

SUMMARY

DR. NEDALINA KANEVA ALEXIEVA (CPSO# 92398)

1. Disposition

On July 12, 2017, the Inquiries, Complaints and Reports Committee (“the Committee”) required Dr. Alexieva (Family Medicine) to attend at the College to be cautioned with respect to: considering a differential diagnosis, having a higher level of suspicion at a repeat visit, using opioids for the management of pain associated with constipation, and her medical record-keeping. The Committee also ordered Dr. Alexieva to complete a specified continuing education or remediation program (“SCERP”). The SCERP requires Dr. Alexieva to:

- Attend and successfully complete a course in medical record-keeping
- Review and provide a written summary of relevant clinical practice guidelines and resources, including:
 - Tintanelli’s Emergency Medicine: A Comprehensive Study Guide
 - “Evaluation and management of acute abdominal pain in the emergency department,” from the International Journal of General Medicine
 - “Evaluation of the adult with abdominal pain in the emergency department,” from UpToDate
- Review the College policy on *Medical Records* (#4-12)
- Undergo a reassessment with an assessor selected by the College three months after completing the SCERP.

2. Introduction

The College received a complaint from a patient (aged 71) raising concern about care the patient received from Dr. Alexieva in a hospital Emergency Room (ER). The patient was concerned that: Dr. Alexieva failed to adequately assess or investigate the patient’s vomiting, abdominal pain, and distension, including she did not order a Computed Tomography (CT) scan of the abdomen; and Dr. Alexieva misdiagnosed the patient with constipation and

inappropriately prescribed stool softeners and oxycodone before discharging the patient, when the patient was later diagnosed with an extensive small bowel obstruction by another physician and underwent emergency surgery. The patient had a past medical history that included surgery for colon cancer as well as atrial fibrillation.

Dr. Alexieva responded that she saw the patient for abdominal pain on a same-day return visit to the ER and she reviewed the earlier records. Dr. Alexieva said she considered that the patient had risk factors for bowel obstruction and she discussed the case with the previous physician who had treated the patient previously that day. According to Dr. Alexieva, when she reassessed the patient, the patient reported the pain had improved and made a request to go home, which she felt was reasonable at the time and she had no clinical evidence to make a diagnosis of small bowel obstruction.

Dr. Alexieva explained that she did not order a CT scan because it was not indicated and appropriate tests had been completed earlier in the day and all the results were normal. Dr. Alexieva maintains that she did not misdiagnose the patient with constipation and the management she offered was appropriate. She recalls discussing a bowel regimen with the patient, although acknowledges she did not document this. Dr. Alexieva said she prescribed Percocet as the patient insisted on having a powerful analgesic available at home. Dr. Alexieva indicated that in hindsight, she could have recorded other information on the patient's chart, including her consideration of bowel obstruction, her reassessment, her discussion with the patient, and the discharge plan. She said she will ensure her clinical notes contain more of such information going forward.

3. Committee Process

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

4. Committee's Analysis

The Committee found that Dr. Alexieva's documentation of the patient's history and physical examination was very poor, particularly in a patient who had a complex clinical history that put the patient at clinical risk. The Committee noted that there was no indication in Dr. Alexieva's ER record that she considered differential diagnoses. The Committee was of the view that Dr. Alexieva did not display good clinical decision-making when she prescribed fairly strong opioids to a patient with constipation and abdominal pain, who was opioid-naïve. The Committee further pointed out that Dr. Alexieva's documented diagnosis and discharge plan lacked detail. The Committee also felt that Dr. Alexieva's response letter did not show good insight overall. The Committee stated that a patient who attends the ER a second time with persistent and severe pain, hyperactive bowel sounds, requiring potent narcotic analgesia, and with a history of bowel surgery, should have been an immediate red flag to Dr. Alexieva, and she should have obtained a surgical opinion and/or a CT scan of the abdomen.

In light of the deficiencies identified, the Committee concluded that it was appropriate to require Dr. Alexieva to attend at the College to be cautioned in person and to undergo the SCERP summarized above.