

SUMMARY

DR. KHALDON A. NEAMI (CPSO #83557)

1. Disposition

On February 18, 2016, the Inquiries, Complaints and Reports Committee (“the Committee”) ordered family physician Dr. Neami to complete a specified continuing education and remediation program (“SCERP”). The SCERP requires Dr. Neami to:

- Attend and provide proof of successful completion of the next available course on the management of acute musculoskeletal injuries in adults and children;
- Provide a reflective essay 2-4 pages in length describing what he has learned from this issue and how he would deal with a similar situation in the future;
- Undergo a reassessment with an assessor selected by the College, approximately six months following the completion of the Education Plan.

2. Introduction

A mother expressed concern about the care Dr. Neami provided to her 9-year-old son when he put a cast on her son’s right arm in April 2015. The mother brought her son to the urgent care centre with a four-day old injury to his arm and wrist. Dr. Neami ordered an x-ray that confirmed a Salter type 2 fracture and applied a cast.

The mother reported that Dr. Neami applied the plaster cast directly to her son’s arm without protective padding and instead wrapped the padding around the outside of the cast. She brought her son back to the clinic five days later because he was experiencing pain and swelling in his right arm and fingers. Another physician removed the cast and found blisters on the patient’s arm. The other physician applied a new cast that had openings to accommodate the blisters.

In his response to the complaint Dr. Neami maintained that he applied the cast correctly, and that it is his usual practice to apply undercast padding before applying the plaster slabs of the cast.

The physician who removed the patient's cast five days after Dr. Neami applied it provided information to the College that contradicted Dr. Neami's statement. The physician indicated that the patient presented to him with a plaster cast that had been applied directly to the skin, with the undercast padding wrapped around the outside of the cast.

3. Committee Process

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, as well as College policies and relevant legislation.

4. Committee's Analysis

The Committee was very concerned by the lack of knowledge, skill and judgement Dr. Neami demonstrated in the manner in which he applied the cast to the patient's arm. Dr. Neami's response to the College regarding the care he took in applying and checking the cast does not seem likely to the Committee given the improperly applied cast the other physician was presented with five days later.

Applying a cast is a fundamental skill for physicians at urgent care centres. It was not apparent to the Committee that Dr. Neami recognized his error in this matter, which the Committee found particularly disturbing in light of his statement that he applies two to four casts per shift.

The Committee considered it essential that Dr. Neami undergo specified continuing education in the area of managing acute musculoskeletal injuries in adults and children to improve his skills in applying casts.