Making Connections

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Message from the NLCHP Council Chair

The NLCHP governing Council appreciates feedback from registrant and comments continue to be positive. There are often requests to receive information related to the operations of the NLCHP as well as for information on types of complaints. Fortunately, the NLCHP office has received very few complaints but we are learning from relevant sources gathered through studying trends in liability that the nature of adverse events and harm can be a result of miscommunication, and not always due to technical mishaps. This edition of the newsletter will offer some insight from these sources.

By December 31, 2016 the NLCHP office completed renewal registration for its 527 Medical Laboratory Technologists (MLT) and Laboratory Health Professionals (LHP), along with 221 Registered Dental Hygienists (RDH). The NLCHP is now preparing for the renewal of the Registered Respiratory Therapists (RRT) and to accept registrant submissions for its annual Quality Assurance (QA) - Continuing Education (CE) Audit.

The NLCHP QA-CE Audit remains challenging due to the high percentage of registrants audited and each of the seven health professions using different criteria. The NLCHP still arranges to assess 25% of the registrant body for continuing education, nearly 300 registrant portfolios. This is considerably higher than other jurisdictions but was an effort to ensure that all registrants would become familiar with the process at an early stage. Each health profession uses a slightly different method of completing continuing education criteria. The goal however remains the same for all: to maintain currency of professional knowledge and competence.

Colin Power BSc, MLT
NLCHP Chair

Causes of Complaints and Unprofessional Conduct

According to a paper by a lawyer specializing in regulation, the number one cause of unprofessional conduct is failure to maintain currency of knowledge and competence.[1] The author and presenter James Casey from Field Law cited this among the top ten causes where the fifth cause was poor communication.

Mr. Casey identifies that continually maintaining competence is central to maintaining professionalism. He points out that continuing competency programs are good tools and encourages taking advantage of continuing education opportunities. He also advises to be familiar with employer policies and procedures, and to understand the standards of practice for your profession. He reiterates the statement: "That's not how we did it when I was trained 20 years ago," is not a valid defence.

[1] Casey, J. 2006, The Top Ten Cause of Unprofessional Conduct, Field Law, *Perspectives for the Professions* Issue 3, Spring 2006. http://www.fieldlaw.com/articles/JTC_Top10Causes.pdf

The NLCHP Jurisprudence Modules can assist with verifying health professional standards. The more recent NLCHP document on Privacy and Confidentiality with its self-assessment tools adopted by some of the health professional colleges is one mechanism to help identify privacy policy and procedures in the workplace. Mr. Casey also suggests being active in professional organizations and reading professional publications can help professionals to stay informed.

Miscommunication as a cause of unprofessional conduct

Mr. Casey points out that poor communication can happen between professional and client or between professionals and their colleagues. He makes several recommendations on how professionals can improve communication. He indicates that being a good listener is part of being professional and makes a valuable link to the condition of effective communication and the process of informed consent.

A presentation by the American Nurses Credentialing Centre (ANCC) at a World Health Professional Alliance (WHPA) regulators conference in 2016 cited sources from the Joint Commission (Client Health Services) listing communication as one of the top three factors attributing to sentinel events in health care 2013, 2014 and 2015.[2]

Another presenter at the same international conference two years earlier also presented at the Canadian Network of Agencies for Regulation (CNAR) this past fall giving a workshop and keynote address on "non-technical skills" in communication. Rhona Flin a professor of industrial psychology identified a number of points related to communication in the work place such as decision making, leadership, teamwork and situation analysis which can impact the efficiency and safety of work environments.[3] Her work and presentation at the CNAR conference is implying the importance of regulators evaluating and assessing non-technical skills as well as the technical given the likelihood of these contributing to sentinel and adverse events.

Earlier this year the CNAR conducted a series of webinars on language proficiency in regulation and professional licensing. Language and communication are both considered non-technical skills. Four sessions presented on the stages of language proficiency identified the challenges using objective language assessments traditionally used by regulators and the language skill required to work as a regulated professional. Often scoring well on an objective language test

[2] Chappell, K 2015, The impact of shared competencies and scopes of practice on regulation and quality of care. The World Health Professions Regulation Conference, Geneva, May 2016 http://www.whpa.org/whpcr2016/presentations/Chappell_presentation.pdf

[3] Flin, Rhona 2015, Professor Emeritus University of Aberdeen, Industrial Psychology Research Centre, Scotland UK, http://www.abdn.ac.uk/iprc/papers/in-press/

may not necessarily support the proficiency required to communicate effectively and safely in the workforce. Given the communicative intricacies that can give way to inappropriate professional conduct in one's own language, it was concluded that a specific standard of language proficiency be recognized and required for professionals whose predominant working language was different than that acquired during their professional training. There are some jurisdictions using profession specific language assessments, and others who are applying language proficiency over a spectrum of registration protocols and procedures where language proficiency may evolve according to a required professional culture.

> "THAT'S NOT HOW WE DID IT WHEN I WAS TRAINED 20 YEARS AGO," IS NOT A VALID DEFENCE.
>
> *JAMES CASEY, QC,* FIELD LAW

All in all it's becoming ever more apparent that language, communication and non-technical skills are critical for professionals and health professionals in their work environments. While the health professional colleges and associations may offer direction in continuing education specifically designed for a particular profession, it may be important also to seek out education and professional development opportunities that proactively maintain communication and language at a proficiency level not only to meet registration criteria but to also support broader themes in decisions making, leadership, teamwork and situation analysis.

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If you require additional information or clarification of the content of this communication please feel free to contact staff at the NLCHP office.

Your feedback is important.

We would like to hear your feedback as well as what suggestions you have for future editions of *Making Connections*. The survey will take just a few minutes to complete. Please click on the following link to access the survey. https://www.surveymonkey.com/r/8W9ZY29

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HEALTH PROFESSIONS ACT, 2010

Mandate of the NLCHP

- Support the quality and safety of Health Services;
- Enhance public protection;
- Improve patient safety;
- Strengthen the regulatory system;
- Facilitate patient-centered, interprofessional collaboration and care.