

2022

# SSMLT Jurisprudence Handbook

A PROFESSIONAL PRACTICE GUIDE FOR SASKATCHEWAN  
MLTS

DEVELOPED BY- SSMLT PROFESSIONAL PRACTICES COMMITTEE

## **Introduction**

This handbook outlines the requirements for Medical Laboratory Technologist (MLT) practice in Saskatchewan as well as the SSMLT regulatory mandate. This handbook also examines the principles of professional conduct of medical laboratory technologists in the province of Saskatchewan. It explores the possible consequences of decisions that medical laboratory technologists make.

The Jurisprudence Handbook: A Professional Practice Guide for Saskatchewan's MLTs, is published by the Saskatchewan Society of Medical Technologists. The contents will guide you in your professional practice. This handbook is provided online at [www.ssmlt.org](http://www.ssmlt.org) compliments of the Saskatchewan Society of Medical Laboratory Technologists.

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This handbook does not provide legal advice. The application of the concepts described here will vary depending on the circumstances. Medical Laboratory Technologists are encouraged to obtain their own legal advice whenever appropriate.



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## Preamble

This handbook deals with the professional obligations of a registered medical laboratory technologist.

Each chapter begins with a “In this Chapter” section that summarizes the key concepts included in that section. In addition, there are scenarios used to illustrate issues discussed in each chapter.

The most common abbreviations in this book are as follows:

“SSMLT” means the Saskatchewan Society of Medical Laboratory Technologists

“MLT” means Medical Laboratory Technologist

“CSMLS” means Canadian Society for Medical Laboratory Science.

“HIPA” means Saskatchewan Health Information Protection Act

“CPE” means Continuing Professional Education

“CIC” means Counselling and Investigation Committee

“PLI” means Professional Liability Insurance

“POC” means Point of Care

“CAMLPR” means Canadian Alliance of Medical Laboratory Professionals Regulators

“FOIP” means The Freedom of Information and Protection of Privacy Act

## **Chapter 1- Professionalism**

### **In this Chapter**

- 1. What Is Professionalism?**
- 2. Aspects of Professionalism**
  - a) Competence
  - b) Integrity
  - c) Respect
- 3. Conclusion**

## 1. What Is Professionalism?

Professionalism refers to the values of a profession that puts ethical and high-quality services before the self-interest of the registrant.

All codes of conduct or ethics can be summarized in: “be competent, practice with integrity and respect”.

**Competence** – refers to the ability to do the job correctly, and comes not only from specific training and study, but also from good judgment. A competent MLT knows how to perform tasks appropriately, ask when additional help or resources are required, and to provide high quality services every day.

**Integrity** – refers to truthfulness and fairness to others—but is also a predictable and uncompromising commitment to do the right thing.

**Respect** – refers to fair and positive acknowledgement of the rights, abilities, and needs of others. The professional MLT owes respect to patients, colleagues, other members of the health care team, employers, educators, governing bodies, and the public.

Each situation is unique; therefore, it is difficult to express a firm rule that applies to every circumstance. For that reason, most professions have developed written codes of professionalism (‘Code of Ethics’ or ‘Code of Professional Conduct’). True professionalism is a mind-set that is guided by training, experience, and professional contacts.

These written indicators of professionalism are important as a guide for practitioners and to provoke reflection.

## 2. Aspects of Professionalism

### a. Competence

Competence is the basis of several separate principles outlined within the [SSMLT Code of Ethics](#) and the [SSMLT Standards of Practice](#) to forge continuing quality improvement.

Incompetence is also a distinct basis for discipline under the [Medical Laboratory Technologists Act](#). Section 26 of the Act states as follows:

*26 Professional incompetence is a question of fact, but the display by a member of:*

- (a) a lack of knowledge, skill, or judgment; or*
- (b) a disregard for the welfare of members of the public served by the profession; of a nature or to an extent that demonstrates that the member is unfit to continue in the practice of the profession is professional incompetence within the meaning of this Act.*

Competence can be seen as having three components:

### **Knowledge, Skills and Judgment**

All MLTs need to demonstrate appropriate knowledge, skills, and judgment to be registered. The word “judgment” includes the concepts of problem solving and critical thinking. They need to successfully complete an approved educational program in Medical Laboratory Technology and pass the certification examination that involves the application of knowledge and critical thinking. Thus, the foundation for competence is present at successful certification. These foundations are expected to be maintained throughout their career while practicing as a MLT.

### **Attitude**

The key to competence is attitude. The disciplinary definition of incompetence above identifies disregard of the welfare of members of the public as an attitude that affects competence. The [SSMLT Code of Ethics](#) identifies key attitudes as being the foundation of ethical conduct:

- *Strive for excellence in their professional practice, and in their professional and personal conduct to uphold the integrity of the profession and the public trust.*
- *Communicate effectively with patients, the public, colleagues, and other healthcare providers, contributing to a healthy and positive work environment.*

### **Continued Competence**

The process of continuing quality improvement maintains and enhances competence. Traditionally, this was simply a concept with no guidance or accountability. One of the features of the [SSMLT regulatory bylaws](#) requires all MLTs to substantiate continued competence. This includes participation in a [continuing professional education \(CPE\)](#) program and active engagement in the profession by submitting required practice hours. The Professional Practices Committee of the SSMLT monitors and develops guidelines to guide registrants in this exercise.

MLT practice includes technological advancements, therefore it is necessary to continuously upgrade knowledge, skills, and judgement by participating in education courses and the [SSMLT Continuing Professional Education program](#).

Continued Competence includes:

- *Maintain and enhance professional practice and augment their knowledge, skills, judgement, and behaviour through self-reflection and self-directed professional development and by demonstrating continued competence;*

- *Demonstrate collegiality, mentorship, and sharing of new and emerging professional knowledge.*

**b. Integrity**

Integrity is honesty—truthfulness and fairness to others—but it is also a predictable and uncompromising commitment to do the right thing in every circumstance.

**c. Respect**

Respect is fair and positive acknowledgement of the rights, abilities, and needs of others.

The professional MLT owes respect to patients, colleagues, other members of the health care team, employers, educators, governing bodies, and the public.

Codes of ethics and Standards of Practice are necessarily vague as no guideline can describe or analyze every potential scenario. The seasoned MLT acquires professionalism from understanding the guidelines, experience on the job, and the culture of the profession in the workplace. Workplace culture can teach us bad habits as well, therefore, professionalism must always begin with the [SSMLT Code of Ethics](#) and [SSMLT Standards of Practice](#).

### **3. Conclusion**

Professionalism requires a fundamental sense of how competence, integrity and respect are to be balanced in the unique circumstances of a MLT's practice. Professionalism is a personal responsibility for every MLT. A combination of competence, integrity, and respect is vital to how MLTs see themselves, and how others see MLTs. You are well advised to start with a review of the [SSMLT Code of Ethics](#) and [the SSMLT Standards of Practice](#) as these documents outline the basic set of rules for the profession.

## **Chapter 2 – Role of SSMLT**

### **In this Chapter**

#### **1. SSMLT and CSMLS**

##### **a. Roles**

## 1. SSMLT and CSMLS

Two organizations actively support and focus on the profession of Medical Laboratory Technology in Saskatchewan: The Saskatchewan Society of Medical Laboratory Technologists (SSMLT) and the Canadian Society for Medical Laboratory Science (CSMLS).

These two organizations have different mandates.

### SSMLT

In most provinces, including Saskatchewan, MLTs are self-regulated professionals. As a self-regulated profession, the primary role of SSMLT is Public Protection.

As a regulator accountable for the public protection, the SSMLT:

- Establishes requirements for licensure
- Collaborates with inter-provincial regulatory partners, to ensure labour mobility requirements are met
- Register's applicants and renews licenses
- Establishes, monitors, and enforces the MLT Act, Bylaws, Policies, [Code of Ethics](#), Continuing Professional Education, & Practice Hours requirements
- Provides advice to public, members, and employers with respect to legislation
- Establishes and maintains a complaint process

SSMLT acts in the interest of the public to:

- Review and develop Medical Laboratory Technology (MLT) legislation
- Engage and collaborate with members for better regulation and professional practice
- Promote public/patient safety

### CSMLS

The CSMLS is the Canadian association for laboratory science. CSMLS has agreements with regulators to establish competency profiles, certification exams and prior learning assessment processes. MLTs working in Canada, whether trained in Canada or abroad, must be certified by successfully challenging an approved certification exam.

A second purpose of the CSMLS is to promote/advocate for the profession to the public, to government, and to other groups.

CSMLS advocacy includes:

- Meeting with elected government officials on Parliament Hill to highlight successes and challenges in the profession
- Hosting Members of Parliament in their local riding laboratories so they may witness, first-hand, the significant work accomplished in medical laboratories

- Sponsoring *Medical Laboratory Week* to recognize, celebrate and promote medical lab professionals to audiences both inside and outside of the lab
- Maintaining communications with our provincial partners to monitor and address the needs of the profession
- Supporting provincial partners to provide local education, networking, and advocacy opportunities for the profession
- Pursuing creative social media campaigns to garner general public awareness

*Source: CSMLS website with permission*

**a. SSMLT vs. CSMLS role**

WHAT'S THE DIFFERENCE?	
	
Protects Public Interests through mandatory MLT licensing	Advocates to the public and government for the MLT Profession
Requires a Professional Development Program	Provides MLTs with Continuing Education Opportunities
Establishes and maintains entry-level competencies required for initial registration	Conducts prior learning assessments and national certification examinations
Accountable to the Public, Government and Registrants	Accountable to members of CSMLS

## **Chapter 3 -SSMLT Operations**

### **In this Chapter**

- 1. Duty of the SSMLT**
  - a. SSMLT governance structure**
- 2. Mandatory Regulatory Activities**
  - a. Registration**
  - b. Complaint's process**
  - c. Discipline**
  - d. Continuing Competence**
- 3. Obligations in the *Act***
  - a. Use of title**
  - b. Duty to cooperate**
- 4. Professional Liability Insurance**
  - a. Scenario #1**
  - b. Scenario #2**
- 5. Other Related Legislation**
- 6. Conclusion**

## 1. Duty of the SSMLT

The SSMLT is the regulatory body. The responsibilities of the SSMLT are to regulate Medical Laboratory Technologists in Saskatchewan as outlined in the *MLT Act*.

The SSMLT protects public safety by ensuring that the aspects of professionalism discussed in Chapter 1—competence, integrity, and respect—are upheld by MLTs in Saskatchewan.

The SSMLT licenses all MLTs in Saskatchewan. Without a licence, no one can be employed as an MLT or use that professional designation, the title MLT as outlined in (s. 20 of the *MLT Act*) for the profession; and no other profession can use it. To ensure that the licence to practice is meaningful, the SSMLT:

- requires specific educational qualifications and a minimum level of relevant ongoing continuing education and relevant practice hours
- provides guidance for and access to relevant continuing education resources
- provides a code of ethics
- ensures that the requirements of the *MLT Act*, *by-laws*, and policies and guidelines are met
- deals with complaints and reports of professional misconduct and imposes disciplinary measures where necessary

The designation as a self-regulated profession means the SSMLT has a formal agreement with government with a legal foundation. This agreement is based on the belief that members of the MLT profession have the knowledge, ability, and good judgment to regulate themselves. This indicates significant respect and trust on the part of government. While the SSMLT is the regulatory body that does the administrative work, it is the members of the SSMLT—the licensed MLTs working in Saskatchewan—who have primary responsibility as council or committee members for ensuring self-regulation obligations are being met.

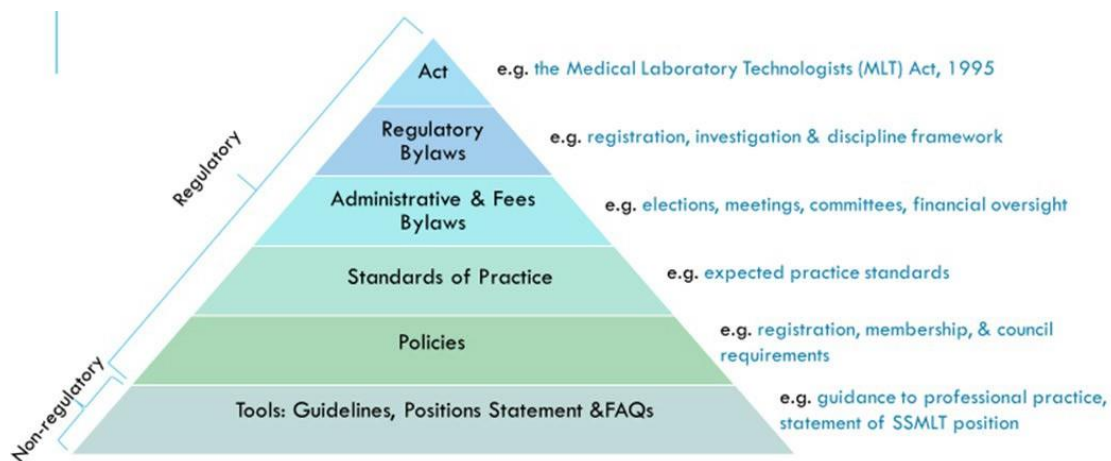
It is each MLTs responsibility to be familiar with the *MLT Act*, bylaws, policies, and guidelines. All documents such as the Act, bylaws, policies, and guidelines can be viewed on the SSMLT website- [governance tab](#).

The primary function of the SSMLT is to protect the safety of the public, who rely on MLTs for accurate test results. The *MLT Act* and the *SSMLT bylaws*, policies and guidelines specifically exist to guide MLTs and to protect the quality of laboratory testing in Saskatchewan. This means that the SSMLT function is not to protect MLTs, their rights, jobs, or salaries.

### a. Governance Structure

The SSMLT Council is the organization's governing body and uses a complimentary model to function. The Council is made up of two (2) members of the public, who are appointed by the provincial government, and up to nine (9) eligible practicing SSMLT members of who are elected. The Council duties include business oversight, strategic planning, decision-making, and financial oversight/planning. Once elected to Council, MLTs are not accountable to the membership, but instead, to protecting the public and to the legislation and bylaws governing the Society.

Governing Documents- see [SSMLT Website](#)



Under Saskatchewan's legislative framework, public accountability of regulated health professions is provided for in the following manner:

- government appoints public members to the council of the regulatory body to represent the interests of the general public;
- regulatory bylaws require the review and approval of the Minister of Health;
- decisions made through the regulatory body's discipline process may be appealed to the courts; and
- regulatory bodies are required to submit an annual register and report to the Minister.

## 2. Mandatory Regulatory Activities

The [Medical Laboratory Technologists Act](#) establishes the following mandatory regulatory activities:

**a. Registration**

The SSMLT reviews the application of all those who wish to become registered as MLTs. If the SSMLT's published entry-to-practice criteria are met, the applicant will almost always be registered. If the SSMLT does not accept an applicant's qualifications, reasons for the decision must be given and the applicant must be provided with a right to appeal to the SSMLT Council within 30 days of decision.

**b. Complaints - Counselling and Investigation Committee (CIC)**

CIC is an investigative committee which deals with all matters relating to professional misconduct and professional incompetence as defined in the Act.

*'26 Professional incompetence is a question of fact, but the display by a member of:*

- (a) a lack of knowledge, skill, or judgment; or*
- (b) a disregard for the welfare of members of the public served by the profession; of a nature or to an extent that demonstrates that the member is unfit to continue in the practice of the profession is professional incompetence within the meaning of this Act.*

*27 Professional misconduct is a question of fact, but any matter, conduct or thing, whether or not disgraceful or dishonourable, is professional misconduct within the meaning of this Act if:*

- (a) it is harmful to the best interests of the public or the members;*
- (b) it tends to harm the standing of the profession;*
- (c) it is a breach of this Act or the bylaws; or*
- (d) it is a failure to comply with an order of the counselling and investigation committee, the discipline committee or the council.'*

- **Formal Complaints**

The SSMLT must operate a public complaints system. All complaints must be received and considered. The registrant must be notified of the complaint and be given an opportunity to respond in writing. If the complaint does not lead to formal action against the registrant, a report will be issued indicating; 'no further action'. The CIC can refer allegations to Alternate Dispute Resolution (consensual agreement) or refer allegations to the Discipline Committee for a formal hearing. The SSMLT has published a detailed description of the [complaints process](#) on its website.

- **Investigations**

The SSMLT conducts investigations in a standard manner. If allegations require investigation, SSMLT contracts an independent investigator to conduct the interviews, collect evidence and submit a report of the investigative findings to the CIC. The CIC reviews all details of the investigation, consults with legal counsel, and makes determination.

**c. Discipline**

The Discipline Committee holds formal discipline hearings. Any finding of misconduct or incompetence and any penalty ordered may be appealed to the courts.

**d. Continuing Competence – Quality assurance**

The SSMLT monitors the Continuing Competence of its registrants. Its goal is to encourage and assist registrants in being the best MLTs they can be, while enhancing public protection. The program participation is mandatory. MLTs participate in the Continuing Competence program by maintaining minimum Continuing Professional Education and Practice hours. SSMLT Professional Practices committee conducts an annual audit for compliance. The SSMLT provides registrants with information about the Continuing Competence program in the following documents:

- [Continuing Professional Education Guidelines](#)
- [Practice Hours Guidelines](#)

**3. Obligations in the MLT Act**

**a. Use of Title**

To practice as a MLT in the province of Saskatchewan, a person must be registered with the SSMLT. Only registrants of the SSMLT can legally use the title as outlined in s. 20 of the Act:

*“No person other than a member shall use the title “medical laboratory technologist” or “registered medical laboratory technologist” or any word, title or designation, abbreviated or otherwise, to imply that the person is a member.”*

**b. Duty to Cooperate**

All medical laboratory technologists have an obligation to cooperate with the SSMLT in an investigation or inquiry conducted under the [Medical Laboratory Technologists Act](#). This duty can take many forms including:

- Responding to SSMLT communications in a timely manner;
- Providing access for SSMLT investigators to one’s records;
- Not withholding, concealing or destroying documents or things relevant to an investigation;
- Complying with a summons issued by a committee or an investigator appointed by the SSMLT;
- Providing required information to the SSMLT, including changes of information contained in the member profile of the SSMLT (e.g., address and telephone number);
- Fulfilling an undertaking or promise to the SSMLT;

- Practicing within the restrictions if placed on your certificate of registration.

Failing to cooperate with the SSMLT is considered professional misconduct even if the behaviour initially being investigated is blameless. Cooperation with the SSMLT is a requirement of registered medical laboratory technologists or former registrants for two years after the day they became a former member as outlined in the Act s. 20.2(1).

#### 4. Professional Liability Insurance (PLI)

It is uncommon for an MLT to be found liable in a medical malpractice suit—but not unheard of. The [SSMLT Regulatory Bylaws \(s.20\)](#) requires that each member must have liability insurance to practice medical laboratory science in Saskatchewan.

##### a. SCENARIO #1:

*You have a perfect driving record. You've only had one accident in your entire life, and it was the other driver's fault. You have a good automobile insurance policy that includes liability insurance (mandatory), and insurance covers your late-model car in the unlikely event that you are in a collision and are found at fault. One day you are sitting at a red light when another vehicle hits you from behind and pushes you into oncoming traffic. The resulting three-vehicle accident leaves you with back injuries that will prevent you from working for a very long time, perhaps permanently, and your car is a write-off.*

*The car that hit you was rusty, dented, had questionable brakes, and it was virtually worthless. The owner of the car did not carry collision insurance to cover his own car, but he did have liability insurance, required to by law. You'll get an insurance settlement, to compensate lost income and medical expenses. If the other driver had not had liability insurance, your predicament would be very much worse.*

MLTs need liability insurance in their professional practice. PLI is not for your protection, although it does protect you to some extent. It is really for the protection of any person who suffers harm because of your actions as an MLT. Without liability insurance, you could be held personally financially responsible in a judgment that goes against you. This would not benefit the injured party much, however, the average MLT could never come up with the money required to replace someone's salary or pay expensive medical costs for an extended period. That is what PLI is for.

##### b. SCENARIO #2:

*A woman is diagnosed with cervical cancer at an advanced stage despite having had a recent negative Pap smear result. Her cancer has spread to lymph nodes, she requires extensive chemotherapy, and her prognosis is poor. A review of the earlier smear reveals abnormal cells.*

*A lawsuit is filed, naming both the hospital, the laboratory and the cytotechnologist who read the recent Pap smear. The case goes to trial and the woman is ultimately awarded damages in the hundreds of thousands of dollars for pain and suffering, and loss of income.*

The SSMLT exists to protect the public, therefore, it makes sense that PLI is required. Liability insurance is available from various insurance companies; however, it can be expensive because of the potential for settlements in the millions of dollars.

## **PLI**

All Practicing and Temporary Practicing-working under supervision must have SSMLT approved PLI insurance coverage in the amount identified in the SSMLT bylaws.

## **Legal Defense**

Legal Defense coverage may be utilized in the event an investigation is conducted against you by SSMLT. This type of PLI may be purchased from CSMLS.

## **5. Other Legislation**

In Saskatchewan, all medical laboratories, including phlebotomy or specimen collection businesses operate in accordance within the [Medical Laboratory Licensing \(MLL\) Act](#) and [The Medical Laboratory Licensing Regulations](#). A medical laboratory is defined as a place where a test is performed or where a specimen is taken or collected for the purpose of transporting it to another medical laboratory where it is to be tested.

Among other items, this Act and Regulations defines categories of laboratories, qualified professionals, qualifications of staff, test to be requested, duty of the licensee. Primarily this legislation relates to the laboratory facility and the requirements for the laboratory. There are some items that directly relate to Medical Laboratory Technologist practice such as who can be a technical director and who can request laboratory tests.

For details see government of Saskatchewan website – [How to operate a Medical Laboratory in Saskatchewan](#). Medical Laboratory Technologists that conduct independent businesses, are responsible to ensure they are in compliance with all requirements. This includes but is not limited to *MLL Act*, *MLL Regulations*, obtain a Medical Laboratory License from Ministry of Health should it be necessary, insurance coverage, and *Health Information Protection Act*.

SSMLT Practice Guideline for [Independent Practice](#) has been established to provide guidance to MLTs.

## **6. Conclusion**

While the SSMLT provides guidelines and standards, and deals with incidents when they occur, MLTs must try to ensure that those incidents do not occur and report them to the proper authorities if they do.

## **Chapter 4 – Practice Requirements**

### **In this Chapter**

- 1. Practicing Licence Requirements**
  - a. Areas of practice**
  - b. License Renewal**
  - c. Practicing without a licence**
- 2. Temporary Licence-working under supervision**
  - a. Scenario #1 (New Graduate)**
  - b. Scenario #2 (Internationally Educated MLT)**
- 3. Non-Practicing or Retired membership**
- 4. Re-entry (return) to Practice**
  - a. Scenario #3**
- 5. Employer or Facility Restrictions**
  - a. Scenario #4**
- 6. Independent Practice**
- 7. Conclusion**

## 1. Practicing Licence Requirements

Individuals working as MLTs in Saskatchewan must have a practicing licence granted by the SSMLT. This licence similar to a driver's licence is renewed annually. The SSMLT licence year is December 1- November 30 each year.

The [SSMLT Regulatory Bylaws](#) define the minimum requirements for a license to practice as a medical laboratory technologist in Saskatchewan. You must:

- Successfully complete a Canadian accredited medical laboratory technology program, or CSMLS Prior Learning Assessment;
- Successfully complete the approved certification examination;
- Provide evidence of proficiency in English;
- Provide evidence of good character;
- Provide government issued photo identification
- Evidence of eligibility to work in Canada
- Submit evidence of at least 30 hours continuing professional education in the previous 5 years;
- Submit evidence of at least 1200 practice hours in the previous 5years
- Any additional items deemed necessary by council

You can apply online at [www.ssmlt.org](http://www.ssmlt.org) ; Registration tab, for an initial license to practice in Saskatchewan. In most cases of initial registration, you will have to provide proof that you have the necessary qualifications, and this can be done with electronic copies of documents.

If you have worked elsewhere in Canada as a regulated MLT, you may be considered a labour mobility applicant and you will need to request a letter of good standing from the previous regulatory body. This letter will be sent directly to SSMLT from the previous regulatory body.

There are several possible scenarios for individuals applying for a license. General categories are mentioned below; however, for more detail, see the [SSMLT website 'Registration'](#) tab.

### a. Areas of practice

The following are general areas of practice for a Practicing licence:

- MLT General.
- MLT Diagnostic Cytology
- MLT Clinical Genetics
- Licenses may be limited to departments or sections within each license category.
- Licenses may have restrictions from departments or sections within each license category.

**b. License Renewal**

To renew a practicing licence, you must declare that you have not been convicted of any criminal offense, are not under investigation for professional misconduct, and are not being disciplined for professional misconduct. Licenses are renewed annually and failure to renew on time will result not only in significant financial penalty (late fee), but possibly also the loss of income as you can not practice without a valid licence. All registrants that have not renewed by December 1 in each year, are notified that they are no longer a member of SSMLT and are not authorized to practice as a MLT in Saskatchewan. In addition, the most recent employer is also notified of non-renewal.

**c. Practicing without a licence**

If you do not hold a valid licence to practice as a medical laboratory technologist in Saskatchewan, it is illegal for your employer to continue to employ you as an MLT. Review SSMLT policy- [Practicing without a Licence](#)

**2. Temporary licence-working under supervision**

Individuals who lack the certification requirements may still qualify for a temporary licence-working under supervision to practice-working under supervision in Saskatchewan.

This includes new graduates, and MLTs trained in another country that are eligible to write the CSMLS exam. These persons may either have not written the exam or have written the exam but are awaiting the results. In addition to all of the requirements of a Practicing licence, a person applying for a Temporary licence-working under supervision must also submit a [supervision form](#) signed by the employer and themselves.

**a. SCENARIO #1: NEW GRADUATE**

*Alex is a recent graduate of the medical laboratory technology program at the Red River College. He has not written his certification examination yet, but he has an offer of employment in Saskatchewan.*

*Alex applies for a temporary licence- working under supervision to the SSMLT, with all the necessary documentation.*

*Alex is granted the temporary licence-working under supervision and begins work. This situation will last until he passes the certification exam.*

***What happens if he doesn't pass?***

*Alex fails in his first attempt at the certification exam, he must meet all terms of the [SSMLT Temporary licence](#) policy and completes the request for extension [form](#) and submits all documents to be considered for an extension.*

*Alex knows that he must pass the certification exams on the second attempt if he wants to continue working as a MLT: although he can write three times, his temporary licence-working under supervision is only valid if he is eligible to write the next certification exam and meets all other terms of the [SSMLT Temporary licence policy](#).*

Fortunately, Alex passes the exam on the second attempt. His licence can be upgraded to a practicing licence once he has submitted evidence of certification exam results to SSMLT.

#### **b. SCENARIO #2: MLT TRAINED IN ANOTHER COUNTRY**

*Berko is an immigrant to Canada who trained in medical laboratory technology in South Africa. He has settled in Saskatchewan, is eligible to work in Canada and wants to work as an MLT. He has been told that his credentials will not be accepted here but he may be able to work as a lab assistant or choose some other line of work. Is there a process that Berko can complete to establish his education and experience are substantially equivalent to Canada?*

Internationally educated medical laboratory technologists are welcome in Canada; however, like everyone else, they must demonstrate the necessary education and competency in the profession. The CSMLS has established a Prior Learning Assessment process to determine substantial equivalence to be eligible to write the certification exam. His first step is to contact the CSMLS and arrange for a prior learning assessment. See CSMLS website: [www.csmls.org](http://www.csmls.org)

If Berko is successful with his prior learning assessment and is deemed eligible to write the CSMLS certification examination, he can apply for a Temporary licence-working under supervision and begin to look for work in Saskatchewan provided he meets all terms of the SSMLT Temporary licence policy. If Berko fails the certification exam, he must submit all documents required for an extension to be granted, as outlined in the Temporary licence policy.

NOTE: CSMLS certification has a maximum of 3 attempts (CSMLS exam handbook- CSMLS [Exam Attempt Policy](#)).

### **3. Non-practicing or Retired membership**

Individuals who were practicing members of SSMLT and have all the required qualifications but are not working as an MLT can renew as a non-practicing or retired membership and pay the applicable fees. These membership categories require annual renewal.

Upgrade to Practicing - If a current non-practicing and retired member have the necessary Continuing Professional Education and practice hours for a Practicing licence they must upgrade to a Practicing licence if they become employed in an MLT position.

Re-entry to Practice - If a current non-practicing or retired member does not have the necessary Continuing Professional Education and/or practice hours required for a Practicing licence they must refer to the SSMLT - [Re-entry to Practice Policy](#).

#### 4. Re-entry (Return) to practice

Applicants that meet all the requirements for a practicing licence but have not worked as an MLT or their membership has lapsed, may be required update their skills and knowledge before a practicing licence may be issued.

Details for re-entry to practice is on the SSMLT website: [Re-entry to Practice Policy](#).

##### a. SCENARIO #3:

*Jill graduated from SK Polytechnic and worked as an MLT in clinical chemistry for seven years before leaving her job to travel for an extended period in Southeast Asia.*

*Now she wants to return to work but she has been away for five and a half years. She knows of a job opening in clinical chemistry at a local hospital. Can she apply for the job and work as an MLT?*

Because she has been away from the profession for more than five years, Jill must first complete the requirements identified in the [SSMLT Re-entry to Practice](#) policy to be eligible for a SSMLT licence.

If Jill waits longer before returning to work, and stays away from the profession for ten years, she will face more demanding requirements for updating her knowledge and skills.

#### 5. Employer or facility restrictions

Despite being qualified and licensed to work as an MLT, most MLTs will have limitations placed on them based on their job descriptions, responsibilities, and on-the-job training in the workplace. It is up to you to be familiar with your job description and informed about what you are and are not authorized to do; and to delegate or ask for assistance when appropriate.

##### a. SCENARIO #4:

*Sofia has been working in anatomical pathology for several years and is in the middle of learning to perform a new special staining procedure. A specimen requiring the special stain arrives and the technologist responsible for training Sofia tells her she's capable of doing it on her own. Sofia hasn't officially reviewed the staining procedure, but she, too, feels that she's competent and she figures the quality control slide will verify that she's done it correctly. She goes ahead. Is this okay?*

As a licensed practicing MLT, Sofia is theoretically qualified to do anything that falls within the scope of practice. The employer, however, must ensure that MLTs are trained to competently do the procedures in the lab. Before she can do any procedure on her own, Sofia's competency in that procedure must be demonstrated and documented according to employer protocol. In this case, Sofia should have realized that although she holds a practicing licence, her scope of practice is limited to procedures that she has been both trained and assessed for competency. In this situation, she should have asked for help.

## 6. Independent Practice

MLTs engaged in independent practice are not employees and are not part of the organizational structure of an institution or health authority. They may provide services independently, in partnership with other health professionals in independent practice, or act as the employer of other health care providers. They generally provide services without supervision. MLTs who engage in independent practice may provide a range of professional laboratory services to clients in a variety of practice settings.

An MLT engaged in independent practice may decide to enter into a contractual relationship with another business or organization as an independent contractor but remains in independent practice and is not considered to be an employee.

An MLT engaged in independent practice should obtain legal and business advice as needed to identify, understand, and comply with the laws that apply to the practice (for example, laws relating to privacy, employment standards, and taxation).

MLTs in independent practice comes with many rewards and considerable responsibility. The MLTs that engage in independent practice:

- Adheres to the same professional, legal, and ethical accountabilities and responsibilities as MLTs who employees in healthcare or other types of organizations are and has additional accountabilities and responsibilities to manage, while offering laboratory services that fall within the MLTs individual competence level
- Adheres to relevant legislation and regulations- such as but not limited to duty to report; adverse event disclosure and reporting; privacy and security of clients' personal and health information, etc
- Ensure a Medical Laboratory Licence is obtained as required - [Medical Laboratory Licensing Act](#) and [Regulations](#)
- Adheres to the [Regulatory Bylaws](#), [Standards of Practice](#), [Code of Ethics](#), and published guidelines of the SSMLT
- Maintains competency in the independent laboratory practice through on-going self-assessment of learning needs, and taking the necessary steps to address those needs, as required
- Carries out the legal obligations related to protecting health information
- Establishes initial legal, laboratory, and business policies and procedures and reviews them annually
- Obtains and maintains the competence to initiate and operate a laboratory practice business
- Consults with a lawyer and an accountant upon initiation of a laboratory practice business and maintains the relationship as needed
- Ensures financing is in place.
- Determines with a lawyer which business structure is required
- Develops business policies and procedures
- Advertises within legal and ethical parameters
- Acquires commercial and professional liability insurance

## 7. Conclusion

All MLTs working as MLTs in Saskatchewan are required to be licensed with SSMLT. Licenses are renewed annually provided that the license holder meets all renewal requirements. Former licensed MLTs may seek to re-enter practice following submission of all evidence and fees necessary for a practicing licence.

MLTs conducting independent practice must be licensed and ensure they comply with all related legislation.

## **Chapter 5 – Scope, Standards, Confidentiality and Privacy**

### **In this Chapter**

- 1. Scope of Practice**
  - a. Scenario #1**
  - b. Practice guidelines**
- 2. Standards of Practice**
- 3. Confidentiality**
- 4. Privacy and Access**
  - a. Privacy**
  - b. Collection, use and disclosure**
  - c. Access**
- 5. Conclusion**

## 1. Scope of Practice

What is “scope of practice?” This phrase can be taken quite literally: the scope of practice of medical laboratory technology is the sum of the work that we are qualified to do—the procedures, analysis of procedures and results, and interpretation and reporting of results. Our scope of practice is not defined in the [Medical Laboratory Technologists Act](#).

As such, the scope of practice in Saskatchewan is quite general; it consists more of a list of competencies that are outlined in the [CSMLS competency profiles](#). The competency profile provides a list of a broad range of items MLTs do. MLT practice is constantly evolving, new tests and procedures are developed and technology that MLTs work with is ever changing; no list could ever be complete or correct for long. New practices should always include education, training, and competency assessment. The general nature of our scope of practice, however, should—and does—allow for overlap with other members of the health care team.

### a. SCENARIO #1:

*Shelly learns from her friend Eva, who is a registered nurse, that the unit she works on has just started using new point of care (POC) test strips for detecting blood in urine. She has immediate concerns because this is a laboratory test that falls within the MLT scope of practice.*

*She also wonders how the staff on the unit are being trained to perform the test, and how quality control issues and any proficiency testing are being handled.*

*She discusses her concerns with her supervisor, who tells her the test is approved for use on the unit, but Shelly remains unconvinced that it is okay. Ultimately, she inquires with the SSMLT. Is Shelly right that nurses should not be performing this test?*

MLT scope of practice is not exclusive, and it does not necessarily prevent others from doing the same things. Other professionals, of course, must remain within the scope of practice of their own profession.

The Saskatchewan nursing scope of practice includes “*in accordance with standards, and competencies adopted by the association, order, perform, receive and/or interpret reports of screening and diagnostic tests by using the process in the clinical decision tools.*”

Checking for the presence of blood in urine, along with another simple test procedures available as POC, does fall under the Saskatchewan nursing scope of practice and nurses have the educational background to apply the necessary critical thinking skills to the procedure.

Shelly is right, however, that nurses should receive thorough training, effective quality control is necessary and proficiency testing may be required. MLTs are the experts on quality control of lab tests, and POC testing is one area of overlap where medical laboratory technology and nursing can collaborate to provide excellent patient care.

#### **b. Practice Guideline**

A practice guideline is a statement by the profession that if a member complies with the guideline, they will not likely be found to be guilty of professional misconduct or professional incompetence. Practice guidelines are often linked to SSMLT code of ethics, standards of practice and to generally accepted standards within the profession, making them defensible in a courtroom if necessary.

##### Example-Documentation of Laboratory testing

The process of laboratory testing can have many steps that may include sample collection, preparation, analysis, interpretation, and reporting. As such different laboratory professionals may be involved with some steps for a single laboratory test result. As such, each professional is responsible for their portion of the testing. SSMLT developed a practice guideline - [Documentation of Laboratory Testing](#) that outlines the requirements for reporting of laboratory test results.

## **2. Standards of Practice**

Standards of practice are statements that describe the practice of medical laboratory technology—the conduct and performance expected of a licensed MLT. In addition to a written document, a standard of practice might be anything that the average MLT would agree is appropriate. Therefore, MLTs should always be aware of the culture of the profession, and the expectations inherent in that culture.

Educators in our profession as well as supervisors and managers play an important role in introducing MLTs to the professional culture, and expectations in the classroom and the workplace. Written standards of practice provide further details than legislation and bylaws in that they provide specific descriptions of competent, collaborative, ethical, and safe practice. They are sufficiently broad to be applicable to MLTs in all practice settings and they provide a standard against which performance can be measured. The SSMLT Professional Practice Committee has adopted the Canadian Alliance of Medical Laboratory Professionals Regulators (CAMLPR) Standards of Practice document, with permission to be the [SSMLT Standards of Practice](#).

The SSMLT Standards of Practice document is a useful resource for the SSMLT, the member and employers because it provides an overview of the level of quality and safety expected for professional services by MLTs in Saskatchewan.

### 3. Confidentiality

Medical confidentiality is a set of rules that limits access to information discussed/collected between a person and their healthcare professionals.

With only a few exceptions, anything a patient discusses with or provides to their healthcare professional must be kept private between the two of them and the organization they work for.

When a patient goes to a new doctor, they can choose whether to share their previous medical records with them by giving their written consent to their previous doctor, so that they can send the new doctor the information in their medical file.

The public trusts that health care professionals will protect their privacy and keep medical records confidential. MLTs must keep any information about patients/public that they have access to confidential.

Trust between the public and the health care system is essential and provides patients with confidence that enables them to feel comfortable disclosing sensitive but important information about their health.

The requirement for confidentiality is embedded in the MLT competency profile, code of ethics. Employers will also have confidentiality policies specific for their workplace. Most jurisdictions, including Saskatchewan, have it formalized by legislation. Saskatchewan [Health Information Protection Act \(HIPA\)](#).

### 4. Privacy and Access

#### a. Privacy

Privacy in a healthcare situation means that what you tell your healthcare provider, what they write down about you, any medication you take, and all other personal information is kept private. You have a legal right to this privacy, and there are laws that guide health service providers in how they collect and record information about your health, how they must store it, and when and how they use and share it.

HIPA identifies specific rights that individuals have with respect to their personal health information. These rights are important because they ensure that they will be involved in decisions about your personal health information.

HIPA applies to individuals and organizations who are part of Saskatchewan's health system and who have custody or control of personal health information. The [HIPA Act](#) calls them trustees to reflect the fact that they hold your personal health information "in trust" and must manage it with patient's best interests in mind. Examples of a trustee include, but are not limited to:

- Saskatchewan Health Authority (SHA);
- Regulated health professionals (e.g. physicians, dentists, nurses, pharmacists, MLTs);
- Hospitals;
- Independent Practice Health Professionals
- Private Ambulance operators; and
- Government institutions in Saskatchewan as defined in [The Freedom of Information and Protection of Privacy Act](#). (FOIP)

Trustees are required to protect the privacy of personal health information in their custody or control and to respect the rights of individuals identified in the Act.

**b. Collection, use and disclosure**

HIPA identifies several rules that trustees must follow for the collection, use and disclosure of your personal health information. Among others, some of these rules include:

- The primary purpose for collecting personal health information must be for the benefit of the individual;
- Trustees should only collect, use, or disclose personal health information that they need to know to provide you with a service; and
- Trustees must also have practices in place that will protect the safekeeping of personal health information.

*HIPA* applies to personal health information in the custody or control of a trustee. Personal health information is information about your physical or mental health as well as information gathered in the course of providing you with a health service. It also includes information collected to register you for a service (health services number, name, address, gender, date of birth). Personal health information can be in any form, including traditional paper records, electronic records on computers, microfilm, and x-ray film to name a few. Examples of personal health information include but are not limited to:

- A medical record held by a health professional;
- A patient record held by a hospital;
- Registration information held by eHealth Saskatchewan to register individuals for insured services; and
- Records of prescriptions filled by a pharmacist.

There may be circumstances where consent is not required for the use or disclosure of Personal Health Information. The guide for trustees is outlined in Office of the SK Information Privacy Commissioner (OIPC)-[Guide to HIPA](#).

This includes disclosure to a regulatory body can be made without the consent of a patient that is a regulated health professional for the purposes of a complaint investigation by a regulatory body such as SSMLT: *See Section 25 (4)(h) and Section 25(5) of the HIPA Act*

**c. Access**

Both [The Freedom of Information and Protection of Privacy Act](#) (FOIP) and [The Health Information Protection Act](#) (HIPA) provides patients with certain rights regarding the information the Saskatchewan Ministry of Health holds. Patients have a right to request access to any of their personal information. A formal request process must be established.

If they believe there is a mistake in the information the trustee holds about them or that important information is missing, they may request a correction or add to their record. If the trustee approves the request, a correction or addition to the records. If they deny the request, they will tell patient why and explain how they may appeal this decision.

**5. Conclusion**

MLTs must understand and work within their scope of practice and standards of practice. Confidentiality and privacy are two key elements in the CSMLS national competency profile that require the MLT to comply with the Saskatchewan [HIPA](#).

## **Chapter 6 - Consent**

### **In this Chapter**

- 1. What is Consent?**
  - a. Types of consent**
  - b. Substitute decision maker**
- 2. Consent and the MLT**
  - a. Scenario #1**
- 3. Withdrawal of Consent**
  - a. Scenario #2**
- 4. Conclusion**

## 1. What is Consent

Consent is agreement to allow something to happen. From the perspective of the MLT, it is the client's agreement to provide personal information and allow medical investigations or sample collection.

### a. Types of consent:

#### **Informed consent**

- means that the person fully understands what he or she is agreeing to.

#### **Express consent**

- consent that is very clearly and definitively given. For medical procedures with any significant risk, express consent is typically given in writing.

#### **Implied consent**

- is not expressed definitively but communicated by word or action. For example, if a person holds out her or his arm to have blood taken, this implies consent to the procedure.

Express and implied consent, and consent given by a substitute decision maker, are generally all types of informed consent. This means a health professional has taken the time to ensure that the patient or client fully understands why certain information is required, and what is about to happen. This also creates a better relationship between the two and builds trust. Never assume that a patient or client is familiar with health records or a procedure that he or she is consenting to.

In a typical laboratory setting where samples are received for testing and MLTs have may have no direct patient contact, the issue of consent may not arise, as consent has been received by the health care professional who saw the patient or obtained the sample. There are situations, however, where MLTs must have consent:

- any time you collect information directly from a patient
- or in the case of an accompanied minor child, receiving consent from the substitute decision maker any time you collect samples from such a patient.

There may be times when consent issues arise; this is when the employer's policy should be followed.

In most laboratory situations, implied consent is received, and it is not necessary to address consent in a written or formal manner. If the patient or client is capable of giving consent, once the procedure or the sample collection information has been explained, and the client cooperates voluntarily, it is reasonable to assume that you have implied consent. Take care to engage with each patient or client and to ensure he or she does understand.

Consent to provide a specimen for lab testing does not imply consent to have personal information shared with those not involved in the client's care.

**b. Substitute decision maker**

Is someone authorized to give consent for an individual who cannot. For example, the substitute decision maker for a small child is a parent.

Some clients are not considered capable of giving consent, and the consent must then come from a substitute decision maker. Those who cannot give consent may include, for example, a child or an adult who is physically unable or mentally incompetent to give consent.

In [Saskatchewan the Health Care Directives and Substitute Health Care Decision Makers Act](#) and [Regulations](#) provides details related to substitute decision makers. These documents are used by employers to develop their policies.

The general guidelines for identifying who can give consent for someone who is incapable of giving is outlined by the Office of the SK Information Privacy Commissioner- [Guide to HIPA](#).

## **2. Consent and the MLT**

In a typical laboratory setting where samples are received for testing and MLTs have no direct patient contact, the issue of consent does not arise, as it will have been dealt with by the health care professional who saw the patient and obtained the sample. There are situations, however, where you must have consent: any time you collect information directly from a patient, or in the case of an animal, from the owner of the animal; and any time you collect samples from a patient. When you find yourself dealing with consent issues, always follow your employer's policy.

Nonetheless, it is not generally necessary to address the issue of consent in any formal manner. If the client is capable of giving consent, the reason for collecting the information or doing the investigation has been explained, and the client cooperates voluntarily, it is reasonable to assume that you have implied consent. Take care to engage with each patient and get a sense of whether he or she does understand.

**a. SCENARIO #1:**

A hospital auxiliary is organizing a major fundraising drive to purchase a new state-of-the-art instrument for blood cultures. Isabel, the chair of the fundraising committee believes that because septicemia is a life-threatening condition, people who have had it are likely to give generous donations. She approaches the microbiology lab supervisor and asks for names and contact information for anyone on record who has had a positive blood culture.

The information Isabel is looking for is available from the laboratory information system; however, the supervisor initially says that she would need patient consent in order to release personal information for this purpose. Isabel argues that the patients will never know where she got their information, and that they gave their contact information to the hospital and lab voluntarily. They might not even be alive, she says, if not for diagnosis and treatment made possible by annual fundraising. Who is right? Does the patients' consent extend to this?

Consent to provide a specimen for lab testing does not imply consent to have personal information shared with those not involved in the client's care, or consent to be contacted for fundraising purposes. Nor does benefiting from previous fundraising obligate anyone to respond to requests for donations. If you need to share someone's personal information for a purpose other than that for which you obtained consent, you must ordinarily get the individual's permission to do so.

In this scenario, it is likely the hospital has protocols for both fundraising and sharing of personal information that would rule out this sort of sharing. Even if personal information is being shared for medical research purposes, which may be acceptable in some circumstances, a medical ethics committee would have to approve the collaboration.

### **3. Withdrawal of Consent**

In health care, consent is ongoing, and an individual can withdraw consent for anything, including medical treatment and the use and disclosure of their personal information. Health professionals must respect a client's decision to withhold or withdraw consent.

#### **a. SCENARIO #2:**

Rita, an MLT working in a rural hospital, arrives at the bedside of a new mother to collect some blood from the baby. The newborn, however, has just fed and gone to sleep after a fussy few hours and the exhausted mom does not want the baby disturbed. She tells Rita not to take the blood sample.

Rita knows that it will be hard for her to get back later, and she tries to convince the mother that the blood should be taken now. She explains that the doctor ordered the tests and is waiting for the results. She also mentions that if she does not get the blood now, it may have to wait until tomorrow, that discharge may be delayed or the mom might have to make a special trip to bring the baby back for the tests. Her efforts are to no avail—the mom adamantly refuses to have the baby woken up. Rita reluctantly returns to the lab without the blood.

Although a patient may have cooperated with previous procedures, he or she does have the right to refuse at any time, and parents as substitute decision makers, have the right to refuse for children who can not give their own consent. Regardless of the repercussions, whether serious or merely matters of convenience, we can not apply unreasonable pressure to obtain consent. Rita was right to leave without the sample; however, she should report the incident following employer policy. If the tests are urgent, the doctor can speak with the mom and try to obtain consent.

If the withdrawal of consent involves personal information, anyone in possession of that information is required to dispose of it. The withdrawal of consent cannot be retroactive: it is not an offence to have been in possession of personal information for which the client subsequently withdrew consent.

#### **4. Conclusion**

Informed consent is vital to the delivery of safe compassionate health care. Because health and health care are not static, informed consent must be ongoing: health care professionals must continually communicate with patients and patients must continue to willingly consent to their care. Without this, there is no informed consent.

Informed consent applies not only to patients and their bodies, but also to their personal and health information. When someone consents to having us store information, it is expected that we will keep it confidential.

In some circumstances, patients are not capable of giving and/or withholding consent. In these circumstances, we must be careful to ensure that we proceed appropriately.

## **Chapter 7 – Conflict of Interest**

### **In this Chapter**

- 1. Definition of Conflict of Interest**
- 2. Types of Conflict of Interest**
  - a. Using personal status or influence**
  - b. Conferring a benefit**
  - c. Receiving a benefit**
  - d. Using a client's personal belongings**
  - e. Incentives**
- 3. How to determine a conflict of interest**
  - a. Scenario #1**
- 4. SSMLT Council and Committee member policy**
- 5. Conclusion**

## 1. Definition of Conflict of Interest

A conflict of interest occurs when an individual's personal interests – family, friendships, financial, or social factors – could compromise his or her judgment, decisions, or actions in the workplace. Medical laboratory technologists should not enter a situation where their actions might create a conflict, whether it is actual, potential, or perceived, without disclosing the information.

## 2. Types of Conflict of Interest

Conflicts of interest within the MLT profession could include the following:

### a. Using personal status or influence:

Performance of a lab test for oneself or for a friend or relative, without a practitioner's request is an example of using personal status. This is a conflict of interest as the MLT is using their position in the lab to use or receive a benefit. Though they might argue that the patient benefits, the employer is harmed because they have used unauthorized time and resources.

### b. Conferring a benefit:

A friend's clinic offers services and an MLT recommends the clinic to a patient. This would be conferring a benefit.

### c. Receiving a benefit:

Taking money or a gift from a sales representative in return for a product order, puts an MLT in a conflict-of-interest situation. The benefit could be virtually anything from tickets to next week's hockey game, to something of much greater value; if it is significant enough to tempt the MLT to return a favor, it is too much.

### d. Using a client's personal belongings:

Virtually any interaction between the MLT and a client that goes beyond the MLT's professional duties creates a potential conflict of interest. Personal items such as a cell phone, or computer, or even sharing tea and cookies they have provided, raises the possibility that the MLT is receiving a benefit for something offered, or taking unprofessional advantage of their position.

### e. Incentives:

Many businesses offer incentives such as coupons or free products in exchange for purchases. While this is common in retail business, it should be approached with caution in health care. An incentive must not risk the client's care or health care decisions.

### 3. How to Determine a Conflict of Interest

Is there a conflict of interest?

- Ask themselves who benefits. If the patient or client does not benefit, but the MLT does, they likely have a conflict of interest. If both of the MLT and the patient or client benefit, there might still be a problem.
- Consider whether the MLT would be comfortable if others knew about the arrangement— employer, colleagues, friends, family. If the answer, is they would not want them to know, then they likely have a conflict of interest.
- Consult the [SSMLT Code of Ethics](#) and their employer's policy.
- Ask colleagues or the SSMLT for a professional opinion about whether there is a conflict of interest.

#### a. SCENARIO #1:

*You work as an MLT in a rural hospital and are responsible for making decisions on laboratory equipment purchases. There is a 'Request for Proposal' for a new chemistry analyzer. You have a long-standing relationship with a vendor, who you have been on family vacations with. You believe their company has an excellent product and would like to proceed with a purchase.*

Is this a conflict of interest? Maybe

While this might not be an actual conflict of interest, it could be considered a perceived conflict of interest. The employer likely has a policy on declaration of conflict of interest and in this case the MLT should declare a potential conflict of interest. In this scenario, after the declaration and following review of all information the employer may conclude it is or is not a conflict of interest. The MLT has informed the employer and followed the proper procedure.

### 4. SSMLT Council or Committee Member – Conflict of Interest Policy

SSMLT staff, council and committee members serve their roles and comply with the [SSMLT Governance manual](#) and its policies.

Policy 1.4 Conflict of Interest policy

*Conflict of Interest arises if the personal or private interests of a Council or committee members appear to influence and/or impair that persons' ability to represent the SSMLT fairly and impartially. A conflict of interest may be either "real", "potential" or "perceived". In all of these cases there is an equally important duty to disclose.*

**Declaration**

Council and committee members are required to declare any real or perceived conflicts of interest. At the beginning of each meeting attendees are asked to declare whether they have a conflict of interest to any agenda items.

**Recusal**

A council or committee member that has declared a conflict of interest shall recuse himself or herself from any discussion, decision, debate or vote on any matter in respect of which he or she would be in a conflict of interest.

**5. Conclusion**

The potential for conflicts of interest is always present in our professional lives, if only because professional practice tends to overlap with personal lives. Situations that compromise our judgment can be difficult to recognize. Generally, good judgment will guide you when something is just not right or alert the need to change something or avoid it. Valuable resources include colleagues, the SSMLT, the [\*Code of Ethics\*](#) and your employer policies.

## **Chapter 8 – Boundaries**

### **In this Chapter**

- 1. What are Boundaries**
  - a. Boundaries checklist**
- 2. Sexual Abuse and Boundaries**
  - a. Scenario #1**
- 3. Oneself, Family Members and Friends**
  - a. Scenario #2**
- 4. Conclusion**

## 1. What are Boundaries

It has been said that a boundary crossing is like a conflict of interest, except that the competing interest is one's feelings rather than money. To remain objective with your clients and not confuse them as to your role and intent, it is important to maintain a "professional distance". If you become more than a MLT to a client, that client may be uncertain as to why you are asking certain questions or why you are giving certain advice. Sometimes that confusion can have profound effects on the professional relationship or the well-being of clients and others.

We are all familiar with these lines; we start encountering them as very young children, and knowledge of where they lie comes from socialization—learning how to live in our culture. For example, as a student you can bring personal belongings, sports equipment, and maybe even your car to school, but if you bring a weapon, you've crossed a line. It may be okay to write an opinionated blog or spend all your free time playing video games, but if you stalk someone on the internet, you have crossed a line. These are boundaries, and they exist in both our personal and professional lives.

Many of our professional boundaries are obvious, and they can be described from different perspectives.

A boundary crossing might be, for instance:

- a violation of trust, such as a breach of patient confidentiality, working while impaired by drugs or alcohol, or falsifying test results
- abuse of power, such as ordering and performing tests on yourself or family members, or using your professional status to steer patients toward a private clinic owned by a friend
- conflict of interest, where you do something that benefits you, rather than benefiting patients/clients

Failure to respect professional boundaries, whether deliberate or due to a lack of understanding, has a threefold risk; one for you as a professional, one for your client and one for any observers of the relationship. It can interfere with your professional judgment because of an emotional or other benefit you gain or because you fear that your inappropriate conduct will be exposed. Conversely, it can compromise a client's ability to question your professional work or provide an informed and voluntary consent.

Medical laboratory technologists have little direct patient contact, and even little direct contact with other health care professionals. We typically work behind closed doors, sometimes even alone, and can expect a certain amount of indulgence from our close co-workers. Even major lapses can go unnoticed and/or unreported.

Because of this, we are at particular risk of crossing some boundaries, and it requires tremendous integrity and self-respect to avoid that.

Today, professionalism is as important as it has ever been. Increased scrutiny, accreditation, higher risk of malpractice suits, and the excellence expected of licensed health care professionals all mean that we must hold ourselves to the highest possible standard. It is your responsibility to know where your professional boundaries lie and respect them. As discussed under conflicts of interest, when deciding on whether any particular action constitutes a boundary crossing, it is helpful to ask yourself whether you would be comfortable telling others about it. If not, you are likely crossing the line.

Two important types of boundary crossing include breaches of confidentiality and conflict of interest. These are discussed in previous chapters of this handbook (4 and 7, respectively). There are other types of boundaries crossing that the MLT must be sensitive to.

#### a. Boundary Checklist

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**This checklist will help you assess whether a boundary crossing may be occurring.**

- Is this in my client's best interest?
  - Whose needs are being served?
  - Could this action affect my services to the client?
  - Could I tell a colleague about this?
  - Could I tell my spouse about this?
  - Am I treating the client differently?
  - Is this client becoming special to me?
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## 2. Sexual Abuse and Boundaries

The issue of sexual abuse can arise in any relationship where there is an obvious or potential imbalance of power. For many health care professionals, the major concern is the relationship between the professional and the patient, and this applies to us as well; however, we have more prevalent relationships where boundaries related to sexual abuse are important:

- while teaching, or guiding students or visitors in the lab
- while supervising lab assistants or other lab staff
- with new employees or anyone subordinate to you
- with co-workers in general (jokes and remarks of a sexual nature)

An imbalance of power is not necessarily easy to recognize. Individuals may be equals in terms of their job description and experience; however, any situation where one person feels vulnerable or helpless at the hands of another is an imbalance of power. For example, a co-worker might get away with an inappropriate and lewd joke that makes you uncomfortable because both of you know others will judge you negatively if you complain about it. This is bullying, and it is sexual abuse.

**a. SCENARIO #1:**

*Joanne, an MLT responsible for teaching students in the lab, and Jack, a student from the MLT program, discover that they have lots of mutual interests, and start seeing each other outside of work hours. The attraction is mutual, their relationship develops quickly, and even though they try to keep it quiet, other technologists in the lab can't help but notice. Is this sexual abuse?*

Neither Joanne nor Jack is likely to identify their relationship as sexual abuse because they have both entered the relationship freely and are consenting adults. There is, however, a clear imbalance of power between them: Jack is doing a rotation in the lab, which he needs to complete his course. Joanne can show him favoritism or make his life difficult and his assessment poor. She has power over him. While he is a student under her supervision, her relationship with him constitutes sexual abuse. There may, in fact, be a policy in place in the workplace forbidding this type of relationship.

Fortunately for Joanne and Jack, this situation can probably be resolved relatively easily. They need to acknowledge the problem and either agree to set their personal feelings for each other aside until Jack's rotation in the lab is over or, even better, ask whether another technologist can be assigned to look after Jack for the remainder of the rotation. Once Joanne is no longer in a position of power over Jack, they are free to pursue their relationship.

Not all instances of potential sexual abuse are this easy to resolve. And like this one, many are not immediately obvious. To avoid being guilty of sexual abuse, or even appearing guilty, remember the following:

- Be aware of and follow workplace policies regarding sexual abuse.
- Do not initiate unnecessary physical contact. Even innocently resting a hand on someone's shoulder can be misinterpreted.
- Avoid being alone with others who are vulnerable. Leave doors open and if it feels uncomfortable, acknowledge the problem. Get help or change locations if possible.
- Do not get personally involved with those you have power over. Avoid discussion of personal lives and problems.
- Be open and straightforward about situations that lend themselves to the possibility of sexual abuse.
- Keep your conversation professional.

- Keep your conversation professional.
- Deal with boundary crossings by others promptly.
- Report sexual abuse if you observe it.

#### **b. Direct Patient or Client Contact Considerations**

Medical laboratory technologists who deal directly with patients or clients must always be cautious not to cross professional boundaries. Here, the balance of power is inherently uneven because of your status as a health care professional, and you typically have no way of knowing if a patient or client is sensitive or vulnerable because you are strangers to each other.

Be careful to always remain professional.

In addition to avoiding breaches of confidentiality and conflicts of interest, follow the advice given above and:

- Always identify yourself, explain your purpose, and obtain informed consent before touching.
- Never place items such as blood tubes or specimen containers on a person's body.
- Do not disclose information about your personal life except in the most general terms.
- Do not enter social media "relationships" with patients.
- Avoid giving and receiving gifts.
- Resist the urge to offer help to someone if there is reason to believe your safety is at risk. Ask for assistance.
- Do not enter dual relationships. Friendships and romantic relationships do not mix with health care professional/client relationships.

### **3. Oneself, Family Members and Friends**

As health care professionals, MLTs not only have the ability to access personal health information, MLTs can also perform tests in the lab at will, by testing samples without a practitioner order, by adding additional tests to requisitions submitted by a practitioner or by filling out requisitions themselves.

It is often tempting to bypass the usual procedures to help themselves or someone close to them.

This temptation is multifaceted—by bending the rules you can potentially:

- shorten the turnaround time for a lab test by cutting out the visit to a physician, fast tracking the test, and/or obtaining a quick report
- get test results that might otherwise be unavailable (or costly)
- shorten someone's illness and discomfort
- avoid inconvenient trips to a doctor or emergency
- set people's minds at ease
- set your own mind at ease
- obtain information about people you know

This is probably the most common and seductive boundary crossing in our profession. It is typically easy to do, overlooked by others, and appreciated by friends and family who receive special attention. It is, however, **unacceptable**.

Collection of samples or testing on oneself or a member of one's own family poses several challenges for MLTs, including concerns about professional objectivity and conflict of interest. Situations such as this may also place the MLT in a situation of moral dilemma if a serious diagnosis is discovered.

In general, MLTs should not collect or test samples from themselves or members of their own families. However, it may be acceptable to do in emergency settings or isolated settings where there is no other qualified laboratory professional or MLT available. In such situations, MLTs should not hesitate to collect samples or conduct testing on themselves or family members.

Conduct such as this may be investigated by the SSMLT for professional misconduct. The counselling and investigation committee must investigate all complaints and if deemed necessary, may refer this to the discipline committee resulting in disciplinary action.

**a. SCENARIO #2:**

*Brittany works in the anatomical pathology lab. Her father has surgery to remove a malignant tumor, and tissue is sent to the lab and processed as usual. By chance, Brittany is within hearing distance when the pathologist dictates the results and learns that the "margins are clear." The malignancy has been completely removed.*

Hours later, family members still have not received the news that the surgeon got the whole tumor and Brittany is tempted to ease their anxiety by disclosing what she has heard, but she does not do so. Later, her mother-in-law realizes that Brittany knew, and she is extremely angry that Brittany withheld the information. Would it have been okay for Brittany to disclose the pathology result?

Brittany was right in keeping the results to herself, despite the personal cost. To disclose those results would be practicing outside her scope of practice: MLTs do not diagnose, and do not provide test results directly to patients or family members unless there is a specific policy providing that authority. It would also be a breach of confidentiality in that she might provide information to family members who do not have the right to it. Finally, we must consider that she did not necessarily have access to the whole picture—there might be other specimens, other tests, or other considerations unknown to her, that would affect the information the surgeon shared.

Ordering or performing tests outside of laboratory policies that have not been ordered by a practitioner is practicing outside your professional scope of practice. The same applies to disclosing results directly to the patient or anyone close to the patient.

Reviewing of results and printing of reports should only be done within employer policies and as authorized. Unauthorized reviewing or printing is considered a breach and may lead to disciplinary actions by the employer and/or an investigation by the SSMLT.

All these activities constitute professional misconduct and can result in severe consequences.

#### **4. Conclusion**

Boundaries exist to prevent people from harming one another. Because harm can come in many forms—physical, emotional, financial, social, professional etc.—the variety of boundary crossings can seem endless. Nonetheless, we tend to have a good sense of where the boundaries lie: if it feels wrong, it probably is wrong.

Medical laboratory technologists use employer policy, professional ethics, and good judgment to identify boundaries for ourselves and the people we interact with. We do this not only to protect others from harm, but to protect ourselves as well.

## **Chapter 9 – Communication**

### **In this Chapter**

- 1. Importance of Communication**
  - a. Communication complications**
  - b. Resolving disagreements**
- 2. Communication with patients or clients**
- 3. Communication with other professionals**
- 4. Conclusion**

## 1. Importance of Communication Skills

Communication skills are the foundation of a good medical laboratory practice. Virtually every other chapter of this manual illustrates how poor communication can result in difficulty and how superior communication can foster a successful practice.

Professionalism, compliance with mandatory reporting obligations, communicating the results without communicating a diagnosis, maintaining confidentiality, obtaining consent for treatment, avoiding conflicts of interest and preventing boundary crossings or violations are all achieved by effective communication.

Skilled communicators build a rapport, or level of trust, with their clients and colleagues, which is necessary for the required information to be transmitted between them. Clients who feel involved in the process are more likely to commit to it and to make the effort to achieve the goals that have been mutually set. Sensitive communication reduces misunderstandings and avoids conflicts. It is no coincidence that most complaints made about health practitioners to their regulatory body are either a result of poor communication or are triggered by the ineffective handling of an otherwise manageable concern. Poor communication also figures prominently in many lawsuits against practitioners.

### a. Communication Complications

Wayne McKerrow, in his article, “Improving Patient Care and Reducing Risk Through Effective Communication”,<sup>1</sup> identifies the following complications inherent in communications between health practitioners and their clients:

Relative Knowledge: To become registered, a MLT must complete College or University education and practical experience. They know a lot about laboratory technology and have known it for a long time. The MLT’s explanation may become technical and may not satisfy the needs of the client. Clients may feel put down and may be reluctant to ask questions.

Relationship of the Parties: The MLT and the client are not on an equal footing. On one “side” is the knowledgeable MLT who is being consulted because of her or his expertise. On the other “side” is the client, who lacks this knowledge, has needs and is asking for help. This relative circumstance is sometimes called an “imbalance of power”. Given this inherent imbalance to the relationship, it takes great sensitivity and hard work to ensure that the client becomes a relatively equal partner and is provided the necessary information.

Non-Verbal Communications: Clients take in not just the words spoken, but also the non-verbal aspects of the communication. If the words are difficult to understand, the body language might be easier for some clients to read. If there is an inconsistency between gestures and words, clients will be confused or, worse, insulted. Canada is a multi-cultural society. This diversity of communication styles increases the chances that non-verbal cues may be misinterpreted.

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1 Health Law in Canada, 1997: Vol. 18, No. 1, Pp. 30–32.

Nature of the Information: Often the message being conveyed by a MLT may come at an emotional time and as well as a be factual. Discussing a client's health care is a private, and sometimes intimate matter. MLTs must balance their duty to provide information to clients with sensitivity towards their emotional needs.

#### **b. Resolving Disagreements**

Despite our best efforts, miscommunications and disagreements sometimes arise and, often, we do not see them coming. They can happen in interactions with anyone, and a straightforward system for dealing with them will work in most cases.

If you become aware or suspect that a miscommunication has occurred, it is best to deal with it immediately, especially if it involves test results.

This need not involve finger pointing or accusations: a straightforward statement of fact should identify the problem and initiate the appropriate steps for correction and discipline if necessary. If you made an error yourself, the best action is to acknowledge your mistake, take corrective action to fix the mistake and work with others to prevent anything similar from happening again in the future.

If you find yourself embroiled in a dispute, try to diffuse the situation. Do not make it personal but remain calm and non-defensive.

## **2. Communication with Patients or Clients**

Medical laboratory technologists who have direct contact with patients, or clients face some of the greatest communication challenges encountered in the profession. They must communicate clearly and with sensitivity.

They will need to take time to initiate conversation and carefully assess their ability to communicate with each person will avoid misunderstandings.

Effective communication:

- Clearly identify yourself: explain who you are and what you are trying to do.
- Ensure the patient/client understands.
- Ensure that consent is informed consent. Your patient/client must fully understand the procedure and what will happen afterwards.
- Consent is ongoing, and it must be obtained with each encounter.
- Remain professional and avoid personal or health advice that lies outside your scope of practice.
- Receive comments and feedback and use them to improve your communication skills.

- Keep a record of client encounters, including difficulties, if appropriate. In situations where a patient can not understand or if an interpreter is required, the MLTs should notify the ward or ordering practitioner to resolve.

### 3. Communication with Other Professionals

Technologists in the laboratory are an integral part of the health care team. Many patient or client care plans are based at least in part on the results of laboratory tests. Effective communication is imperative, this includes communicating and collaborating with professionals in other health care disciplines. A miscommunication can have dire consequences.

Mutual respect and collaboration can begin with the laboratory. Always treat other health care professionals as you wish to be treated and approach each encounter with a clear intent to be helpful. Good communication tips include:

- Provide your name and identify your department or office and ask for this information about the caller.
- If you initiated the conversation, be clear about the reason for the call.
- Document communications, including difficulties if they arise.

#### a. SCENARIO #1:

*Lakshmi answers the phone in the chemistry department of the lab just after nine o'clock on Monday morning. The caller is a nurse who enquires how long it takes to get a protein electrophoresis test result. Lakshmi replies that if the specimen is received in the lab by 10am, the result will be available later in the day. She did not mention that protein electrophoresis is only done weekly because these tests are done in batches and demand is low. She doesn't provide her name, ask for the caller's name, and she doesn't ask for the patient's name.*

*The patient in question is awaiting discharge, pending the results of several tests, including the protein electrophoresis test. The nurse realizes that the testing will not be received in the lab in time for today's testing, however, she believes that the tests will be completed tomorrow. Lakshmi, meanwhile, does not know the nurse or the patient's name so she is not able to correct any misunderstanding related to the frequency the testing is done.*

*When no results arrive late the following day, the nurse calls the lab again and learns that results will not be available for a week.*

*Of course, the nurse insists that she was told results were available within a day, and she has misinformed both the patient and the physician about what to expect, and both are upset by the delay.*

As a result of this poor communication, two other health care professionals and a patient form a negative opinion of the lab.

#### 4. Conclusion

Communication whether it be written, or verbal are part of MLTs daily work. Good communication involves communicating clearly and completely while respecting others and listening carefully to what they are communicating.

Miscommunication can have serious consequences. Misunderstandings or disagreements should be resolved in a professional and respectful manner.

## Appendix A – Reference Documents

The SSMLT website is the best source for information. Table links to original location.

### Table of Documents

#### 1. LEGAL DOCUMENTS

- 1.1 [Medical Laboratory Technologists Act](#)
- 1.2. Saskatchewan Society of Medical Laboratory Technologists - [Regulatory Bylaws](#)
- 1.3 [Health Information Protection Act](#)
- 1.4 [The Freedom of Information and Protection of Privacy Act](#)
- 1.5 Office of SK Information Privacy Commissioner- [Guide to HIPA](#)
- 1.5 [Medical Laboratory Licensing Act](#)
- 1.6 [Medical Laboratory Licensing Act - Regulations](#)
- 1.7 [How to operate a Medical Laboratory in Saskatchewan](#)
- 1.8 [Saskatchewan the Health Care Directives and Substitute Health Care Decision Makers Act](#)
- 1.9 [Saskatchewan the Health Care Directives and Substitute Health Care Decision Makers Act- Regulations](#)

#### 2. ADMINISTRATIVE DOCUMENTS

- 2.1 [SSMLT Governance Manual](#)
- 2.2 Saskatchewan Society of Medical Laboratory Technologists [Administrative Bylaws](#)
- 2.2 Saskatchewan Society of Medical Laboratory Technologists [Fee Bylaws](#)

#### 3. POLICIES, WEB DOCUMENTS

- 3.1 [SSMLT Code of Ethics](#)- Appendix A
- 3.2 [SSMLT Standards of Practice](#)
- 3.3 [SSMLT Continuing Professional Education Guideline](#)
- 3.4 [SSMLT Practice Hours Guideline](#)
- 3.5 [SSMLT Practicing without a Valid Licence Policy Practicing without a Valid Licence Policy](#)
- 3.6 [SSMLT Acknowledgment of Supervision form](#)
- 3.7 [SSMLT Temporary Licence policy](#)
- 3.8 3.13 [SSMLT Temporary Practicing-request for extension form](#)
- 3.9 [SSMLT Re-entry to Practice policy](#)
- 3.10 SSMLT Practice Guideline- [Documentation of Laboratory Testing](#)
- 3.11 [SSMLT Complaints Process](#)
- 3.12 CSMLS Exam Attempt Policy- [CSMLS Exam Handbook](#)

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