COLLEGE OF REGISTERED NURSES OF ALBERTA (the "**College**")

DECISION OF THE HEARING TRIBUNAL

RE: CONDUCT OF **ROSANNE SHARP**, R.N. REGISTRATION #**88,158**

AS A RESULT OF A HEARING HELD BEFORE

THE HEARING TRIBUNAL

OF THE COLLEGE

11120 178 STREET

EDMONTON, ALBERTA

ON

June 25, 2026

INTRODUCTION

[1] A hearing was held on June 25, 2026, via Zoom videoconferencing by the Hearing Tribunal of the College of Registered Nurses of Alberta (the "College") to hear a complaint against Rosanne Sharp, R.N. registration #88,158.

[2] Those present at the hearing were:

a. Hearing Tribunal Members:

Bonnie Bazlik, RN Chairperson
Valerie Mutschler, RN
Brett Huculak, Public member
Shirley Pate, Public member

b. Independent Legal Counsel to the Hearing Tribunal:

Natasha Egan

c. CRNA Counsel:

Daisy Feehan, Conduct Counsel

d. Registrant Under Investigation:

Rosanne Sharp (sometimes hereinafter referred to as "the **Registrant**")

e. Registrant's Legal Counsel:

Daniel Jonasson

f. CRNA Staff

Jackie Senuk, Hearings Coordinator as Clerk supporting Chair of the Tribunal in procedural management of virtual proceeding technology.

PRELIMINARY MATTERS

[3] Conduct Counsel and Legal Counsel for the Registrant confirmed that there were no objections to the composition of the Hearing Tribunal or to the Hearing Tribunal's jurisdiction to proceed with the hearing. No preliminary applications were made.

[4] The Chairperson noted that pursuant to section 78 of the *Health Professions Act*, RSA 2000, c. H-7 ("HPA"), the hearing was open to the public and that there were two members of the public attending as observers. No application was made to close the hearing.

ALLEGATIONS AND ADMISSION

[5] The allegations in the Notice to Attend are as follows:

1. On April 8, 2025, you failed to maintain appropriate professional boundaries when you attended the house of your friend, [redacted]., to observe, assess and/or opine on whether [redacted].'s family member, a child ([redacted].), was being sexually abused by a parent

   ("Allegation 1")

2. Between April 8, 2025 - June 21, 2025, you failed to exercise appropriate professional judgment regarding [redacted]., including when:

   a. You attended [redacted].'s home to observe and/or assess [redacted]. when you were not trained in assessing or consulting for symptoms of sexual abuse in children;
   b. You did not observe or assess [redacted]. in-person when you attended [redacted].'s house;
   c. You reviewed photographs of [redacted].'s genitalia provided by a parent of [redacted]. while at [redacted].'s house;
   d. Based on the photographs, you formed a nursing opinion about [redacted]. that there was a pattern of rectal and vaginal dilation that merited further clinical investigation regarding potential sexual abuse;
   e. You created no record or documentation of your nursing interactions related to [redacted]. at [redacted].'s house;
   f. You authored an undated letter about [redacted]., opining on potential signs of sexual abuse (the "Letter");
   g. You provided the Letter to [redacted]. when you were aware there were ongoing legal proceedings regarding [redacted]. and without considering the potential impact on parental rights.

   ("Allegation 2")

3. Between April 8, 2025 - June 21, 2025, you were dishonest, misleading and/or inaccurate in the Letter, including:

   a. You described that you conducted an "assessment" of [redacted]. when you did not see or assess [redacted]. on April 8, 2025;
   b. You described that [redacted]. had returned from a visit with a parent without clarifying the passage of time since the visit;
   c. You did not disclose your personal relationship and connection to [redacted].'s family, including [redacted].;
   d. You described the opinion of an unknown and unnamed physician without clarifying what information the physician received, the nature of the consultation with the physician or whether the physician was aware you had shared their opinion and/or recommendation;
   e. You did not disclose your credentials or competence regarding nursing assessments and/or consultations for sexual abuse in children.

   ("Allegation 3")

[6] It is further alleged that the Registrant's conduct constitutes "unprofessional conduct," as defined in section 1(1)(pp)(i), (ii) and/or (xii) of the *Health Professions Act*, RSA 2000, c H-7 ("HPA") and including that:

1. The conduct contravenes one (1) or more of the following:

    a. *Canadian Nurses Association Code of Ethics* (2017) – A.1, A.5, A.6, C.4, D.7, G.2, G.3.
    b. *Practice Standards for Registrants* (2023) – 1.7, 2.1, 2.2, 2.3, 2.4, 2.5, 2.7, 3.1, 3.6, 4.3, 4.5.
    c. *Scope of Practice for Registered Nurses* (2023).
    d. *Documentation Standards* (2023) – 1.6, 2.1, 2.2.

[7] The Registrant has admitted to the conduct in the allegations in the Agreed Statement of Facts and Liability (Exhibit #1).

EXHIBITS

[8] The following documents were entered as Exhibits:

Exhibit #1 – Agreed Statement of Facts and Liability ("Agreed Statement");

Exhibit #2 – Joint Recommendation on Sanction ("JRS");

Exhibit #3 – Complaints Director's Book of Authorities;

Exhibit #4 – Information regarding Johns Collins Course.

SUBMISSIONS ON THE ALLEGATIONS

Submissions by Conduct Counsel:

[9] Conduct Counsel introduced the case. She stated that the complaint concerns the Registrant's involvement in assessing or commenting on possible signs of sexual abuse outside of a practice setting.

[10] Conduct Counsel confirmed that the matter was proceeding by Agreement and thanked the Registrant and her counsel for their co-operation and effort in this regard. Conduct Counsel briefly outlined the facts as set out in the Agreed Statement and submitted that the Registrant has admitted that the conduct set out in the Agreed Statement constitutes unprofessional conduct under sections 1(1)(pp)(i), (ii) and (xii) of the HPA.

[11] Conduct Counsel submitted that the Registrant breached certain articles of the Canadian Nurses Association Code of Ethics (2017) (the "*Code of Ethics*") and standards of the Practice Standards for Registrants (2023) (the "*Practice Standards*"). These provisions address ethical responsibilities of nurses including the duty to be honest and to practice within their level of competence. The Complaints Director submits that the Registrant was not consistent with these obligations because she presented her involvement as an assessment of the Child without disclosing the important limits on what she had actually done. She failed to be candid about the basis and limits of her opinion and acted outside her level of training, competence and professional judgment.

[12] Conduct Counsel further submitted that the Registrant breached certain articles of the *Code of Ethics* and standards of the *Practice Standards* regarding boundaries because she

became involved in a sensitive family and legal matter at the request of a personal connection outside of a formal care relationship or practice setting.

[13] Conduct Counsel directed the Tribunal's attention to the Scope of Practice for Registered Nurses (2023) ("*Scope of Practice*") which addresses the principles governing practicing within scope. She then discussed certain provisions of the Documentation Standards (2023) ("*Documentation Standards*"). The Registrant's conduct was not consistent with these standards because she did not create complete, accurate or contemporaneous documentation of the observations and information.

[14] Conduct Counsel acknowledged that not every breach of a Code or Standard and not even every example of lack of skill or judgment will be sufficient to rise to the level of unprofessional conduct. She suggests however, that there is no question that the conduct in this case meets the threshold.

[15] Finally, Conduct Counsel wanted to be clear that there is no indication that the Registrant was intending to act with any harm in this matter. It's clear that she was acting with the best of intentions in this case. However, even good intentions can cause significant harm if the boundaries set out are not maintained.

Submissions by Legal Counsel for the Registrant:

[16] Legal Counsel for the Registrant agreed that there are no substantive facts at issue in this case. He stated his appreciation for Conduct Counsel's recognition that the Registrant intended to do no harm. It is admitted that the alleged misconduct rises to professional misconduct on a balance of probabilities.

Questions from the Hearing Tribunal:

[17] The Hearing Tribunal did not have any additional questions for either party.

DECISION AND REASONS OF THE HEARING TRIBUNAL ON THE ALLEGATIONS

[18] The Hearing Tribunal has reviewed the exhibits and considered the submissions made by the parties.

[19] The Hearing Tribunal considered the definition of unprofessional conduct under section (1)(1)(pp) of the HPA. The Hearing Tribunal finds that all three Allegations are proven and that the Registrant's conduct constitutes unprofessional conduct under section (1)(1)(pp) of the Health Professions Act, as follows:

Unprofessional conduct means one or more of the following, whether or not it is disgraceful or dishonourable:

(i) displaying a lack of knowledge of or lack of skill or judgment in the provision of professional services;

(ii) contravention of this Act, a code of ethics or standards of practice;

(xii) conduct that harms the integrity of the regulated profession.

Background:

[20] On July 11, 2025 the Complaints Director of the College received a written complaint (the "Complaint") from the Complainant. The Complainant alleged that the Registrant was inappropriately involved in assessing and\or opining on possible signs of sexual abuse of a child outside of a practice setting. A Notice to Attend with particulars was served on the Registrant on April 20, 2026, and subsequently published on the College website.

[21] The Registrant is a Registered Nurse and has been a registered member of the College since 2009. At all material times to the Complaint, the Registrant held an active practice permit. The Registrant acknowledges that she is not trained in assessing or consulting for symptoms of sexual abuse in children.

Factual and Liability Admissions:

[22] In or around 2024, the Registrant's work colleague, [redacted]., told the Registrant that his sister [redacted]. and her minor child (the "Child") were living in his home. He shared his concerns that the Child may have been subjected to sexual abuse by the Child's other parent, [redacted]. The Registrant was aware that [redacted]. and [redacted]. were engaged in legal proceedings and that Child and Family Services was involved.

[23] The Registrant attended the home of [redacted]. on or about 2 days after the Child returned home from a visit with [redacted]. and reviewed photographs depicting the Child's genitalia. The Registrant did not observe or assess the Child in-person during that visit and spoke with [redacted]. only.

[24] Based on the photographs, the Registrant formed a nursing opinion about the Child that there appeared to be a pattern of rectal and vaginal dilation that, in her opinion, warranted further clinical investigation in relation to the possibility of sexual abuse. The Registrant does not have any training in assessing or consulting for symptoms of sexual abuse in children. She did not create any clinical or professional record documenting her observations, involvement or interactions relating to the Child.

[25] The Registrant authored a letter, commissioned by a commissioner for oaths, expressing her opinion regarding potential indicators of sexual abuse and described having conducted an "assessment" of the Child (the "Letter"). The Letter referred to the Child returning from a visit with a parent, without specifying the timing between the visit and the observations referenced. The Letter also referred to an opinion from a physician but did not identify the physician, describe the information provided to that physician, refer to the nature or scope of the consultation and did not indicate whether the physician was aware that their opinion was being referenced by the Registrant in the Letter.

[26] The Letter did not disclose the Registrant's personal relationship with and connect to [redacted]. or the Child's family. It also did not include information regarding the Registrant's credentials, training or competence in relation to assessing or consulting on sexual abuse in children, or lack thereof.

[27] The Letter was provided to [redacted]. by the Registrant without appropriate consideration of the potential impact on ongoing legal proceedings and parental rights.

[28] The Registrant admitted, as fact, that her practice fell below the standard expected of an RN and admitted, as fact, to each of the details contained in Allegations 1, 2 and 3 (all of which is collectively referred to as "the Conduct").

Findings of the Hearing Tribunal:

[29] The Hearing Tribunal carefully reviewed the admissions made by the Registrant in the Agreed Statement at Exhibit #1 and examined each of the Allegations in detail. It finds that all elements of Allegations 1, 2 and 3 are proven on a balance of probabilities.

[30] Based on these findings of fact, the Tribunal finds that the Registrant's Conduct displayed a lack of knowledge, skill and judgment in the provision of nursing services.

[31] It is clear to the Tribunal, from the factual admissions contained in the Agreed Statement, and the Appendices attached thereto, that the Registrant is an experienced nurse who should have been aware that assessing a friend's child for sexual abuse outside of a formal practice environment displayed a lack of judgment regarding professional boundaries contrary to section 1(1)(pp)(i) of the HPA.

[32] The Registrant admits, and the Tribunal accepts, that the Registrant does not have any training in assessing or consulting for symptoms of sexual abuse in children. The fact that the Registrant nonetheless proceeded to "assess" and formulate an opinion on the potential abuse of the Child in the circumstances of this case certainly rises to the level of unprofessional conduct under section 1(1)(p)(i). Additionally, the letter authored by the Registrant refers to "nursing standards and child protection protocols" and indicates an awareness of the existence of such standards and protocols. The decision to nonetheless provide a letter that was misleading in respect of the kind of assessment performed, the qualifications to undertake the assessment, the relationship to the Child, the circumstances surrounding the consultation with an unidentified physician and the passage of time since the Child's visit with the parent, showed a serious lack of judgement.

[33] For all of the above reasons, the Tribunal finds that the admitted Conduct in its entirety rises to the level of unprofessional conduct pursuant to section 1(1)(pp)(i) of the HPA.

[34] The Hearing Tribunal finds that the Registrant's Conduct set out in Allegations 1, 2 and 3 breached the *Code of Ethics* as follows:

A. Providing Safe, Compassionate, Competent and Ethical Care

Nurses provide safe, compassionate, competent and ethical care.

Ethical responsibilities:

1. Nurses have a responsibility to conduct themselves according to the ethical responsibilities outlined in this document and in practice standards in what they do and how they interact with persons receiving care and other members of the **health-care team**.

5. Nurses are honest and take all necessary actions to prevent or minimize **patient safety incidents**. They learn from **near misses** and work with others

to reduce the potential for future risks and preventable harms (see Appendix B).

6. Nurses practise "within their own level of competence and seek [appropriate] direction and guidance . . . when aspects of the care required are beyond their individual competence" (Licensed Practical Nurses Association of Prince Edward Island [LPNAPEI], Association of Registered Nurses of Prince Edward Island, & Prince Edward Island Health Sector Council, 2014, p. 3).

C. Promoting and Respecting Informed Decision-Making

Nurses recognize, respect and promote a person's right to be informed and make decisions

Ethical responsibilities:

4. Nurses are sensitive to the inherent power differentials between care providers and persons receiving care. They do not misuse that power to influence decision making.

D. Honouring Dignity

Nurses recognize and respect the intrinsic worth of each person.

Ethical responsibilities:

7. Nurses maintain appropriate professional **boundaries** and ensure their relationships are always for the benefit of the person. They recognize the potential vulnerability of persons receiving care and do not exploit their trust and dependency in a way that might compromise the **therapeutic relationship**. They do not abuse their relationship for personal or financial gain and do not enter into personal relationships (romantic, sexual or other) with persons receiving care.

G. Being Accountable

Nurses are accountable for their actions and answerable for their practice.

Ethical responsibilities:

2. Nurses are honest and practise with integrity in all of their professional interactions. Nurses represent themselves clearly with respect to name, title and role.

3. Nurses practise within the limits of their competence. When aspects of care are beyond their level of competence, they seek additional information or knowledge, report to their supervisor or a competent practitioner and/or request a different work assignment. In the meantime, nurses remain with the person receiving care until another nurse is available.

[35] The Hearing Tribunal finds that the Registrant's Conduct as set out in Allegations 1, 2 and 3 breached the *Practice Standards* as follows:

Standard 1: Professional Responsibility and Accountability

The registrant is personally responsible and accountable for their nursing practice, professional conduct, and fulfilling their professional obligations.

Indicators

The registrant

1.7 practices within their level of competence;

Standard 2: Knowledge-based Practice

The registrant continually acquires and applies knowledge and skills to provide competent, evidence-informed nursing care and service.

Indicators

The registrant

2.1 supports decisions with evidence-informed rationale;

2.2 uses resources and evidence-informed information that enhance client care and the achievement of desired client outcomes;

2.3 uses critical thinking in collecting and interpreting data, planning, implementing and evaluating all aspects of their nursing practice;

2.4 exercises reasonable judgment and sets justifiable priorities in practice;

2.5 documents timely, accurate reports of assessment data, interpretation, planning, implementation and evaluation of nursing practice;

2.7 applies nursing knowledge and skill in providing safe, competent, ethical care and professional service;

Standard 3: Ethical Practice

The registrant complies with the Code of Ethics adopted by the Council in accordance with Section 133 of the HPA (2000) and College bylaws.

Indicators

The registrant

3.1 practises with honesty, integrity and respect;

3.6 ensures their relationships with clients are therapeutic and maintains professional boundaries;

Standard 4: Service to the Public

The registrant has a duty to provide safe, competent and ethical nursing care and service in the best interest of the public.

Indicators

The registrant

4.3 establishes and maintains **Therapeutic Relationships**;

4.5 explains nursing care to clients and essential care partners;

[36] The Hearing Tribunal finds that the Registrant's Conduct set out in Allegations 1, 2 and 3 breached the provisions contained in the *Scope of Practice*.

[37] Finally, the Hearing Tribunal finds that the Registrant's Conduct set out in Allegations 1, 2 and 3 breached the provisions of the *Documentation Standards* as follows:

Standard 1: Accountability

Registrants demonstrate accountability for safe, competent and ethical care through documentation by ensuring their documentation of client care is accurate, timely, factual and complete.

Criteria

The registrant must

1.6 document

a) clearly, legibly, and in English, using established terminology,

b) accurately, completely, and objectively,

c) only the care personally provided (unless in an emergency situation when acting as a designated recorder),

d) all relevant client information in an organized, logical, and sequential manner,

e) Contemporaneously,

f) late entries at the next available opportunity, with the entry clearly identified as such, and include any additional employer requirements. Document late entries only when able to accurately recall the event or the care provided,

g) in permanent ink when on paper records, and

h) the date and time that nursing care was provided;

Standard 2: Communication and Safe Provision of Care

Registrants document the nursing care they provide ensuring it is a complete, accurate, objective, and person-centred representation of the client's needs and perspectives, the registrant's interventions, and the client's care outcomes.

Criteria

The registrant must

2.1 record a complete account of their nursing care and decision-making processes of the client's needs and perspectives, including

a) identified issues and concerns,

b) assessment findings,

c) diagnosis,

d) plan of care,

e) intervention(s) provided, and

f) evaluation of the client care outcomes;

2.2 document the following aspects of care;

a) relevant objective information related to client care

b) follow-up of client assessments, observations, or interventions completed

c) meet the expectations for medication management and documentation as outlined in the *Medication management Standards* (2022a)

d) formal and informal education/teaching activity provided to the client and family

e) any **adverse event** or **adverse outcome**

f) communication with other care providers, including name, protected title (if applicable) and outcomes of discussion

g) communication with clients following discharge from care according to employer requirements

h) the client's response and outcomes to the care and interventions provided

[38] The Tribunal undertook a detailed review of each of the ethics, standards and competencies expected of nurses set out above.

[39] The Registrant carried out an assessment of the Child in her capacity as an RN but did not do so within the ethical standard expected of a professional nurse under the *Code of Ethics*. In particular, the Registrant: did not seek appropriate direction and guidance when aspects of the care required were beyond her individual competence; was not sensitive to her position of power in respect of the Letter and its potential to affect a court's decision; did not maintain professional boundaries; and did not practice within her competence.

[40] With respect to the *Practice Standards* listed above, the Registrant did not properly meet the above-listed standards. In particular, the Registrant did not provide competent, evidence-informed care or service to the Child or her family and failed to use critical thinking and reasonable judgment in this regard. The Tribunal also agrees that the Registrant did not properly establish a therapeutic relationship and should have explained the limits of her ability to provide appropriate nursing care.

[41] The Registrant's Conduct was also in breach of the *Scope of Practice*. In particular, she did not properly assess her own competence and was not responsible and accountable for her practice, all of which is fundamental to providing safe, competent and ethical care.

[42] The Registrant admits that she did not create any clinical or professional record documenting her observations, involvement or interactions relating to the Child. This failure is a clear breach of the *Documentation Standards*.

[43] All of the breaches of the *Code of Ethics*, *Practice Standards*, *Scope of Practice* and *Documentation Standards* are serious and constitute unprofessional conduct pursuant to section 1(1)(pp)(ii) of the HPA.

[44] Finally, the Hearing Tribunal finds that the conduct in Allegations 1, 2 and 3 undermines the integrity of the profession and constitutes unprofessional conduct under section 1(1)(pp)(xii) of the HPA. The Registrant showed a lack of judgment with respect to maintaining professional boundaries and did not exercise appropriate professional judgment when she viewed photographs of the Child's genitalia in the Child's home. The Registrant's subsequent decision to author a commissioned Letter that included her professional designation was especially troubling to the Hearing Tribunal. The Registrant knew, or should have known, that her position as an RN as well as referencing an unnamed physician in the letter would lend credibility and authority to the Letter. Given the circumstances under which the opinion in the Letter was formulated, she should also have known that this credibility and authority was undeserved and inappropriate. This concerning action was also undertaken knowing that there were ongoing legal proceedings related to the Child's care

and custody. The Tribunal finds that such conduct by a nurse undermines the public's perception of, and trust in, the nursing profession.

SUBMISSIONS ON SANCTION

[45] The Hearing Tribunal heard submissions on the appropriate sanction.

Submissions by Conduct Counsel:

[46] Conduct Counsel noted there is a joint proposal on sanction and reviewed the Joint Recommendations set out at Exhibit #2 ("JRS"). She stated that the Complaints Director is not seeking costs because the hearing proceeded uncontested.

[47] Conduct Counsel then turned to the purpose of sanction in the professional regulation context, that is, to ensure that the public is protected from unprofessional conduct in the future. This means that the Complaints Director must consider what orders are necessary to protect the public against future unprofessional conduct of a similar nature.

[48] Conduct Counsel then reviewed the factors from the decision of *Jaswal v. Newfoundland Medical Board* that, from the Complaints Director's perspective, are relevant:

1. The nature and gravity of the proven allegations: Although the conduct is perhaps not the most serious, it is on the serious end of the spectrum. Professionalism, professional boundaries and honesty are hallmarks of ethical conduct for nurses. This conduct was a marked departure from the expected standards of registered nurses.

2. The age and experience of the member: The Registrant had been practicing for approximately 15 years and should have determined that her conduct was inappropriate. This is an aggravating factor in the submission of the Complaints Director.

3. The previous character of the member: the Registrant has no prior disciplinary history (mitigating factor) and although the events did occur over more than one day, this was not an ongoing pattern of events (moderately mitigating factor).

4. The role of the registered nurse in acknowledging what occurred: Time and expense has been saved because the Registrant admitted the conduct. She has alleviated the need to call any witness which, in the Complaints Director's view, is a mitigating factor.

5. Whether the member has already suffered other serious financial or other penalties: The Registrant will suffer the financial consequences of a 15-day suspension from practice.

6. The impact on the offended patient: In this case the Child was not a patient of the Registrant, but they were the person most affected and they are a minor child. The Complaints Director views this as an aggravating factor given the vulnerability of the child and the harm caused due to the ongoing legal proceedings.

7. The need to promote specific and general deterrence: The Registrant's admissions, subsequent efforts to educate herself about avoiding these types of circumstances in the future and the hearing process, along with the proposed sanction, will act as a clear, specific deterrent to her. The Complaints Director submits that the suspension is appropriate given the factors at play in this circumstance and the need for general deterrence.

8. The need to maintain public confidence: The Complaints Director is satisfied that the proposed sanction is in line with the goal of maintaining public confidence in the profession and its ability to self-regulate.

[49] Conduct Counsel then turned to the range of sentences in similar previous decisions.

[50] The Complaints Director first considered *Bergman* (a Disciplinary Complaint Resolution Agreement pursuant to s. 55(2)(a.1) of the HPA (a "DCRA"). In that case the registrant communicated with a patient and their family using a personal mobile device when same was not required and was inappropriately involved in the patient's personal and financial affairs. The registrant received a 45-day suspension for boundary and judgment violations.

[51] The Complaints Director also considered the DCRA case of *Au*. The registrant received payment personally for nursing services and provided care to their partner when there were no urgent circumstances to justify same. The Registrant also failed to practice within their scope and failed to document patient care. The Registrant paid a large fine, completed coursework on professional boundaries and created both a behaviour improvement plan and a practice report letter.

[52] Finally, Conduct Counsel directed the Tribunal to the case of *Ontario College of Social Workers and Social Service Workers v. Direnfeld*, 2019 ONCSWSSW 8 ("*Direnfeld*"). The social worker in that case made errors in custody disputes with more than one client which were much more severe than in the present case. There was also a reasonable apprehension of bias against one party and the social worker failed to distinguish proper boundaries. He received a three-month suspension with a requirement to serve two months.

[53] Conduct Counsel submitted that arriving at an appropriate penalty is an art not a science and submits that considering the conduct, the Jaswal factors and comparable cases, the agreed sanctions are reasonable, appropriate and adequate to protect the public. The Tribunal is not bound to accept the JRS and remains the decision maker for determining the appropriate orders. Nonetheless, the law is clear that the Tribunal must give the JRS significant deference (*R. v. Anthony-Cook*, 2016 SCC 43) ("*Anthony-Cook*").

Submissions by the Legal Counsel for the Registrant:

[54] Legal Counsel for the Registrant submitted as follows:

a. With regard to the nature and gravity of the conduct, it is not denied that the misconduct was of a fairly serious nature and the Registrant does not seek to minimize this. It is also acknowledged that the Registrant is an experienced nurse and that her errors were not born out of inexperience.

b. The conduct admitted by the Registrant represents an uncharacteristic deviation from an otherwise long history of ethical and responsible practice and is a substantial mitigating factor.

c. It is not denied that the age of the Child put her in a position of vulnerability, but it is respectfully submitted that the Registrant's conduct was not undertaken with a view towards exploiting this vulnerability. Her actions, while inappropriate and amounting to professional misconduct, were undertaken because she believed that a vulnerable child was at risk of exploitation.

d. The Registrant viewed the photographs of the Child on only a single occasion and drafted only the single letter with no indication suggesting that she shared her opinions on the potential abuse more broadly.

e. The Registrant freely admitting her wrongdoing and her election to resolve the matter by way of agreement is a substantial mitigating factor.

f. The Registrant has not suffered any financial or other penalties apart from the penalties before the Tribunal.

g. While not intentional, it is acknowledged that the Registrant's letter potentially created an impact on the parental custody arrangements of the Child. However, the Registrant's actions, while improper, were done with the aim of helping a child who she believed to be at risk of harm. This is a significant mitigating factor.

h. With respect to both specific and general deterrence, the sanctions proposed are more than sufficient. The 15-day suspension, in particular, will have a significant financial and professional impact on the Registrant. Further, the sanctions, particularly the suspension and the fact that the Registrant is committing to education and to professional development, satisfy the need to maintain the public's confidence in the integrity of the nursing profession.

i. With respect to the cases cited by Conduct Counsel, these do represent an applicable range for the sanctioning of the Registrant. It is worth noting that the conduct in the case of *Direnfeld* was substantially more severe than the present case and indicates that the 15-day suspension proposed in this case is appropriate.

Questions from the Hearing Tribunal:

[55] The Tribunal asked the parties why the suspension takes place over 15 calendar days rather than 15 working days. The parties explained that this was what was agreed to between the parties because it is consistent with other previous orders of the College.

[56] The Tribunal noted the submission that the suspension would be a financial consequence for the Registrant and requested further information about whether or not the Registrant was actually scheduled to be working during the suspension. Counsel for the Registrant confirmed that the Registrant works full-time and that the suspension would result in her facing significant financial penalties as a result of being off work.

[57] Finally, the Tribunal requested additional information about the Johns Collins courses including curriculum, length and cost of the course, as well as whether the Registrant would pay for the course.

[58] After a brief adjournment, Conduct Counsel provided information regarding John Collins courses and marked the document as Exhibit #4. Conduct Counsel explained that either of the proposed courses in Exhibit #4 are appropriately connected to the misconduct and sanctioning goals in this case and that the education component of either is remedial and protective. Both courses require the Registrant to directly engage with the professional obligations relevant to her misconduct and support specific deterrence by reducing the risk of repetition. They promote public confidence in ensuring that the sanction includes meaningful reflection and practice improvement. Each course costs CAD$675.00 and the parties are in agreement that the Registrant shall bear the cost of the course.

[59] The Tribunal requested that the words “The course will be at the Registrant’s own cost” be added to the end of sanction 3 in the order of the Tribunal. After a brief adjournment to seek instructions, both parties stated that they were in agreement with this wording. Conduct Counsel was unable to seek specific confirmation from the College but it was agreed that should there be any concerns with that wording, Conduct Counsel would advise both Tribunal’s counsel and Counsel for the Registrant.

DECISION AND REASONS OF THE HEARING TRIBUNAL ON SANCTION

[60] The Hearing Tribunal carefully considered the submissions of the parties, as well as the factors outlined by Conduct Counsel and Counsel for the Registrant in *Jaswal*. The Tribunal also considered the precedent cases provided by the parties.

[61] Given the Registrant’s experience, she should have realized that her Conduct could cause harm not only to the Child but to the Child’s family. Her actions, as set out fully above in this Tribunal’s findings regarding the Registrant’s Conduct, were a serious breach of the standard and integrity expected of registered nurses and are worthy of significant sanction. However, the Registrant’s willingness to take full accountability for her mistakes and to cooperate with the College are significant mitigating factors.

[62] The Hearing Tribunal also reviewed each proposed order and finds that they are appropriate in the circumstances. The reprimand and suspension, including the loss of income commensurate with that suspension, will serve as both specific and general deterrence. Both of these sanctions combine to satisfy the need to maintain the public’s confidence in the integrity of the nursing profession.

[63] The remedial portions of the JRS, including either of the John Collins courses are appropriate and will assist the Registrant in ensuring that conduct of this nature is not repeated. The courses include a live facilitator and are comprehensive both in content and length. Finally, the order relating to the Behavior Improvement Plan will assist the Registrant in reflecting on her specific actions and assist her in improving her practice in relation to professionalism, boundaries, scope of practice and professional judgment.

[64] The Hearing Tribunal considered the requirements set out in *Anthony Cook*. The Tribunal has determined that the JRS reflects the seriousness of the findings and protects the public interest. The Hearing Tribunal accepts the JRS as proposed with the small wording changes

reflected above under “Questions from the Hearing Tribunal.” These changes have been incorporated below as part of the Hearing Tribunal’s Order.

ORDER OF THE HEARING TRIBUNAL

The Hearing Tribunal orders that:

1. The Registrant shall receive a reprimand for unprofessional conduct, which will take the form of the Hearing Tribunal’s Written Decision in this matter.

2. The Registrant’s CRNA practice permit shall be suspended for a period of 15 calendar days, commencing on June 26, 2026. For further clarity, while suspended, the Registrant shall not work or practice as a Registered Nurse (“RN”), whether as a paid or unpaid employee, volunteer, contractor or student in a clinical setting.

3. Within six months of the Order of the Hearing Tribunal, the Registrant shall provide proof satisfactory to the Complaints Director of the College that the Registrant has successfully completed and passed the John Collins course on Professional Boundaries in Nursing or the John Collins course on Professionalism in Nursing. The course will be at the Registrant’s own cost.

4. Within three months of the Order of the Hearing Tribunal, the Registrant shall provide to the Complaints Director a self-improvement plan (“Behavior Improvement Plan”). The Behavior Improvement Plan must be satisfactory to the Complaints Director and must:

    a. Be typed and comply with professional formatting guidelines (American Psychological Association style);

    b. Be at least five hundred (500) words in length;

    c. Include 10 ways of improving and/or reflecting on her practice relating to professionalism, professional boundaries, scope of practice and/or judgment, specifically:

        i. Describe how the Registrant will improve her practice, including strategies, plans and supports or resources that may assist its improvement; and

        ii. Cite at least four (4) applicable standards and responsibilities from the following:

            1. The Code of Ethics;

            2. The Practice Standards for Registrants (2023); and

            3. The Scope of Practice for Registered Nurses (2023); and

    d. Reflect the Registrant’s own understanding and effort. The use of generative artificial intelligence tools is permitted for limited supportive purposes (such as idea generation, structuring, language refinement), provided that such use

does not substitute for the Registrant's independent analysis or composition. Any use of such tools must be appropriately and transparently disclosed, including a description of the nature and extent of assistance received. The Registrant remains responsible for accuracy, completeness and the integrity of the submitted work. Any use that is inconsistent with the stipulated conditions may be considered in the assessment of the Behavior Improvement Plan.

(the "**Condition(s)**")

COMPLIANCE

5. Compliance with this Order shall be determined by the Complaints Director. All decisions with respect to the Registrant's compliance with this Order will be within the sole discretion of the Complaints Director.

6. The Registrant will provide proof of completion of the above-noted Conditions to the Complaints Director via e-mail to compliance@crna.com or via fax at 780-453-0546.

7. Should the Registrant fail or be unable to comply with any of the requirements of this Order, or if any dispute arises regarding the implementation of this Order, the Complaints Director may exercise the authority under section 82(3) of HPA.

8. The responsibility lies with the Registrant to comply with this Order. It is the responsibility of the Registrant to initiate communication with the College for any anticipated non-compliance and any request for an extension.

CONDITIONS

9. The Registrant confirms the following list sets out all the Registrant's employers and includes all employers even if the Registrant is under an undertaking to not work, is on sick leave or disability leave, or if the Registrant have not been called to do shifts, but could be called. Employment includes being engaged to provide professional services as a RN on a full-time, part-time, casual basis as a paid or unpaid employee, consultant, contractor or volunteer.

   The Registrant confirms the following employment:

Employer Name	**Employer Address & Phone Number**
Assisted Living Alberta	continuingcare@assistedlivingalberta.ca

10. The Registrant understands and acknowledges that it is the Registrant's professional responsibility to immediately inform the College of any changes to the Registrant's employers, and employment sites, including self-employment, for purposes of keeping the Registrar current and for purposes of notices under section 119 of the HPA.

11. The Registrar of the College will be requested to put the following conditions against the Registrant's practice permit (current and/or future) which shall remain until the conditions are satisfied:

    a. ***Course work required – Arising from a Disciplinary Matter***
    b. ***Behaviour Improvement Plan required – Arising from disciplinary matter***
    c. ***Suspended – Arising from a Disciplinary Matter***

12. Effective on the date of this Order, notification of the above conditions shall be sent out to the Registrant's current employers (if any), the regulatory college for Registered Nurses in all Canadian provinces and territories, and other professional colleges with which the Registrant is also registered (if any).

13. Once the Registrant has complied with a condition listed above, it shall be removed. Once all the conditions have been removed, the Registrar will be requested to notify the regulatory colleges for Registered Nurses in all other Canadian jurisdictions.

14. This Order takes effect on the date of the Hearing and remains in effect pending the outcome of any appeal, unless a stay is granted pursuant to section 86 of the HPA.

This Decision is made in accordance with Sections 80, 82 and 83 of the HPA.

Respectfully submitted,

Bonnie Bazlik, Chairperson
On Behalf of the Hearing Tribunal

Date of Order: June 25, 2026