

SUMMARY

DR. WILLIAM JAMES VORNBERGER CPSO #91917)

1. Disposition

On January 19, 2017, the Inquiries, Complaints and Reports Committee (“the Committee”) ordered general practitioner Dr. Vornberger to complete a specified continuing education and remediation program (“SCERP”). The SCERP requires Dr. Vornberger to:

- Successfully complete the Medical Record-Keeping Course through a course provider indicated by the College
- Review the College’s *Medical Records* policy and relevant clinical practice guidelines:
 - <http://www.aapsus.org/articles/56.pdf>
 - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4499185/pdf/13058_2015_Article_605.pdf
 - <http://www.aafp.org/afp/2012/0815/p343.pdf>
 - https://qap.sdsu.edu/screening/breastcancer/bda/pdf/BDA_4thEdition_bw.pdf
 - Areas to enhance include, but are not limited to:
 - Reviewing the clinical and radiological presentation and management of breast lumps on women
 - Recognizing that diagnostic imaging of a breast lump needs to be correlated with clinical findings
 - Documentation of:
 - Patient history
 - Physical examinations

- Management
- Follow-up plans
- Provide a written summary of his review of the above-noted documents
- Undergo a reassessment of his practice by an assessor selected by the College approximately one year after completion of the education program.

2. Introduction

A patient complained to the College that Dr. Vornberger failed to adequately assess her from 2014 to 2015 after she presented to him with a lump in her right breast, in that he did not perform a physical breast examination or refer her for a breast biopsy in a timely manner. The patient was diagnosed with stage 4 breast cancer in September 2015.

Dr. Vornberger responded that he sent the patient for an ultrasound when she came to his office in October 2014 reporting skin changes on her right breast. The ultrasound showed three simple cysts and borderline lymph nodes in the patient's right axilla.

Dr. Vornberger indicated that the patient underwent a bilateral mammogram and repeat ultrasound of the right breast in January 2015. The mammogram was reported as benign and the ultrasound had not changed from the previous study. Dr. Vornberger indicated that, to the best of his recollection, the patient did not bring to his attention any further changes to her breast when she came to the office to discuss test results.

The patient had another mammogram and ultrasound in August 2015. The radiologist suggested a biopsy so he immediately referred the patient to a surgeon. The biopsy was positive for invasive mammary carcinoma.

3. Committee Process

As part of this investigation, the Committee retained an Independent Opinion provider ("IO provider") who specializes in family medicine. The IO provider reviewed the entire written investigative record and submitted a written report to the Committee.

A Family Practice 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 parties in this matter provided diametrically different versions of events: the patient indicated that she informed Dr. Vornberger of changes to the lump in her breast, namely that it had grown and hardened and caused dimpling of her skin, while Dr. Vornberger reported that patient did not tell him of any changes to her breast when she was in the office to discuss test results.

The IO provider concluded that if one accepts Dr. Vornberger's version of events, that the patient did not bring to his attention any further changes in her breast, Dr. Vornberger's care met the standard of practice of the profession and he demonstrated no lack of knowledge, skill, or judgement. On the other hand, the IO provider concluded, if one accepted the patient's account of events, that Dr. Vornberger did not examine her breast even after she informed him that she had noted a change, Dr. Vornberger's care did not meet the standard and he demonstrated a lack of judgement.

The Committee found that the IO provider's report did not provide a helpful opinion, given the IO provider's position that Dr. Vornberger's care met or did not meet the standard of practice depending on whose account one accepted.

Notwithstanding the differences in the parties' description of events, the Committee noted that Dr. Vornberger was falsely reassured by negative imaging. When a patient reports a breast lesion that does not show up on standard imaging, the physician should definitely examine the area and recognize that the lesion will require clinical assessment and investigation through biopsy, or at least an MRI. One will not always find a lump with this type of breast cancer (lobular cancer) but the breast skin will be red. Skin dimpling should trigger immediate referral to a surgeon.

If Dr. Vornberger had inquired at the patient's subsequent appointments whether the lesion was still there, the patient would have said yes, as the lesion was indeed still there and growing. At that point Dr. Vornberger should have conducted an examination. Ultimately, it would seem that Dr. Vornberger did not inquire about the lesion and did not perform a physical examination for eight months after the patient's initial presentation, by which time the tumour was very large.

Dr. Vornberger's notes in this case were sparse. The record lacked a description or picture of the lump and its location, and there was no estimated measurement of the size of the lump when first detected, so Dr. Vornberger had no way of objectively following the lesion. Dr. Vornberger documented minimal details of his examination and the history of the mass (including how long it had been there or whether it was painful). On repeat visits, there is no documentation that Dr. Vornberger inquired about the lump. The record also lacks a detailed cumulative patient profile ("CPP").

The first ultrasound visualized nodes and Dr. Vornberger wrote "query enlarged lymph node" in his note for the second visit. The documentation does not indicate that he ever did an axillary examination or followed up on this issue even though five lymph nodes on ultrasound is an unusual finding.

The Committee was concerned to note the deficiencies in Dr. Vornberger's documentation given that he took a medical record-keeping course in 2014. It did not appear that Dr. Vornberger recognizes that thorough and legible notes are a crucial component of good medical care, and are an important measure of the quality of care received by a patient. A physician's notes are meant to reflect the interaction between a physician and a patient, and chronicle a physician's management of a patient's care. They should include important discussions such as explanations of treatment options offered, together with notations relating to any discussions which were had about the relative benefits and risks of proposed interventions.

In light of all the above, the Committee decided to require Dr. Vornberger to complete the above-noted SCERP.