

## SUMMARY

### DR. HODA ABBAS AHMED EL RABAA (CPSO #89823)

#### 1. Disposition

On January 19, 2017, the Inquiries, Complaints and Reports Committee (“the Committee”) required family physician Dr. El Rabaa to appear before a panel of the Committee to be cautioned with respect to the investigation and treatment of venous thrombosis and pulmonary emboli, maintaining adequate records, and altering records in an improper manner.

In addition, the Committee ordered Dr. El Rabaa to complete a specified continuing education and remediation program (“SCERP”). The SCERP requires Dr. El Rabaa to:

- Attend and successfully complete the next available session of the following courses, through a course provider indicated by the College:
  - The Medical Record-Keeping Course
  - The PROBE Ethics and Boundaries Course - Canada
- Participate in one-on-one instruction to understand how and why the identified issues are of concern and what she can do to avoid similar situations in the future
- Review the College’s *Medical Records* policy and the clinical practice guidelines at Thrombosis Canada on:
  - Venous thrombosis – diagnosis
  - Pulmonary embolism – diagnosis
- Draft written summaries of the above-noted policy and guidelines
- Practice under the guidance of a clinical supervisor acceptable to the College for six months. Areas to enhance include, but are not limited to (as identified by “CanMEDS” roles:

- Medical expert role
  - recognizing the signs and symptoms of pulmonary embolism in patients presenting with chest pain
- Communicator (record-keeping) role
  - comprehensive documentation of encounters, including history, physical, diagnosis, management plans and patient instructions
- Professional role
  - Honesty and integrity in documentation without improperly altering documentation following the encounter
- Undergo a reassessment of her practice by an assessor selected by the College approximately six months after completion of the education program.

## 2. Introduction

The mother of a patient complained to the College that Dr. El Rabaa failed to provide appropriate care to her daughter at their only encounter in March 2016. The mother expressed concern that Dr. El Rabaa did not do a thorough assessment of her daughter's symptoms related to complaints of right-sided chest and right upper back pain while breathing (despite her daughter's use of the Yaz birth control pill and recent history of right calf pain), misdiagnosed her daughter with muscle inflammation and did not order any diagnostics to rule out pulmonary embolism, and reassured her daughter that she did not have a blood clot.

The mother reported that her daughter's pain did not improve with Dr. El Rabaa's recommended treatment of Advil, and her daughter went to the emergency room ("ER") where she was diagnosed with a pulmonary embolism.

Dr. El Rabaa gave an extensive response to the complaint in which she described her encounter with the patient and the patient's mother, which was described in an undated supplementary note in the medical record. Dr. El Rabaa indicated that the patient told her that she had seen another physician a few days earlier, and the pain in her chest had started several days before and was

improving. Dr. El Rabaa indicated that she examined the patient's calf and found no abnormalities, and the patient did not experience any pain in her calf muscles when she dorsiflexed her foot.

The patient's mother commented on Dr. El Rabaa's response to the complaint by pointing out that she did not accompany her daughter to the encounter with Dr. El Rabaa, and that her daughter did not tell Dr. El Rabaa that she had visited another physician with the same symptoms a few days before, or that her chest pain had started days earlier.

Dr. El Rabaa then indicated that she had confused the patient in question with another patient who had presented with similar symptoms around the same time. She asked the College to disregard her response to the complaint and described what she would normally have done in the circumstances, according to her normal practice. In addition, Dr. El Rabaa indicated that the patient did not report having right upper back pain while breathing or a recent history of right calf pain. She indicated that she would have documented this information in her note if the patient had reported it to her. Dr. El Rabaa denied that she reassured the patient she did not have a blood clot.

Dr. El Rabaa indicated that, in light of this complaint, she planned to improve her record keeping and had engaged in self-study to learn more about pulmonary embolism.

### 3. Committee Process

As part of this investigation, the Committee retained an Independent Opinion provider ("IO provider") who specializes in family medicine. The IO provider reviewed the entire written investigative record and submitted a written report to the Committee.

The Family Practice Panel of the Committee, consisting of public and physician members, met to review the relevant records and documents related to the investigation. The Committee always has before it applicable legislation and regulations, along with policies that the College has developed, which reflect the College's professional expectations for physicians practising in Ontario. Current versions of these documents are available on the College's website at [www.cpso.on.ca](http://www.cpso.on.ca), under the heading "Policies & Publications."

#### 4. Committee's Analysis

The IO provider opined that the care Dr. El Rabaa provided did not meet the standard of practice of the profession with regard to documentation, which was brief and did not provide adequate detail about the patient's chest pain. The IO provider was of the view that Dr. El Rabaa's documentation should have reflected a consideration of pulmonary embolism in a woman on the birth control pill presenting with chest pain and that her failure to reflect this demonstrated a lack of knowledge.

The IO provider noted that, if Dr. El Rabaa had been aware that the patient was experiencing difficulty breathing and did not document it, and if Dr. El Rabaa reassured the patient she did not have a blood clot despite her history of leg pain, difficulty breathing and use of Yaz, then Dr. El Rabaa's care did not meet the standard, as she should have ruled out pulmonary embolism with further investigations.

The Committee agreed with the IO provider's conclusion that Dr. El Rabaa's care of the patient was inadequate with regard to documentation, and that Dr. El Rabaa's knowledge and judgement were poor with regard to developing a differential diagnosis for chest pain, shortness of breath, and leg pain in a female patient on the birth control pill.

The Committee noted that Dr. El Rabaa's response in this matter brought into question the integrity of her documentation. She initially responded that she recalled the patient's case well and gave a detailed description of the care she provided, though the information she relied upon for her response came from an undated supplementary note that Dr. El Rabaa wrote based on her "clear recollection," as her contemporaneous notes of the encounter "were not complete."

Dr. El Rabaa then retracted her response to the complaint on the basis that she had mistakenly described the care she had provided to another patient with similar symptoms to those of the patient in question. She provided another detailed account of her interaction with the patient that relied heavily on what she believed she would have done, according to her usual practice, when she assessed the patient.

The Committee noted that Dr. El Rabaa's contemporaneous note was scanty and inadequate and there was minimal detail to support her extensive response to the complaint. The documentation

did not demonstrate that Dr. El Rabaa took an adequate history, examined the patient thoroughly or developed an appropriate differential diagnosis. Because of the shortcomings in her assessment, Dr. El Rabaa misdiagnosed the patient's condition. It is fortunate that the patient survived the pulmonary embolism and did well with treatment she received after going to the ER.

The Committee was disturbed by Dr. El Rabaa's apparent attempts to obfuscate the investigation by making an undated addition to the medical record that included information that was contrary to the description of the encounter the patient apparently provided to her mother. In addition, the Committee was aware that a concurrent investigation into another public complaint revealed that Dr. El Rabaa had improperly altered her medical records in that case.

In light of the above, the Committee decided that the two-fold disposition set out above was warranted in this matter.