



College of Medical Laboratory Technologists of Manitoba

# REGULATOR REVIEW

## **CSMLS Competency Profile Review Process: What we do and how we do it!**

The CSMLS reviews and updates the Competency Profiles for each discipline to ensure competencies are appropriate and current; every five years or whenever the discipline experiences a major change in scope of practice. The CSMLS Competency Profiles are accepted nationwide as the backbone of the CSMLS certification exams; thus the entrance to practice Medical Laboratory Technology (MLT) and Medical Laboratory Assistants (MLA) in all provinces except Quebec. This whole process is driven by membership, provincial regulators (including CMLTM) and other major stakeholder feedback and serves as the scope of practice for MLT and MLA nationwide.

The competency profile review process is designed to take approximately 12-18 months. This is to ensure adequate input and validation of the new standard from all parties involved. The most important input is from the membership, provincial regulators (including CMLTM) and stakeholders. Once a new competency profile has been accepted by the Canadian Medical Association (CMA), the process begins with another discipline.

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146 - 2025 Corydon Avenue  
Winnipeg, MB R3P 0N5

A facilitator is appointed and the Task Force is selected and appointed by the Professional Standards Council (PSC)\*. The exam panel chair for the specific discipline is also appointed on the Task Force by the PSC. A survey is sent to all members and stakeholders requesting feedback on changes, additions and/or enhancements to the existing Competency Profile to better reflect the scope of practice for the immediate future.

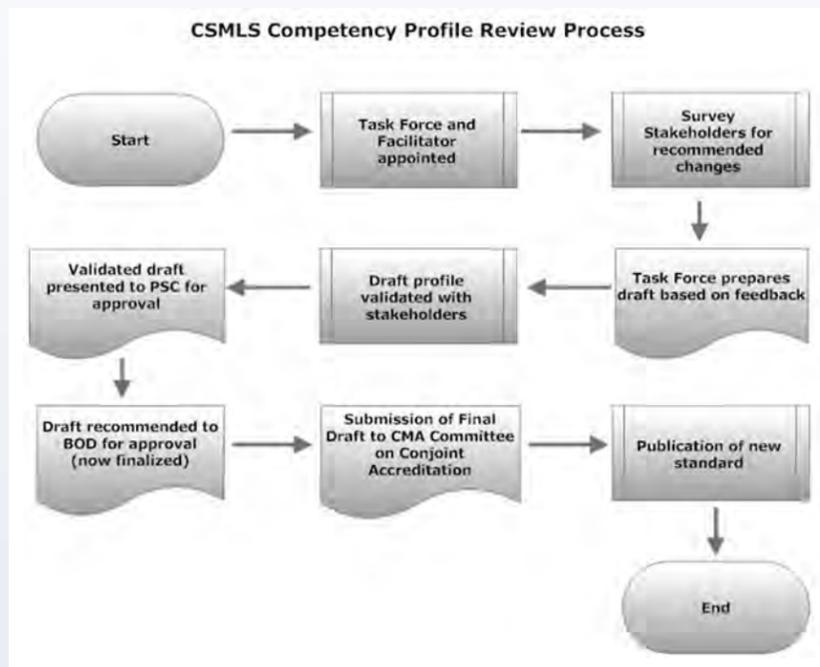
The facilitator reviews and collates the feedback from the survey, in preparation for the Task Force's live meeting. At the live meeting, the Task Force develops a draft of the proposed competency profile and presents it to the membership and stakeholders for validation in the form of a survey. Feedback from the validation survey is reviewed by the Task Force and appropriate edits are completed by teleconference.

If the document is validated, it is then presented to the PSC for approval. Upon PSC approval the draft is forwarded and recommended to the CSMLS Board of Directors for consideration. Once reviewed and

approved by the Board of Directors, the new Competency Profile is presented to the Committee on Conjoint Accreditation (CCA) of the Canadian Medical Association (CMA). Once the CCA accepts the draft the newly developed competency profile is published on the CSMLS and CMA website and is adopted. The implementation date is negotiated between the CSMLS, CMA and CMA accredited programs.

The power in shaping the scope of practice for the profession of Medical Laboratory Technology and Medical Laboratory Assistants rests solely on this process. The involvement of all MLTs and MLAs is this process is essential and is not discipline specific. We encourage you to provide feedback for Competency Profiles of all disciplines, not just on that of your own certification. *\*Note: Professional Standards Council is the former Council on National Certification and National Regulatory Council. Each regulatory body has representation, and where no*

*regulation exists, a provincial association is present.*  
Submitted by Bessie Carydis, M Med Sci (Cytol), BHA, ART Director, Certification & Prior Learning Assessment, CSMLS



## Honorary Membership

The Honorary Membership awards are sponsored by the College of Medical Laboratory Technologists of Manitoba and are intended to recognize and acknowledge individuals for outstanding achievements and/or for their contributions to the profession of medical laboratory technology through their support of the aims and activities of the College. Nominations must be submitted to Council not later than May 31st of each year, and must have a minimum of two nominees.

Nominations must receive the unanimous approval of Council to qualify for the awards. Nominations may be submitted by members at large and each nomination must be accompanied by a citation outlining the nominee's contribution to the CMLTM and commitment to ongoing diagnostic standards through licensing and regulations in the province of Manitoba. Please see the CMLTM website for the complete policy and any further information.

## Message from the Past Chair

Welcome to the first Regulator Review for 2015. It is truly hard to believe how quickly a year has passed.

A strategic planning session was held October 2014 to reflect upon our progress and develop new objectives to help fulfill our mandates and shape the future of the College. In keeping up with emerging technologies, CMLTM continues to look for ways to improve our database system and simplify the submission of membership renewal.

The Council has been enhanced with the addition of new members, Brad Collignon, Marijay Umali and Sandra Brooks.

We look forward to the fresh ideas that all of you will bring to the Council. As we bid farewell to Noelle Cater, Jackie Tower and Odarka Demchenko, the knowledge, skills and great source of leadership that was brought to the Council is much appreciated.

I thank all Council members, committee members and volunteers for allowing me to serve as the 2014 Council Chair. It was an honour and an experience that I will always cherish.

Submitted by Jumir Encarnacon, MLT

## New Council Members



**Sandy Brooks, MLT**

As one of the three "newbies" on the CMLTM Council this year, I am looking forward to my volunteer role.

My career began as a graduate of the Red River College (RRC)/ Grace Hospital Medical Technologist program three decades ago, which to some of you is a long time ago! Throughout my career I have had the pleasure to work in both private and public labs along with in an educational environment at RRC. I am currently the Charge Technologist for Diagnostic Services Manitoba in Portage la Prairie.

My original volunteer position with CMLTM in an auditor role has progressed to Council Secretary and after just a few meetings; I am becoming much more informed about the College! I look forward to making a contribution to our profession on Council as we face our challenges and opportunities together. It is very gratifying to be able to give back to our profession. Being involved with CMLTM contributes to the "lifelong" learning that is so important as individuals and in our ever evolving profession.



**Brad Collignon, MLT**

Brad has practiced as an MLT for 25 years. He is currently practicing at the Canadian Food Inspection Agency (CFIA) National Centre of Foreign Animal Diseases in pathology and virology. Brad is interested in expanding his knowledge of foreign

diseases that may have an impact in Canada.

Brad received the "Team Member Award" for the Bovine Spongiform Encephalopathy (BSE) program. He is an integral member of the Pathology department and is involved in all aspects of the department, ranging from diagnostic to research duties.

Brad feels that the role of the College is; "To ensure patient safety in regards with qualified Technologists and adhere to the professional code of conduct." He feels that it is important to give back some of his time and knowledge to his chosen profession. Brad feels that his experience in the research community will add a new perspective on Council.



**Marijay Umali, MLT**

Marijay has practiced as an MLT for 9 years. She currently practices at St. Boniface Hospital as a clinical instructor for the MLS students in Histology. Marijay is also the laboratory safety officer, involved

with a number of other volunteer activities and committees.

Marijay feels that the College, "Serves by protecting the public from unsatisfactory lab practices. CMLTM encourages MLTs to be professional."

Marijay would like to learn more about the role of CMLTM by observing and participating on Council. She feels her ability to listen, observe and learn will be a great asset. She is looking forward to being a contributing member of Council.

## ***Ebola Experience by Anders Leung***

Working for the Public Health Agency of Canada (PHAC) at the National Microbiology Lab (NML) has been both adventurous and rewarding. As a Laboratory Technician I have been assigned to numerous Biosecurity Deployments within Canada (Olympics, G8/G20) and three Outbreak Deployments (Democratic Republic of Congo in 2012 and Sierra Leone in 2014). I had no idea of the life-changing experiences I would be involved in with my career when I graduated from the Department of Microbiology at the University of Manitoba in 2006.

Those working with the Outbreak Deployments are part of NML's Special Pathogens group, all members having the special training required to work with Risk Group 4 viruses. A mobile high-containment lab (CL-4) is sent with the mobile laboratory field teams to the world region currently experiencing the outbreak, in this case the Ebola Virus outbreak responses. This is essentially a lab with the same diagnostic capabilities of the National Microbiology Laboratory which can be deployed to the affected area, quickly set up in a matter of hours and is primarily designed to operate in remote areas with limited amenities. Bio-isolator tents are set up that are under negative pressure with air flow controlled via HEPA filtered pumps, providing the team members with the safe environment required to handle the high risk pathogens as if we were in a CL-4 lab. In these isolators we also chemically inactivate pathogens such that they no longer pose a threat to our health and such that all downstream work (nucleic acid extraction and PCR) can be done with less cumbersome personal protective equipment (PPE).

PHAC's mobile labs have assisted in many outbreaks in the past, currently operating in West Africa for the

Ebola Virus outbreak. I was deployed in September 2014 to Kailahun, Sierra Leone and recently to Freetown to provide laboratory diagnostics for the Ebola Virus at the Medecins San Frontieres (MSF) Ebola Treatment Center (ETC). Our main objective was to test blood samples from patients on arrival to the ETC and again once the patients reached the convalescent phase of the infection.

As all lab professionals know, working in the lab requires high attention to detail, safety and accuracy. Safety was always a concern. In addition to there being a high number of infectious individuals in the community, we were dealing with samples that were highly infected with Ebola Virus. In order to prevent any lab acquired infections to the team, many infection control procedures were put in place and were strictly adhered to. Misdiagnosing a patient in any situation could potentially have severe consequences to the other members of the community, health care providers or the patient and their families, even more so when dealing with Risk Group 4 pathogens. It was imperative that extra care be taken in order to ensure that this would not happen. In this regard, our lab had an important role in assisting with the process of accepting and releasing patients to the ETC. To avoid the release of a potentially contagious patient back into the community, patients needed two consecutive negative PCR results. Testing patients on arrival prevented placing negative patients in ETC wards where they would be at risk of acquiring the infection. This also allowed Medecins San Frontieres to place them in the appropriate ward for treatment.

There are many challenges when deployed on these outbreak missions. Fatigue can kick in pretty quickly after working long days in the field, especially when

you work for many consecutive days without a day off. The quality of living we enjoy in North America includes many luxuries which are commonly missing in these outbreak countries such as running water, air conditioning, TV, Internet, limited availability of food, etc. Language also becomes a major challenge as the majority of these countries do not have English as a common language. Personal safety is a concern-you always need to be aware of your surroundings and not go out after dark. All of these challenges have to be overcome along with the greatest challenge of being away from family members and friends for an extended period of time.

Even with the challenges, this experience has been gratifying and very rewarding. As we were located at the site where you see patients every day, you really developed a connection to them and cannot stop from hoping that every sample you test will be negative and cases that are positive will be re-tested as future convalescent samples for discharge. While deployed, you really have a feeling of being helpful to a cause and the feeling that your contributions are making an impact. The local people are genuinely welcoming and very grateful for our assistance in their battle against the Ebola epidemic. Working with the locals really gives you an appreciation for the quality of life we enjoy and how third world countries struggle. Finally, nothing is more joyous than watching Ebola victims celebrate their victory over the virus on discharge day. Seeing survivors do the "Ebola dance" and watching the other patients who may or may not survive the disease cheering them on gives you hope that they will end this battle soon.

*Anders Leung works for the Special Pathogens Department for the National Microbiology Laboratory in Winnipeg.*

## ***Calling all Members***

I hope everyone has come through another Manitoba winter with few ill effects. As we ready ourselves for spring I hope our members can take a minute to reflect on the work of the CMLTM and how it benefits the public at large and all of us as regulated professionals.

It goes without saying that this organization depends on a wealth of volunteers to fill Council positions and take part in committees that are mandated by our legislation such as the Competency Committee, Board of Assessors, Complaints and Inquiry Committees. I would like to extend a thank you on behalf of the CMLTM to all those who have served, or are currently serving our membership.

This is a reminder to our members that spring is the time to watch for the nomination papers that will be sent to you to fill the open Council positions starting January 2016. Again the process will be nominations in the spring to give Council plenty of time for elections. New Councilors will be announced at the CMLTM AGM in the fall. Orientation of new Councilors will begin prior to the first meeting in January 2016. So as you can see there is an extensive process to get Council ready for each New Year.

This year there will be two rural (outside of Winnipeg) openings on Council and one urban (within Winnipeg). Please take the time to think about who you would like to see on Council or consider being nominated yourself. This is a very rewarding endeavor. From personal experience I can say that you will gain tremendous insight into your own profession and the legislation that governs health care professionals.

If you have any questions about becoming a member of council please contact the CMLTM office.

*Sincerely,  
Barbara Lyons, MLT  
Nominations Committee*

## ***CMLTM AWARD TO GRADUATING MLT RED RIVER COLLEGE STUDENTS***

CMLTM has recently created an award for graduating Red River College MLT students to raise awareness of CMLTM, its role in the laboratory setting and how it affects their career. Further, the award recognizes their academic achievements. It will be awarded beginning in 2015.

To qualify the applicant must:

- Be currently registered with CMLTM
- Be a recent graduate (either the current graduating class or the year prior) of the Red River College

Medical Laboratory Sciences Program

- Provide two (2) work/personal references from instructors/employers
- Provide a current resume
- Submit a 500-1000 word essay explaining what CMLTM means to the applicant now and in his/her career as a MLT
- Submit applications in writing by March 15 of the application year to the CMLTM Office at 146-2025 Corydon Avenue, Winnipeg, MB R3P 0N5

- Agree to have his/her submission published in the CMLTM newsletter

The award consists of a certificate and a waiver from the annual licensing fee for the next calendar year. It will be presented at the Red River College graduation dinner. An announcement will be made of the award recipient at the CMLTM Annual General Meeting.

*Respectfully submitted by Bonnie Grahame, MLT*

## Patient Safety - everyone's responsibility!

Most of the time, people's experiences as patients, family members, and healthcare providers in the healthcare system are positive. However, at times things do not go as planned.

In Canada and the world, there are significant numbers of people who are harmed or who die as a result of their care and not the treatment process or risks involved. In a 2004 study, using data from 2000, there was an adverse event rate of 7.5% in acute care hospital admissions in Canada. By extrapolation, it was estimated that:

- 185,000 of 2.5 million similar admissions to acute care hospitals in Canada were associated with an adverse event
- close to 70,000 of the adverse events were potentially preventable
- between 9,000 and 24,000 Canadians died from adverse events that could have been prevented.

Since the 2004 study, studies in pediatric healthcare and home care have been conducted. The Canadian Pediatric Adverse Event Study involved 22 hospitals in 7 provinces. The study determined that 9.2% of children hospitalized in Canada experience an adverse event. "Safety at Home - A Pan-Canadian Home Care Study" found the rate of adverse events in Canadian home care clients was 10 -13 per cent over a period of one year. Extrapolating to the over one million home care recipients per year in Canada suggests that up to 130,000 Canadians receiving home care experience an adverse event, with half being considered to be preventable. Acknowledging that patient incidents do happen is important to taking personal and organizational steps to improvement.

Patient safety involves the complex interaction among institutions, technologies, and individuals, including patients themselves. In other words, patient safety is everyone's responsibility.

Healthcare providers try to do the right thing, but because they work in a complex, imperfect system with many variables, at times patient safety incidents reach the patient. Some incidents do not cause harm, but others do affect patients - the people health providers are committed to helping.

The tradition and culture of healthcare provision has been one that suggests that error is unacceptable, and acknowledgement of mistakes is an admission of lack

of skill. It has become evident from our successes, and from patients who have been harmed during the healthcare delivery process, that this approach has deterred the development of a culture that supports learning and improvement.

A key strategy to support your learning is to reflect on basic concepts of patient safety, and how you can apply these concepts in your daily practice. Over the next seven newsletters, a key patient safety topic will be highlighted, including questions to stimulate self-reflection of one's own practice. Topics to be covered will be aimed at providing answers to the following questions:

1. How do key human and environmental factors contribute to patient safety?
2. What is a culture of patient safety?
3. What are the key elements of effective patient and family centred care?
4. What are key factors that promote effective teamwork in multidisciplinary healthcare teams?
5. What are key interpersonal and communication skills required for effectively working with patients and families, and within multidisciplinary healthcare teams?
6. What are the major concepts related to recognizing and managing risks to patients in healthcare environments?
7. What are the key elements required in responding to and disclosing harmful incidents?

Patient safety - make it YOUR responsibility!

For more information on patient safety, go to the Manitoba Institute for Patient Safety website at [www.mips.ca](http://www.mips.ca)

1 Baker, GR, Norton PG, Flintoft V, Blais R, Brown A, Cox J, et al. The Canadian Adverse Events Study: The incidence of adverse events among hospital patients in Canada. Canadian Medical Association Journal. 25 May 2004; 170 (11): 1678 - 1686.

2 Matlow AG, Baker GR, Flintoft G, Cochrane D, Coffey C, Cohen E, et al. Adverse events among children in Canadian hospitals. The Canadian Paediatric Adverse Events Study. Canadian Medical Association Journal. 18 September 2012; 194 (13): E709 - E718.

3 The Canadian Patient Safety Institute. Safety at Home - A Pan Canadian Home Care Safety Study. 2013. Available at <http://www.patientsafetyinstitute.ca/English/research/commissionedResearch/SafetyatHome/Documents/Safety%20at%20Home%20Care.pdf>

## Important Information from the Registrar

In preparation of the Regulated Health Professions Act (RHPA) replacing the Medical Laboratory Technologists Act, CMLTM Council has decided to require new applicants and current registrants to submit a current criminal records, vulnerable sector, adult abuse registry, and child abuse registry checks as of October 1, 2015. These records are valid for 6 months from the time they are issued by the agency that prepares them. For this year only, CMLTM will accept records checks issued in 2015. For more information on how to obtain your record checks, please visit the CMLTM website, [www.cmltm.ca](http://www.cmltm.ca) to download the "Records Check Information Sheet".

CMLTM has recently completed a major upgrade to the CMLTM database and updated the "Members" website. You will notice enhancements to the Continuing Education and Self-Assessment pages which are more user friendly as you maintain your Professional Portfolio on-line. CMLTM is currently working on the system to manage the soon to be required records checks. This will be in place for this year's renewal in the Fall. You will be able to upload PDF versions of your records check when you renew on-line.

CMLTM is in the process of moving to exclusive electronic communications with registrants. The goal is to reduce printing and postage costs and realizing efficiencies in communications. This will include communication such as the newsletter, nominations, elections, AGM notices and renewal notices. To ensure you receive all of these important communications please provide your current valid email address. Personal email addresses are preferred. CMLTM will be moving to accepting only on-line renewals in the near future.

The lease on the current CMLTM office will be expiring this year and CMLTM Council has decided that the purchase of a building would be in the best interest for CMLTM. CMLTM currently has an offer to purchase a building (245 Lilac Street) and if everything goes well the CMLTM office will be moving as of July 1st or sooner. Check the CMLTM website for updates on the process of the move.

In conjunction with the Office of the Manitoba Fairness Commissioner (OMFC), CMLTM has developed a series of presentations designed to help internationally educated health professionals (IEHP) adjust to practicing in Canada. These sessions are presented over 5 evenings and will be held at the CMLTM offices March 31, April 7, 9, 14, and 16. Participants will be required to attend all 5 presentations for their full benefit. There is a \$75 fee to attend (for the entire series). If you or anyone you know is interested, please visit the CMLTM website to download the information and registration package.

CMLTM Council has approved an increase to the annual registration fees. The fee for Active registration (including Conditional) will increase from \$350 to \$450. The fee for Inactive registration (not including Inactive Retired) will increase from \$50 to \$100. There is no change to the other fees.

For more information on these and any other topics related to your practice visit the CMLTM website [www.cmltm.ca](http://www.cmltm.ca)

Submitted by Adam Chrobak, BSc, MLT  
Registrar/CEO

### NOTICE!!!!

The CMLTM Newsletter will be joining the 21st century this year. In order to improve communications and become more environmentally friendly, our Spring 2015 newsletter will be the last issue to be distributed both electronically and through Canada Post. The Fall 2015 issue and all subsequent issues will only be delivered via e-mail. As is the current practice, all issues will still be available on the CMLTM website.

CMLTM is phasing out all paper communications. This includes the following:

Any notifications

Nominations & elections

Membership renewals (last paper submissions allowed Fall 2015 for the 2016 year)

This will result in significant savings to the organization. Please check our website, Blog, Twitter or Facebook for updates.



## *In Memory . . .*

### **Helmut Friesen, MLT**

**December 23, 1938-February 23, 2015**

Born in St. Boniface, MB on December 23, 1938, Helmut grew up on a farm in Manitou, MB. He left his home in his teens to graduate from the Mennonite Collegiate Institute, Gretna, MB in 1957.

Helmut dreamed of becoming a doctor but was not financially able. Helmut's science teacher in high school encouraged him to pursue a career in lab and x-ray. Helmut was awarded a bursary to attend the provincial lab and x-ray course through the provincial lab and various labs in rural Manitoba. Helmut successfully challenged the Canadian Society of Medical Laboratory Technologists (CSMLT) exam in 1960 and the Canadian Association of Medical Radiation Technologists (CAMRT) in 1961. In Helmut's opinion, becoming a true cross train lab/X-ray technologist. Helmut's first job was in Carberry, MB where he established the first lab and x-ray unit.

Helmut met his wife in Carberry, a young graduate nurse with whom he shared 53 years of marriage. From 1962-1964 they lived in Neepawa where he became the Chief Technologist in charge of the labs in Neepawa, Minnedosa, Gladstone and McCreary. In 1964, he became the Chief Medical Laboratory Technologist for all of rural Manitoba resulting in a move to Winnipeg, MB.

Over the years, Helmut held numerous positions in management. The most enjoyable and challenging time of his career was working with Frank DeCock, Deputy Minister of Health, on the Manitoba Health Reform initiative in the 1990's.

Helmut was dedicated to advance the profession of medical laboratory science. Helmut helped to establish the Manitoba Association of Health Care Professions becoming the first president in the late 1970's. In 1975 Helmut served as the CSMLT President. In 1993, Helmut was a key player on the Advisory Committee to establish CMLTM. Helmut retired after over 40 years of service with the Manitoba government in laboratory services and took a job in the Sears men's department. The Manitoba government once again called on Helmut to serve as the Registrar/CEO of CMLTM. After being a strong leader in establishing the foundations of CMLTM, Helmut decided to retired from the Registrar/CEO position in 2010. Helmut was awarded an Honorary CMLTM membership on September 28, 2013 for his dedicated service in the promotion and advancement of the profession of medical laboratory sciences.

On behalf of everyone at CMLTM, staff, Council and Committee members, I would like to thank Helmut for all things he has done for medical laboratory science. Helmut, you will be missed.

### **Michelle Masserey**

#### **CMLTM Public Representative**

Sadly we pay our condolences to the family and friends of Michelle Masserey, Public Representative CMLTM Complaints Committee. On September 6, 2014, Michelle lost her battle with Cancer. While she was only with our Committee a short time, her input into development of procedures and policies was instrumental in getting us where we are today. Michelle will be missed and fondly remembered.

## ***Newsletter Policy***

The College of Medical Laboratory Technologists of Manitoba is responsible for distributing current information about services or relevant information to the membership. This is done through a newsletter which will be distributed electronically or through the mail.

The Council is responsible for reviewing all submitted content.

The College is not responsible for any opinions expressed in the newsletter and nor are they responsible for the accuracy of the content published. The information presented in the newsletter can not be reprinted without the written consent of the Registrar/CEO.