

SUMMARY

DR. MOHAMMED REZA KHODABANDEHLOO (CPSO #76723)

1. Disposition:

On October 16, 2015, the Inquiries Complaint and Reports Committee (the Committee) required urologist Dr. Khodabandehloo to appear before a panel of the Committee to be cautioned with respect to appropriate follow-up and communication with patients. In addition, the Committee required Dr. Khodabandehloo to complete a specified continuing education and remediation program (SCERP). The SCERP requires Dr. Khodabandehloo to:

- engage in focused educational sessions, in person, with a supervisor acceptable to the College in the following topics:
 - o appropriate and courteous communication with patients and
 - o appropriate and professional communication with colleagues.

2. Introduction:

Dr. Khodabandehloo signed an undertaking with the College that restricted him as of August 18, 2014, from any surgical practice other than minor surgical procedures under local anesthetic involving skin and subcutaneous tissues, and assessments and consultations as associated with these minor procedures.

A patient complained to the College that Dr. Khodabandehloo possibly breached his undertaking with the College by performing a cortisone injection in her hip and accepting a surgical consultation for back surgery, and that he dismissed her back problems and behaved in a rude and dismissive manner. The patient also complained that the cortisone injection was painful and continues to cause her debilitating pain.

Dr. Khodabandehloo indicated that he assessed the patient's trochanteris bursitis and determined that cortisone injections to her hip were indicated. He noted that this procedure and the assessment associated with it are within the scope of his August 2014 undertaking with the College. Dr. Khodabandehloo denied that he conducted a surgical consultation of the patient, as this is not permitted within the terms of his undertaking. He reported that he recommended a conservative approach to the patient's back pain and denied that he communicated rudely.

3. Committee Process:

A Surgical 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 satisfied that Dr. Khodabandehloo had not breached his undertaking with the College by providing a cortisone injection and that the pain the patient experienced from the injection was not due to inappropriate technique on Dr. Khodabandehloo's part. The Committee saw no evidence that Dr. Khodabandehloo had performed a pre-operative assessment of the patient's back and felt that his recommendation for conservative treatment in regard to the patient's back pain was reasonable.

The Committee had concerns, however, with Dr. Khodabandehloo's communication in this matter, both with the referring physician and with the patient. His note for the patient's follow-up visit was extremely brief with no useful information and was not shared with the referring physician. The note indicates that the patient showed no improvement but did not recommend appropriate follow-up. Though the patient was upset enough with her interaction with Dr. Khodabandehloo to mention it to the referring physician, who documented it in her progress note, Dr. Khodabandehloo's note does not mention a contentious encounter. The Committee could not determine whether Dr. Khodabandehloo told the patient he would "blackball" her among other Ottawa surgeons, but it is clear from the information the patient provided to her physician that her interaction with Dr. Khodabandehloo upset her, and yet there is no indication that Dr. Khodabandehloo made any effort to ensure the patient understood the rationale for his management choices.

The Committee noted that Dr. Khodabandehloo has a concerning College history involving complaints about communication with patients and has received both verbal and written cautions regarding inadequate communication and has been directed to participate in one-on-one educational sessions to improve this aspect of his patient care. In light of the inadequate follow-up note, the Committee questioned whether Dr. Khodabandehloo has learned from the College interventions intended to help him improve his communication skills. For this reason, the Committee decided to require Dr. Khodabandehloo to complete the SCERP described above and to attend at the College to be cautioned.