

**SUMMARY of the Decision of the Inquiries, Complaints and Reports Committee
(the Committee)**
(Information is available about the complaints process [here](#) and about the Committee [here](#))

**Dr. Iram Kareemi Zando (CPSO# 59919)
(the Respondent)**

INTRODUCTION

The Complainant (Patient A) and two of her family members (Patient B and Patient C) attended the Respondent in the fall of 2015. Patient A wanted a referral to an optician. Patient B had concerns about a lump growing under his arm. Patient C wanted a referral to a dermatologist.

The Complainant contacted the College of Physicians and Surgeons of Ontario (the College) to express concerns about the Respondent's conduct.

COMPLAINANT'S CONCERNS

The Complainant is concerned about:

- **Poor communication by the Respondent, including engaging in a "diatribe" and stamping her feet**
- **The Respondent advising Patient B that although the ultrasound results were normal, if the lump bothered him, she could "cut it out"**
- **The referral given to Patient A, which mistakenly named Patient C**

COMMITTEE'S DECISION

A General Panel of the Committee considered this matter at its meeting of July 24, 2019. The Committee required the Respondent to complete a specified continuing remediation and education program (SCERP) consisting of courses in medical record-keeping and communication, a period of clinical supervision and a reassessment three months following completion of the clinical supervision.

COMMITTEE'S ANALYSIS

Communication issues

- The Committee was not in a position to determine with certainty whether the Respondent was unprofessional in her communications with Patients A, B and C, or whether she stamped her foot or engaged in a "diatribe," given the divergent accounts provided by the parties and lack of independent information to assist.

- Having said that, given the Respondent’s history of complaints to the College regarding her professionalism and communications, and taking into account the other matters about the Respondent which were reviewed at the same meeting, the Committee was left with the impression that there may be something lacking in the Respondent’s communication style that results in patients having a negative perception of their encounters with her, and that the Respondent would benefit from some remediation on this issue.
- The Committee therefore included communications education in the SCERP.

Medical Record-Keeping

- In the course of reviewing this complaint, the Committee had concerns about the Respondent’s medical record-keeping. The Respondent told the College that she believes her documentation with respect to Patients B and C complies with the College’s *Medical Records* policy, in that it contains relevant patient histories, diagnoses, subjective and objective elements of the encounters. She acknowledged that she should have stated a management plan in her notes.
- With respect to the Complainant/Patient A, the Respondent noted that her attendance was to request a referral so there was “sparse documentation.” The Respondent acknowledged that the referral for Patient A was mistakenly printed from Patient C’s chart.
- In the Committee’s view, the Respondent’s records in this case were sparse and incomplete. The Committee believed the Respondent would benefit from remediation regarding medical record-keeping, so also included this element in the SCERP.