

**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. Jay Martin Silverstein (CPSO# 58267)
(the Respondent)**

INTRODUCTION

The two year-old Patient attended a hospital emergency department (ER), with symptoms that included fever, vomiting and diarrhea. The Respondent was supervisor of a PGY (post-graduate year) 2 Resident in family medicine who provided the Patient's care. The Patient was discharged home later that day. The Patient died three days later.

The Complainants, who were the Patient's family members, contacted the College of Physicians and Surgeons of Ontario (the College) to express concerns about the Respondent's care.

COMPLAINANTS' CONCERNS

The Complainants were concerned that the Respondent:

- **failed to provide appropriate supervision to the Resident treating the Patient**
- **failed to attend the Patient to conduct his own assessment of, and investigation into, her symptoms of lethargy, vomiting and diarrhea, fever, increased heart rate, and dehydration.**

COMMITTEE'S DECISION

A Family Practice Panel of the Committee considered this matter at its meeting of October 23, 2020. The Committee required the Respondent to attend at the College to be cautioned in person with respect to supervision of trainees, and appreciating signs and symptoms of concern in paediatric illness.

The Committee also accepted an undertaking from the Respondent under which he will review and reflect on academic sources regarding pediatric emergency medicine, and on the College's policy on *Professional Responsibilities in Postgraduate Education*, and will then provide the College with a written summary of his learning

COMMITTEE'S ANALYSIS

The Respondent told the College that when he reviewed the case with the Resident, she informed him that she had seen a 2 year-old patient with a fever, vomiting and diarrhea since the previous day. The Respondent added that this case seemed like a usual

gastroenteritis. He acknowledges that he did not see the Patient himself and did not make any notes, other than writing a diagnosis of gastroenteritis and signing the chart.

At the time the Resident saw the Patient, her vital signs and reduced urine output suggested possibly more than just a viral illness. In the Committee's view, the Respondent as the more experienced physician, the MRP and the supervisor of the Resident should have known that it was necessary to attend to personally see and assess the Patient.

The Assessor who reviewed this matter for the College opined that the Respondent's failure to recognize potential sepsis showed a lack of knowledge and his failure to attend to assess the Patient showed a lack of judgment. The Committee agrees.

The Respondent should have attended personally to see the Patient when the Resident apprised him of the Patient's condition. His failure to do so raised concerns about his appropriate supervision of Residents and about his medical skill and knowledge in the area of pediatric emergency medicine