

SUMMARY

DR. CORY STEPHEN TORGERSON (CPSO# 77996)

1. Disposition

On June 15, 2016, the Inquiries, Complaints and Reports Committee (“the Committee”) ordered Dr. Torgerson (Otolaryngology – Head and Neck Surgeon) to complete a specified continuing education and remediation program (“SCERP”). The SCERP requires Dr. Torgerson to:

- Engage in self-directed learning on the topic of medical record-keeping
- Engage in focused educational sessions, in person, with a clinical supervisor acceptable to the College, in the following topics:
 - technique of flexible laryngoscopy and recognition of abnormal findings
 - record-keeping:
 - comprehensive history with sufficient detail to tell the story
 - legibility
 - communication with referring physicians
 - recognition of privacy concerns when communicating with patients via e-mail

2. Introduction

A patient complained to the College that Dr. Torgerson failed to provide adequate care, for example he failed to diagnose a serious condition in a timely manner (in particular, he did not perform a flexible laryngoscopy earlier and more frequently, and during other examinations he used a small mirror; the patient described how another physician diagnosed her condition several days after she last saw Dr. Torgerson). The patient also complained that Dr. Torgerson failed to maintain adequate medical records (including he falsely documented certain aspects of his examinations and assessments) and he behaved unprofessionally in how he responded to her in e-mail correspondence, and by rushing their appointments.

Dr. Torgerson responded that he made appropriate diagnoses based on clinical examination and patient history, he acted in a timely fashion to organize follow-up appointments, and he

organized appropriate tests and referrals. He pointed out that the patient's condition was one that could progress very quickly. He asserts that he did perform a flexible laryngoscopy at each visit, and denied the patient's claim about examining her using a mirror. He stated that his e-mail correspondence was kind and clear, and he denied that he rushed the patient's appointments. Dr. Torgerson explained that to improve his record-keeping, he started using electronic medical records (EMRs). He acknowledged and apologized that he did not generate a progress note in the EMR for one visit with the patient.

3. Committee Process

As part of this investigation, the Committee retained an Independent Opinion provider ("IO provider") who is an otolaryngologist – head and neck surgeon. The IO provider reviewed the entire written investigative record and submitted written reports to the Committee.

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.cpsso.on.ca, under the heading "Policies & Publications."

4. Committee's Analysis

The Committee considered the report of the IO provider, who was unable to resolve the difference of opinion regarding Dr. Torgerson's examination techniques, but opined that in this clinical scenario Dr. Torgerson should have sought further investigations, and his documentation was problematic.

The Committee shared the IO provider's concern that Dr. Torgerson should have initiated further investigations earlier, noting that while there was uncertainty about the examinations he performed, even if he had performed the flexible laryngoscopy at the patient's last appointment, it was overly cursory in the light of further examination results in the days and weeks following. This led the Committee to conclude that Dr. Torgerson would benefit from educational sessions,

in person, with a clinical supervisor that includes an observation component, with a focus on otolaryngeal physical examination, including flexible laryngoscopy.

The Committee found several aspects of Dr. Torgerson's record-keeping to be troubling (including legibility, comprehensiveness and correspondence with the family physician), and noted the records did not adhere to the College's policy on *Medical Records* (#4-12). While the Committee was not overly troubled by Dr. Torgerson's e-mail correspondence with the patient, it did wish to draw privacy concerns in this type of communication to Dr. Torgerson's attention. The Committee was unable to determine whether Dr. Torgerson's appointments with the patient were rushed, and it took no action on this concern.

The Committee determined that a specified continuing education and remediation program, focused on the various issues of concern set out above, was the appropriate disposition in this case.