics by breaching patient confidentiality and privacy through the unauthorized access of patient files and/or medical records. The Member admitted to the unprofessional conduct and signed an Admission of Unprofessional Conduct and a Joint Submission Regarding Penalty in conjunction with the College. The Hearing Tribunal ordered a fine in the amount of \$750 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.

Case 3

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CASL INFORMATION

The Canadian Anti-Spam Law (CASL) came into effect on July 1, 2014. CASL was developed to address the increasing rates of identity theft (personal data), phishing (online fraud luring individuals to counterfeit websites), spyware (collection of personal data through illicit access to computer systems), and false or misleading online representations within the marketplace.

The target of this legislation is to regulate the delivery of commercial electronic messages (CEM). To initiate compliance with CASL, one must first receive consent from recipients prior to sending electronic means to carry out commercial activities. Further to this, the content of the CEM must clearly identify the sender and provide an easily accessible mechanism to unsubscribe.

How does CASL impact the College?

The College has a legislated duty to send Members regulatory information such as reminder notices about renewal, receipts, notices of regulatory changes, etc. Therefore, CASL has no impact on the College's electronic messages related to regulatory business.

What does CASL mean for Members of the College?

As the CMLTA only sends Members regulatory information and CASL does not pertain to the regulatory functions carried out by the College, the CMLTA will continue to send all Members regulatory information using their email addresses provided through initial registration and subsequent renewals.

Adapted with permission from the Alberta College of Medical Diagnostic and Therapeutic Technologists (ACMDTT).

AWARD RECIPIENTS

The College recognizes the following recipients of the College Student Endowment Awards:

- Terek Brahim, NAIT MLT Cytotechnology program
- Paul Rlucio, NAIT MLA program
- Louise Rioux and Laura Pratt, SAIT MLT program

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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