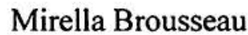
INVESTIGATION COMMITTEE
of the
COLLEGE OF REGISTERED NURSES OF SASKATCHEWAN

-and-

Mirella Brousseau



DECISION

of the

DISCIPLINE COMMITTEE

of the

COLLEGE OF REGISTERED NURSES OF SASKATCHEWAN

Legal Counsel for the Investigation Committee:	Christa Weber
Legal Counsel for Mirella Brousseau	Andrea Buettner
Legal Counsel for the Discipline Committee:	Brittnee Holliday
Chairperson for the Discipline Committee:	Joanne Blazieko, RN

Date of Hearing: **November 5, 2024**

Location: *Via Videoconference*
College of Registered Nurses of Saskatchewan
1-3710 Eastgate Drive
Regina, Saskatchewan
S4Z 1A5

Date of Decision: **February 3, 2025**

I. INTRODUCTION

1. The Discipline Committee of the College of Registered Nurses of Saskatchewan ("CRNS") convened on November 5, 2024, via videoconference, to hear and determine a complaint of professional misconduct and/or professional incompetence against Registered Nurse #0045394, Mirella Brousseau. The Discipline Committee is established pursuant to section 30 of *The Registered Nurses Act, 1988* (the "Act").

2. The charges against Mirella Brousseau are outlined in a Notice of Hearing dated October 3, 2024. There are two charges of professional misconduct and/or professional incompetence, and those charge are as follows:

Charges & Particulars

1. **You committed an act of professional misconduct and/or professional incompetence per sections 25, 26(1), and 26(2)(l) and (q) of *The Registered Nurses Act, 1988,* in that, on [redacted], between 0200 hours and 0530 hrs, when you were working in the charge nurse role at the [redacted], you displayed a lack of judgment or a disregard for the welfare of a patient who was brought in by ambulance, and/or you failed to comply with the CRNS Code of Ethics and CRNS Bylaws which require you to adhere to the CRNS Registered Nurse Practice Standards and Registered Nurse Entry-Level Competencies.**

   In particular:
   - **(a) You failed to assist, attend to, provide care and assessment to, and/or respond to a patient who had fallen, or had potentially fallen, and/or was repeatedly on the floor of the [redacted] waiting room, moaning in pain and calling for help; and/or**
   - **(b) failed to intervene on behalf of or advocate for the patient when you did not question or communicate with the triage nurse about the patient's condition to ensure appropriate patient prioritization and safety.**

2. **You committed an act of professional misconduct pursuant to sections 26(1) and 26(2)(l) and (q) of *The Registered Nurses Act, 1988,* in that, on [redacted], between 0200 hours and 0530 hrs, when you were working in the charge nurse role at the [redacted], you failed to show compassion, professionalism, empathy, and humanity**

regarding a patient who was present in the [redacted] waiting room.

In particular:

(a) You made disrespectful statements about the patient to, or in the presence of, your co-worker, including: "she could go try that crack cocaine fentanyl again", "why doesn't she go and do some more fentanyl", "do more drugs... more drugs, more drugs", and "I am watching, I don't think I'm going to get involved with this".

II. RELEVANT LEGISLATION

3. The Notice of Hearing alleges that Ms. Brousseau is guilty of professional misconduct and/or professional incompetence contrary to section 25 (b) and 26(1) and (2) (l) and (q) of the Act, and those provisions provide:

> **25 For the purpose of this Act, professional incompetence is a question of fact, but the display by a nurse in the professional care of a client of a lack of knowledge, skill or judgment or a disregard for the welfare of a client of a nature or to an extent that demonstrates that the nurse is unfit:**
>
> ...
>
> **(b) to provide one or more services ordinarily provided as part of the practice of registered nursing;**
>
> **is professional incompetence within the meaning to this Act.**
>
> **26(1) For the purpose of this Act, professional misconduct is a question of fact but any matter, conduct or thing, whether or not disgraceful or dishonorable, that is contrary to the best interests of the public or nurses or tends to harm the standing of the profession of nursing is professional misconduct within the meaning of this Act.**
>
> **(2) Without restricting the generality of subsection (1), the discipline committee may find a nurse guilty of professional misconduct if the nurse has:**
>
> ...
>
> **(l) failed to comply with the code of ethics of the college;**
>
> ...
>
> **(q) contravened any provision of this Act or the bylaws.**

4. The provisions of the SRNA Bylaws, 2022, the Code of Ethics for Registered Nurses (2017), the SRNA Registered Nurse Practice Standards (2019), and the SRNA Registered Nurse Entry-Level Competencies (2019), alleged to have been contravened in the Notice of Hearing are set out in Appendix A of this Decision.

III. HEARING

5. When the Discipline Hearing began on November 5, 2024, neither counsel for the Investigation Committee nor counsel for Mirella Brousseau raised any objection regarding the composition of the Discipline Committee.

6. At the outset of the Hearing, counsel for the Investigation Committee tendered a binder described as "Document Package for Filing with Discipline Committee". The binder consisted of an Agreed Statement of Facts and Evidence, Joint Submission on Penalty and Costs, a Costs Breakdown, and a document titled "Case Law Summaries" with the relevant case law attached. The following were marked as Exhibits:

> Exhibit P1: Agreed Statement of Facts and Evidence, including 17 tabs and 1 USB
> Exhibit P2: Joint Submission on Penalty and Costs
> Exhibit P3: Costs Breakdown

7. At paragraph 93 of the Agreed Statement of Facts and Evidence, Exhibit P2, ("Agreed Statement of Facts"), states:

> **Ms. Brousseau admits to the conduct (the charges and particulars) as stated in the Notice of Hearing Appendix A, dated October 3rd, 2024, and further admits that the conduct constitutes professional incompetence and professional misconduct as defined in section 25 and 26 of the *Registered Nurses Act, 1988*, and contravenes the provisions of the Code of Ethics for Registered Nurses, [SRNA] Registered Nurse Practice Standards, and SRNA Registered Nurse Entry-Level Competencies as outlined in Appendix A of the Notice of Hearing.**

8. Ms. Brousseau's legal counsel also confirmed her guilty plea to the Charges set out in the Notice of Hearing.

IV. FACTS

9. Mirella Brousseau, of [redacted], Saskatchewan, is a registered nurse ["RN"] and practicing member of the CRNS.

10. Ms. Brousseau completed her nursing education program at the University of Regina on July 28, 2017. She was registered on September 1, 2017, with the SRNA (now CRNS) with a practicing graduate nurse (GN) license and has been a practicing RN with the CRNS since October 26, 2017.

11. Ms. Brousseau worked in the [redacted] from 2017 until 2019 and began working at the [redacted] ("[redacted]") in 2019 until being terminated by the SHA on August 11, 2023.

12. Ms. Brousseau was oriented to the charge nurse role approximately a year and a half prior to her termination by the SHA. Her training included the "Charge Nurse Orientation – hour by hour – Appendix A", "[redacted] Charge Nurse Orientation", and "Charge Expectations for Modified Primary Care". These training materials were included as Tabs to the Agreed Statement of Facts. As a charge nurse, Ms. Brousseau was also trained and knowledgeable in triage.

13. Ms. Brousseau has no prior history of complaints or investigations with the CRNS.

14. On August 14, 2023, CRNS Professional Conduct received a written complaint from [redacted], alleging professional incompetence and misconduct on the part of Ms. Brousseau, specifically that, on [redacted], between 0200 and 0515 hours at the [redacted], while Ms. Brousseau was the charge nurse on shift, she failed to provide care and respond to a patient who experienced multiple falls to the floor and calls for help which were not attended to or acknowledged.

15. At approximately 0200 hours on [redacted], when Ms. Brousseau was working in the charge nurse role in the [redacted], the patient, a [redacted] ("the Patient"), was brought into the waiting room in a wheelchair by Emergency Medical Services ("EMS").

16. The EMS reported 8/10 severe mid-back pain as the Patient's chief complaint, including medical history of [redacted] (last reported use 24 hours prior) and a history of [redacted]

following , as well as, difficulty walking without assistance.

17. When the patient arrived at the , there were treatment spaces available and an adequate compliment of staff.

18. The Patient was triaged as a CTAS 2 by the triage nurse and was deemed appropriate for the waiting room. The triage nurse relied on the EMS assessment and did not complete his own assessment or obtain a full set of vitals on the Patient, relying on the partial blood pressure provided by EMS which included only a systolic blood pressure. Saskatchewan Health Authority ("SHA") policy requires that a full set of vitals be completed during the triage process, during initial nursing assessment, and according to CTAS guidelines, until seen by a physician.

19. A score of CTAS 2 indicates an emergent condition that applies when there are conditions that are a potential threat to life, limb or function, requiring rapid medical intervention. As the charge nurse, Ms. Brousseau was aware of the CTAS score of the Patient. The triage nurse had discussed his initial assessment with her, and Ms. Brousseau agreed that the triage nurse's decision to allocate the Patient to the waiting room was appropriate. A score of CTAS 2 requires reassessment of the Patient every 15 minutes for the first hour and every 15-30 minutes after until the Patient is deemed to be stable by the nurse.

20. The triage nurse, not Ms. Brousseau, was the primary nurse for the Patient while the Patient was in the waiting room until such time he assigned the Patient to a bed in the department. As the charge nurse, Ms. Brousseau was expected to be familiar with every patient, critically think about and assist with prioritization of patients, be a support for the team, and assist triage and provide coverage for triage during their breaks.

21. In accordance with the " " Work Standard, all staff were required to take steps to ensure the safety of vulnerable individuals (persons who appear vulnerable to harm or injury due to age, mental illness or capacity, intoxication, inclement weather, or otherwise vulnerable).

22. SHA policies and fall prevention program were not followed. The Patient was on the floor on seven different occasions, at least four of which Ms. Brousseau either witnessed herself or was otherwise made aware of. Ms. Brousseau did not attend to the Patient for any assessment, including a post-fall assessment, a fall-risk assessment, or have any discussion with the Patient regarding her pain, or how or why she came to be on the floor on any of these occasions. This is despite being at the charge desk for the majority of the relevant period of time, watching the live video feed of the waiting room, being aware of multiple falls, hearing an audible thud consistent with a fall, the Patient calling out for help and/or moaning on multiple occasions, and being aware the Patient had experienced bladder incontinence.

23. When the Patient became still on the floor, Ms. Brousseau did not make any effort to assist until she was called by the triage nurse for assistance, after the Patient was observed to be unresponsive, and immediately prior to a Code Blue being called.

24. Ms. Brousseau did not advocate for the Patient, nor did she ensure patient safety and welfare, comfort, and dignity. Despite open treatment spaces, and adequate time and staffing, Ms. Brousseau did not offer appropriate mentorship or leadership to ensure the Patient was appropriately prioritized and offered a safe, comfortable or dignified environment or treatment.

25. Ms. Brousseau acknowledged that intervening in the Patient's situation fell within her role and responsibility as the charge nurse and acknowledged that choosing not to respond to the Patient's situation contravened basic nursing and ethical principles.

26. Additionally, on multiple occasions, Ms. Brousseau made disrespectful comments that lacked compassion, professionalism, empathy, and humility, examples of which include:

- After Ms. Brousseau acknowledged hearing the 'sound of a body hitting the floor' to an RN colleague, her and her RN colleague proceeded to joke about patients crawling around on the floor and how the Patient should "get original", "find a new way", and Ms. Brousseau commented, "if you want attention, you're going to have to try harder";
- During one fall, Ms. Brousseau was not at the charge desk but sat down at the charge nurse desk very shortly after. Someone said, "she needs something for pain" and Ms. Brousseau responded, "she could go try that crack cocaine fentanyl again" then looked at her computer screen, briefly chatted with another nurse, then began discussing the Patient with the cleaning staff as they both viewed the live video feed;

- During another occasion, while the Patient was still on the floor, a colleague walked by Ms. Brousseau and stated "she's on the floor again" to which Ms. Brousseau responded, "Oh, I know. I am watching. Ah… I don't think I'm gonna get involved with this"; and,
- After hours of the Patient moving or falling to the floor, crying out for help, and moaning, the triage nurse stated to Ms. Brousseau "I'm tempted to put her into 21…she's so loud". Ms. Brousseau responded with the following comments: "why doesn't she go and do some more fentanyl… there's your problem" and "do more drugs…More drugs! More drugs!"

27. Ms. Brousseau further acknowledged that her statements were unprofessional, disrespectful, and demonstrated a lack of compassion, empathy, and humanity for the Patient.

28. The Discipline Committee finds that the Agreed Statement of Facts and supporting evidence substantiates the Charges and the Discipline Committee accepts Ms. Brousseau's guilty plea to the charges. Ms. Brousseau has been found to have contravened the following, which are specifically laid out in Appendix A:

- Section 2, Bylaw IV of The SRNA Bylaws, 2022: Regarding Obligations to adhere to the Canadian Nursing Association Code of Ethics for Registered Nurses, and nursing practice standards and entry-level competencies.
- Section A Code of Ethics for Registered Nurses, 2017: Providing Safe, Compassionate, Competent, and Ethical Care
- Section D Code of Ethics for Registered Nurses, 2017: Honouring Dignity
- Section F Code of Ethics for Registered Nurses, 2017: Promoting Justice
- Section G Code of Ethics for Registered Nurses, 2017: Being accountable
- SRNA Registered Nurse Practice Standards, 2019:
  - Standard 1: Professional Responsibility and Accountability
  - Standard 2. Knowledge-Based Practice
  - Standard 3: Ethical Practice
  - Standard 4: Service to the Public
- SRNA Registered Nurse Entry-Level Competencies, 2019:
  - Competency 1: Professional
  - Competency 5: Coordinator
  - Competency 6: Leadership

V. PROPOSED SANCTION

29. Having found that the Charges are sustained, and the guilty plea is accepted, the next task for the Discipline Committee is the imposition of an appropriate sanction pursuant to section 31 of the Act.

30. The Discipline Committee was presented with a Joint Submission on Penalty and Costs, Exhibit P2 ("Joint Submission") which broadly consisted of the following:

a. Continued practice, provided Ms. Brousseau complete three educational courses, write a self-reflection essay, develop a self-improvement plan, and meet with a CRNS Practice Advisor;
b. Appear before the Discipline Committee for a verbal reprimand; and,
c. Payment of costs of the investigation and hearing in the amount of $8,000.00 within five years of the effective date of the Order.

31. Exhibit P3 outlines the total approximate costs to the CRNS in this professional disciplinary proceeding as $27,788.47. Although this is described as the total actual and anticipated costs, the Joint Submission provides that Ms. Brousseau would pay $8,000.00 or 22.8%.

32. Counsel for Ms. Brousseau filed, by consent, a letter from Ms. Brousseau, dated September 30, 2024, which was marked as Exhibit D1, and read by Ms. Brousseau during the Hearing.

33. Several factors are considered when determining an appropriate sanction for a professional. While the list is not intended to be exhaustive, a frequently cited list of factors established by case law can be found in the decision of *Jaswal v Medical Board (Newfoundland)*, 1996 CanLII 11630 (NL SC), 138 Nfld & PEIR 181 ["*Jaswal*"], at paragraph 35:

1. the nature and gravity of the proven allegations
2. the age and experience of the offending physician
3. the previous character of the physician and in particular the presence or absence of any prior complaints or convictions
4. the age and mental condition of the offended patient
5. the number of times the offence was proven to have occurred
6. the role of the physician in acknowledging what had occurred
7. whether the offending physician had already suffered other serious financial or other penalties as a result of the allegations having been made
8. the impact of the incident on the offended patient

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 of medicine
11. the need to maintain the public's confidence in the integrity of the medical profession
12. the degree to which the offensive conduct that was found to have occurred was clearly regarded, by consensus, as being the type of conduct that would fall outside the range of permitted conduct
13. the range of sentence in other similar cases

34. In *Camgoz v College of Physicians and Surgeons (Sask.)*, 1993 CanLII 8952, 114 Sask R 161, the Court of Queen's Bench, as it then was, also outlined the *Jaswal* factors as factors to consider when determining penalty. The Court specifically noted that the list is not exhaustive and does not mean that each specified factor will be relevant in every instance. As such, the factors need to be considered in relation to the specific facts of each case.

35. The Discipline Committee finds that Ms. Brousseau's conduct fell well below the standard expected of a Registered Nurse. Ms. Brousseau chose not to respond or intervene in the Patient's care, contravening basic nursing and ethical principles and the policies and protocols of the [redacted]. Further, Ms. Brousseau engaged in discussion and statements that were unprofessional, disrespectful and demonstrated a lack of compassion, empathy, and humanity for the Patient, who was vulnerable. The Discipline Committee finds that the conduct is serious, showed a disregard for the welfare of the Patient, and a lack of judgment by failing to assist, attend, and advocate for the Patient.

36. Ms. Brousseau has been practicing as a nurse since 2017 and had been in her role as charge nurse for approximately a year and a half prior to this incident. As such, Ms. Brousseau should be aware of the importance of following policy/protocol, standards of practice, and the ethical obligations of nursing.

37. Ms. Brousseau has not been the subject of any prior disciplinary action and while there are numerous examples of falling below the standards required, there is no suggestion or finding that this was a repeated pattern of behaviour.

38. Ms. Brousseau has acknowledged her conduct, has taken responsibility, has expressed remorse, has cooperated with the proceedings, as evidenced by her guilty plea and the Joint Submission, and has made efforts to undertake remediation through various educational opportunities focused on equity in nursing, substance use, indigenous health, and professionalism and advocacy. Ms. Brousseau reported she has educated herself with different scholarly articles on nurse burnout, leadership in nursing, and more. She also reports she has undertaken personnel counselling. The Discipline Committee also recognizes that the unit culture did not always comply with best practices or standards expected of a Registered Nurse.

39. As a result of the incident, Ms. Brousseau was terminated, and she was unemployed for a short period of time. When she was able to obtain employment, it was at a reduced rate of pay. The Discipline Committee further recognizes that Ms. Brousseau and provides care to a family member.

40. There has been no suggestion or finding that Ms. Brousseau's conduct was intentional or motivated by personal gain or that there was any causal link to the Patient's tragic outcome. The Discipline Committee recognizes that the outcome was tragic; however, as set out in *College of Nurses of Ontario v Doerksen*[1], the focus of discipline proceedings is on the conduct of the nurse, not the consequences of conduct, in any event. Where conduct is not intentional and can be addressed through remediation, the Discipline Committee agrees that it is not appropriate to harshly penalize.

41. The Discipline Committee has also reviewed the range of sentence in similar cases, such as *Doerksen*, *College of Nurses of Ontario v Popo*[2], and *College and Association of Registered Nurses of Alberta (CRNA) v Connors*[3]. The Discipline Committee notes suspensions in *Doerksen* and *Popo* but accepts that while a suspension could have been sought, the principles of specific and general deterrence can be achieved without a suspension. Further, in *Rault v. Law Society (Saskatchewan)*[4], the Saskatchewan Court of Appeal has determined that a

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[1] 2005 CanLII 79616
[2] 2020 CanLII 50571
[3] Decision of Hearing Tribunal, May 26, 2023, https://nurses.ab.ca/media/v2yhqwcy/74216-2023-d1.pdf
[4] (2009) SKCA 1

regulator hearing a discipline matter should only ignore a Joint Submission if the penalty sought is unfit, unreasonable, or contrary to the public interest. Similarly, as noted in *Nanson v SKCP*[5], "[a] joint submission should only be departed from where the proposed sentence is contrary to the public interest, and, if accepted, would bring the administration of justice into disrepute."[6]

42. The Discipline Committee questioned imposition of a verbal reprimand versus a written reprimand. Counsel for the Investigation Committee noted this requirement in the Joint Submission was intentional due to an additional deterrent element for a professional to attend before the Discipline Committee and receive a reprimand. While the Discipline Committee queries whether a publicly posted written reprimand could have similar deterrence outcomes, the Discipline Committee has found no reason to stray from what was been agreed upon in the Joint Submission.

43. The Discipline Committee finds the proposed sanction, focused on remediation, properly addresses the requirements of specific and general deterrence, improved competence, and maintaining public confidence and the integrity of the profession.

44. The Discipline Committee notes that costs are not intended to fully indemnity the regulatory body, should not be punitive or be so high as to deliver a crushing blow, and any costs award is a balance of the effects of the costs order and the need of the regulatory body to effectively administer the discipline process. The Discipline Committee has further considered the additional financial impacts Ms. Brousseau has experienced and Ms. Brousseau's own personal financial circumstances.

45. The Discipline Committee has considered the legal principles regarding joint submissions on penalty and, after deliberation, has concluded that the Joint Submission is fit, reasonable, and consistent with the public interest mandate of the CRNS. The only notable change in the Discipline Committee's Order as set out below is to ensure all requirements have dates of completion set out therein.

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[5] 2013 SKQB 191

[6] *Ibid* at para 48

VI. ORDER

46. In light of the above conclusions, the Discipline Committee makes the following Order pursuant to section 31 of the Act:

1. Pursuant to section 31(1)(c) of *The Registered Nurses Act, 1988*, (the "Act"), Mirella Brousseau shall, within 6 months of the date of the Discipline Order, complete the following remedial coursework and education, at her own cost, and provide proof of completion to CRNS Registrar or designate:
   - (a) The "*Emergency Nursing – Special Populations*" (EMGY 513) Course through Humber Polytechnic, or, alternatively, a course approved by the CRNS Registrar or designate;
   - (b) The *Compassion Fatigue, Burnout, and Countertransference* Webinar through Executive Links – Continuing Education for Professionals; and,
   - (c) The *Implicit Bias in Health Care* online content and interactive course #97000 through NetCE.com.

2. Pursuant to section 31(1)(e) of the Act, within three months of the effective date of this Order, Ms. Brousseau shall submit a self-reflection essay to the Registrar citing a minimum of three or four practice standards which the Discipline Committee found to have been breached, discuss how they were breached on the date of , , and how such standards should have been, and will be applied by her in the future.

3. Pursuant to section 31(1)(e) of the Act, within three months of the effective date of this Order, Ms. Brousseau shall develop and submit to the Registrar, a Self-Improvement Plan, with a minimum of 3 goals, as a means of preventing future similar conduct from re-occurring, describing how she will improve her practice, including strategies, plans, supports, and resources that may assist in her improvement;

4. Pursuant to section 31(1)(e) of the Act, within one month of completion of all items set out in paragraphs 1, 2, and 3 of this Order, Ms. Brousseau shall meet with a CRNS Practice Advisor, to discuss, to the satisfaction of the Practice Advisor, the following:

(a) the conduct for which she was found to have committed professional incompetence or misconduct;

(b) the potential and actual consequences of the misconduct to her patients, colleagues, profession, herself, and the public;

(c) what she learned from the remedial coursework and education that has impacted her assessment of her conduct on [redacted] and,

(d) her Self-Reflection and Self-Improvement Plan and specific strategies for preventing similar acts and omissions from recurring.

5. Pursuant to section 31(1)(e) of the Act, at least seven days before the discussion outlined in paragraph 4 of this Order, Ms. Brousseau shall provide the CRNS Practice Advisor with a copy of:

(a) the Notice of Hearing;

(b) the Agreed Statement of Facts;

(c) the Order of the Discipline Committee;

(d) a copy of the Discipline Committee's Decision;

(e) proof of completion of the required remedial coursework and education; and,

(f) her Self-Reflection and Self-Improvement Plan.

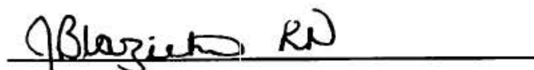
6. Pursuant to section 31(1)(d) of the Act, Ms. Brousseau shall appear before the Discipline Committee, or panel thereof, at a date and time to be determined, to be verbally reprimanded.

7. Pursuant to section 31(2)(a)(ii) of the Act, Ms. Brousseau shall pay costs of the investigation and hearing process fixed in the amount of $8,000.00.

8. The costs shall be paid within five years of the date of the Discipline Order. Failure to pay the costs within the time set by the Discipline Committee shall result in the immediate suspension of Ms. Brousseau's license until payment is made in full pursuant to section 31(2)(b) of the Act.

47. Pursuant to section 31(3) of the Act, a copy of this decision shall be sent to Mirella Brousseau and [redacted].

February 3, 2025



Joanne Blazieko, RN, Chairperson
On behalf of Members of the Discipline Committee
Michell Jesse, RN
Joanne Petersen, RN
Leonard Wegner, RN
Karen Gibbons, Public Representative

Pursuant to section 31(1)(e) of the Act, a copy of this decision will also be forwarded to:

(a) The editor of the CRNS news bulletin and the administrator for the CRNS website;

(b) All Canadian Registrars of registered nurses;

(c) College of Licensed Practical Nurses of Saskatchewan;

(d) College of Psychiatric Nurses Association of Saskatchewan;

(e) The College of Physicians and Surgeons of Saskatchewan; and,

(f) Any other jurisdictions or other stakeholders as may be seen as appropriate by the Registrar.

Right of Appeal

Pursuant to section 34(1) of *The Registered Nurses Act, 1988,* a nurse who has been found guilty by the discipline committee or who has been expelled pursuant to section 33 may appeal the decision or any order of the discipline committee within 30 days of the decision or order to:

(a) the council by serving the executive director with a copy of the notice of appeal; or

(b) a judge of the court by serving the executive director with a copy of the notice of appeal and filing it with a local registrar of the court.

Appendix A

LEGISLATION, BYLAWS, CODE OF ETHICS, PRACTICE STANDARDS & COMPETENCIES CONTRAVENED:

The Registered Nurses Act, 1988
25 For the purpose of this Act, professional incompetence is a question of fact, but the display by a nurse in the professional care of a client of a lack of knowledge, skill or judgment or a disregard for the welfare of a client of a nature or to an extent that demonstrates that the nurse is unfit:
[...]
(b)To provide one or more services ordinarily provided as part of the practice of registered nursing;
is professional incompetence within the meaning to this Act.

26(1) For the purpose of this Act, professional misconduct is a question of fact but any matter, conduct or thing, whether or not disgraceful or dishonorable, that is contrary to the best interests of the public or nurses or tends to harm the standing of the profession of nursing is professional misconduct within the meaning of this Act.

(2) Without restricting the generality of subsection (1), the discipline committee may find a nurse guilty of professional misconduct if the nurse has:
[...]
(l) failed to comply with the code of ethics of the college;
[...]
(q) contravened any provision of this Act or the bylaws.

The SRNA Bylaws (2022)
Bylaw IV Section 2: Practicing Membership
(3) Practicing membership carries obligations including but not limited to the following:
(a) to adhere to the Canadian Nurses Association *Code of Ethics for Registered Nurses* adopted at bylaw XIV;
(b) to adhere to the nursing practice standards and entry-level competencies for the practice of registered nursing adopted at bylaw XV;

Code of Ethics for Registered Nurses (2017)
A. Providing Safe, Compassionate, Competent and Ethical Care
Nurses provide safe, compassionate, competent and ethical care. Page 5 of 7
Ethical responsibilities:
3. Nurses engage in compassionate care through their speech and body language and through their efforts to understand and care about others' health-care needs. 1. Nurses, in their professional capacity, relate to all persons receiving care with respect.
15. Nurses support each other in providing person-centred care.

D. Honouring Dignity
Nurses recognize and respect the intrinsic worth of each person.

Ethical responsibilities:
1. nurses, in their professional capacity, related to all persons receiving care with respect.
6. Nurses utilize practice standards, best practice guidelines, policies and research to minimize risk and maximize safety, well-being and/or dignity for persons receiving care.
8. In all practice settings where nurses are present, they work to relieve pain and suffering, including appropriate and effective symptom management, to allow persons receiving care to live and die with dignity.

F. Promoting Justice
Nurses uphold principles of justice by safeguarding human rights, equity and fairness and by promoting the public good.

Ethical responsibilities:
4. Nurses refrain from judging, labelling, stigmatizing and humiliating behaviours towards persons receiving care or toward other health-care providers, students and each other.

G. Being Accountable
Nurses are accountable for their actions and answerable for their practice.

Ethical responsibilities:
4. Nurses are accountable for their practice and work together as part of teams. When the acuity, complexity or variability of a person's health condition increases, nurses assist each other (LPNAPEI et al., 2014).

SRNA Registered Nurse Practice Standards (2019)

Standard 1: Professional Responsibility and Accountability
The registered nurse is responsible for practicing safely, competently and ethically, and is accountable to the client, public, employer and profession.

The registered nurse upholds this standard by:
6. Advocating, intervening and participating with others, as needed, to ensure client safety.
7. Advocating and intervening in the client's best interest, and acting to protect client, self and others from actual or perceived harm.
9. Practicing in accordance with agency policy and legislation, and in a timely manner, recognizes and reports near misses and errors (own and others), adverse events and critical incidents, and taking action to stop and minimize harm.

Standard 2. Knowledge-Based Practice
The registered nurse practices using evidence-informed knowledge, skills and judgment from diverse sources of knowledge and ways of knowing.

The registered nurse upholds this standard by:
17. Anticipating potential health problems or issues for clients, the possible consequences and responding appropriately.

Standard 3: Ethical Practice
The registered nurse applies the principles in the current *CNA Code of Ethics for Registered Nurses* when making practice decisions and using professional judgment. The registered nurse engages in critical inquiry to inform clinical decision-making, and establishes therapeutic caring and culturally-safe relationships with clients and the health care team.

The registered nurse upholds this standard by:
27. Identifying the effect of own values, beliefs and experiences in relationships with clients, recognizing and addressing potential conflicts.
31. Advocating in the best interest of clients to help achieve positive health outcomes, especially when they are unable to advocate for themselves.
33. Promoting and protecting a client's right to autonomy, respect, privacy dignity and access to information.

Standard 4: Service to the Public
The registered nurse demonstrates leadership in quality and ethical nursing practice, delivery of health care services and establishing professional relationships.

The registered nurse upholds this standard by:
35. Demonstrating professional presence and modelling professional behaviour.

SRNA Registered Nurse Entry-Level Competencies (2019)

1. Professional
Registered nurses are professionals who are committed to the health and well-being of clients. Registered nurses uphold the profession's practice standards and ethics and are accountable to the public and the profession. Registered nurses demonstrate accountability, accepts responsibility and seeks assistance as necessary for decisions and actions within the legislated scope of practice.

2.2 Demonstrates a professional presence, and confidence, honesty, integrity and respect in all interactions.
Professional presence is the demonstration of respect, confidence, integrity, optimism, passion and empathy in accordance with professional standards, guidelines and codes of ethics. It includes a nurse's verbal and nonverbal communications and the ability to articulate a positive role and professional image, including the use of full name and title. The demonstration of professional presence leads to trusting relationships with clients, families, communities and other heath care team members. (CLPNNS and CRNNS, 2018, p.1)

2.5 Identifies the influence of personal values, beliefs and positional power on clients and the health care team and acts to reduce bias and influences.

5. Coordinator

Registered nurses coordinate point-of-care health service delivery with clients, the health care team, and other sectors to ensure continuous, safe care.

5.1 Consults with clients and health care team members to make ongoing adjustments required by changes in the availability of services or client health status.

5.2 Monitors client care to help ensure needed services happen at the right time and in the correct sequence.

6. Leader

Registered nurses are leaders who influence and inspire others to achieve optimal health outcomes for all.

6.4 Participates in creating and maintaining a healthy, respectful and psychologically safe workplace.

6.5 Recognizes the impact of organizational culture and acts to enhance the quality of a professional and safe practice environment.