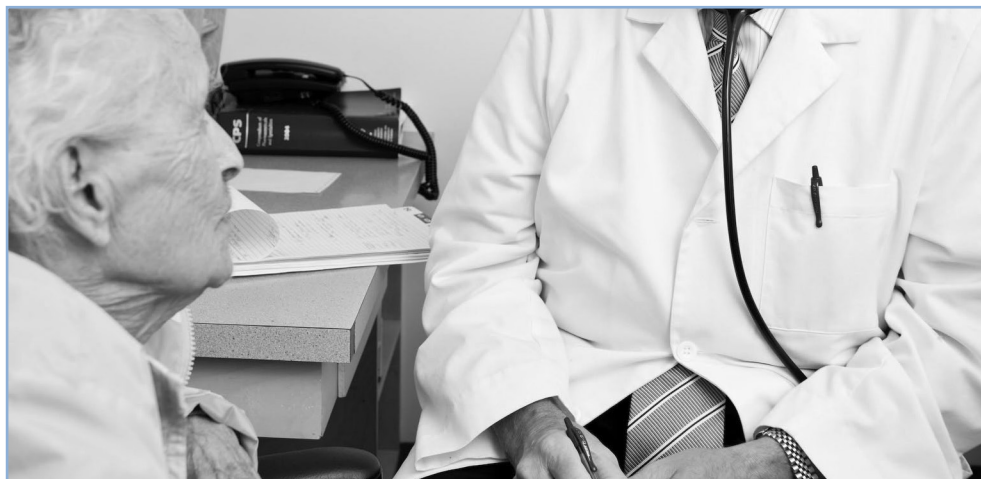


Discipline report:

Poor communication and attitude the basis of patient complaint; alteration of patients records found during investigation (physician unnamed)



A physician's personal communications style and a perceived lack of follow-up care were the basis for a recent complaint to the College.

Background:

Following visits to the emergency department for recurrent abdominal pain, the patient was advised her condition was not urgent and she needed further assessment by a family physician.

When she found a family physician and explained her problem, the patient reports the physician did not look into her condition, did not obtain any records from the hospital and did not examine her. When the physician recommended the patient return to the hospital, the patient became frustrated and a disagreement ensued. This resulted in the physician discharging the patient from his practice.

The investigation:

The patient filed a complaint with the College about the doctor's communication and his medical advice. During the investigation, the patient's reporting of events was found to be substantially different from that of the physician, with the patient's medical record supporting

the physician's perspective. Due to concerns about the accuracy of the medical record, an audit of the electronic medical record was obtained.

The original entry on the medical record was consistent with the patient's story. Specifically, it documented the patient was seeking a family doctor, had a history of abdominal problems and had been seen in emergency on two occasions.

The physician signed an informal Terms of Resolution Agreement acknowledging the patient's concerns and that he failed to perform an adequate patient assessment.

The examination notes were limited to "groaning in pain but clinically OK," and the physician's plan was the patient should return to the hospital for further assessment.

The audit showed the medical record had been amended on multiple occasions. The revised chart entry described a very thorough clinical history, physical examination, management plan and a detailed description of the disagreement that occurred between the doctor and the patient.

Outcome:

For the complainant, the most important issue was not the alteration of her medical record; rather, it was how the physician communicated with her and how he managed her condition.

For the College, it was clear the physician knew the proper medical approach as he was able to articulate it in the amended medical record. However, because the physician altered the medical record, the College seriously considered charging him with unprofessional conduct.

Ultimately, a hearing did not take place because:

- The patient was willing to resolve the matter directly with the physician using an informal resolution process available under the *Health Professions Act*.
- This incident was the physician's first offence.
- The physician was prepared to admit to the alleged conduct and signed an agreement with the College to ensure this conduct would not occur again.
- The agreement signed by the physician included the same elements the College would have sought in terms of penalty if the physician were found guilty in a hearing. This included remediation and a commitment not to repeat the behavior.

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The physician signed an informal Terms of Resolution Agreement, acknowledging the patient's concerns and that he failed to perform an adequate patient assessment. The physician acknowledged it was improper for him to alter the medical record without keeping the original entry as well as subsequent entries that noted the date of the change and the identity of the person making the change.

The physician was required to:

- issue a formal apology to the patient,
- take a course in medical ethics acceptable to the College,

- formally agree he will not make any alterations to the medical records of a patient, be it a hard copy or electronic medical record, except in accordance with Section 20 of the CPSA Standards of Practice, and
- pay the costs associated with the investigation (\$1,500.00).

Should a further complaint about this physician be made to the College and that complaint results in referral to the Hearing Tribunal, the details of this complaint can be considered by the Tribunal in determining sanctions.

Benefits of the informal resolution process

- By cooperating with the informal resolution process, the physician was able to keep costs to a minimum and keep his identity private.
- The College was able to address the physician's conduct without having to resort to an expensive and time-consuming hearing.
- The complainant was satisfied with the outcome. The physician considered the patient's perspective, apologized and agreed to modify his future behavior.