The Top Ten Causes of Unprofessional Conduct

The following is adapted from a recent workshop given to the College of Dieticians of Alberta by their legal counsel, James T. Casey Q.C. We wish to thank both Mr. Casey and the College of Dieticians for their permission to reprint the workshop summary. The list is based on his experience over the years with hundreds of cases of unprofessional conduct in a broad range of professions. In no particular order:

Failure to Maintain Currency of Professional Knowledge and Competence
All health professions and the health care system evolve and professionals must keep up with the changing competency requirements. "That's how I did it when I was trained 20 years ago" is not a valid defense.

The top three categories of practitioners (in all health professions) who do not maintain adequate competency levels are solo practitioners, practitioners in practice over 25 years and international graduates.

To maintain competence, professionals must make ongoing education a central tenet of professionalism, take advantage of a variety of CE programs (whether you receive CE credits or not), read professional publications, be active in your professional college or association and understand your profession's standards of practice.

Failure to Seek Assistance or Make Appropriate Referrals
During their career, professionals will encounter situations for which they do not have the necessary skills.

Recognize that we all have limitations and that seeking assistance is not a form of weakness; but rather, a sign of professional strength. Your patients will receive the proper diagnostic and treatment care and as such will form a higher opinion of your professionalism.

Difficulties in a Professional's Personal Life
Personal difficulties might be related to problems with marriages, relationships, children, finances, depression or health related illnesses.

Realize that it is extremely easy for any of these difficulties to "spill" over to your workplace giving rise to a risk of unprofessional conduct. Also realize that you may not be the most objective person to decide whether your work is being adversely affected.

It takes a much stronger character to admit a possible problem exists and seek assistance than to try to "gloss the problem over" and hope it eventually goes away.

Alcohol and/or Drug Addictions
Unfortunately, alcohol and drug addictions are the root cause of some of the most serious cases of unprofessional conduct.

Realize that all health professionals pose a higher risk due to easy accessibility of drugs and alcohol.

Many professionals with substance abuse problems have destroyed their entire careers because they either refused to seek assistance or sought help too late.

Poor Communication Between Patients and Professionals
Appreciate that part of being a true professional is being a good communicator and that effective communication is at the heart of the "informed consent" process.

Avoid "smart-aleck" or cavalier comments in the presence of patients. Realize that comments that may be appropriate in the presence of colleagues may not be appropriate in the presence of your patients.

It is well established that patients who leave a health professional's office feeling that they were mistreated, treated inappropriately or just that no one cared about their problem are more likely to file a complaint.

Failure to Appropriately Address Patients' Concerns
Take all patient concerns and complaints seriously.

Although, you deal with disease and treatment on a daily basis, understand that patients can be under significant emotional and physical stress in an environment they do not fully understand.

The power of acknowledging the feelings of a patient can never be underestimated. Patients who feel their complaint was acknowledged and effectively addressed rarely file a complaint of unprofessional conduct.

Environmental Factors
Remember that regardless of your work environment, it is your responsibility to ensure that your work meets your profession's standards of care.

To state "that's how I was told to do it" is unlikely to be a successful defense.

Personality Conflicts Escalating to Unprofessional Conduct
Understand that personality conflicts between colleagues, patients or staff will always be present. It is the mark of a true professional to maintain a professional demeanor and interact responsibly.

If a situation presents where your care will be affected by a conflict with your patient, refer your patient to a colleague for care. If the situation involves another colleague, deal with the matter privately (not in the presence of patients) or request the assistance of your college's Registrar.

Complacency about Professional Standards
Remember that a commitment to professionalism is a life-long commitment and that experience and seniority will not help you get away with an inadequate standard of care.

Incomplete and/or Inadequate Professional Documentation
If you have rendered appropriate care, proper documentation always wins over opinions of such care from patients or other colleagues. Without proper documentation, Hearing Tribunal members must deal with "He said, she said" type arguments and try to decide which side is more credible.

Write legibly, remember to also record summaries of any conversations, use ink on paper charts, correct errors by crossing out previous information and inserting the new information along with the date.

Remember that being a professional is not being a perfectionist. Be honest with yourself, your colleagues and your patients.

ACO Council

Although e-mail is the preferred method of communication with Council members, you may also contact any member of Council by telephone.

Executive Committee
Dr. Gary Wetmore, President
(780)871-5991
wetmoreg@telus.net

Dr. Gerry Leinweber, Vice-President
(403)346-1177
gerry@doctorseyecare.ab.ca

Dr. Rod Huszar, Sec.-Treasurer
(403)320-1144
huszar@visualef.com

Dr. Bob DeMara, Past President
(403) 225-5660
drdemara@shaw.ca

Council
Dr. Bruce Johnson
(780)361-2020
johnsonod@incentre.net

Dr. Mark Bourdeau
(403)256-0606
markbourdeau@gmail.com

Dr. Shane Keddie
(780)468-2020
skedddie@telusplanet.net

Public Members
Mr. Gary Christopherson
(780)338-2000
gary@wispernet.ca

ALBERTA college of OPTOMETRISTS

the communicator

summer 2006 VOLUME 6 - ISSUE 2

A Word from the President … Gary Wetmore, O.D.

I hope that every one's summer has gotten off to a good start. We on Council experienced a very busy, productive and exasperating year. On the positive side, we are in the process of restructuring ACO administration to become a more policy-based organization. We have also re-drafted the ACO Bylaws which will be presented for ratification by our members at the fall AGM. On the downside, recently enacted legislation allows opticians to refract. Although legislation was passed several months ago, as of the print date for this newsletter, we have not seen the Opticians Profession Regulation that will define how refracting by opticians will be regulated.

It is the current belief of our provincial government that health professions should be allowed to expand their current legislated scope of practice. Previously, when a profession wished to expand their scope of practice, they would present their case before the Health Professions Advisory Board (HPAB). This transparent and open forum allowed the free exchange of comments and ideas from a variety of stakeholders which allowed the HPAB to make decisions based on public safety and demonstrated need.

Today, the provincial government has decreed that the HPAB only deal with requests for expansion of restricted activities. This means that if a health profession wishes to expand their scope of practice to include "non-restricted activities", bureaucrats in the Department of Health & Wellness will decide by themselves whether such an expansion should be allowed or not. The reasoning is that since "non-restricted activities" can be performed by any lay person, why not by any health professional. Since refracting is not considered a restricted activity, the government bureaucracy allowed this statement to be included in the optician's scope of practice without the usual HPAB review process. This is in direct contrast to the decision made by the previous Minister of Health who decided not to allow independent refracting by opticians after a HPAB review.

Schedule 7.1 of the Government Organization Act lists the various Health Services Restricted Activities. It is interesting to note that diagnosis is not listed as a restricted activity. This means that should a profession decide to add "diagnosis of skin cancer" to their scope of practice, they would simply have to put a request into the Department of Health & Wellness and allow the bureaucrats to internally decide whether this activity should be added or not.

The recently released HPRAC Report in Ontario decided it is not in the public's best interest to allow independent refracting by opticians. The HPRAC review also decided that it is in the public's best interest to allow optometrists to prescribe oral and topical pharmaceuticals. At the same time, the B.C. government decided to delay any legislation that would allow independent refracting by opticians.

It is time for us to concentrate our energies on who we are and where we want to be in the next ten years. Expanding our scope of practice to fully reflect our capabilities and ensuring our training reflects this is essential. If we are not cohesively bound to a coherent common purpose, then divided we fall. Now is the time for us to band together, roll up our sleeves, and move Optometry to our next evolutionary stage. The ACO will be working in concert with the AAO to achieve the best possible results for our profession while maintaining our mandate for public safety. If everyone contributes, we can quickly achieve our goals. I and my fellow members on Council welcome your phone calls or e-mails, so please don't hesitate to let us know your views.

A PUBLICATION OF THE ALBERTA COLLEGE OF OPTOMETRISTS
#102, 8407 Argyll Rd. NW, Edmonton, AB T6C 4B2 T: (780)466-5999 F: (780)466-5969 E: admin@collegeofoptometrists.ab.ca

Answers to Some Common AH&W Billing Questions

Can children or seniors be billed privately at the time of their complete eye examination (B650) for a contact lens fitting or check-up?
Yes, the B650 code does not cover a contact lens fitting or check-up. As with any other private billing, the patient would need to be informed of the charge in advance of providing the service.

Can children or seniors be billed privately for other services?
Yes, if a child or senior has used up all of their insured service codes for the year, you may bill them privately for these previously insured services. In addition, uninsured services such fundus photography may also be billed privately on the same day or separate day that an insured service (such as B650) is billed to AH&W. Again, the patient must be informed in advance of any fee before that service is performed. Alberta Health and Wellness deems a practitioner to be balance billing if every patient automatically receives a particular "uninsured" service at the time of their eye exam. Balance billing to children and seniors is not allowed.

How many insured services may be billed to AH&W under a physician referral in one year?
You are allowed unlimited billings if the service is requested by a physician and you submit the physicians PRAC ID.

Can a threshold visual field (B661) be billed on the same day as a complete eye exam (B650)?
Yes, the B661 code is the only code that may be billed on the same day as a B650.

Can a screening visual field (B658) be billed on the same day as a complete (B650) or partial (B651) eye exam?
No, it is not allowed.

What are examples of services not covered under a partial (B651) exam or single procedures (B652 to B659)?
A partial eye exam is defined as performing two or more insured services. Single procedures are defined as performing that particular insured service. Therefore, case history, visual acuities, keratometry, auto refractometry and any other procedure not listed in the B652-B659 fee codes are not billable as a partial or single procedure.

Does the AHC Agreement have any clause about limiting the number of appointments for children or seniors on any given day?
All doctors have "scheduling preferences" built in to their appointment schedule according to the type of exam or time required for a particular exam. To limit the number of appointments available every day for children or seniors because the payment for such an exam is much lower than you would receive from a private pay patient is considered unethical and subject to unprofessional conduct. To limit the number of appointments available every day for children or seniors due to wanting to schedule these exams appropriately in order that the proper amount of time is alloted is perfectly reasonable.

Clinical Management of Fungal Keratitis

The Alberta College of Optometrists would like to take this opportunity to comment on the recent outbreak of fungal keratitis in young, healthy contact lens wearers. We believe this is a classic example of why contact lenses should not be dispensed without a complete eye health examination on a regular basis.

Background
The vast majority of microbial keratitis cases are caused by bacteria. Strategies for the diagnosis and management of bacterial keratitis are well-defined, and most cases resolve without significant visual loss. Although, fungal keratitis cases are extremely rare in Canada, they account for up to 50% of microbial keratitis cases elsewhere in the world. The most virulent from of fungal keratitis (and the culprit in the recent outbreak in healthy, young contact lens wearers) is caused by Fusarium solani. Prompt diagnosis and initiation of appropriate therapy may limit visual and ocular morbidity. Although, the majority of recent cases involved patients who used Re Nu with Moisture Loc contact lens solution (which is not available in Canada); other cases have surfaced with patients who have used other multipurpose solutions.

Presentation
The initial clinical presentation of bacterial and fungal keratitis is very similar. Patients report pain, photophobia, injection, discharge and tearing. Be especially careful if a patient presents with a history of trauma, non-response to previous therapeutic agents (anti-bacterial or steroids), those who have had prior corneal refractive or keratoplasty surgery, immunosuppressed patients and contact lens wearers. Fungal lesions typically have feathery borders, are grayish-white in appearance and may have satellite lesions and an anterior chamber reaction. Corneal scrapings for cultures and smears from the base of the ulcer are highly recommended. If the culture returns as negative and you have strong clinical indications of a fungal infection, corneal biopsy or confocal microscopy may also be used to establish a diagnosis.

Treatment
As most anti-fungal agents are fungistatic rather than fungicidal, the use of corticosteroids is contra-indicated. As with most therapeutic treatments, the quicker therapy is initiated, the better the final outcome. Natamycin (5%) or Voriconazole (10mg/mL from the IV solution) are generally used as a first-line topical therapy. Ketoconazole is recognized as the best oral medication with ocular absorption. Should the keratitis progress despite maximal topical and oral medication, surgical intervention by an ophthalmologist who specializes in anterior segment disease may be necessary.

From the Registrar … Gordon Hensel, O.D.

1. Competence Committee

The Continuing Competence Committee has just completed their latest round of practice reviews using the new competency based review forms. The committee received extremely favorable responses from practitioners who appear to have embraced the new 'case analysis' form of review versus the previous 'minimum standards' form of review.

The following "Top Ten" list was compiled by the committee over the past 2 rounds of review. The list illustrates the ten most common problems noted during practice reviews which resulted in some form of remediation for ACO members. Please review the list and ensure that your office complies with the ACO Standards of Practice and Guidelines.

- Masks and latex gloves not available
- Privacy policy not posted in the office
- Written documents for patient authorization as per office privacy policy not available
- Recall cards containing patient personal information not mailed in a sealed envelope
- Contact lens solution not documented on exam chart
- Emergency and after-hours contact number not made available to patients
- Billing AH&W for single and partial codes inappropriately
- Billing AH&W for threshold and screening visual fields inappropriately
- Keratometry is considered a standard for new contact lens fits
- Illegible and/or incomplete writing on patient charts

Also be advised that the cost for any follow-up practice reviews will be the responsibility of the practitioner.

2. Registration Committee

The Registration Committee reports that 21 first time and 4 repeat ODs wrote the CSAO exam as Alberta applicants this past spring. The 4 repeat applicants only have to write those portions of the CSAO that they were unsuccessful in previous attempts. If an applicant fails the CSAO after three attempts, they are referred to the University of Waterloo Bridging Program for remediation. Following remediation, they are allowed to apply again as an Alberta applicant; however, they must successfully pass the complete CSAO. This is also the first year that applicants failed the jurisprudence exam. These applicants will be required to re-write a different jurisprudence exam in the ACO office.

3. Mediations

On behalf of the ACO Mediation Chairmen and Council, I would like to thank all practitioners for independently resolving more patient disputes in their offices as we have had fewer complaint calls from patients to the College office in recent months. The College appreciates the extra time and compassion required by practitioners in order to arrive at mutually satisfactory resolutions.

4. New ACO Advisories

Included with this newsletter mailing are several new ACO Advisories and a new Table of Contents. Please remove the previous Table of Contents and appropriate advisories from your blue ACO binder and replace with the new ones. The changes from previous advisories are summarized as follows:

- The Reporting Adverse Drug Reactions and Medical Device Problems Advisory has changed its reporting form to now be compliant with Federal Privacy Legislation.
- The Categories of Membership Advisory required a couple of typo changes and the new definitions now reflect the definitions used in the HPA.
- The Internship and Externship Program Advisory now allows graduates of accredited Schools of Optometry to work as an intern under the supervision of a regulated member while they await their CSAO exam results.
- The new advisory on the Guide for Management of Biomedical Waste is meant to provide direction to members in an area of increasing concern - biomedical waste management.

I would ask that all regulated members personally review these new advisories and contact me should you have any questions or suggestions. I would also ask that you review your office's biomedical waste management policy with all staff at your next staff meeting.

3. Ocular Effects of Systemic Medication

I would like to thank the Alberta College of Pharmacists and the Alberta Medical Association for their permission to inform our members of a new report that lists the ocular effects of some common systemic medications. Please go to www.albertadoctors.org/duequarterly/index to review the April, 2006 circular.