

SUMMARY

DR. MARYAM SHAYESTEH ALAM (CPSO #85096)

1. Disposition

On January 17, 2018, the Inquiries, Complaints and Reports Committee (the Committee) required dermatologist Dr. Shayesteh Alam to appear before a panel of the Committee to be cautioned with respect to carrying out an inadequate assessment and failing to perform a biopsy.

In addition, the Committee ordered Dr. Shayesteh Alam to complete a specified continuing education and remediation program (SCERP). The SCERP requires Dr. Shayesteh Alam to:

- Attend and successfully complete the next available session of the following Canadian Medical Protective Association (CMPA) record keeping emodules:
 - Documentation: Charting Medical Records eLearning Module
 - Documentation II: Principles of Medical Record Keeping eLearning Module
- Review the College's *Medical Records* policy and provide a written summary to the College, approximately 2000 words in length, within four months of receipt of the Decision and Reasons, making reference to current standards of practice, how they are applicable to her situation, as well as how she has made, or plans to make changes to her practice.

2. Introduction

A patient complained to the College that Dr. Shayesteh Alam failed to provide him with appropriate care in 2016. Specifically, the patient indicated that Dr. Shayesteh Alam initially declined a consultation request regarding a left heel lesion and diagnosed his lesion as a wound and referred him to a wound specialist without having assessed him, and then, when she did eventually see him in consultation, refused to perform a biopsy of the lesion. The patient was

subsequently diagnosed with stage 4 melanoma on his heel.

Dr. Shayesteh Alam responded that she declined the initial referral because treatment of ulcers on lower limbs falls outside her scope of practice. She denied that she diagnosed the patient's lesion as a wound without having assessed him, but noted that she simply stated in her letter to the referring physician that she does "not treat wounds." Dr. Shayesteh Alam indicated that the patient was referred to her a second time and she accepted that referral, saw the patient and examined his heel. She indicated that she decided not to perform a punch biopsy and recommended the patient go to a wound care clinic or to a specific physician she named who has significant expertise in wound care.

3. Committee Process

A General 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.cpso.on.ca, under the heading "Policies & Publications."

4. Committee's Analysis

The Committee considered a report from an independent opinion (IO) provider who is a dermatologist, commenting on Dr. Shayesteh Alam's care in this case. The IO provider concluded that the care Dr. Shayesteh Alam provided to the patient did not meet the standard of practice. The IO provider expressed the view that Dr. Shayesteh Alam showed a lack of judgement in failing to biopsy the patient's lesion, and that as a result, her clinical practice may expose patients to harm.

The Committee considered it reasonable for Dr. Shayesteh Alam to decline the first consultation request in May 2016 if she was of the view that the patient's clinical issue was outside of her scope of practice.

Furthermore, the Committee saw no reason to conclude that Dr. Shayesteh Alam's letter to the referring physician, in which she indicated that her reason for declining the consultation request is because she does not treat wounds, constituted a diagnosis of the patient's lesion. Dr. Shayesteh Alam could not have known that the lesion was a melanoma, and it was reasonable for her to redirect the patient if she was under the impression that the referral was beyond her scope.

The Committee noted, however, that if Dr. Shayesteh Alam has a policy of not seeing wound care patients due to her limited scope of practice, she went against it by accepting the second consultation request for the patient in October 2016. Once she agreed to see the patient, Dr. Shayesteh Alam had an obligation to assess him adequately and document her assessment in sufficient detail.

It appeared to be Dr. Shayesteh Alam's position that she understood by looking at the patient's lesion in October 2016 that it was outside her expertise and should be referred to another specialist; however, the lesion on the patient's heel was longstanding and biopsies are a significant component of a dermatologist's practice. The Committee could see no reason why Dr. Shayesteh Alam would decide not to perform a biopsy in the circumstances. The next dermatologist who saw the patient performed a biopsy that led to the diagnosis of melanoma.

It was concerning to the Committee that Dr. Shayesteh Alam failed to conduct an adequate assessment of the patient or document more than a few lines about her findings. Dr. Shayesteh Alam's consultation notes were very brief and did not reflect a thorough consideration of the patient, nor did they include a differential diagnosis or documented consideration of the

absence of risk factors for an ulcer. Dr. Shayesteh Alam failed to document a clinical description of the lesion.

The two referrals for this patient did not provide information about previous investigations, which would have been helpful to Dr. Shayesteh Alam, but this should not have prevented Dr. Shayesteh Alam from completing an appropriate assessment, performing a biopsy, and sending the referring physician a thorough consultation letter, which she did not do.

In light of this, the Committee decided that the two-fold disposition set out above was warranted.