



REGULATOR REVIEW

Fall 2018 Newsletter

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Manitoba Congress of Medical Laboratory Sciences 2018



College of Medical Laboratory
Technologists of Manitoba

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Message from the Registrar's Desk – Things you should know

Adam Chrobak, BSC, MLT, Registrar/CEO

As a reminder to our members; CMLTM has moved to exclusive electronic communications with our registrants. The goal is to reduce printing and postage costs, and to achieve efficient communication with our membership. This includes communication such as the newsletter, nominations, elections, AGM notices, renewal notices, and submission of professional portfolios.

As of October 2016, CMLTM is only accepting on-line renewals. Renewal notices for the 2019 practice year will be sent out by email on October 1, 2018 and only on-line renewals with electronic payments will be accepted. The deadline for 2019 renewals is November 15, 2018. Remember, CMLTM will not send or accept any paper copies of the renewal and CMLTM will only accept electronic forms of payment (either on-line or in-person).

Council has approved the completion of the new jurisprudence module as a requirement for registration. You will be required to complete the jurisprudence module before you will be able to proceed on-line to the renewal page.

One of the requirements for registration is 1200 hours of MLT practice within the previous five years. The CMLTM online system will calculate your previously reported practice hours to determine if you meet the minimum required practice hours before you will be allowed to renew. Please contact the CMLTM office if you have any questions.

To ensure you receive all of the important communications from CMLTM, please make sure to provide us with a current valid email address. **Personal email addresses are preferred.** When sending emails to CMLTM; please remember to use appropriate subject titles and document names as the CMLTM spam filter may block your email.

The CMLTM has been notified by Manitoba Health that CMLTM should commence working on the CMLTM Regulations and make application submissions for access to reserved acts under

the Regulated Health Professions Act (RHPA). CMLTM had previously organized working groups with the task of working on the RHPA, but they were disbanded due to the length Manitoba Health was taking in moving the RHPA forward.

In light of this new request, **CMLTM is currently looking for volunteers for the Regulation Review working group.** This group will be tasked with working with CMLTM staff on the reserved acts applications, code of ethics, standards of practice and practice directives (specifically discipline specific practice directives). **If you are interested in becoming a volunteer or would like more information, please contact the CMLTM office.**

The Council has recently approved the Board of Assessors policy [BOA-17](#) on language proficiency. All new applicants will be required to meet the English language proficiency requirements before they will be granted a registration with CMLTM.

The Council has recently approved the new process for the Continuing Competency Program (CCP) audit as of April 2018. The CCP audit will no longer be conducted by the Continuing Competency Committee (CCC) and volunteers. The CMLTM Deputy Registrar, Tricia Van Denakker, with the assistance of the administrative assistant, Janelle Baril, have assumed the responsibility to conduct and manage the CCP audit. The CCC will conduct random quality assurance reviews of the audits performed by the CMLTM staff. CCP audits for 2018 have been completed and Tricia will begin contacting members chosen for a CCP audit in January of 2019 with a goal to complete the 2019 audits by May 2019.

For more information on these and any other topics related to your practice, please visit the [CMLTM website](#).

Right to Use the Title MLT

Adam Chrobak, BSC, MLT, Registrar/CEO

There has been some confusion over the right to use the title MLT within the medical laboratory profession. I will try to address some of the questions/comments I have received in light of Council's decision to limit the use of the title to those members on the Active practicing rosters (Active: General, Active: Limited, and Conditional).

The Medical Laboratory Technologists Act Part 2 speaks to the practice of medical laboratory technology and representation as an MLT (use of title):

Practice Of Medical Laboratory Technology

- 2 | The practice of medical laboratory technology is
- (a) the performance of laboratory investigations on the human body or on specimens taken from the human body; and
 - (b) the interpretation of quality control data to verify the accuracy and precision of investigation results; for use by other health care practitioners in the diagnosis, treatment and prevention of disease.

Representation As Medical Laboratory Technologist

- 3(1) | No person except a medical laboratory technologist shall
- (a) represent or hold out, expressly or by implication, that he or she is a medical laboratory technologist or is entitled to engage in the practice of medical laboratory technology as a medical laboratory technologist; or
 - (b) use any sign, display, title or advertisement implying that he or she is a medical laboratory technologist.

Use Of Title

- 3(2) | No person except a medical laboratory technologist shall use the title "medical laboratory technologist", a variation or abbreviation of that title, or an equivalent in another language. But nothing in this subsection prevents a person from using the title "medical laboratory technician", "laboratory technician", "medical laboratory assistant" or "laboratory assistant".

Section 3 specifically reserves the right to use the title MLT to individuals on the CMLTM roster that are practicing as an MLT.

The Act further sets out CMLTM's duty to serve the public interest:

- 4(2) | The college must carry out its activities and govern its members in a manner that serves and protects the public interest.

In light of CMLTM's obligation to protect the public interest Council conducted due diligence research on how other regulatory bodies grant the right to use their reserved titles and how it may impact public safety. Based on this research Council has determined that it is the best interest to limit the use of the MLT title to members on the practicing rosters as CMLTM would have limited ability to regulate members on the non-practicing roster. Members on the Inactive rosters are not allowed to practice as an MLT. There is no reason for an individual on the Inactive rosters to use the title MLT as they are not able to practice as an MLT and this may confuse the public and other health professions as to the individual's registration status with CMLTM. The research concluded that no other profession grants the right to use their professional title unless the individual is on the practicing roster.

Some members have argued that by completing a medical laboratory science (MLS) educational program and passing the CSMLS MLT exam they have the right to use the title MLT. However, the fact of the matter is that the MLS programs and the CSMLS exams do not have the authority to grant the use of the MLT title. The Medical Laboratory Technologists Act reserves the right to use the MLT title and no other organization has the right to grant the MLT title in Manitoba.

If you would like to discuss this topic further, please do not hesitate to [contact me](#).

Notice of Annual General Meeting

The Council has called the 12th Annual General Meeting of the College of Medical Laboratory Technologists of Manitoba as follows

DATE	TIME	LOCATION	PHONE
Saturday, September 22nd, 2018	Registration - 10:30am Guest Speaker Presentation to start at 11:00am Complimentary Lunch served at 12:30pm	Canad Inns Destination Centre Polo Park 1405 St. Matthews Avenue Winnipeg, Manitoba	204-775-8791

CMLTM Council has invited Catherine Lewis to be a guest speaker before the AGM begins. Ms. Lewis will be speaking on “The Language and Communication Demands of Professional Practice for MLTs”.

In an effort to be more inclusive, CMLTM will also be hosting the AGM as a webcast for members that are not able to attend in person. [Click here to register](#) for the webcast. Once you have registered you will receive a unique link and log in credentials for the webcast. The webcast will also be recorded and posted on the CMLTM website for anyone unable to attend or view the live version.

Those members in attendance (in person or via webcast) will receive one (1) hour of CE credit in the non-formal documented category (Category 2). A certificate of attendance will be sent via email after the AGM.

Important:

- All meetings of the College are smoke-free and scent-free.
- All Active and Inactive members on the register as of September 22nd, 2018 are eligible to vote on motions.
- Other registered members and guests are welcome to attend but are not entitled to vote.
- Members planning to attend must provide appropriate registration identification (CMLTM Certificate to Practice Card) in order to vote.
- Webcast Only: CMLTM Membership will be verified upon registration by CMLTM Staff

Any updates to this information will be posted on the [College website](#).

NOTE

Please call
204-231-0311,
877-331-0311 (Toll free)
or email [Janelle](#) to confirm
your attendance.

If confirmation is not
received, a meal is not
guaranteed.

Volunteer Opportunities

Continuing Competency Committee (CCC)

The Continuing Competency Committee (CCC) is recruiting volunteers from all Manitoba laboratory service providers.

- Do you have work experience and expertise in at least one laboratory discipline?
- Do you want to develop leadership and critical thinking skills?
- Do you want to gain experience with decision making by committee?
- Do you want to gain understanding of the self-regulation process?

This will be an exciting opportunity to become involved in the Continuing Competency Program (CCP) development and renewal.

The Continuing Competency Committee makes recommendations to Council regarding program requirements, registrant compliance, and processes associated with the CCP. The CCC meets a minimum of two (2) times per year. Continuing Competency Committee Participation is eligible for Category 4 Professional Activity hours.

If you are interested in becoming a member of this Committee please send an email to [Janelle](#) with a letter of interest and a resume to the CMLTM Office; Attention Continuing Competency Committee.

Rural Council Member

Rural Council Member; CMLTM has not received any nominations for the vacant Rural Council position with a term of three (3) years starting January 2019 to December 2021. Since there were no nomination received by the deadline Council may now appoint a member to the vacant position. If you wish to learn more about the roles and responsibilities of a Council member, we invite you to review the [CMLTM Council Nominations Information](#) document available on the CMLTM website under the Resource Library. If you are interested and would like Council to consider you for the position, please send an email with your resume to [Adam Chrobak](#).

Regulated Health Professions Act (RHPA)

Regulated Health Professions Act (RHPA) Regulations Review Working Groups will be resuming their work on the development of CMLTM's new Regulations for the RHPA. CMLTM and other health profession regulators under the RHPA will be meeting with representatives from Manitoba Health on September 11, 2018 to review their expectations for the process. The working groups will begin working on the regulation review projects shortly after that.

If you are interested in an exciting opportunity to shape the future of your profession you may want to consider being part of this project.

What's in it for you?

- You will have the opportunity to connect with fellow MLTs
- You will have the opportunity to make a real impact on the profession
- You will gain a greater awareness of the self-regulation process
- You will gain a greater understanding of CMLTM's roles and responsibilities
- You can earn some CE credit toward the CMLTM Continuing Competency Program

If you are interested in joining the working groups we invite you to attend an information session to be held at the CMLTM office (245 Lilac Street) on September 18, 2018 starting at 6:00 PM. If you are not able to attend the sessions but are still interested in participating, you may email [the Registrar](#) indicating your interest in the project.

Don't wait until the last minute.

Complete the Jurisprudence Module now.

You are reminded that if you haven't already done so, all registrants must complete the online Jurisprudence Module before being able to renew their registration for the 2019 practice year. (as per CMLTM policy BOA-18) . This module has been available for several months. To date 19% of registrants have successfully completed the requirement.

Registration renewal deadline is November 15, 2018.

All current and new registrants must complete the online Jurisprudence Module before being able to renew their registration for the 2019 practice year. Please be sure to complete the jurisprudence module before you attempt to renew your registration.

The Module will take approximately 1.25 hours to complete. Registrants have the option to start and stop the Module as needed, so you do not have to complete it in a single sitting. Please be aware that if you are returning to the module a dialog box will open, "Would like to resume where you left off?", make sure to click Yes and you will be returned to the last slide you viewed. If you click no, you will be taken to the beginning of the module and you will not be able to skip forward. If the computer/device you are using to access the jurisprudent module is set to block pop-ups you may not be able to take advantage of this function. It is recommended that the pop-up blocker is turned off.

To access the Jurisprudence Module, follow these steps:

1. Log in to the member section of the CMLTM website
2. Click on the "Renew" or "Continuing Education" tab
3. Click on the "Jurisprudence Module" link to be taken to the learning management system (LMS)
4. Click the "Log In" button at the top right of the page
5. Click "Log In" again on the Login page
6. Click "View Course" to start the Jurisprudence Module

Janelle has prepared a more detailed walkthrough, [How to Access the Jurisprudence Module](#), that has been posted on the CMLTM website Resource Library.

Once you have completed the Module and come to the last slide, you will have the option to print a certificate for your records. **Printing the certificate is not required as the learning management system will send (push) the notification to the CMLTM membership database upon completion of the module.** (This push occurs hourly, so if you delay your review of the module until the last minute, it will delay your renewal process.) Please note that the certificate is not eligible for the CMLTM Continuing Competency Program as this Module is a requirement for your registration with CMLTM.

The module was tested on numerous types of devices prior to launch to ensure that it functions as intended. However, due to the variety of operating systems, browsers and firewalls, some members may experience some difficulties due to computer settings on the device being used.

If you encounter difficulties please check that the following issues have been addressed on your computer/ network:

- You are using the most current version of the browser (make sure your device is up to date with updates)
- Please don't use Internet Explorer, as it doesn't access the main site well, so it might not be able to reach the Jurisprudence Module.
- Make sure the pop-up blocker has been turned off
- Clear your browser cache and history
- If you have a firewall on your internet system, add learning.cmltm.ca to the whitelist or add it as a safe site.

These things have helped other CMLTM members that have had trouble completing the module.

If you still have problems or questions, please do not hesitate to contact the office at 204-231-0311, or [by email](#).

And in case you missed it, Council approved a small increase for several categories of registration for the 2019 practice year: [Click here to see changes to fees](#).



The Top Ten Causes of Unprofessional Conduct

Jim Casey, republished with the consent of the author James T Casey Q.C of Field Law, Edmonton, Alberta

This paper is based on a workshop presented by James T. Casey, Q.C. to the College of Dietitians of Alberta and is reproduced with the permission of James T. Casey, Q.C. and the College of Dietitians of Alberta.

Based on my experience over the years with hundreds of unprofessional conduct cases in a broad range of professions, the following is my unscientific list of the top ten causes of unprofessional conduct.

In no particular order:

1. Failure to maintain currency of professional knowledge and competence.

- Professions and the health care system evolve. Professionals must keep pace with the change.
- There are many complaints of unskilled practice about professionals who once were very competent but who have not maintained their competence.
- “That’s how we did it when I was trained 20 years ago”, is not a valid defence.

What you can do

- Maintaining competence on an ongoing basis is a central tenet of professionalism.
- Maintain a current knowledge base.
- Continuing Competence Programs are ideal tools. Use them.
- Take advantage of continuing education opportunities.
- Be familiar with your employer’s policies and procedures.
- Understand the standards of practice for your profession.
- Be active in professional organizations; read professional publications.

2. Failure to seek assistance or make appropriate referrals.

- Professionals may encounter difficult situations for which they do not have the necessary skills. Unprofessional conduct may occur where the professional “ploughs ahead” without getting assistance.

What you can do

- Recognize that we all have limitations.
- Realize that seeking assistance is not a form of weakness; it is a sign of professional strength.
- Where necessary seek assistance from trusted colleagues or from your supervisor. Don’t be afraid to ask a colleague for a second opinion. Where appropriate, refer the patient to someone with the necessary skills.

3. Difficulties in a professional’s personal life affect their work-life.

- We rarely have “water-tight compartments” in our lives. Our work can affect our personal and home-life and difficulties in our personal and home-life can negatively affect our work.
- Personal difficulties might be related to problems with marriages, relationships, children, finances, or depression.
- It is common for serious personal difficulties being experienced by a professional to “spill- over” into the workplace giving rise to a risk of unprofessional conduct.

What you can do

- If you are experiencing serious difficulties in your personal or home- life, then realize the potential for the “spill-over effect.”
- Also realize that you might not be the most objective person with respect to whether your work is being adversely affected.
- If you are having difficulties coping with problems in your personal life and there begins to be a “spill-over” to work, then get help. Seek out family, friends, trusted colleagues. Consider taking some time off work. Consider counselling through Employee Assistance Programs.

4. Alcohol and Drug Addictions.

- Alcohol and drug addictions are the root cause of some of the most serious cases of unprofessional conduct.

What you can do

- Keep yourself well.
- Realize that addiction to prescription drugs is a danger for health care professionals because of easy accessibility.
- Many professionals with substance abuse problems have destroyed their entire professional career because they have either refused to seek help or sought help too late.
- Get help. Seek counselling. Contact Employee Assistance programs.
- There are addiction recovery programs in Alberta specially designed for health care professionals.

5. Poor communication.

- Many unprofessional conduct complaints are caused by poor communication between the professional and the patient or between a professional and their colleagues.

What you can do:

- Appreciate that part of being a true professional is being a good communicator.
- Ask yourself: Are you a really good listener? Could you be a better communicator? Would it be useful to take an effective communication course?
- Realize that effective communication is at the heart of the “informed consent” process.
- Consider how your remarks are perceived by others. Avoid cavalier or “smart-aleck” comments in the presence of patients. These types of comments tend to startle and alarm patients and may prompt a complaint. Many comments that are appropriate when made only in the presence of colleagues are not appropriate in the presence of patients. “Don’t wash your dirty laundry in public.”
- You care about your patients. Do your patients understand that you care? Do your actions and your verbal and non-verbal communication demonstrate that you care? Retain professional distance and demeanour but demonstrate to your patients that you do care. How would you want to be treated if the situation was reversed and you were the patient? What would you expect if the patient was one of your family members? Very few patients file unprofessional conduct complaints about health professionals who they perceived to be caring. Patients who leave a health care facility feeling, “No one cared about me”, are more likely to file complaints.

6. Failure to Appropriately Address Patient Concerns.

- A patient or a family member with a concern about a patient’s care or a professional’s conduct will typically first approach the professional or a manager about their concerns. Many unprofessional conduct complaints are filed because the person felt that their concerns were not taken seriously by the institution or the professional.

DISCLAIMER

This article should not be interpreted as providing legal advice. Consult your legal adviser before acting on any of the information contained in it.

Questions, comments, suggestions and address updates are most appreciated and should be directed to:

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Edmonton 780-423-3003
Calgary 403-260-8500*

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The Top Ten Causes of Unprofessional Conduct - Continued

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What you can do

- Take all concerns and complaints seriously. “Actively listen” to the person making the complaint.
- Be careful of labelling a patient as a “whiner” or a “complainer”. Patients, and their families, can often be difficult and sometimes unreasonable. However we must remember that the patient and their family are often under significant emotional and physical stress in an environment which they do not fully understand. An individual who feels that a professional or an institution has been dismissive about their concerns is much more likely to file a formal professional conduct complaint.
- Understand the power of the “15 second apology” acknowledging the feelings of the person complaining. Example: “I am so sorry that all of this has resulted in you being distressed about your daughter’s care. I will advise my manager of your concerns.” You can often effectively address a person’s concerns without getting into a long debate about who was wrong or right.
- Persons who feel their complaint was taken seriously and effectively addressed rarely file a complaint of unprofessional conduct with a regulatory college. For most people, filing such a complaint is a last resort when they perceive that nothing else has worked.

7. Environmental Factors

- Various environmental factors can be a contributing cause to a professional engaging in unprofessional conduct. For example, there may be excessive work demands, a lack of mentoring and supervision, or inappropriate workplace practices. A professional may also be assigned tasks by their employer which the professional is not completely competent to perform due to inexperience or lack of training in a particular area.

What you can do

- Remember that regardless of the environment, it is the professional’s personal obligation to ensure that their own work meets professional standards. If you have failed to maintain professional standards, a defence of “that’s how we all do it at work” is unlikely to be successful.
- If you have concerns about the environment’s effect on your ability to practice in a professional manner, seek advice from trusted colleagues. Raise the issue with your supervisor. If you do not obtain any assistance from your supervisor, seek the advice of your professional organization.

8. Personality conflicts escalate to unprofessional conduct.

- It is not unusual for the roots of unprofessional conduct to be in a personality conflict between a professional and a colleague, between a professional and his or her supervisor, or between a professional and a patient. A serious personality conflict can cause a professional to lose their objectivity and a minor dispute which should have been resolvable may escalate to a major confrontation.

What you can do

- Understand that there will always be colleagues, supervisors, and patients with whom it is difficult to get along. However, this does not alleviate you of the central obligation of maintaining a professional demeanour and professional interactions. If you are experiencing a personality conflict, ask yourself honestly whether it is affecting the quality of your work. Are your interactions still meeting professional standards?
- If you are experiencing a personality colleague with a colleague, deal with the issue privately and not in the presence of patients.
- If there is a serious personality conflict with a patient, consider arranging for the patient’s care to be provided by a different person. If you have been assigned to provide exclusive care to the patient, then you should obtain the patient’s consent to the transfer.

9. Complacency about professional standards

- Some professionals with a great deal of experience become complacent about professional standards and begin to develop “sloppy” practices.

What you can do

- Remember that a commitment to professionalism is a life-long commitment. Professional standards apply as much to a new graduate as a professional with 30 years experience.
- Regularly work on refreshing your understanding of professional standards.
- Don’t count on your experience and seniority to help you get away with sloppy practices.

10. Professional Documentation

- A failure to adequately chart or document causes significant problems for professionals.
- If you have acted professionally and appropriately, then proper documentation will be your best defence.
- Many unprofessional conduct complaints are referred to a hearing because of significant disagreements about what actually happened. If a case comes down to, “He said, she said,” then you are at risk. Appropriate documentation can objectively demonstrate what really happened.

What you can do

- Follow professional charting and documentation practices.
- Understand and follow your employer’s documentation practices with respect to critical incidents, patient complaints, etc.
- Document in accordance with professional standards: write legibly, write accurately, record concisely, record events chronologically, record information immediately or ASAP, ensure all documentation is dated and signed or initialled, write in ink, use uniform terminology and correct errors in documentation openly and honestly.
- When you know that concerns are being raised by a patient or family member, ensure that every step you take is adequately documented.

Professionalism is not about perfectionism. All professionals make mistakes. However, we all need to ensure that we learn from our mistakes. By being alert to some of the root causes of unprofessional conduct we can do our very best in ensuring that we act as “true professionals”.

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Teaching Communication to Medical Laboratory Technology Students

Lisa Purdy, MSc, BSc (MLS), MLT

Effective communication is a cornerstone of good professional practice; however, using reflection to teach communication has not historically been the focus of medical laboratory technologist training. To help nurture reflective practitioners, BSc students in the Medical Laboratory Science (MLS) program at the University of Alberta are now introduced to professional reflection in their first year.

Qualitative data analysis of course evaluations and student reflections proves the benefits of reflective practice including increased professional identity and understanding of professionalism and the importance of an interdisciplinary team in patient-centered care¹. The following narrative illustrates how reflection is also a tool for students to explore effective communication as an important foundation of professional practice.

To nurture critical thinking skills and the ability to contemplate the perspectives of others, students are required to keep a professional reflection journal of events that happen during their introductory clinical experiences².

Using qualitative inquiry, a thematic analysis of the student journals from 2009-2013 was completed³. Aspects of student experiences that align with the CSMLS communication competencies were captured.

The largest impact on student learning has been the recognition that communication methods must be varied in order to ensure the best patient care. Following an interprofessional shadowing experience, students reflect on how health professionals demonstrate adaptive skills in communicating with patients (CSMLS General MLT Competency 10.05.3). "It was interesting to see how a doctor interacted with a patient when there was a language barrier. The doctor spoke English to the patient slowly in case there were any words he couldn't understand and made a lot of gestures."

Students learn to recognize the importance of communication in patient care. Below, a student is describing a situation where a language barrier prevented a laboratory assistant from communicating to a patient the specialized collection instructions necessary to ensure a valid test sample (CSMLS General MLT Competency 10.01).

"In the end [of] this experience I came to realize just how vital communication is between people. In the field of health care not only do [health professionals] need to communicate to patients to ensure that patients receive the best treatment for their health... but also in the future when I become a lab technologist communication is key between myself and staff members, nurses and doctors... Not only do patients need instructions but health care professionals also need to be able to provide one another with the proper instructions for what type of samples must be collected or which tests must be done."

Another CSMLS competency is the ability to recognize indicators of patient stress and respond accordingly (CSMLS General MLT Competency 10.05.1). The following passage describes an interprofessional shadowing experience where a nurse has given a patient bad news and the patient responded with anger, frustration and grief. The student is reflecting on the nurse's response and adaptation to the patient's emotions in order to provide comfort. "I think it's important to be able to adapt in how you act and respond to comments whether they are negative or positive and how it could affect the patient's condition. I think with time and experience I hope to work on this skill and it made me realize that although the technical and knowledge components of a profession are important, the social component is just as important too."

Students also learn how to recognize the importance of non-verbal communication (CSMLS General MLT Competency 10.02.7). Here, a student is reflecting on the link between effective communication and confidence and the balance between using the tools they were taught to connect with people without coming across as insincere.

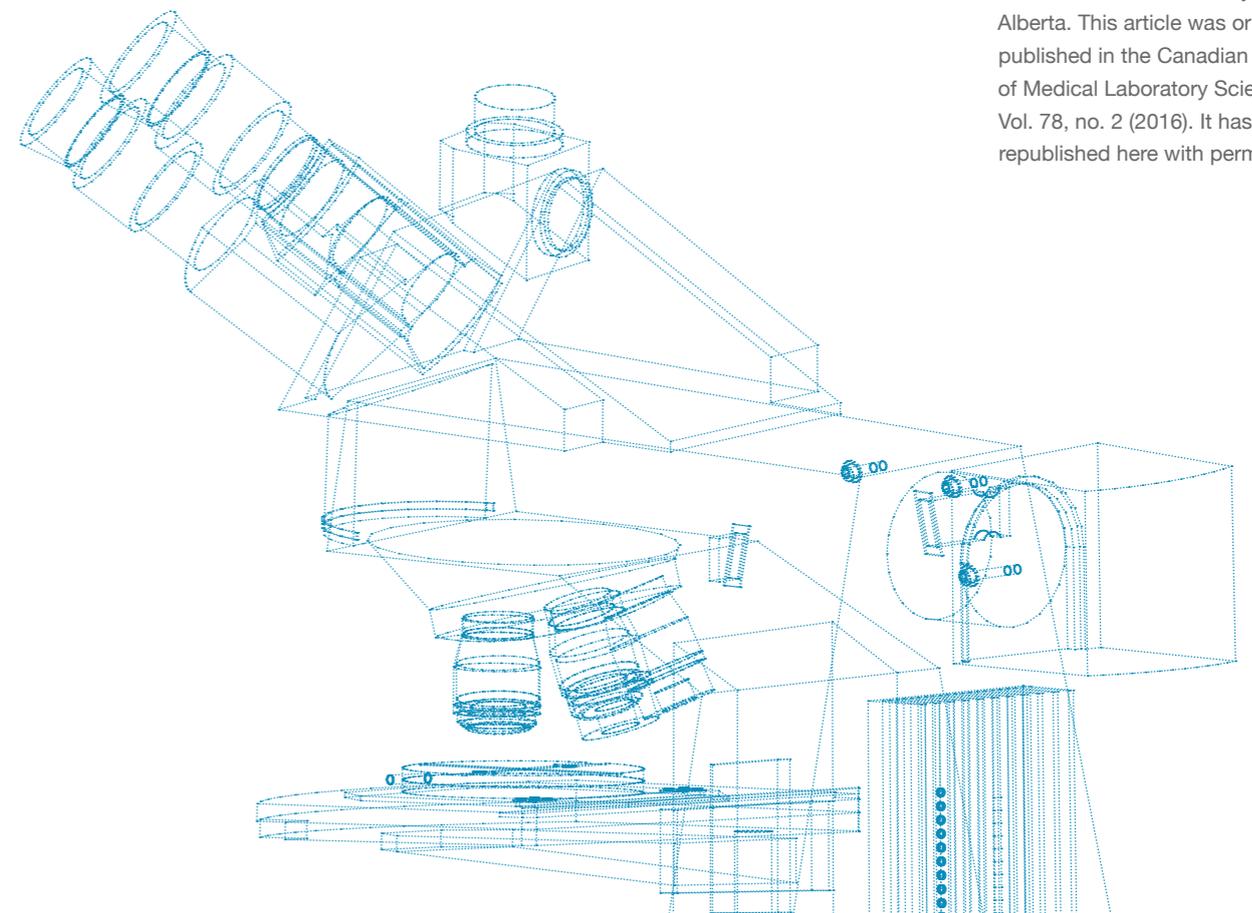
"Making eye contact is an important step in communication, but I had to admit that there were many times that I've failed to do so. ... [Trying] too hard can certainly result in the opposite of what you want to achieve, but not trying in the first place is the same. It is necessary to find the balance, which I believe requires self-confidence and not being afraid to speak... After all, it is important for us to gain the trust of patients and their families, so how can it be achieved if one does not even believe in herself?"

The above student reflections show an understanding of the nuances of effective communication. Qualitative analysis of students' journals indicates MLS students are learning to reflect on professional practice. After completing the introductory clinical experience, students have a better understanding of many of the aspects of appropriate communication. I believe that this early introduction has better situated the students to continue reflecting during their clinical training and future professional practice.

References:

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3. Marshall C, Rossman GB. Designing Qualitative Research. 5th ed. Sage; 2010.
4. CSMLS General MLT Competency Profile. Accessed at www.csmls.org.

Lisa Purdy, MSc, BSc (MLS), MLT is the Director, Medical Laboratory Science Program and Associate Professor at the University of Alberta. This article was originally published in the Canadian Journal of Medical Laboratory Science, Vol. 78, no. 2 (2016). It has been republished here with permission.



Professional Liability Insurance from CSMLS

The following information is for illustrative purposes only. Nothing contained in this illustration overrides the terms and conditions of the master policy.

The Canadian Society for Medical Laboratory Science (CSMLS) can offer Professional Liability Insurance (PLI) to members for only pennies a day. Comparable coverage from a private insurance company would cost anywhere from \$1,600 to \$2,500 per year.

All things considered, it's a small price to pay for peace of mind.

The PLI for CSMLS members is \$13/year for medical laboratory technologists and \$7/year for medical laboratory assistants and students*.

Protection highlights include

- \$2,000,000 Professional Liability Insurance per member, per occurrence, for negligence, errors or omissions made while providing professional services
- Legal Defence Coverage
- Criminal Defence Reimbursement Coverage

CSMLS provides two programs in one

- PLI – provides coverage for civil litigation (malpractice)
- Legal Defence – civil proceedings, disciplinary hearings and criminal proceedings arising from incidents that take place during the delivery of professional services

Legal Defence Coverage

- Pays for the cost of legal representation in the event that you are called to appear as a witness (in your capacity as an MLT/MLA), at a coroner's inquest or civil proceeding
- Pays for legal defence costs for disciplinary hearings before a regulatory body, and proceedings in criminal court upon a not guilty finding

Why Do I Need It?

- Litigation against medical professionals is on the rise in Canada
- Patients, whose expectations are higher than ever before, are aware that they have recourse through a regulatory body and that it costs them nothing to make a complaint

- Not only patients but also employers and co-workers can bring complaints against technologists in their workplace
- You can be held personally liable for negligence in providing or failing to provide professional services
- You can be held responsible for contribution to damages, which may be costly
- Like all insurance – PLI is designed to protect you and your interests so that there is less risk to your personal assets
- Your employer may have inadequate limits or lapses in their insurance. Coverage is on a claims-made basis which means that in order for coverage to apply, the claim must be presented during the current policy period. Once coverage ends it is as if you have never had coverage. There are a few exceptions: retirement, death and disability. For these individuals coverage is indefinite for claims arising from services provided prior to leaving the profession. Anyone who is on maternity or parental leave should maintain insurance.

You may already have coverage through your employer, but is it the right coverage for you?

Ask your employer the questions below to ensure that the coverage they provide protects you and your best interests:

- Does the policy provide coverage for legal defence?
- Does the policy cover legal representation for a disciplinary hearing before a regulatory college?
- What are the exclusions to the policy?
- What happens to my coverage if I leave or retire?
- What are the individual, and aggregate limits on the policy?
- What is the deductible? Could I be responsible for it?
- Will I be assigned my own legal counsel representation if I am named in court action? If there are several named, will there be one lawyer for all?
- How am I covered? Is it a claims-made policy? Is there a retroactive date? If so, what is the date?

For additional information, visit the [CSMLS Professional Liability Insurance page](#).

**Students are only covered for their clinical placements and must be supervised by an MLT or clinical instructor. Associate Non-Certified members may be eligible for Professional Liability Insurance.*

Please contact members@csmls.org to request more information.

Profile of a CMLTM Complaints Investigator

Jackie Tower, MLT

My name is Jackie Tower and I am one of the CMLTM Complaints Committee investigators. I am the Charge Technologist of the Cytology Department at Dynacare Laboratory. My journey to becoming an Investigator for CMLTM started in 2011 when I joined the Council as a Member at Large. I spent four years serving on the Council both as a Member at Large and then as the Treasurer.

During those years I learned that Regulatory Bodies, like CMLTM, are part of the self-regulatory model granted by the government through statutory authority. Through the College, the government has placed its trust in the profession to protect the public by ensuring that all practicing Medical Laboratory Technologists have met and maintain the standards of practice.

Having said that, each of us as a member of CMLTM contributes to this purpose by adhering to the CMLTM Standards of Practice, the CMLTM Code of Conduct, all workplace standard operating procedures, and by complying with the Continuing Competency Program.

Anyone (public, employer, or colleague) who has a concern with a member's practice (unprofessional conduct, fitness to practice, or incompetent practice) can file a complaint with the CMLTM Registrar. The complaint is reviewed by the Complaints Committee and, if it is deemed credible, an investigator will be appointed to conduct an investigation. The investigator is responsible for conducting an in-depth and formal review of the evidence in the case. This includes interviewing witnesses and individuals that may have been involved in the incident in question. The investigator will be responsible for preparing a report of the evidence for the Complaints Committee to consider when making their decision in the case.

CMLTM ensures that all Investigators, myself included, have received proper training by attending workshops held by the Council of Licensure Enforcement and Regulation (CLEAR). As well, I have personally attended Board Member Training and National Certified Investigator and Inspector Training (Basic and Advanced).

Brainwash – a Good Thing!

Oleksandra Machynia, MLT

“Sleep is not a luxury; it is an absolutely essential act of daily maintenance and it is your ally in keeping your brain sharp and youthful” states F. Lipman in his book *How to Be Well*.

Much of the brain's custodial work occurs while we are sleeping, thanks to a newly discovered cleansing system within the brain known as the glymphatic system. Just like the lymphatic system which cleanses the body, the glymphatic system cleanses the brain. Unlike the lymphatic system, the glymphatic system does not have a dedicated network of vessels and nodes. Instead, it is connected to the brain's arterial system for its own use. This economical and elegant appropriation of the arterial system by the glymphatic system is only made possible during deep sleep. Our brain essentially becomes a dishwasher while we sleep, forcefully circulating around cerebrospinal fluid, flushing out harmful proteins (e.g. amyloid) that are by-products of neurological processes and have accumulated between brain cells throughout the day.

According to the latest research, dementia and Alzheimer's disease patients' brains are riddled with plaques composed of this abnormal protein - amyloid. The glymphatic system prevents these amyloid plaques from accumulating by cleansing the brain. This cleansing system is most active at night during sleep; especially during the slow-wave sleep phase. We can analogize this concept to a brain-cleaning crew who only works the night shift.

Unfortunately, today's technologic and modern work culture does not create favorable conditions for deep sleep. Consciously cutting down on a full night's sleep essentially interferes with the hassle free power-wash cycle of the glymphatic system. It is like having a party one night and neglecting to clean up the mess the next day, and then having parties night after night never cleaning up the garbage – the mess eventually gets overwhelming and crushing. This ever greater build up of toxic waste slowly overwhelm your brain, eventually contributing to faster body deterioration.

The current research is clearly indicating a connection between impaired brain function from the accumulation of toxic waste. If you have experienced blurred vision, brain fog, forgetfulness, or reduced mental activity, then think again on the fact that you can function on reduced sleep because you may be deceiving yourself and your health.

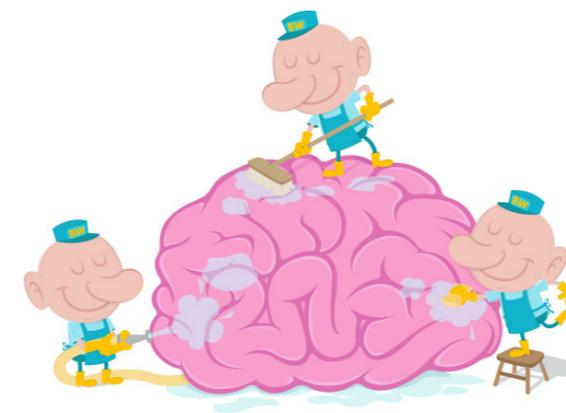
How can we improve our sleep, with the goal to optimize the glymphatic system? In his book

Genius Foods, M. Lugavere has the following recommendations:

- Try to refrain from eating at least 2-3 hours before going to bed. This helps to stabilize the level of sugar and insulin in the blood. As dementia is now referred to as Type III diabetes, the normalization of sugar and insulin regulation will prevent premature aging of the brain.
- Eat food rich in Omega-3 essential fatty acids; these fats are critical to the brain, which consists of predominantly fat tissue.
- Avoid blue light exposure from electronic devices, any strenuous activity, and alcohol before bedtime. More favorable activity for calming down before sleep is reading book.

Knowing how active our brains are in today's information age and our countless daily activities, having a properly functioning cleansing system is more important than ever.

You might want to think twice the next time you decide to sacrifice your sleep in lieu of a more pressing task, or a fun night out, and take into account the fundamental importance of sleep in preventing early mental decline.



References:

How to Be Well
by Frank Lipman, MD

Genius Foods by Max Lugavere

Lights Out: Sleep, Sugar, and
Survival by Teresa S. Wiley

[Researchers Find Internal Brain-
Cleansing System](#)

[Structural And Functional
Features Of Central Nervous
System Lymphatics](#)

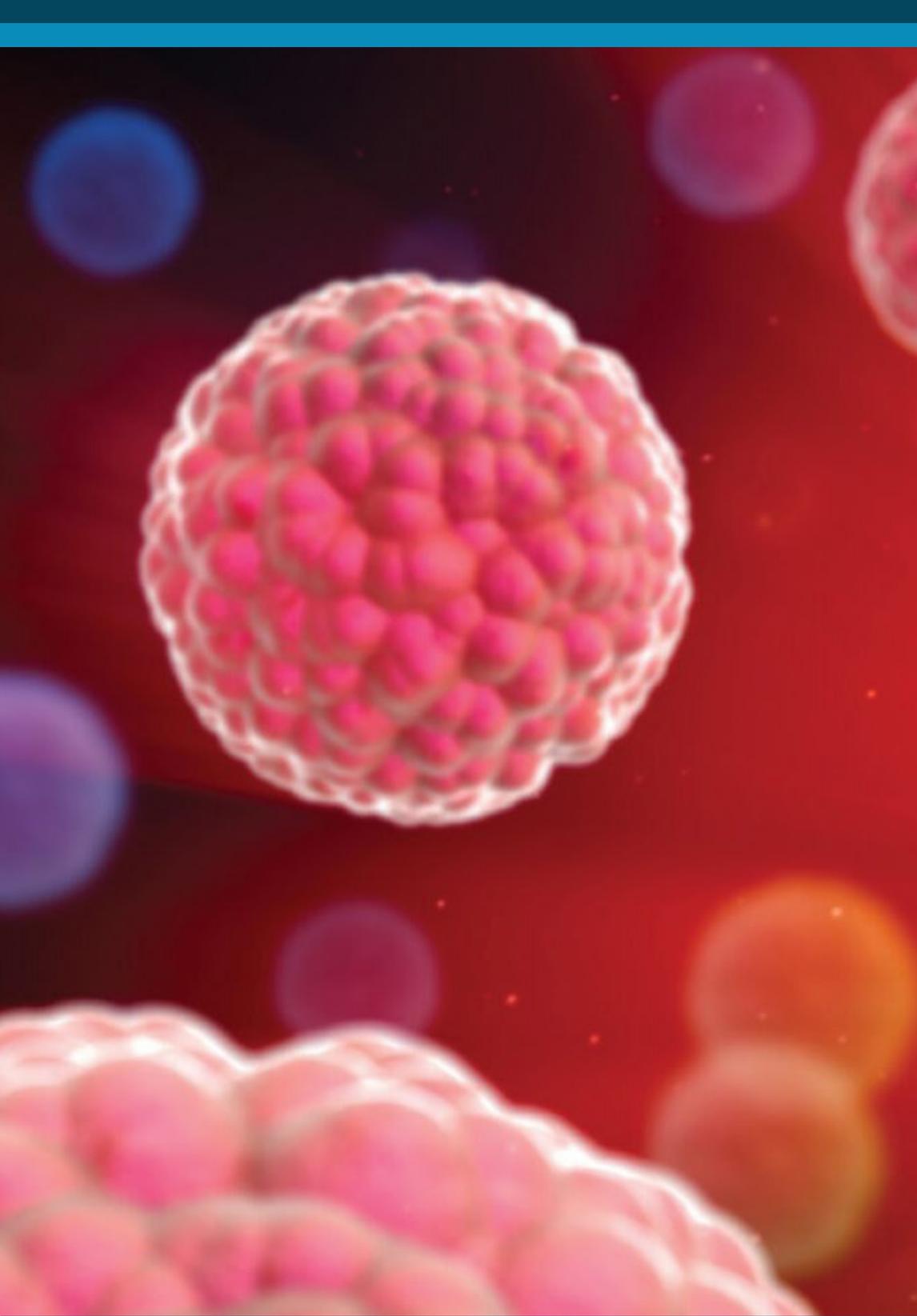
[Better Sleep Provides Brain
Cleansing](#)

[Who Or What Changed The Minds
Of Atheists Who Used To Be
Theists?](#)

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For more information visit the [MAMLS website](#) or
contact [Andrew Hartel](#) or
ncabral@sharedhealthmb.ca



REGULATOR REVIEW

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