

## SUMMARY

### DR. PAUL R. HANSON (CPSO# 65864)

#### 1. Disposition

On July 20, 2016, the Inquiries, Complaints and Reports Committee (“the Committee”) required general practitioner Dr. Hanson to appear before a panel of the Committee to be cautioned with respect to assessment and management of knee injuries, communications, record-keeping, and professionalism.

Further, the Committee required Dr. Hanson to complete a specified continuing education and remediation program (“SCERP”). The SCERP requires Dr. Hanson to:

- successfully complete two Canadian Medical Protective Association (CMPA) e-modules on documentation, and provide the College with proof of successful completion of the above-noted modules
- review relevant Clinical Practice Guideline(s)/literature regarding assessment and management of knee injuries and provide the College with a clinical report on investigation and management of knee injuries
- review College Policy Statement #4-12, *Medical Records*, College Policy Statement #3-16, *Physician Behaviour in the Professional Environment*, the College’s *Practice Guide* and the Canadian Medical Association (CMA)’s Code of Ethics, and to provide the College with a report on his review of these documents
- provide the College with a report, up to 5 pages in length, reflecting on why he has recurrent problems with professionalism, what he has learned from one-on-one coaching previously mandated by this Committee, and how he will make changes to his practice to avoid further complaints

#### 2. Introduction

A patient complained to the College that, at an appointment where she attended Dr. Hanson with knee pain resulting from an injury, seeking imaging and a specialist referral, Dr. Hanson

inappropriately told her that she was no longer a patient in his family medicine practice, because she had not had a physical examination within the past year, while not appropriately informing her that she had previously been discharged from his practice; inappropriately informed her that he would see her for only one issue per visit; failed to consider the findings and treatments which the patient's physiotherapist had provided to her, and refer her for further investigations, including an x-ray and magnetic resonance imaging (MRI) of her right knee, and referral to an orthopaedic surgeon; and, failed to complete a physical assessment of the patient's right knee and take a history of the injury sustained.

Dr. Hanson denied saying the patient was no longer his patient, denied saying he would see her for only one issue per visit, stated that he had listened to and considered the information which the patient conveyed about the physiotherapist's assessment and treatment, and said he undertook history and physical examination of the patient's knee. Dr. Hanson stated that before referring the patient to a specialist (orthopedic surgeon) he wished to undertake his own assessment and to that end gave the patient requisitions for x-ray and ultrasound of the knee, but the patient did not return to see him.

### 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. 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](http://www.cpsso.on.ca), under the heading "Policies & Publications."

### 4. Committee's Analysis

The Committee could not determine whether Dr. Hanson told the patient that she was no longer his patient, although it appeared that the patient left the appointment with that impression, given that she later called the clinic to confirm she was actually a patient.

The Committee could not determine whether Dr. Hanson told the patient that he deals with only one issue per visit, but notes that the College discourages this approach.

Considering the patient's very negative recollection of the encounter, and taking that Dr. Hanson has had previous complaints dealing with communications, the Committee felt that questions were raised about Dr. Hanson's ability to have courteous and respectful interactions with patients.

The Committee was not satisfied with Dr. Hanson's medical record-keeping. The chart did not document a proper history or assessment of the knee injury. The Electronic Medical Record showed that the encounter was about three minutes long and it was difficult to imagine how Dr. Hanson would have had time to review information from the physiotherapist, while also taking a history and performing a physical examination. The Committee was not satisfied that Dr. Hanson respectfully acknowledged the physiotherapist's opinion, or, if he disagreed with it, that he took any time to discuss with the patient the basis for any differences between their respective advice. Nor was the Committee satisfied with Dr. Hanson's approach to assessment and management of the patient's knee injury.

For these reasons, the Committee required Dr. Hanson to attend the College to be cautioned and, further, imposed the educational disposition of a SCERP, as set out above.