

## SUMMARY

### DR. NICK B. CUBEROVIC (CPSO# 58321)

#### 1. Disposition

On March 18, 2016, the Inquiries, Complaints and Reports Committee (“the Committee”) ordered family physician Dr. Cuberovic to complete a specified continuing education and remediation program (“SCERP”). The SCERP requires Dr. Cuberovic to:

- Successfully complete a course in medical record-keeping
- Review and summarize the College’s Policy Statement #4-12, *Medical Records*
- Undergo a reassessment, six months after completing the education.

Further, the Committee advised Dr. Cuberovic respecting the importance of full documentation of a complete examination of a patient with a hand injury, particularly in the setting of a workplace injury.

#### 2. Introduction

The patient complained to the College that when she attended a hospital Emergency Department (ED) with a work-acquired thumb injury, Dr. Cuberovic did not order x-ray/ultrasound tests to assess the extent of her injury, and misdiagnosed the severity of her injury. Subsequently she had to undergo two surgeries on the thumb.

Dr. Cuberovic responded that he proceeded as he does in all such cases, in that he considered the possibility of fracture or the presence of a foreign body. He did not deem x-ray or ultrasound necessary, given the description of the injury, the appearance of the wound, and the fact there was no sign of tendon injury. He sutured the thumb and recommended follow-up with the family doctor.

Dr. Cuberovic acknowledged that his documentation could have been more detailed, but commented that time spent on documentation must be balanced with the time available to see patients and the impact on patient wait-times.

### 3. Committee Process

A Surgical Panel of the Committee, consisting of public and physician members, met to review the relevant records and documents related to the complaint. 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 problem before the Committee was that the medical record was so deficient, the Committee could not confirm whether or not Dr. Cuberovic did what he says he usually does in such cases. Documentation of a history and physical examination was simply non-existent. Dr. Cuberovic's only note was "tendons intact," which does not describe any clinical examination. There was no note about sensory examination. This does not meet the expected standard for documentation of an ED attendance for a hand injury.

In cases where a worker sustains a hand injury while on the job, it is vitally important to document fully the extent of the injury, especially because any disability needs to be identified at the outset. Further, it is not unusual for a worker to require documentation to submit to authorities or insurers, following a workplace injury. If the contemporaneous record is deficient, it is much more difficult for a physician to provide appropriate documentation to the patient.

The Committee disagreed with Dr. Cuberovic that time was not well spent on completing documentation as this would interfere with the quality or speed of care.

The Committee required Dr. Cuberovic to undertake a SCERP, with the goal of ensuring that Dr. Cuberovic produces documentation that meets the standard of a competent ED physician.