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. Alireza Shakib (CPSO# 92200)
(the Respondent)
Family Medicine

INTRODUCTION

Patient 1 attended the Respondent's office on a walk-in basis for a clinical concern.

On a separate occasion, Patient 2 (who is related to Patient 1) attended the Respondent's office with chest pain, shortness of breath and pain in the left arm. Patient 2 continued to have symptoms later that same day and then went by ambulance to hospital, where he was diagnosed with a heart attack and had emergency treatment.

The Complainant, who is the patients' family member, contacted the College of Physicians and Surgeons of Ontario (the College) to express concerns about the Respondent's care and conduct, as follows:

COMPLAINANT'S CONCERNS

The Complainant is concerned that the Respondent yelled at Patient 1 and said "get out of the clinic" without assessing her.

The Complainant is concerned that the Respondent sent Patient 2 home after he attended with concerns of chest pain and shortness of breath and pain in his left arm.

COMMITTEE'S DECISION

A Family Practice Panel of the Committee considered this matter at its meeting of April 2, 2020. The Committee required the Respondent to attend at the College to be cautioned in person with respect to the overall assessment and management of chest pain in older adults, including documentation of the same. The Committee also asked the Respondent to review relevant literature and provide a written summary in relation to these subjects.

COMMITTEE'S ANALYSIS

Caution in person in relation to Patient 2

The Respondent's records were incomplete and relied too heavily on the use of templates.

Patient 2 had several risk factors for atypical angina/silent heart attack, including but not limited to his age (he was an older adult). The Respondent documented an inadequate history, including he did not note a discussion about the patient's risk factors, there was no relevant review of systems, and there were insufficient details around the patient's symptoms. The Respondent used a pre-filled template for his physical examination.

While the Respondent told Patient 2 to go to the Emergency Room (ER) if his symptoms worsened, based on Patient 2's risk factors a more prudent course would have been to refer him to the ER directly. The Committee questioned a medication that the Respondent prescribed for Patient 2.

While the Respondent said he was going to refer Patient 2 urgently to a cardiologist, there is no mention of such a plan in the record. The Respondent submitted to the College a completed cardiology consultation requisition, but the requisition was not adequately completed.

The Committee was concerned about the Respondent's knowledge around the presentation of unstable angina, risk factors associated with the same, and the course of action required when patients attend in the office with such a presentation. The Committee pointed to the importance of thorough clinical notes and the risks of using pre-populated templates, both of which are discussed in the College policy, *Medical Records Documentation*.

The Committee decided to require the Respondent to attend at the College to be cautioned in person as set out above.

Concern related to Patient 1

The Committee took no further action on the concern respecting Patient 1.