



College of  
Registered Nurses  
of Manitoba

Carmen Wilkinson  
CRNM #135323

## Notice of Censure

**In The Matter of:** *The Regulated Health Professions Act*

**And in The Matter of:** Carmen Wilkinson, a member of the College of Registered Nurses of Manitoba

**To:** Carmen Wilkinson

On February 20, 2020, in accordance with section 102(1)(d) of *The Regulated Health Professions Act* (the “RHPA”), the Complaints Investigation Committee (“the committee”) decided to censure the member as a record of its disapproval of the deficiencies in her conduct.

Censure creates a disciplinary record which may be considered in the future by the committee or the Inquiry Committee when determining the action to be taken following an investigation or hearing.

**TAKE NOTICE** that the Complaints Investigation Committee of the College of Registered Nurses of Manitoba resolves and hereby censures the member with respect to:

- Abusing her role as a registered nurse, and her position as clinical resource nurse, in order to obtain health care services without being subject to the same processes as a member of the public.
- Diverting medication from her workplace, for her own personal use.

### **I. The Relevant Facts Are:**

1. The member was employed as a Clinical Resource Nurse at a hospital. This role included supervisory and mentorship duties for her team.
2. On August 13, 2019, while off-duty, the member attended her workplace, in her pajamas, and directed her co-workers to provide her with an IM injection of Toradol for pain, without a prescription or doctor’s order.
3. The member knew the appropriate way to obtain medical treatment and medications for her pain was to attend the emergency room. She was aware that the emergency department in her hospital was open between 0800h and 2000h.
4. One of the member’s colleagues refused to provide the injection.
5. Another junior nurse who had a role subordinate to the member provided the injection; the junior nurse gave her a 30mg intramuscular injection of Toradol in the right buttock. This medication was administered in the medication room on the medical unit.

The junior nurse stated that she feared repercussions from the member if she did not comply and administer the medication. The junior nurse stated she felt confused and scared to say “no” to the member. This concern comes from the fact that the member was a Clinical Resources Nurse and was in a leadership/supervisory role.

6. While the member was at the hospital the junior nurse witnessed the member divert medications, specifically 2 tablets of Flexeril, for the member’s personal use, from the ward stock. There is no information to suggest that the member was impaired at the time.
7. During the course of the investigation, the member referred to her decision to direct her co-workers to provide her with an injection as a “terrible lapse in judgement”, and that her actions were not appropriate and that she had abused her role. The member expressed remorse for the position she put the junior nurse in and stated that she put the junior nurse in an unfair position.

## **II. The investigation committee is reasonably satisfied that the facts support that the member did not meet the following Practice Expectations for Registered Nurses:**

### **Professional Practice**

Registered nurses are accountable and responsible for nursing practice that is informed by evidence and demonstrates competence. As an RN, you must:

2. Demonstrate professional behaviours, attributes, and values
4. Promote a practice environment that supports responsibility, professional development, and a respectful attitude.

### **Ethical Practice**

Registered nurses recognize, promote and uphold the ethical standards of the nursing profession. As an RN, you must:

19. Practice in accordance with the values outlined in the Code of Ethics.

**The investigation committee is reasonably satisfied that the facts support that the member did not meet the following ethical responsibilities, in the Code of Ethics for Registered Nurses (CNA)**

### **CNA CODE OF ETHICS 2017**

#### **A. Providing Safe, Compassionate, Competent and Ethical Care**

Nurses provide safe, compassionate, competent and ethical care.

Ethical responsibilities:

12. Nurses foster a safe, quality practice environment (CNA & Canadian Federation of Nurses Unions [CFNIJI, 2015).

## D. Honouring Dignity

Nurses recognize and respect the intrinsic worth of each person.

Ethical responsibilities:

13. Nurses treat each other, colleagues, students and other health-care providers in a respectful manner, recognizing the power differentials among formal leaders, colleagues and students. They work with others to honour dignity and resolve differences in a constructive way.

## F. Promoting Justice

Nurses uphold principles of justice by safe guarding human rights, equity and fairness and by promoting the public good.

Ethical responsibilities:

6. Nurses make fair decisions about the allocation of resources under their control based on the needs of persons receiving care. They advocate for fair treatment and fair distribution of resources.

## G. Being Accountable

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

Ethical responsibilities:

8. Nurses identify and address conflicts of interest. They disclose actual or potential conflicts of interest that arise in their professional roles and relationships and resolve them in the interest of the needs and concerns of persons receiving care.

### III. On these facts, the committee records its disapproval of your conduct:

The committee records its disapproval of the member's abuse of her position, to obtain medications and treatment.

When the member attended her workplace on August 13, 2019, to request care and divert medications for personal use, she used her knowledge of the health care system, access to resources, and the power she had over her co-worker, to place her own needs ahead of members of the public. In addition, she put her coworkers, her employer, and herself at risk. Fortunately, for all parties, she did not experience any adverse reaction to the injection or from the self-administration of Flexeril tablets.

The conduct is a blatant disregard for the member's colleagues, her employer and the public. Furthermore, she failed to recognize that there was the potential to impact the care of legitimate patients.

Nelda Godfrey and Nancy Crigger (2011) use the staircase model of professional development to address professional missteps that a nurse may make, in their career. The committee's position is that this model understands the member's conduct to be the result of moral neglect. Moral neglect is a form of "wrong thinking" that happens in situations when nurses make wrong choices because they put their own desires, wants, or needs before the patient's needs. The member's "wrong thinking" contributed to her "wrong decision making" which ultimately lead to her "wrongdoing". Although practicing registered nursing is a privilege, it does not entitle the member to receive personal health care services in a more timely manner than members of the public, nor does it grant her the authority to direct her own care.

Registered nursing is a self-regulated profession in Manitoba. Registered nurses must recognize that self-regulation is a privilege and that each registered nurse has a continuing responsibility to meet the *Practice Expectations* and the *Code of Ethics for Registered Nurses*. On these facts, the committee records its disapproval of the lack of professionalism in failing to adhere to the ethical values and practice expectations.

Although the conduct is sufficiently serious to refer to the Inquiry Committee, the committee is mindful of the fact that the member does not have a disciplinary record. The committee also accepts that the member has acknowledged her conduct was inappropriate and considered the degree of insight she has demonstrated as a mitigating factor for not referring the matter to discipline.

The censure will adequately protect the public's concern regarding the fair distribution and use of health care resources. On these facts the committee believes that the censure should be published as it will act as a specific deterrence for the member, and as a general deterrence for other registered nurses.

On these facts, the committee ordered the member to pay costs of \$1000.

Access to Nelda Godfrey and Nancy Crigger's Staircase Model for Professional Development (2011) is available in the course entitled "Righting a Wrong", from the National Council of State Boards of Nursing. This course is available at <https://www.ncsbn.org/5125.htm>