

SUMMARY

DR. RAJIV VADERA (CPSO# 60854)

1. Disposition

On January 27, 2016, the Inquiries, Complaints and Reports Committee (“the Committee”) required family and emergency physician Dr. Vadera to appear before a panel of the Committee to be cautioned with respect to supervision of a resident, and with respect to failing to attend on a patient with symptoms of upper airway obstruction (possibly epiglottitis). Further, the Committee required Dr. Vadera to prepare and submit a written report on the College’s Policy Statement #2-11, *Professional Responsibilities in Postgraduate Medical Education*.

2. Introduction

A family member of the patient complained to the College that Dr. Vadera, in his role as Resident Supervisor, failed to ensure that a resident physician adequately assessed, diagnosed and treated the patient in a hospital emergency room (ER), when the patient presented with a sore throat, pain and difficulty breathing.

The College’s Policy Statement #2-11, *Professional Responsibilities in Postgraduate Medical Education*, sets out the relative roles and responsibilities of the trainee (resident) physician and the more senior physician who supervises residents. In this case, Dr. Vadera had final accountability for the medical care of the patient when the trainee was providing care.

The admitting physician who first assessed the patient ordered an x-ray of the patient’s throat. The resident physician then assessed the patient, but did not examine her throat. The resident physician and Dr. Vadera reviewed the x-ray and read it as normal. A radiologist later read the x-ray as suggestive of mild inflammatory changes of epiglottitis. The resident physician discussed her findings and discharge plan with Dr. Vadera, then discharged the patient with no medication. Dr. Vadera did not attend to see the patient in person.

Within hours, the patient attended a different care centre, where an ear, nose and throat consultant conducted an examination with a flexible scope, and ultimately concluded there was no evidence of epiglottitis, but that the patient likely had laryngitis.

Dr. Vadera told the College that he had worked some shifts with the resident physician before this and that he found her capable and competent. He stated that he has learned from this case that it may be useful for him to attend patients and observer, to ensure that patients’ concerns are addressed.

3. Committee Process

A Panel of the Committee, consisting of public and physician members, met to review the relevant records and documents related to the complaint, as well as College policies and relevant legislation.

4. Committee's Analysis

The Committee was very concerned about Dr. Vadera's supervision of the resident physician in this case, particularly given the potential serious consequences of discharging the patient before ruling out epiglottitis. Dr. Vadera failed to ensure that the resident physician undertook a physical examination of the patient's throat, and Dr. Vadera failed to attend in person to assess the patient, whose clinical presentation included a number of concerning symptoms. The resident physician was a junior resident with limited experience. Dr. Vadera also missed the cue that the patient and her family had expressed dissatisfaction with the resident's plan.

Dr. Vadera should have assumed that the patient had epiglottitis until proven otherwise. Although this possibility was later ruled out, at the time of Dr. Vadera's involvement in the patient's care, he should have taken steps to determine whether or not she had epiglottitis and to monitor her for same. These steps included personal attendance to assess the patient, further investigations, and consideration of admission. Dr. Vadera failed to ensure that the resident physician implemented such a care plan, or to attend to implement it himself.

The Committee noted other deficits in Dr. Vadera's approach to this case: he missed the subtle finding of epiglottitis on the x-ray and did not consult with a radiologist; he failed to document that he had reviewed the x-ray and read it as normal; he failed to examine the patient's throat with a flexible scope or arrange for this to be done; and he failed to take into account that diabetic patients such as the patient may exhibit inappropriate normothermia with infection.