

A blue-tinted background image of a microscope, showing the eyepiece, objective lenses, and the stage.

 **REGULATOR**
REVIEW *SPRING 2017*



COLLEGE OF MEDICAL LABORATORY TECHNOLOGISTS OF MANITOBA



REGULATOR REVIEW

SPRING 2017

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Monday to Friday - 8:00 AM to 4:00 pm

Please call the office before coming in to ensure
that someone will be available.

NEWSLETTER POLICY



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 been moving 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, CCP audit notices/results, and submission of professional portfolios.

CMLTM began accepting only on-line renewals as of October 2016. Renewal notices will only be sent out by email and only on-line renewals with electronic payments will be accepted. Any paper based renewal or payments by cheque, money order or cash will not be accepted and returned.

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.

CMLTM has been working with representatives from Diagnostic Services Manitoba (DSM), Red River College (RRC) and Manitoba Health on the review and re-development of the Manitoba Internationally Educated Medical Laboratory Technologist (MIEMLT) Bridging Program. The provincial government and Manitoba Health have recognized the critical shortage of MLTs in Manitoba and the valuable contribution internationally educated medical laboratory technologists (IEMLT) can make in helping to address the shortage. Together, they have made a committee to fund the Bridging Program.

CMLTM is currently looking for volunteers. There are a number of committees/working groups looking for volunteers including the Continuing Competency Committee and the Regulation Review working group. Even though CMLTM has not been asked to work on the new regulations, work on the reserved acts applications and practice directives (specifically discipline specific practice directives) will resume in April. If you are interested in becoming a volunteer or would like more information, please contact the CMLTM office.

For more information on these and any other topics related to your practice, please visit the CMLTM website at www.cmltm.ca

MANY THANKS TO JOHN SCHWANDT

Public Representative on CMLTM Council, John Schwandt, informed the Council that he would be resigning from the Council effective December 15, 2016. The CMLTM Council and staff would like to express our appreciation for Mr. Schwandt's dedication, contribution and service on the Council in the governance of CMLTM.

Mr. Schwandt was appointed to CMLTM as a Public Representative on September 12, 2012 and has served on the Council since his appointment. Mr. Schwandt's experience and insight will be missed. Thank you John and we wish you all the best.





MESSAGE FROM THE CHAIR

Brad Collignon, MLT (Council Chair)



I'm happy to be voted back by our membership for another two years, where I'm executing the role of Chair for 2017-2018.

After a busy Strategic Planning weekend in October following our AGM, the CMLTM Council is busy following up with our goals for the next one and three year plans.

I would really like to thank Adam, Tricia and Janelle in the office for all of their hard work. Their support and knowledge helps make my role on the Council and Executive Committee easier.

As for our members, don't forget that the office is open daily if you should wish to visit it and all Council meetings are open to the membership. Please check with the CMLTM office so that we can make the necessary

arrangements. As usual, our membership Nominations Committee is always looking for interested individuals who wish to give their time up for the College.

Thank you for your support and have a great spring.

Brad Collignon, MLT (Council Chair)

MANITOBA GOVERNMENT INTRODUCES AMENDMENTS THAT WOULD STRENGTHEN THE REGULATED HEALTH PROFESSIONS ACT (RHPA)

Proposed amendments to The Regulated Health Professions Act would improve transparency and better enable health profession regulatory bodies to address changes in the standards of practice for a health profession as the health care they provide evolves over time, Health, Seniors and Active Living Minister Kelvin Goertzen announced today.

“The Regulated Health Professions Act provides a consistent way to regulate how health-care services are provided, ensuring patient safety and accountability,” Goertzen said. “The proposed changes would help to ensure the public can access information necessary to make informed choices about who provides their care, and will also help health profession regulatory bodies make appropriate changes in a timely way in the standards that health professionals must meet in providing health care.”

The act currently prohibits information kept by a regulatory body regarding a health professional's health condition or addiction that affects his or her ability

to practice from being made available to the public by way of the Internet. The legislation does allow a member of the public to receive this information when they request it directly from the regulatory body.

Proposed changes would allow this information to be published on a regulatory body's website where professional fees are charged to members of the public for services provided by their members or where their members can submit claims for the services under the Manitoba Health Services Insurance Plan. This would enhance transparency by providing the public with better access to information when choosing a health-care provider. The public would be able to obtain a fuller picture of disciplinary matters relating to a health professional from which they are seeking health care.

In addition, proposed changes would allow health profession regulatory bodies to create additional practice standards outside The Regulated Health Professions Act and its regulations if required.



CMLTM HONORARY MEMBERSHIP

The CMLTM Council has created the Honorary Membership in recognition of an individual's outstanding contributions to the College of Medical Laboratory Technologists.

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.

Nominations must be submitted to Council no 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 that are declined are not kept on file and must be resubmitted for further consideration.

Nominations and a biography stating the achievements must be submitted in writing and include the following:

- Diplomas/degrees held by the individual (including institutions)
- Professional Involvement—the contributions made to CMLTM and to the profession of Medical Laboratory Science in the province of Manitoba.
- The contributions made to further the aims and goals of CMLTM through other professional associations i.e. legislator, lawyer
- Other information relating to outstanding service as outlined in the criteria
- Signatures of two members

The recipient shall be exempt from annual dues, entitled to attend and generally participate in College meetings (with the exclusion of voting or being appointed or elected to any position within the College), and will receive copies of official College publications.

A certificate to commemorate the award will be presented at the Annual General Meeting of the CMLTM. Reasonable expenses of the recipient will be paid by the CMLTM to receive the award in person, as determined by Council.

CMLTM CALL FOR NOMINATIONS

Oleksandra Machynia, MLT, Nominations Committee CMLTM

Nomination forms will be emailed out to all CMLTM members soon. There will be two vacant Council seats in Winnipeg and one vacant Council seat in the rural district (outside of Winnipeg). These positions commence as of January 1, 2018.

The CMLTM Council is a very important part of the governance and regulation of the practice of medical laboratory technology in Manitoba. CMLTM provides orientation, education, and support to all Council members to help them as they serve on Council. If you are interested or you know of someone that you think would be interested in being on Council please consider being nominated or contact the CMLTM office at 204-231-0311 or by e-mail at adam@cmltm.ca.

Serving on Council is an excellent way to truly understand what drives your profession. It's really interesting to be able to tie together the legislation to the "boots on the ground" work that we all perform. It is a way to give back to your profession and it adds to your CE portfolio and resume.

Please consider helping to serve your College.



CMLTM ANNUAL GENERAL MEETING

The CMLTM Annual General Meeting (AGM) will be on Saturday September 23rd from 11am to 3pm. Sign in will start at 10:30am. There will be a guest speaker and a lunch will be provided. Make sure to save the date!

The location has yet to be determined, but please keep an eye on your e-mail inbox as the AGM announcement will be sent out via e-mail in the coming months. You can make sure that CMLTM has your up to date e-mail contact information by logging in to your membership at www.cmltm.ca. Personal e-mail addresses are preferred.

PROFESSIONAL PORTFOLIO AUDITS

The Continuing Competency Committee has selected the dates for the Professional Portfolio Audits for the year. They will be held on:

- **SATURDAY MARCH 18TH, 2017**
- **SATURDAY APRIL 16TH, 2017**
- **SATURDAY SEPTEMBER 30TH, 2017**

Those who are being audited in March and April have already been notified by letter and by e-mail. Those who will be audited in September will receive notice in early August.

If you would like to volunteer to have your portfolio audited or would like to volunteer to be an auditor (CE credits will be given), please contact the CMLTM Administrative Assistant (Janelle) at janelle@cmltm.ca to have your name added to either list.

UPDATE ON ACCREDITATION

The Allied Health Professions Accreditation Working Group have received and reviewed proposals for accreditation services. The working group has identified a preferred vendor and are working through the negotiation process. Progress has been efficient and effective with both parties working diligently to come to consensus on terms.

Both parties have been meeting frequently and collaboratively with a goal to have an accreditation service ready to take over from the Canadian Medical Association (Joule) by February 1, 2018.

OFFICE OF THE MANITOBA FAIRNESS COMMISSIONER (OMFC) REGISTRATION REVIEW

The Office of the Manitoba Fairness Commissioner works cooperatively with Manitoba regulators to ensure their registration practices comply with The Fair Registration Practices in Regulated Professions Act. The OMFC has begun reviewing the CMLTM registration process for Canadian and Internationally-trained MLTs to ensure compliance with the Act.

Internationally educated professionals may experience long delays before their foreign credentials are recognized. Fair registration practices help ensure the recognition/registration process is transparent, fair and equitable. Internationally educated MLTs are an important and valuable human resource as we try to fill the MLT shortages Manitoba is currently experiencing.



LOOKING FOR WORK? THINK OUTSIDE THE CITY

Ashley Rego, Marketing & Communications Associate at CSMLS

Searching for a job can be frustrating, especially when you feel as though you've looked into every possible opportunity out there. However, with the demands for health care professionals including medical laboratory professionals in small rural and remote areas, you may consider widening your search area.

Relocating for work can offer a great deal of opportunity and the professional benefits are truly rewarding. Some of the benefits of working in a rural and remote area include:

GREATER INDEPENDENCE AND RESPONSIBILITY

Typically labs and hospitals in rural and remote areas have a smaller staff, which means you may experience more working in the field and have more independence.

WORKING IN A MULTIDISCIPLINARY TEAM

Working in a lab with fewer staff provides more opportunity to work in multiple areas of the lab allowing you to be versatile and have a more integral role.

FOSTERING SKILLS AND LEADERSHIP DEVELOPMENT

Taking on more responsibility and working in a number of different departments will allow for you to expand on your personal and professional development while also improving your leadership skills.

Sarah Peters, MLT, made the commitment of moving 739 kilometers north of her hometown to work in Thompson, Manitoba. "When I learned what the laboratory at Thompson General Hospital had to offer I was intrigued." As a new graduate, the opportunity allowed her to gain experience adding to her professional development and also allowed for significant financial gain. "Besides the professional and financial draws, there was also the lure of adventure," said Sarah.

"It has now been 5 years since I left my hometown and I have grown to love my new job, home and community. The friends I have made have become a second family." Pursuing a career in a rural or remote area might be worth discovering a new experience in a unique part of the country. As beautiful as your new surroundings may be, there is one enticing perk you just can't ignore - \$\$.

The extra money offered by the employer for relocating can help to cover any moving costs you'll incur. As an example, the Yukon Hospital Corporation offers a relocation allowance of up to a maximum of \$15,000 for permanent hires outside the Yukon. Per term, a maximum of \$1,000 or the lowest economy airfare is offered for moving expenses for those outside of Yukon.

There are many offers similar and in almost every province. The opportunity to work in a new part of the country, coupled with gaining real hands-on experience and the bonus of extra income can be enticing.

When looking at job opportunities that might be out of your current location, look for wording like "relocation bonus" or "service agreement". You can also ask during the interview stage if any moving costs or bonuses are available. Considering a move? Check out the Career Centre for a brief overview of bonuses offered in each province. Also, visit the Job Bank to view the list of job openings across the country.

Ashley Rego is the Marketing and Communications Associate at the Canadian Society for Medical Laboratory Science (CSMLS). This article originally appeared in the Career Centre on the CSMLS website. It has been republished here with permission. For more information, visit csmls.org.



JURISPRUDENCE: PROFESSIONAL OBLIGATIONS AND LEGAL REQUIREMENTS

Definition: Jurisprudence is the science or philosophy of law. In terms of regulated professions; jurisprudence is the study of the legislation (Act, Regulations, By-laws), standards of practice, and code of ethics that govern one's professional practice.

We (Medical Laboratory Technologists (MLT)) are dedicated healthcare professionals that possess a specific body of knowledge and skills, but the practice of medical laboratory technology is not just about the science. An important part of an MLT's professionalism involves an understanding of the laws, ethics and less formal guidelines that govern the conduct of all regulated professions including MLTs. This is the essence of jurisprudence.

It is an understanding we must cultivate and value as much as we do our technical skills and theoretical knowledge in order to be successful in our professional careers.

A number of regulated professions have included training on jurisprudence as a part of the initial College registration process and then intermittently require refresher training as part of the College renewal process. This is to ensure that practicing members are familiar with their professional obligations and understand the legal requirements of professional practice. After all there is no course or textbook included in current MLT educational programs to learn about the expected appropriate professional conduct of an MLT.

The transition of the regulated health professions in Manitoba to a single act (The Regulated Health Professions Act) has created a unique opportunity for the regulatory colleges to work together to create a common jurisprudence training

module. While this collaborative work is just beginning, there is a sense of urgency as some of the regulated groups are further along in the transition to the new Act.

CMLTM staff is investigating options for delivery of jurisprudence training to members in the future. The College Council wishes the training to be delivered as an on-line course so that all members can access the training regardless of location. The Council would also like the training to conclude with a test of learning. This leads to other items to consider such as; will there be a pass mark, what happens in the event that a member does not pass the test, who will develop the test questions and who will validate the test questions? Volunteer members may be needed for the test question development work. Long term there may be more than one module developed to review specific jurisprudence issues (professionalism, ethical practice, scope of practice, conflict of interest, etc).

The future intention is that all new registrants will be required to complete the jurisprudence module to ensure they are aware of their professional responsibilities. The jurisprudence module will likely also apply to current registrants as part of the Continuing Competency Program or as a requirement of renewal.

Expect further communication on the progress and roll out of this program on the website and in upcoming newsletters.

If you have ideas or suggestions related to this new project, I would be happy to hear from you. (tricia@cmltm.ca, 204-231-0311)



NATIONAL MEDICAL LABORATORY WEEK

Celebrate National Medical Laboratory Week, April 16–22, 2017

Since 1985, CSMLS has sponsored a special week in April to promote awareness and understanding of the role of medical laboratory professionals in the health care system. National Medical Laboratory Week is a vehicle for our members to celebrate and raise awareness of their role in health care.

Traditionally, CSMLS provides free marketing collateral and resources to enable members to create displays and engage in grassroots marketing activities in order to spread their message and educate the general public.

Raising awareness of laboratory work helps our members experience increased job satisfaction, better workplace morale and high recruitment and retention in the profession.

To learn more about medical laboratory professionals and the impact they make in health care, visit the medlabprofessionals.ca website.

CMLTM CONTINUING COMPETENCY PROGRAM AUDIT SELECTION PROCESS

CMLTM often receives questions, concerns or comments regarding the random selection used to select CMLTM registrants for the audit of their Professional Portfolio. We have compiled the audit statistics since CMLTM started auditing portfolios in 2012. There have been 841 audits completed. Of those there were 45 registrants that have been audited for a second time. Currently there are 960 practicing registrants. Statistically 88% of practicing registrants have been audited at least once and approximately 5% more than once.

Participation in the CMLTM Continuing Competency Program (CCP) is mandatory for all practicing registrants. CMLTM expects its practicing registrants to understand their professional responsibilities and participate in the CCP by maintaining a professional portfolio and being ready to be audited at any time.

The current CCP auditing process consists of annually auditing approximately 20% of the practicing registrants. These registrants are selected by the CMLTM Administrative Assistant, Janelle Baril, using a random number generating program. Ms. Baril is the only person participating in the selection process with no outside influence from the Registrar or any other committee members.

The random audit process is intended to encourage registrants to continually participate in continuing education (CE) activities and constantly maintain their professional portfolio. The random process tends to encourage registrants to participate in CE activities annually instead of waiting until they have been chosen to be audited. It is not perfect, but by encouraging registrants to participate in annual CE, the process ensures registrants are competent to practice and effectively protecting the public (patient safety).

The participation in the CMLTM CCP is a requirement of registration. It is expected that all practicing CMLTM registrants are participating in the CCP with or without some sort of enforcement. The Continuing Competency Committee reviewed the continuing competency programs of the other MLT regulators in Canada while they were developing the CMLTM's CCP. The program was test piloted before it was officially launched and the comments/suggestions of the participants were incorporated in the program. The Continuing Competency Committee is continually reviewing and editing the CCP.

The Continuing Competency Committee is always looking for new committee members with good ideas. If you are interested in making a positive impact on the way your profession is regulated please consider volunteering for the Continuing Competency Committee.



Fifth article in the series on Patient Safety

WHAT ARE THE KEY FACTORS THAT PROMOTE EFFECTIVE TEAMWORK IN MULTIDISCIPLINARY HEALTHCARE TEAMS?

A key strategy to support your learning about patient safety is to reflect on basic concepts and how you can apply these concepts in your daily practice. This article is the fifth in a series highlighting a key patient safety topic.

Teams can take many forms in healthcare:

- as a part of a work unit or community team;
- quality/process improvement teams;
- ad hoc teams, e.g., teams charged with understanding when things could go wrong in the organization; and
- specialty care teams (e.g., code teams, community intravenous program, rapid response teams).

TEAMS NEED A PLAYBOOK!

Effective communication and teamwork is essential for the delivery of high quality, safe patient care in all healthcare settings¹. Healthcare teams are often composed of a variety of disciplines, resulting in a rich combination of expertise, knowledge and skills. Just like sports teams, interdisciplinary teams, or “collaborative care”² teams, need to define and review strategies to help the team meet its goals and function in the best way possible.

- determine team membership by the needs of the patient.
- define strategies to actively engage patients and families as members of the team.
- understand the objectives of healthcare and services from the perspective of the patient/person (the client).
- build team members’ skills in the use of the “equipment” (tools and resources) to effectively carry out the team’s goal.
- share accountability and decision-making with all team members.

No single healthcare discipline is responsible for the delivery of care to a patient. How each person interacts with team members will contribute to the delivery of high quality, safe care. Effective teamwork is built on five key elements³:

- communication
- team training
- coordination
- leadership
- engaging patients and families

TEAM FUNCTIONING CAN BE ENHANCED BY:

- clarifying roles
- being familiar with the natural stages that your team will move through
- developing your team
- managing conflict
- using quality improvement processes to improve team functioning, such as the “plan-do-study-act” process

Below are tips and strategies to enhance team functioning in each of these five areas:

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¹ Canadian Interprofessional Health Collaborative (CIHC) Competencies Working Group. A national interprofessional competency framework. Vancouver BC: CIHC; 2010. [Available here.](#)

² Winnipeg Regional Health Authority, Accessed February 9, 2017

³ Salas E, Almeida SA, Salisbury M, King H, Lazzara EH, Lyons R, et al. What are the critical success factors for team training in health care? *Joint Commission Journal on Quality and Patient Safety.* 2009; 35 (8): 398-405.

⁴ Larsen K, McInerney C, Nyquist C, Santos A, Silsbee D, Faerman S. *Learning organizations (Part 2).* 13 May, 1996; University of Albany. [Available here.](#)

⁵ Naik G. Hospital races to learn lessons of Ferrari crew. *Wall Street Journal.* 16 Nov 2006. [Available here.](#)



Fifth article in the series on Patient Safety

WHAT ARE THE KEY FACTORS THAT PROMOTE EFFECTIVE TEAMWORK IN MULTIDISCIPLINARY HEALTHCARE TEAMS?

TIPS/STRATEGIES TO ENHANCE TEAM FUNCTIONING

CLARIFY ROLES

- know your role and the roles of others
- perform role in a respectful manner
- communicate role, knowledge, skills, and judgment using appropriate language
- access others' skills and knowledge when needed
- consider the roles of others in determining your professional and interprofessional role

BE FAMILIAR WITH THE NATURAL STAGES THAT YOUR TEAM WILL MOVE THROUGH

FOUR STAGES OF TEAM FORMATION AND DEVELOPMENT ⁴

- Forming: when group members are learning to deal with one another, during which time minimal work is accomplished.
- Storming: a time of stressful negotiation of the terms under which the team will work together, a trial by fire.
- Norming: a time in which roles are accepted, team feeling develops, and information is freely shared.
- Performing: when optimal levels are finally realized in productivity, quality, decision-making, allocation of resources, and interpersonal interdependence.

DEVELOP YOUR TEAM

- develop a set of principles for working together that respects the ethical values of members
- facilitate discussions and interactions among team members
- participate, and be respectful of the participation of all team members in shared decision-making
- regularly assess team functioning with team members including patients/clients/families
- respect team ethics, including confidentiality, resource allocation, and professionalism

MANAGE CONFLICT*

- recognize that conflict occurs, and there is value in the potential positive nature of conflict
- identify common situations that are likely to lead to disagreements or conflicts, including role ambiguity, power gradients, and differences in goals
- know and understand strategies to deal with conflict
- set guidelines for addressing disagreements effectively
- work to address and resolve disagreements, including analyzing the causes of conflict and working to reach an acceptable solution
- establish a safe environment in which to express diverse opinions
- develop a level of consensus among those with differing views, allowing all members to feel their viewpoints have been heard regardless of the outcome
- be aware of the potential impact of "silo thinking" on team development

USE QUALITY IMPROVEMENT PROCESSES TO IMPROVE TEAM FUNCTIONING

- regularly assess key factors known to affect team functioning, and share the information with all team members
- engage all team members in the "plan-do-study-act process"
- be innovative when opportunities for improvement are identified, and look to other industries for improvement ideas, e.g., the physician leader who learned from a Ferrari pit crew about processes to improve handovers in the pediatric ICU team⁵

There are many references and websites available on multidisciplinary healthcare teams and patient safety.

For more information, see www.mips.ca, Resources and Tips or call 1-866-927-6477.

Patient safety - make it YOUR responsibility!



THE STATE OF WHISTLEBLOWING

Jacqueline Chartier

Whistleblowing is a term applied to a situation where an employee raises concerns about unsafe, unethical or illegal practices at work. In the context of health care organizations and medical laboratory settings, whistleblowing is especially important as a means of addressing quality and safety issues. At present there are a variety of procedures in place within Canadian laboratories for employees to raise concerns which may affect patients, the public or laboratory staff. In addition, there are multifaceted whistleblower laws at both the federal and provincial level that cover employees in health care organizations. Federal law has affected all jurisdictions in the public and private sectors since September 15, 2004, with section 425.1 of the Criminal Code. Essentially, this part of the Code prohibits employers from retaliating or threatening to take action against employees who provide information to law enforcement officials. Meanwhile, the Public Servants Disclosure Protection Act has protected whistleblowers in the federal public sector since April 15, 2007.

Most provinces have their own laws to safeguard those who report wrongdoing in the workplace. For example, since April 2, 2007, Manitoba's Public Interest Disclosure (Whistleblower Protection) Act has offered a mechanism for the disclosure of misconduct in the province's public service and health care system. Appropriately, the Act also includes provisions to protect employees who make a disclosure to their supervisor or designated officer or to the Ombudsman. Still, legal experts have pointed out the limitations of Canada's current laws and the fact that we generally lag behind the United States and Britain in this area. Adam Chrobak, the Registrar of the College of Medical Laboratory Technologists of Manitoba (CMLTM), agrees that there are problems with the current system. "I think the government creates whistleblowing policies in good faith but there are many times when they are not implemented well," he says. "I hear from health care practitioners that they feel pressure or that they are afraid to report when they see something that they feel is wrong. They worry about retaliation, either from their coworkers or their employer."

Indeed, investigations across different professional groups highlight a discrepancy between whistleblowing policies in theory and how such arrangements work in practice. One possible reason for this is the widely held perception among health professionals that they will be victimized, ostracized or bullied if they raise legitimate concerns about the actions of colleagues or poor patient care. If

whistleblowing is to be an effective part of any strategy for better patient care then laboratory workers need to know their concerns will be taken seriously, without fear of reprisal.

Chrobak explains that if a CMLTM member witnesses someone in the laboratory practicing unprofessionally or incompetently they can file a complaint through a formal procedure. As the Registrar, he reviews the complaint and the accused person has the opportunity to respond to the complaint. If the situation isn't resolved by this stage the next step is for the grievance to go through a complaints committee that will decide if an investigation is warranted or not. The recommendations of an investigation are binding on the member whose conduct is under review. For example, it could be that they must take a refresher course, or for more serious matters, that they must withdraw from the CMLTM.

"Many of the complaints that we get have to do with unprofessional practice, such as improperly following standard operating procedures," says Chrobak. Studies indicate that before coming to a decision on whether to begin a formal complaint process, employees usually find themselves trying to work out exactly what is happening. They will often engage in dialogue with colleagues and seek a second opinion. Other informal strategies may include the use of humour or sarcasm to signal discontent, or the use of "off the record" discussions with managers and coworkers.

Experts agree that whistleblowing is a highly controversial topic, one that tends to bring out dichotomies, distinctions and labels. It's been noted that binary distinctions, such as hero/villain, loyal/disloyal or warranted/unwarranted, are essentially unhelpful and disguise the complexity or ambiguity that is typically involved in whistleblowing situations. Such circumstances are often fraught with rival interpretations and always happen in a deeply cultural and highly situated organizational context.

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THE STATE OF WHISTLEBLOWING

Jacqueline Chartier

A couple of years ago, a CMLTM member who was working in a Manitoba hospital reported a fairly serious breach of policy that could have negatively impacted patient care. The nurses wanted to save time and resources so they were reusing patient identification bracelets. Patients were allowed to take their hospital identification home with them. They would then wear the same bracelet when they came back to the hospital rather than being issued a new one.

One CMLTM member ultimately refused to collect specimens from patients that didn't have daily issued identification. When the nurses and his supervisor refused to support his action, the lab technologist contacted Chrobak. In turn, Chrobak brought the issue to the attention of appropriate officials, such as Manitoba's Minister of Health and Deputy Minister of Health. It didn't take long for the unsafe practice at the hospital to be discontinued and for the policy of issuing daily identification to once again be followed. Chrobak points to the incident as a case when whistleblowing was successful in helping to ensure proper patient care and safety.

Eventually, Chrobak would like to see better whistleblowing and complaint procedures for both laboratory employees and the general public. "We get complaints from the general public regarding laboratory assistants," he says. "These concerns are usually regarding how they have drawn a patient's blood or collected a specimen." Chrobak acknowledges that there isn't much action that can be taken in these circumstances because the CMLTM doesn't regulate laboratory assistants, only technologists.

He considers this a weakness in the current system and thinks it would be more effective if both professions were regulated in a more unified fashion. "There is a weakness in the whole system where the general public has no efficient way of filing a complaint and they generally must deal with the individual lab," Chrobak explains.

Meanwhile, establishing the right organizational environments within Canada's laboratories where voices can be heard and divergent narratives can be acknowledged remains the elusive goal. The objective of each laboratory should be to create an appropriate environment, one in which effective action aimed at better and safer patient care can be put in place.

REFERENCES – CLICK TO READ

- [Briefing Paper NHS whistle blowing procedure in England](#)
- [International Journal of Health Policy and Management. Cultures of Silence and Cultures of Voice: The Role of Whistleblowing in Healthcare Organisations](#)
- [The Neglected State of Whistleblower Laws in Canada](#)
- [Slaw Canada's Online Legal Magazine. The State of Whistleblowing in Canada](#)
- [Interview with Adam Chrobak, Registrar of the College of Medical Laboratory Technologists of Manitoba, March 18, 2016](#)

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EXCERPTS FROM THE MEDICAL LABORATORY TECHNOLOGISTS ACT (MANITOBA) AND REGULATIONS

CMLTM will be presenting and explaining parts of the Act and Regulations in preparation of the development and implementation of the jurisprudence modules.

SECTION 4(1) OF THE ACT;

“The College of Medical Laboratory Technologists of Manitoba is established as a body corporate.”

This section of the Act incorporates CMLTM as a separate legal entity from its owners (members and Council), with its own rights and obligations.

SECTION 4(1) OF THE REGULATIONS;

“In addition to the requirements of subsection 9(1) of the Act, the requirements for registration as a medical laboratory technologist are as follows:

- (a) the applicant must have successfully passed the examination;
- (b) the applicant must not suffer from a physical or mental condition, disorder, or addiction to alcohol or drugs that makes it desirable in the public interest that he or she not practise medical laboratory technology;
- (c) if the applicant’s first language is not English or French, the applicant must be able to speak and write either English or French in accordance with language fluency criteria established by the council;
- (d) the applicant must provide evidence that he or she intends to commence practice as a medical laboratory technologist within three months after the date of application;
- (e) the applicant has not been convicted of an offence that is relevant to his or her suitability to practise;
- (f) if the applicant was previously registered as a medical laboratory technologist in one or more other jurisdictions, he or she must provide proof of membership in good standing from all other jurisdictions in which he or she was registered during the past five years;
- (g) if applying before June 1, 2012, the applicant must provide evidence that he or she has fulfilled the academic requirement set out in clause 9(1)(a) of the Act within the previous 18 months;
- (h) if applying on or after June 1, 2012, the applicant must provide evidence of one of the following:
 - (i) he or she has fulfilled the academic requirement set out in clause 9(1)(a) of the Act within the previous 18 months,
 - (ii) he or she has practised medical laboratory technology for a minimum of 1,200 hours in the five-year period immediately preceding the year for which registration is sought.”

Subsection (b) speaks to a member’s fitness to practice including physical or mental disabilities that might affect a member’s ability to practice safely. If you have evidence that another CMLTM member is suffering from a physical or mental condition (including addictions) that may affect their MLT practice, it is your professional responsibility to report the situation to the CMLTM.

Subsection (c) speaks to language requirements for registration. Currently CMLTM does not have a language policy other than the one that deals with internationally educated applicants (IEA). IEA must complete the CSMLS prior learning assessment (PLA) which has the following language requirement if the IEA’s education was not delivered in English:

LANGUAGE PROFICIENCY TESTING MINIMUM REQUIREMENTS STAGE ONE: TECHNICAL REPORT

You must meet these minimum requirements to have your Technical Report completed by the assessment team Test Section

Test Section	TOEFL iBT	IELTS-AC	IELTS-GT	CanTEST
Listening	-	5.5	5.5	3.0
Reading	-	5.5	5.5	3.0
Writing	-	5.5	5.5	3.0
Speaking	-	5.5	5.5	3.0
Overall/Total	61-79			

STAGE TWO: EQUIVALENT AND ELIGIBLE TO EXAM

You must meet these minimum requirements in each test section to be eligible to write the exam

Test Section	TOEFL iBT	IELTS-AC	IELTS-GT	CanTEST	MELA
Listening	20	7.0	7.0	4.0	8
Reading	22	7.0	7.0	4.0	7
Writing	22	7.0	7.0	4.0	7
Speaking	24	7.0	7.0	4.0	8

CMLTM has recognized that there are communication issues with some practicing members; this is most evident in internationally educated MLT where English is not their first language. CMLTM is currently exploring the merit of creating a language requirement for registration.

Section (f) sets out the requirements for MLTs that have been registered in other jurisdictions. It also gives CMLTM the ability to communicate with regulators from other provinces to establish an applicant’s character. The Regulations require the applicant to obtain a Letter of Standing from all jurisdictions where they have been registered in the past five years. The Letter of Standing verifies the registration status and reports if there have been any complaints or disciplinary actions against the applicant.

Section (i) sets out the currency of the MLT education required for registration; and section (ii) sets out the minimum required hours of MLT practice for registration.

If you have any questions regarding these sections of the Act or Regulations feel free to contact the CMLTM office.



VITAMIN C AGAINST STRESS AND UNHAPPY WEIGHT

Oleksandra Machynia, MLT

It is common knowledge that Vitamin C is an essential component of a well-functioning immune system. However, not many of us know the importance of Vitamin C in relation to the health of our adrenal glands. These glands rule your inner world - literally. The adrenal glands are involved in the production and distribution of about sixty hormones.

A FEW CURIOUS VITAMIN C FACTS:

- The highest concentration of Vitamin C in the body is present in the adrenal glands; used in the process of the adrenal's hormone production
- When the body faces stress, Vitamin C is immediately used for production of cortisol and other stress related hormones
- In our current society, stress related to our modern lifestyles has skyrocketed especially these last 30 years; however the intake of Vitamin C by an average person has diminished
- In absence of an adequate consumption of Vitamin C, the adrenal glands start to "panic" and an odd phenomenon happens - the adrenals start eliminating Vitamin C from the body causing a domino effect of Vitamin C deficiency. This strange mechanism may be the cause of increasing blood sugar levels, negative effects on blood pressure, and higher levels of fat accumulation in the abdomen area.

Vitamin C deficiency most frequently affects the elderly, pregnant women, and people with chronic illnesses and obesity. Vitamin C deficiency is especially common in people over 40 years of age. Around this age the adrenal glands start to "get busy" with the production of sex hormones as this natural function of testis or ovaries is starting to fade away.

Thus, low intake of Vitamin C is unfavorable as it may lead to inadequate levels of sex hormones production, including low levels of testosterone. Testosterone is an important hormone not only in men but in women and low testosterone levels will have negative impacts on both sexes. A combination of high cortisol and low testosterone hormones is a favorable condition for obesity.

Quite often ascorbic acid and Vitamin C are being used interchangeably. In reality these two are not equivalent to each other. In natural form Vitamin C is a complex compound consisting of ascorbic acid and many additional co-factors/bioflavonoids. As lab testing has confirmed, brightly colored fruit and vegetables should be rich in Vitamin C. Unfortunately, modern technologies such as plant hybridization - aimed at making their product taste sweeter, ripen faster, and produce more volume - has reduced the content of Vitamin C in natural produce.

The best recommendation is to consume Vitamin C that comes from natural sources: non-sweet berries, citrus fruits, bell pepper, kale, broccoli, Brussels sprouts, cabbage, tomatoes, parsley, and leafy greens. It is also best to have these Vitamin C sources throughout the day. But let's be realistic here... How many of us do that?

There seems to be countless over the counter Vitamin C supplements these days. So how to pick the best one? According to the research of Susanne Humphries, MD the best Vitamin C supplements come in buffered forms. Buffered forms such as sodium or calcium ascorbate have less chance of causing stomach irritation or causing the deterioration of tooth enamel. These supplements are most bioavailable when combined with co factors/bioflavonoids. Common bioflavonoid containing foods are: onion, berries, green or oolong tea, parsley, dark chocolate, bananas, and all citrus.

As important as it is to intake adequate levels of natural Vitamin C or (somewhat) less effective Vitamin C supplement to fight against the health consequences of stress and unwanted weight gain, as equally important is a reduction of life's daily stresses. Eliminating or reducing common forms of stress will be beneficial to the maintenance of adequate amounts of Vitamin C in the body by reducing its consumption for the stress hormone cortisol. Simple techniques of meditation or deep breathing exercises can make an inner world of difference.

REFERENCES:

"The Adrenal Reset Diet" by Alan Christianson, NMD

"The Hormone Secret" by Tami Meraglia, MD

"Whole Food Nutrition" by Vic Shayne, PhD

On-line presentation by Susanne Humphries - Click to watch!



AND THE RESULTS SAID...

IN MAY 2016 CMLTM SENT A SURVEY LINK TO ALL EMAIL ADDRESSES ON FILE FOR MEMBERS. WHILE THE RESPONSE RATE WAS LOWER THAN EXPECTED (ONLY 24%) THERE WERE THEMES WHICH ARE PRESENTED BELOW.

If you were to describe to a potential new student the best parts of the profession from your perspective, how would you describe it?

most common theme of response indicated a feeling of satisfaction from helping others and have a critical impact on patient care

Do you have any comments about the MLT profession in Manitoba (positive or negative)?

Note: Most responses to this question were negative with the following themes emerging in descending order according to the number of responses

(most common)

Theme 1 : lack of awareness and recognition for the profession

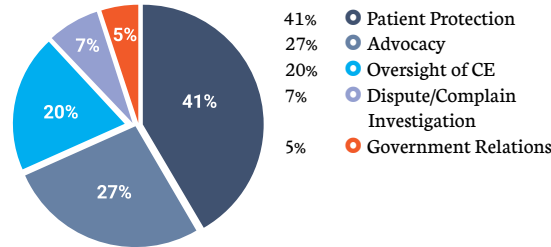
Theme 2: staffing shortages, heavy workloads and stress

Theme 3: Direct complaints about the CMLTM fees and public awareness campaign

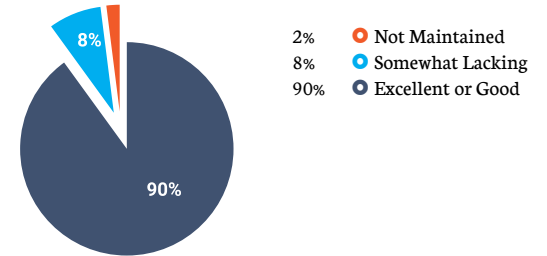
Theme 4: concerns about the number and quality of graduates from the RRC Medical Laboratory Science program

Theme 5: Dissatisfaction with wages

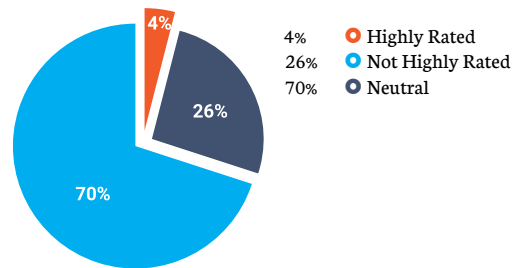
WHAT WOULD YOU SAY IS THE PRIMARY ROLE OF CMLTM



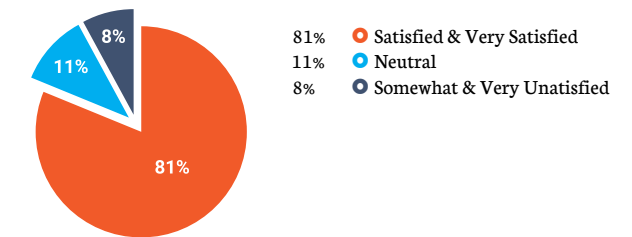
IN THE FACILITY WHERE YOU WORK, HOW CLOSELY ARE STANDARDS MAINTAINED?



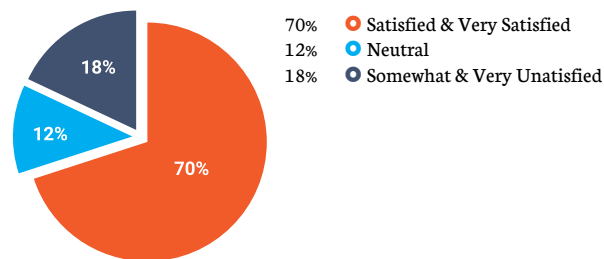
HOW HIGHLY RATED DO YOU BELIEVE MLTS ARE BY MEMBERS OF THE PUBLIC?



HOW DO YOU FEEL ABOUT THE TRAINING YOU RECEIVED IN ORDER TO PERFORM YOUR MLT DUTIES?



HOW SATISFIED ARE YOU WITH YOUR JOB/ EMPLOYMENT AS AN MLT?





WORDSEARCH!

D	Q	K	N	M	F	Z	X	Z	T	A	B	T	T	Y	F	F	S	R	Y
N	I	E	V	B	E	K	N	T	U	R	D	C	G	A	U	W	L	E	G
U	K	L	V	T	M	G	Q	C	S	H	A	O	U	C	X	A	I	Q	O
W	Q	G	V	F	E	T	U	Z	B	I	L	N	C	D	B	W	D	U	L
Q	A	Q	T	X	R	L	H	F	T	O	M	A	S	O	X	H	E	I	O
T	H	A	N	D	W	A	S	H	I	N	G	O	R	F	U	L	K	S	T
S	V	Y	N	Y	A	W	R	B	A	R	Z	A	T	V	U	Z	B	I	A
I	C	I	W	F	D	Y	O	M	S	N	T	O	G	O	G	S	S	T	M
G	Y	C	R	T	S	R	S	P	T	O	B	N	Y	S	B	C	I	I	E
O	T	W	C	O	C	A	E	Y	R	A	T	P	E	V	E	E	Z	O	H
L	O	J	O	I	L	C	G	Y	Y	D	X	G	A	C	L	R	L	N	N
O	L	M	M	P	I	O	B	I	O	H	A	Z	A	R	D	A	U	H	L
N	O	G	V	M	L	K	G	B	L	O	O	D	L	V	E	M	S	M	P
H	G	A	E	O	Y	X	L	Y	D	Y	C	H	E	G	E	S	P	R	V
C	Y	N	T	G	K	J	T	N	E	I	T	A	P	G	N	Y	Q	H	R
E	G	S	S	D	O	Q	H	Q	S	N	T	E	Q	P	N	J	Y	T	F
T	I	W	E	P	O	C	S	O	R	C	I	M	T	J	W	I	Y	R	O
H	A	T	F	K	W	I	A	P	X	A	Y	Z	L	H	K	W	R	D	M
B	G	I	X	W	K	D	W	A	Z	N	P	K	M	N	K	B	K	Y	G
A	Y	W	W	M	Z	T	H	F	X	X	O	O	U	R	D	H	K	S	S

BIOHAZARD

CYTOLOGY

HISTOLOGY

MICROSCOPE

PHLEBOTOMIST

SERUM

SWAB

TRANSFUSION

BLOOD

HANDWASHING

LABORATORY

NEEDLE

PLASMA

SLIDE

SYRINGE

VEIN

CENTRIFUGE

HEMATOLOGY

MICROBIOLOGY

PATIENT

REQUISITION

SPECIMEN

TECHNOLOGIST

VIROLOGY

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.

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