



Promoting Well-Being: A Model for Minimizing Burnout Over the Continuum of Medical Practice

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Note: The Medical Board’s Wellness Committee routinely requests informational and educational articles from the physician community to share with its licensees.

The clinical performance and professional conduct of medical students and physicians may flourish optimally when grounded in a firm foundation of mental and emotional health. The daily living out of the tenets of our profession—integrity, empathy, compassion, altruism, and dedication—requires a solid base of well-being. Although culled from the flock based on the highest levels of academic merit and personal qualities, medical students and physicians are, at the end of the day, human beings. Numerous studies show medical students, residents, faculty physicians, and physicians in practice suffer from burnout, depression, and suicide at rates equal to or higher than the general population.^{1,2,3}

Historically, the culture of medicine has not always promoted recognition of the vulnerabilities inherent in the human condition in ourselves. This culture, combined with stress, long hours, and life’s challenges, are realities for all physicians. It is imperative that we develop the knowledge and skills necessary to promote resilience and prevent disability. The following conceptual model of a “coping reservoir” illustrates how resilience may be promoted. Like a physical reservoir of fuel, the function of the human coping reservoir depends on positive input (inflow of fuel), negative input (outflow or loss of fuel), and the structure and characteristics of the reservoir itself.

Internal structure and characteristics of the coping reservoir

We come to the profession of medicine with unique personal characteristics and therefore different strengths and weaknesses. Some of us are relatively intrinsically resilient; some have specific vulnerabilities, such as to depression or anxiety. The intrinsic “sturdiness” versus “leakiness” of the reservoir is based

on a variety of factors including genetics, early childhood and current environmental factors, and temperamental factors, such as optimism and neuroticism. Physicians tend to be highly driven, conscientious to obsessive, and relatively stoic. While these traits can be positive qualities in a physician, they may create challenges in other important aspects of life functioning such as in relationships. Even in the occupational setting these traits likely have a point of maximal and then diminishing return that can lead to maladaptive coping and personal suffering.

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The mission of the Medical Board of California

The mission of the Medical Board of California is to protect health care consumers through proper licensing and regulation of physicians and surgeons and certain allied health care professions and through the vigorous, objective enforcement of the Medical Practice Act, and, to promote access to quality medical care through the Board’s licensing and regulatory functions.

President's Report

I would like to acquaint our readers with the work of two of the Medical Board's committees and a pilot program. These groups, composed of Board members and, in some cases, other specialists, seek to advance the Board's public-protection mission in various, innovative ways.

Access to Care Committee

This committee's mission is to make health care accessible to Californians through the licensing and regulatory programs and policies of the Board and consistent with the Board's consumer protection mission. It seeks to accomplish this goal by providing ongoing advice to the Board, and working in cooperation with strategic partners, to facilitate the development of health care for demographically diverse populations.

AB 2342 (Nakanishi, Chapter 276, Statutes of 2006) added Business and Professions Code section 2023, requiring the Medical Board to study the issue of providing medical malpractice insurance for physicians who provide voluntary, unpaid services to medically underserved populations in California. The study was to include, but not be limited to, the cost and process of administering such a program, options for providing medical malpractice insurance, and how the coverage could be funded. The study was completed in December 2008, and the Board thereafter sponsored a stakeholders' meeting that included insurers, CMA and county medical society representatives, hospitals and their associations, community clinics and their associations, including the California Primary Care Association.

In October 2009 staff of the Board was directed by the committee and the full Board to establish a Malpractice Study Task Force to discuss the issues and recommendations of the malpractice study, and to determine if legislation was appropriate. In January 2010 the task force met with interested parties, and at its subsequent January meeting, the Board adopted its recommendation to sponsor legislation to enact a "State Actor-Sovereign Immunity" model similar to the successful Florida program under which a physician volunteer would be considered a state employee when providing uncompensated care.

Wellness Committee

This committee seeks to "further the Board's consumer protection mission by encouraging and guiding licensees to promote a sound balance in their personal and professional lives so that healthy physicians offer quality care to their



Barbara Yaroslavsky
President of the Board

patients." The committee strives to keep the Board, licensees, and health care administrators informed on the benefits of available activities and resources that renew and balance a physician's life; further, to help licensees and administrators acknowledge that when a physician's personal and professional lives are balanced on all levels (physical, emotional, psychological, and spiritual), excellent patient care outcomes are best achieved.

Most recently, the committee surveyed 600 physician organizations and hospitals to determine what wellness resources are available to California physicians. The

survey had a 15 percent response rate; here are some of the findings: 45 percent answered "yes" to the question, "Do you offer a Wellness Committee/Program?" (Note: A wellness committee/program promotes wellness, as opposed to a well-being committee, which typically assists in evaluation and rehabilitation services.) Fifty percent were stand-alone programs; most (42.9 percent) had between six and 10 members; most (39.4 percent) met quarterly. Hospitals are more likely to have committee members appointed, whereas the county medical societies and physician groups are more likely to use volunteers. Responders indicated Web-based resources are preferred. Board staff will work with interested parties to recommend to the Board how best to use the survey results to assist physicians and, thereby, their patients. (See cover story as one part of the committee's efforts to provide information to physicians.)

Telemedicine Pilot Program

The Board is working in conjunction with the Chronic Disease Management Program of the University of California, Davis, Health System (UCDHS) and the UCDHS Center for Health and Technology. This team effort is developing a telemedicine model for the provision of modern diabetes self-management education and training classes for patients with diabetes living in a 33-county area of rural, underserved communities in northern and central California.

This pilot program stemmed from AB 329 (Nakanishi, Chapter 386, Statutes of 2007) and hopefully will expand the practice of telemedicine in California. Although the law does not specifically identify a chronic disease to target, this pilot focuses on diabetes. The pilot program started July 1, 2009, and will be conducted over a three-year period. The first report to the Legislature is due July 1, 2010.



Linda Whitney (left)

Board appoints new interim executive director

The Medical Board of California is pleased to announce the appointment of a new interim executive director, Linda Whitney, the Board's chief of legislation. Ms. Whitney succeeds Barb Johnston, who resigned as the Board's executive director.

Board President Barbara Yaroslavsky said, "We look forward to a long-term relationship with Ms. Whitney, and know that in her we have found a person who will be attentive to the details necessary to continue to build a stronger as well as a more responsive Board, squarely ensuring that our primary, public-protection responsibilities of both licensing and enforcement are our highest priorities."

Ms. Whitney has worked for several of the Department of Consumer Affairs' boards and bureaus since 1975. She has worked for the Medical Board since 1994 in a variety of capacities, including administrative management and, most recently, as chief of legislation, promoting the Board's public-protection mandate as its liaison at the State Capitol.

Ms. Whitney received her bachelor of arts at U.C. Davis and her master's degree in public administration at Golden Gate University.

POLST (Physician Orders for Life-Sustaining Treatment) update

It has been one year since the POLST went into effect in California. POLST was designed to help ensure that patients have more control over their end-of-life treatment, and to help health care providers across settings honor their patients' wishes. It provides seriously ill patients, in emergency situations or with a life expectancy of a year or less, with a new tool to communicate precise instructions for their end-of-life care. The POLST form addresses a range of treatment options and enables patients to clearly express their treatment preferences regarding life-sustaining treatments such as resuscitation, nutrition, and pain management.

According to Judy Citko, J.D., executive director of the Coalition for Compassionate Care, the organization providing leadership for POLST implementation efforts in California, "We've heard from so many providers that POLST has been a useful tool in helping them translate their patients' wishes into orders that can easily be followed...POLST has drawn attention to the importance of having meaningful conversations with patients about their wishes for medical treatment, at any time during an illness, but particularly when facing serious illness or end-of-life decisions."

With hundreds of physicians, nurses, and social workers trained about POLST, California is well on its way to improving how seriously ill patients and their health care teams make important decisions about treatment options toward the end of life.

To help educate providers, patients and their families, there are many POLST resources available including a new provider brochure (www.capolst.org/_pdf/professionals/POLST_GuidanceBook.pdf), a new consumer brochure (www.capolst.org/_pdf/POLST_ConsumerBrochure_new.pdf), and "frequently asked questions" documents for providers and consumers can be found at www.caPOLST.org.

Reminder: The Medical Board's January 2010 Newsletter was published online only due to fiscal constraints. If you had signed up as a "subscriber", you were notified when this publication was posted on the Board's Web site. Don't chance missing important messages or information—sign up today at www.mbc.ca.gov/subscribers.html.

Highlights of the January issue include: legislative update, complexities in processing IMG applications, new recipients of the Steven M. Thompson loan repayment program, Board operations undergoing comprehensive review, and administrative actions. The January issue remains online and can be viewed at www.mbc.ca.gov/publications/newsletter_2010_01.pdf.

The doctor will see you now!

California becomes first state to shorten patient wait times for appointments

by Cindy Ehnes, Director, California Department of Managed Health Care (DMHC)

One of the common consumer complaints received at the DMHC Help Center is not being able to see a doctor on a timely basis. A recent study found that the average wait time for new patients to see a family practice physician in Los Angeles is 59 days. This is not just a California problem or unique to HMOs—patients across the country are literally sick of having to wait weeks to see an in-network doctor. This is simply unacceptable, and in January, California became the first state in the nation to provide patients with predictable wait times.

These regulations are not a cure-all for what ails health care—but they take a big step forward in improving quality of care by shortening the time a California HMO patient has to wait to see the doctor. Part of the promise of health insurance is that patients will be able to find a doctor taking new patients and be within driving distance. The DMHC's timely access regulations make a significant difference for the approximately 21 million California HMO enrollees by ensuring that they have timely access to care that is appropriate for their conditions and consistent with good professional practice.

In crafting these regulations, the DMHC has worked countless hours with its health care partners to improve the entire system of care so that it is more responsive to enrollees' needs, whether they are an HMO, PPO or government-sponsored plan patient. We've all worked together to make good care even better. The regulations will also ensure that robust networks are available to PPO patients so that they are not obliged to pay more for non-contracted specialists.

The development of these regulations has been one of the most extensive and important endeavors in DMHC history. While it has been a challenge to incorporate so many diverse perspectives, the regulations have emerged with a strong, direct way to eliminate unnecessary delay for consumers, while also taking into consideration the realities of today's health care marketplace, such as geographic differences, provider shortages, and the rising costs of providing care.

The physician community has been genuinely concerned that they will need to use stop watches to meet the time standards, or that the regulations will potentially interfere with clinical judgment. This is not the case. In reality, the regulations put the burden of providing time-specific standards on the health plan, not the individual provider. That means that plans must have a strong and varied provider network to ensure that appointments can be made within the specified timeframes.

Examples of some of the consumer protections included in the regulation:

- 48 hours for urgent care appointments that do not require prior authorization
- 96 hours for urgent care appointments requiring prior authorization (including specialists)
- 10 business days for non-urgent primary care appointments
- 15 business days for non-urgent appointments with specialists
- 10 business days for non-urgent appointments with a mental health care provider
- 15 business days for non-urgent appointments for ancillary services (X-rays, lab tests, etc.) for diagnosis or treatment of injury, illness, or other health conditions
- 24-7 triage or screening by telephone
- 30 minutes or less wait time for telephone triage during normal business hours
- 10 minutes or less wait time during normal business hours to speak to a plan's customer service representative.

Dental plans

- 72 hours for urgent care
- 36 business days for non-urgent care
- 40 business days for preventive care

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Legislator profile

Assembly member Jerry Hill



Jerry Hill (D-South San Francisco) was elected to the California State Assembly in November 2008.

Assembly member Hill represents the 19th Assembly District, which includes San Mateo County: Burlingame, Daly City, Pacifica, San Bruno, San Mateo, and South San Francisco.

Chairing the Health and Human Services Budget Subcommittee and the Select Committee on Biotechnology, Assembly member Hill has tackled some of the more pressing issues facing California, including health care and economic development. Most recently, he was named to the Assembly Business and Professions Committee and the Joint Select Committee on Reform.

Among his legislative accomplishments that affect Medical Board licensees, he authored AB 1070, which modifies and clarifies the Medical Board's physician licensee reporting of settlements, arbitration awards, or civil judgments related to medical malpractice; and AB 1414, which would remove apomorphine from a Controlled Substance Schedule II and place it in the more appropriate

Schedule V—used to regulate drugs with low potential for abuse and whose use is for medical purposes only.

Assembly member Hill is a member of the Budget, Government Organization, Natural Resources, Public Safety and Joint Legislative Budget committees. In his first session as a member of the Assembly, 10 of his bills were passed by the Legislature, including measures that address health care, highway safety and the environment.

Prior to his election to the Assembly, he served 17 years in local government, first as a member of the San Mateo City Council and for 10 years as a San Mateo County supervisor. As a supervisor, he led the effort to expand health insurance coverage to every child in San Mateo County without raising taxes. He helped foster a healthy local business climate and deliver a balanced budget for San Mateo County.

He was a member of the California Air Resources Board and he has served on a number of regional boards including the Bay Area Air Quality Management District, the Transbay Terminal Joint Powers Authority, the Caltrain Joint Powers Authority, the San Mateo County Transit District and the San Mateo Medical Center.

Assembly member Hill is a graduate of U.C. Berkeley and he received his teaching credential from San Francisco State University. He also is a business owner.

A Woman's Guide to Breast Cancer Treatment

The California Department of Public Health's Cancer Detection Section has updated its booklet, "A Woman's Guide to Breast Cancer Treatment." The State of California requires that physicians give the booklet to each patient diagnosed with breast cancer. Copies of the booklet are free and can be obtained by faxing a request to the Medical Board of California at (916) 263-2479, or download at www.mbc.ca.gov/publications/.

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Under the new rules, patients must get a callback from a health professional within 30 minutes, rather than simply a recording directing them to call 911.

Consumer assistance is our main focus at the DMHC and our Help Center staff are specially trained to intervene on behalf of consumers with their health plans on any topic. DMHC encourages consumers or providers who have questions or concerns about timely access to care or other health care issues, to contact the DMHC's Help Center at 1-888-466-2219, or online at www.healthhelp.ca.gov.

Promoting Well-Being *(continued from cover)*

Depleting factors (negative input)

- **Stressors:** Stress is a large topic area and an unavoidable reality of life for all. The curricular rigors of medical school and residency are easily identifiable stressors; however, our education does not end with formal training. Physicians in practice must keep abreast of an ever-enlarging body of skills and knowledge while performing the responsibilities of a busy clinical practice. There also are many common life stressors to which physicians are vulnerable at any age or stage of career. These include relationship problems, divorce, personal or family illness, death of a loved one, and financial stress, including educational debt burden, as psychosocial factors in student and physician distress.⁴
- **Internal conflict:** Some students and even physicians in practice may question their aptitude or commitment to medicine. Symptoms of anxiety and depression may lead the individual to conclude that medicine or one's choice of specialty was a wrong decision. Reasoning based on negative emotions can result in distorted perceptions and a downward spiral leading to poor performance and worsening depression.
- **Demands on time and energy:** There is hardly a physician, resident, or medical student who has not felt pressed by the juggling of many responsibilities in a finite amount of time: professional responsibilities (clinical and academic), family, partner, household, community, and self (exercise, spiritual practice). Over time, these demands, coupled with fatigue and guilt over unmet obligations, can result in burnout, which is characterized by three criteria: emotional exhaustion ("just going through the motions"); a diminished sense of achievement; and depersonalization (sense of detachment).

Replenishing factors (positive input)

- **Psychosocial support:** Support can come from many sources within and outside the profession—spouse/partner, family, friends, peers/colleagues, and spiritual support. Psychosocial support can be more formal and provided by trained psychotherapists or executive coaches. Professional associations can provide important support and practical information about balancing the demands of a professional life.

- **Mentoring:** Mentoring of medical students can take many forms. Faculty mentors, preceptors, and research mentors are assigned at most schools. At the UCSD School of Medicine student peer mentors ("big sibs"), senior student and faculty mentors are assigned to first and second year medical students. Faculty, deans and advisors may serve as mentors and role models for students. Of the many important roles that mentors play, among the most vital, are modeling time management, the art of balancing roles, and recognizing the need for rest and replenishing oneself. However, mentoring is not a resource limited to students and residents. For many years large clinical practice groups, such as Kaiser Permanente Northern California, have had active and successful programs for mentoring new physicians in their practice.
- **Intellectual stimulation:** Hard work and fatigue are far more satisfying and positive when they come as a result of investing oneself in something the learner and practitioner find meaningful and interesting. For medical students excitement builds when they discover how classroom learning can be applied to the care of fellow human beings. For those already in practice the "meaning" of medicine can often be amplified through volunteer work as a clinician or teacher. For many of us, the arts and humanities significantly enhance our lives, and more specifically, advancing our knowledge in the history of medicine or bioethics can be especially rewarding.

The nature of the coping reservoir

The coping reservoir like all human systems is dynamic, ebbing and flowing, rising and falling over time. Our goal is to keep the reservoir replenished. Given the responsibilities and stressors we face and the inherent variability in our resilience, it is probably unreasonable to expect the reservoir to be continuously full, brimming with high-octane fuel. Still, we must strive to keep the reservoir full enough.

The depleted coping reserve

All of us have experienced a relative ebbing of our coping reserve at times. For medical students, a depleted reserve may present as poor academic performance. For physicians it may manifest as a decline in empathy and an increase in risk for medical errors.^{5,6} A depleted coping reserve may lead

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to a relationship crisis or any number of mental health issues, notably anxiety, depression, substance abuse, and/or increased suicidality. While the topic of suicide prevention in physicians warrants much greater focus, the prevention of depression and recognition and treatment of symptoms of depression are known to be the best ways to prevent suicide.

Female physicians have an elevated risk for completed suicide compared to females in the general population. While male physicians' risk is also increased, the level of increase is greater for female physicians (meta-analysis of multiple studies showed 2.27 times higher risk for females versus 1.41 for males⁷). Although the reasons for this gender difference are not well-studied, consideration of the "depleting factors" discussed earlier specific to female physicians, the increased prevalence of depressive illness in women in general compared with men, and the knowledge physicians possess, may provide some insights.

When a potential problem is noted, the individual should be directed to the appropriate resource (e.g., dean, residency director, clinical chief, human resources advisor). In evaluating the individual's situation it is helpful to know how the person has handled adversities in the past. How does the individual effectively replenish his/her coping reservoir? While being sensitive, empathic, and supportive is important, it may be insufficient. It is critical to differentiate whether the student or physician is experiencing a "normal" reaction to stressors or whether the symptoms represent a clinical illness. Several practical guideposts can help differentiate a normal response from a psychiatric illness:

- How severe or pervasive are the symptoms?
- How do they impact the rest of the individual's life?
- Does the individual experience times of respite when he/she can relax and experience pleasure?
- Is the individual able to engage in relationships and activities?

When symptoms are severe, pervasive, and unremitting, the individual should be referred for professional evaluation, screening for suicidal ideation, and treatment. Ideally this referral should be prompt, confidential, and to a mental health care setting external to the individual's work place.

Creating environments that teach and encourage individuals to replenish

The coping reservoir

Medical training and clinical practice are long and often stressful journeys in which coping, resilience, mentorship, and external support play important roles in helping the physician successfully navigate the path. Teaching trainees and physicians how to shore up the coping reservoir and become more resilient is an important obligation of medical schools, residency programs, and hospitals.

At the UCSD School of Medicine, in an effort to nurture students' resilience and keep the coping reservoir filled, the "Healthy Student Program" has been developed.

Several elements of this program are listed:

Physical health

- Yoga
- Running and walking group
- Soccer, volleyball, basketball, surfing, inner tube water polo
- Biannual massage clinic during final exam weeks
- Healthy snacks before exams

Mental Health

- Web-based suicide prevention program
- Mindfulness-based stress reduction (elective course)
- Seminars on stress management, substance abuse, burnout prevention
- Depression awareness and suicide prevention presented in core courses (video "Out of the Silence")
- Faculty and student testimonials

Social/Humanities

- *Human Condition*, literary magazine
- Annual art show
- Town hall meetings
- Outback Adventures
- Quarterly faculty-student socials
- Social justice/awareness events
- Numerous student-initiated events, e.g., sports events, theater, opera
- Annual talent show
- 41 medical student organizations

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Mentorship

- Faculty-student mentorship pairing
- “Big Sib” mentorship (MS2 with MS1)
- Learning communities
- Peer Mentor Group
- Staff advising sessions: individual and group
- Deans’ Open Door Policy
- “Stories from the Heart of Medicine” (faculty share personal narratives with students)

While the list is impressive, student participation in these offerings is elective and attendance is far from uniform. Some students benefit from certain activities while others may have little impact. What is most important is a campus-wide culture that promotes a sense of community and support.

Summary

From matriculation to medical school until the day of retirement, the life of a physician is challenging, stressful, and immensely rewarding. Optimal professional and personal performance must be grounded in the bedrock of sound mental health and well-being. By virtue of the nature of our profession, the long hours, and the many demands on our time and energy, we are continuously at risk of having our coping reservoirs depleted. We must view acts of self-care and help-seeking when needed as strong and empowering. In doing so, we create supportive communities in which we help each other to be resilient and keep our coping reservoirs safely filled.

The ideas and concepts expressed in this article are taken largely from: Dunn LB, Iglewicz A, "Moutier C. A conceptual model of medical student well-being: promoting resilience and preventing burnout." *Academic Psychiatry* 2008; 32: 44-53. The conceptual model described herein is based on medical student education and was originally intended for medical school faculty and administrators. However, because the issues of burnout and depression are prevalent across the lifelong continuum of medical practice, this model has potential application to all health professionals.^{1,2,3}

¹ Thomas NK. "Resident burnout." *JAMA*. 2004; 292:2880-9

² Dyrbye LN, et al. "Burnout and Suicidal Ideation among US Medical Students." *Ann Intern Med*. 2008; 149:334-341

³ Schernhammer E. "Taking their own lives—the high rate of physician suicide." *N Engl J Med*. 2005; 352:2473

⁴ Dyrbye LN, et al. Personal life events and medical student burnout: A multicenter study. *Acad Med*. 2006; 81:374-84

⁵ West CP, et al. "Association of perceived medical errors with resident distress and empathy: a prospective longitudinal study." *JAMA*. 2006; 296:1071-8

⁶ West CP, et al. "Association of resident fatigue and distress with perceived medical errors." *JAMA*. 2009; 302:1294-300

⁷ Schernhammer ES, Colditz GA. "Suicide rates among physicians: A quantitative and gender assessment (meta-analysis)." *Am J Psychiatry*. 2004; 161:2295

One-time physician renewal fee credit

Section 2435.2 of the California Business and Professions Code required a reduction in licensing fees if the Physician Diversion Program was not extended by the Legislature. Pursuant to this law, the Medical Board voted in 2008 to reduce the initial license fee and renewal fee for all physicians and surgeons. However, due to the lengthy rulemaking process involved in adopting this change, the fee reduction was not implemented until July 1, 2009.

Therefore, to complement this fee reduction, the Board voted to offer a one-time credit of \$22 to all physicians who were granted an initial license or who renewed their license between July 1, 2008, and June 30, 2009. For those licensees who were issued an initial license or who renewed their license between these dates, the upcoming renewal fee has been adjusted to reflect this one-time credit of \$22.



Safety Alert from the U.S. Food and Drug Administration Inefficient endoscopy device processing

The FDA, CDC and Department of Veterans Affairs have issued a joint safety communication cautioning health care facilities about the risks to patients if endoscopes and their accessories are not processed properly between patients. The communication points out that if flexible endoscopes are not cleaned and then disinfected or sterilized adequately, patients can be exposed to body fluids and tissue contaminants from prior patients.

The concern is due to continuing reports to the FDA of processing errors, including the use of improper accessories for endoscopy irrigation setups, improper reprocessing intervals for reusable endoscopy accessories, failure to discard single-use accessories, and failure to follow the manufacturer's instructions for endoscope processing.

The safety communication stresses that the only way facilities can assure that their patients are adequately protected against cross contamination is to set up a quality system program covering all aspects of endoscopy processing, and then to rigorously comply with it. The communication provides several general recommendations for a quality system program, plus a more detailed set of recommended policies and procedures.

Here's a summary of the general recommendations:

- Establish an institutional program with written procedures for endoscope processing, and ensure that those responsible for processing understand the importance of this job.
- Train and retrain employees to process endoscopy equipment properly, periodically assess their competence, and be sure they follow the endoscope manufacturer's processing instructions.
- Be sure staff members understand that endoscopes cannot be properly disinfected or sterilized without first cleaning them thoroughly to remove gross contamination and debris.
- Be sure your automatic endoscope reprocessor or sterilizer is compatible with the endoscope, and that the connecting parts of these devices fit properly.
- Finally, be sure that endoscopes or accessories that will come in contact with sterile tissue are sterilized before each use, and that endoscopes that will come in contact with intact mucous membranes—in the respiratory and GI tracts, for example—undergo at least high-level disinfection before each use.

The safety communication also lists the responsibilities of manufacturers in helping to assure that endoscopes and their accessories are properly processed. To read the communication in its entirety, go to www.fda.gov/MedicalDevices/Safety/AlertsandNotices/ucm190273.htm.

Medical Board expands licensing-application outreach

For 10 years, the Medical Board has offered a licensing-application outreach program. The purpose of the program is to build improved working relationships with California's teaching hospitals, the Graduate Medical Education (GME) staff, and residents, but also with other future applicants who are being considered for faculty appointments or professional positions.

In the past, GME outreach has been achieved through two avenues: (1) presentations at new-resident orientation and during grand rounds, and (2) participation in full-day licensing workshops. These licensing workshops are coordinated by the hospital and offer residents a "one-stop shopping" opportunity for Live Scan fingerprinting, notary, and photography services; Medical Board staff also is invited to attend, answering questions and assisting residents with the application process.

Beginning this year, the outreach has been expanded to include hospital recruiters and credentialing staff to better explain the licensing process for faculty members and to discuss how their anticipated hiring dates might best dovetail with the Board's licensing deadlines. The Board also would like to broaden its outreach to medical groups, clinics, professional societies, and county medical societies.

If you would like more information or to schedule an outreach event, please contact Kevin A. Schunke, Licensing Outreach Manager, at kschunke@mbc.ca.gov or (916) 263-2368.

Administrative Actions: November 1, 2009–January 31, 2010

Physicians and surgeons

ASSAD, HANY YOUSSEF (A54309)

San Ramon, CA

Committed acts of gross negligence, incompetence and failed to maintain adequate and accurate medical records in the care and treatment of a patient. Revoked. November 23, 2009

ATTYGALLA, MALLIKA P. (AFE36990)

Los Angeles, CA

Stipulated Decision. Failed to complete the terms of a Board-ordered probation. Surrender of license. December 29, 2009

BAINS, SARTAJ SINGH (AFE51579)

Roseville, CA

Stipulated Decision. Used controlled substances and was impaired while administering anesthesia to a patient. Surrender of license. December 14, 2009

BARNETT, IRENE KIYO, M.D. (G44160)

Los Angeles, CA

Stipulated Decision. Committed acts of unprofessional conduct by failing to timely respond to telephone calls from a patient about test results that required follow-up treatment. Physician completed a medical record keeping course, a physician/patient communication course and an educational course. Public Letter of Reprimand. January 28, 2010

BASS, HOWARD REGINALD (C39193)

Los Angeles, CA

Stipulated Decision. Convicted of 12 felony counts of making false claims for payment of health care benefits, 1 felony count of grand theft and violation of the terms of his Board-ordered probation. Surrender of license. November 10, 2009

BAUTISTA-QUINT, EDITH QUIACHON, M.D. (A84482) Alexandria, VA

Stipulated Decision. Disciplined by Virginia for failing to conduct appropriate histories and evaluations in the treatment of 2 chronic pain patients, excessively prescribing controlled substances to these same patients, and failing to maintain adequate and accurate medical records. Public Letter of Reprimand. November 16, 2009

Copies of public documents from 2000 to the present are available at www.mbc.ca.gov. Click on "Enforcement Public Documents," or for copies of all public documents call the Medical Board's Central File Room at (916) 263-2525.

Explanation of disciplinary language and actions

"Effective date of decision"—Example: "December 3, 2009" at the bottom of the summary means the date the disciplinary decision goes into operation.

"Gross negligence"—An extreme deviation from the standard of practice.

"Incompetence"—Lack of knowledge or skills in discharging professional obligations.

"Judicial review pending"—The disciplinary decision is being challenged through the court system, i.e., Superior Court, Court of Appeal, or State Supreme Court. The discipline is currently in effect.

"Probationary License"—A conditional license issued to an applicant on

probationary terms and conditions. This is done when good cause exists for denial of the license application.

"Public Letter of Reprimand"—A lesser form of discipline that can be negotiated for minor violations, usually before the filing of formal charges (Accusations). The licensee is disciplined in the form of a public letter.

"Revoked"—The license is canceled, voided, annulled, rescinded. The right to practice is ended.

"Revoked, stayed, five years probation on terms and conditions, including 60 days suspension"—"Stayed" means the revocation is postponed. Professional

practice may continue so long as the licensee complies with specified probationary terms and conditions, which, in this example, includes 60 days of actual suspension from practice. Violation of probation may result in the revocation that was postponed.

"Stipulated Decision"—A form of plea bargaining. The case is formally negotiated and settled prior to trial.

"Surrender"—To resolve a disciplinary action, the licensee has given up his or her license—subject to acceptance by the Board.

"Suspension from practice"—The licensee is prohibited from practicing for a specific period of time.

BERGSTROM, CARL RAYMOND (G59866)
Carmel, CA

Stipulated Decision. No admissions but charged with a conviction for forcible sodomy, possession and use of cocaine while practicing medicine and continuing to practice medicine with a suspended license while incarcerated. Revoked. November 23, 2009

BOYD, RALPH OTTO, M.D. (G10073)
Glendale, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence, prescribing without an appropriate prior examination and medical indication, excessive treatment or prescribing and failing to maintain adequate and accurate medical records in the care and treatment of 5 patients. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, obtaining a practice monitor or completing a professional enhancement program, completing an educational course, a prescribing practices course, a medical record keeping course and an ethics course. January 25, 2010

BRENDER, ARNOLD JAMES, M.D. (G49205)
Huntington Beach, CA

Stipulated Decision. Failed to maintain adequate and accurate medical records by failing to properly document a patient's cancer screening office visit and refer the patient for a colonoscopy. Public Letter of Reprimand. January 26, 2010

CHEN, DENNIS HUI-TING, M.D. (A26597)
Newport Beach, CA

Stipulated Decision. No admissions but charged with incompetence for failing to complete the PACE program. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing a clinical training program, completing a professional enhancement program and an educational course. Physician cannot practice medicine until successfully passing PACE. January 28, 2010

CHUNG, THEODORE W., M.D. (G12383)
San Gabriel, CA

Stipulated Decision. No admissions but charged with gross negligence for failing to conduct an examination, during 3 office visits, of a patient's larynx in the care and treatment of the patient. Physician completed a medical record keeping course and educational course. Public Reprimand. November 16, 2009

CIMOCH, PAUL JOSEPH, M.D. (A46088)
Fountain Valley, CA

Stipulated Decision. Committed acts of repeated negligence and failed to maintain adequate and accurate medical records in the care and treatment of a patient by failing to ensure the registered nurse performing intravenous infusions was adequately supervised, and failing to monitor the overall care and treatment of the patient. Physician must complete a prescribing practices course, a medical record keeping course and an ethics course. Public Reprimand. January 25, 2010

COVARRUBIAS, GONZALO ANTONIO (A32492)
San Juan Capistrano, CA

Violated the terms of his Board-ordered probation. Revoked. November 9, 2009

DANQUE, FLORA ISHIHARA, M.D. (A62874)
El Cajon, CA

Stipulated Decision. Committed acts of gross negligence, repeated negligent acts and failed to maintain adequate and accurate medical records by prescribing controlled substances to a patient without performing, or adequately documenting a prior history and physical examination. Physician must complete a prescribing practices course and a medical record keeping course. Public Letter of Reprimand. January 7, 2010

DENSON-LINO, JOYCE MARIE, M.D. (G78985)
Poway, CA

Stipulated Decision. No admissions but charged with dishonesty and creating a false document to secure financial housing assistance for a relative. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, passing an examination before commencing practice. December 21, 2009

DIANA, LAURA E., M.D. (G75508)
Watsonville, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts and incompetence in the labor and delivery management of a patient by failing to follow up on an abnormal glucose tolerance test, continuing the administration of Lovenox within 24 hours of delivery, and excessive use of a vacuum extractor. Physician completed a clinical training/educational course. Public Reprimand. January 12, 2010

DIETRICH, DANIEL SCOTT, M.D. (A95731)
Stockton, CA

Disciplined by the U.S. Air Force for conduct unbecoming an officer. Revoked, stayed, placed on 5 years probation including, but not limited to, enrolling in a professional boundaries program and ethics course. November 9, 2009

DIETRICH, PETER SCOTT, M.D. (G60965)
Sacramento, CA

Stipulated Decision. Convicted of felony drug offenses. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 10 months suspension, abstaining from the use of alcohol and drugs, submitting to biological fluid testing, surrendering his DEA permit, and is prohibited from the solo practice of medicine. January 28, 2010

DOUTHIT, JOHN DAVEY, M.D. (C29112)
Englewood, CA

Stipulated Decision. Disciplined by Colorado for failing to take the necessary precautions to assure that a procedure was performed at the appropriate location. Public Reprimand. December 17, 2009

EDWARDS, MICHAEL CHARLES, M.D. (A91508)
Thousand Oaks, CA

Stipulated Decision. Committed acts of unprofessional conduct by prescribing and administering controlled substances to himself, and violated drug statutes by obtaining controlled substances by fraud, deceit or misrepresentation. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol and drugs, submitting to biological fluid testing, maintaining a record of controlled substances ordered, prescribed, dispensed and administered, and is prohibited from the solo practice of medicine. January 19, 2010

EHSAN, REZA RAY, M.D. (A50372)
Los Angeles, CA

Stipulated Decision. Disciplined by Florida for failing to comply with the terms and conditions of a prior Florida Board Order. Public Letter of Reprimand. December 17, 2009

EICHENBERG, BRIAN JEFFREY, M.D. (A55426)
Murrieta, CA

Stipulated Decision. Failed to document history and physical examination prior to performing surgery on a patient to whom general anesthesia was administered. Physician must complete a medical record keeping course. Public Letter of Reprimand. November 12, 2009

ESCALERA, ROBERT LOUIS, M.D. (A72136)
Cudahy, CA

Stipulated Decision. No admissions but charged with repeated negligent acts and failing to maintain adequate and accurate medical records in the care and treatment of a patient's hypertension. Physician must complete a clinical training program. Public Reprimand. January 8, 2010

FEENEY, CRAIG MICHAEL, M.D. (G36976)
Richland, WA

Stipulated Decision. Disciplined by Washington for misinterpreting and misdiagnosing an MRI, resulting in a brain hemorrhage in the area of the AVM. Public Reprimand. November 23, 2009

FOLIENSTE, ESTHER LAPENA (A30616)
Pomona, CA

Stipulated Decision. Convicted of making a false statement/representation by denying having any business connection to a medical clinic when she knew she had permitted her medical license to be used to operate the clinic and bill Medicare for services. Surrender of license. January 4, 2010

FREEMAN, MARK EVAN, M.D. (C52034)
Arroyo Grande, CA

Disciplined by Louisiana for prescribing controlled substances to a patient without an appropriate prior examination. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, enrolling in a clinical training program and obtaining a practice monitor. December 23, 2009

FUNK, WAYNE A. (C15738)
El Cajon, CA

Stipulated Decision. No admissions but charged with gross negligence, excessive prescribing, violating drug statutes by prescribing without an appropriate prior examination, and failure to maintain adequate and accurate medical records in the care and treatment of patients. Surrender of license. November 17, 2009

GANDY, JUANITA, M.D. (G55002)
Bakersfield, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence, prescribing without an appropriate prior examination and failure to maintain adequate and accurate medical records in the care and treatment of a patient. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, abstaining from the use of drugs, submitting to biological fluid testing, maintaining a record of all controlled substances ordered, prescribed, dispensed, administered, possessed and any recommendation or approval for marijuana, obtaining a practice monitor, completing a medical record keeping course, an ethics course, a professional boundaries program and prohibited from the solo practice of medicine. December 21, 2009

GILLIAN, TERRY ALLEN, M.D. (A29523)
Fresno, CA

Stipulated Decision. Failed to comply with a term of his Board-ordered probation. Revoked, stayed, current probation is extended an additional 2 years with terms and conditions including, but not limited to, enrolling in a clinical training program, completing an educational course and obtaining a practice monitor. November 9, 2009

GOLDSMITH, STANLEY (G20538)
Hayward, CA

Violated his Board-ordered probation by possessing and using controlled substances. Revoked. December 18, 2009

GRAVES, BENJAMIN HARRISON III, M.D. (G86826)
Livingston, TX

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, dishonesty, failure to maintain adequate and accurate medical records, and aiding and abetting the unlicensed practice of medicine. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 30 days suspension, maintaining a record of all controlled substances ordered, prescribed, dispensed, administered, and possessed, completing an educational course, a prescribing practices course, a medical record keeping course, an ethics course and a clinical training program, and prohibited from issuing any recommendations for medical marijuana. December 21, 2009

GREENWALD, STEVEN HOWARD (GFE28769)
San Diego, CA

Stipulated Decision. Unable to complete the terms of a Board-ordered probation. Surrender of license. December 29, 2009

HAGEN, KARL MATTHEW (G70206)
Orlando, FL

Default Decision. Disciplined by Florida for failing to document if a test was performed during surgery, reasons for a 17-hour delay in returning the patient to surgery after a CT scan showed bilateral pleural effusions and pneumonia, and failure to resect the area of necrosis that was seen during surgery, all resulting in patient death. Revoked. November 12, 2009

HALIM, NEIL L., M.D. (C53327)
Shreveport, LA

Disciplined by Louisiana for prescribing controlled substances in an improper manner and in a manner inconsistent with the Louisiana Board's Pain Rules by authorizing early refills, failing to establish individualized treatment plans, and failing to assure that controlled substances therapy remained indicated. Physician completed a prescribing practices and medical record keeping course. Public Reprimand. January 7, 2010

HAMDAN, FIRAS A., M.D. (C52800)
Perry, FL

Stipulated Decision. Disciplined by Florida for failing to meet the standard of care in the performance of a shave biopsy of lesions on a patient. Public Letter of Reprimand. January 5, 2010

HANSELL, ROBERT ANTHONY, M.D. (G79218)
Punta Gorda, FL

Stipulated Decision. Disciplined by Florida for performing a surgical procedure on the wrong finger. Public Reprimand. January 11, 2010

HENRIQUEZ, JAIME O., M.D. (A79202)
Arcadia, CA

Stipulated Decision. Committed acts of unprofessional conduct by causing a serious automobile accident and fleeing the scene, leaving a passenger in his automobile. Revoked, stayed, placed on 4 years probation with terms and

conditions including, but not limited to, abstaining from the use of alcohol, submitting to biological fluid testing, providing 40 hours of community service, and completing an ethics course. November 19, 2009

HILBURG, LELAND E., M.D. (G3725)
Tarzana, CA

Stipulated Decision. Committed acts of repeated negligence and failed to maintain adequate and accurate medical records in the care and treatment of a patient. Physician must complete a clinical training program. Public Reprimand. January 20, 2010

HOLLAND, JOSHUA DAVID, M.D. (G61203)
Phoenix, AZ

Stipulated Decision. Disciplined by Arizona for failure to appropriately prescribe and monitor and/or document controlled substances prescribed in the care and treatment of 2 chronic pain patients. Public Letter of Reprimand. November 16, 2009

HUANG, MILTON PEECHUAN (CFE50791)
Scotts Valley, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence, sexual misconduct and exploitation of a patient. Surrender of license. December 24, 2009

INCIONG, JESUS GIL BELEN, M.D. (A97557)
Norfolk, VA

Stipulated Decision. Disciplined by Virginia for prescribing Norco and clonazepam to a family member, who was not a patient, on at least 15 different occasions and failing to notify the individual's treating physician. Public Letter of Reprimand. November 16, 2009

JAIN, ANAMIKA, M.D. (G87884)
Chadds Ford, Pa

Stipulated Decision. Disciplined by Nevada for failing to provide adequate supervision to medical technicians that she allowed to assist in the care of patients. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing an ethics course, obtaining a practice monitor and is prohibited from the solo practice of medicine. November 20, 2009

JAZAYERI, M. JAY, M.D. (A33300)
Long Beach, CA

Stipulated Decision. Committed repeated negligent acts in the care of 2 patients by performing knee surgery on the wrong surgical site and failing to diagnose an ankle fracture. Physician must complete an educational course. Public Reprimand. November 9, 2009

KEYES, CHARLES E. (A15718)
Mill Valley, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence, excessive prescribing, prescribing without an appropriate prior examination or medical indication, and failing to maintain adequate and accurate medical records in the care and treatment of a patient. Surrender of license. January 1, 2010

KIM, JEANNIE, M.D. (A72965)
San Diego, CA

Accusation sustained as to the petty theft conviction constituting unprofessional conduct. Physician must complete an ethics course. November 25, 2009

KNORR, PHILIP ANDREW, M.D. (G56315)
Freedom, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence and failing to maintain adequate and accurate medical records in the care and treatment of an elderly patient. Physician must complete a clinical training program. Public Reprimand. December 1, 2009

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KOTZEN, RENE MARLON (A53047)
Brooklyn, NY

Stipulated Decision. Disciplined by North Carolina for failing to conform to minimal standards of acceptable medical practice, and unprofessional and unethical conduct. Surrender of license. December 9, 2009

LACHMAN, NORMAN J., M.D. (GFE15903)
Los Angeles, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence and failing to maintain adequate and accurate medical records in the care and treatment of 2 patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, must complete a clinical training program before commencing practice, complete an ethics course and a professional boundaries program. November 9, 2009

LAWRENCE, GALE HEWSON, M.D. (A54642)
Seal Beach, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts and failing to maintain adequate and accurate medical records in the care of 2 patients. Revoked, stayed, placed on 35 months probation with terms and conditions including, but not limited to, completing an educational course, medical record keeping course, prescribing practices course, and obtaining a practice monitor. November 16, 2009

LETSON, KURT, M.D. (A76350)
Orange, CA

Stipulated Decision. Committed acts of unprofessional conduct and dishonesty, and violated laws related to controlled substances by using and self-administering fentanyl left over from patients for whom it was prescribed. Revoked, stayed, placed on 4 years probation with terms and conditions including, but not limited to, abstaining from

the use of controlled substances and alcohol, submitting to biological fluid testing, completing an ethics course and obtaining a practice monitor. January 4, 2010

LEVINE, GLENN LAURENCE, M.D. (G85223)
San Andreas, CA

Stipulated Decision. Committed acts of repeated negligence in the care and treatment of a patient by failing to take the patient to surgery despite peritonitis and signs of early sepsis, delayed in examining the patient, and failed to repeat a CT scan of the abdomen despite signs of an intra-abdominal infection. Physician must complete a clinical training program. Public Letter of Reprimand. December 24, 2009

LEVINE, HARVEY ALLAN (G13400)
New York, NY

Stipulated Decision. Failed to complete the terms of a Board-ordered probation. Surrender of license. December 8, 2009

LOLA, ALEJANDRINO (A18860)
Newark, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence, dishonesty in creating false records, and failure to maintain adequate and accurate medical records in the care of 3 patients. Surrender of license. December 30, 2009

MACMORRAN, IAN SCOTT (G19401)
San Diego, CA

Stipulated Decision. Failed to complete the terms of his Board-ordered Decision. Surrender of license. January 26, 2010

MAHAKIAN, CHARLES G., M.D. (G14144)
Las Vegas, NV

Stipulated Decision. Disciplined by Nevada for prescribing multiple medications to a patient with whom he did not have a bona fide therapeutic relationship and failing to maintain adequate and accurate medical records. Public Letter of Reprimand. December 29, 2009

MARKS, DEBBIE LOUISE, M.D. (G58193)
Saint Helena, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence and failure to maintain adequate and accurate medical records in the care and treatment of a patient with a serious psychiatric diagnosis, without consulting with the patient's treating

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psychiatrist or psychotherapist, which was outside the scope of her practice or competence. Revoked, stayed, placed on 35 months probation with terms and conditions including, but not limited to, completing an educational course, an ethics/professionalism course, and obtaining a practice monitor.
January 13, 2010

MILES, ALEXANDER CHRISTIAN (A84181)
Kingman, AZ

Default Decision. Disciplined by Arizona for an indictment in Oklahoma for charges of transporting a 15-year-old girl from New York City to Oklahoma with the intent of engaging in sex with her. Revoked. December 9, 2009

MISKINYAR, SHIR A., M.D. (A50080)
Santa Ana, CA

Stipulated Decision. No admissions but charged with repeated negligent acts, incompetence and failing to maintain adequate and accurate medical records in the care and treatment of 2 patients. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing an educational course, a medical record keeping course and a clinical training program.
November 23, 2009

MODI, JASVANT N., M.D. (A39818)
Los Angeles, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence and failure to maintain adequate and accurate medical records in the care and treatment of multiple patients. Probation is extended for an additional year with the terms and conditions from the previous order also continued. January 20, 2010

MUROTA, JANICE, M.D. (G43850)
Oakland, CA

Stipulated Decision. Committed gross negligence by failing to diagnose and treat a deep vein thrombosis, which led to pulmonary embolism after the patient had started oral contraceptives. Physician must complete a clinical training program. Public Letter of Reprimand. November 24, 2009

NADJMABADI, ESMAIL (A56456)
Bakersfield, CA

Stipulated Decision. No admissions but charged with gross negligence, sexual misconduct and repeated negligent acts in the care and treatment of 6 patients. Surrender of license.
January 15, 2010

NEWTON, WILLIAM LEE (C34415)
Portland, OR

Stipulated Decision. Disciplined by Oregon for failing to adhere to the standard of practice in the care and treatment of several psychiatric patients. Surrender of license.
November 3, 2009

NICHOL, DAVID ALBERT, M.D. (GFE84460)
Denver, CO

Stipulated Decision. Disciplined by Colorado for failing to appreciate and adjust a patient's diagnosis and treatment in response to increased evidence of substance abuse. Public Letter of Reprimand. January 20, 2010

OKADA, MARK AKIRA (A40510)
San Diego, CA

Default Decision. Prescribed and administered controlled substances to himself and violated state and federal laws regulating dangerous drugs and controlled substances.
Revoked. January 29, 2010

ORANBURG, PHILIP REID, M.D. (G86928)
Boca Raton, FL

Stipulated Decision. Disciplined by Florida for failing to discuss a mass found in the patient's lung and failing to follow up on tests or ensure the patient was apprised of the significance of the tests. Public Letter of Reprimand.
November 3, 2009

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PATEL, MEHMOOD M. (A31205)
Lafayette, LA

Stipulated Decision. Disciplined by Louisiana following a conviction on multiple counts in a scheme to defraud health benefit programs by performing and billing for medically unnecessary procedures. Surrender of license. November 10, 2009

PHAM, KHANH GIA (A41805)
Westminster, CA

Stipulated Decision. No admissions but charged with incompetence and violating the terms of his Board-ordered probation by failing the clinical training program. Surrender of license. November 9, 2009

QUENNEVILLE, SUZANNE MARIE, M.D. (A38355)
San Diego, CA

Stipulated Decision. Committed repeated negligent acts while providing anesthesia care to 2 patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a clinical training program and a medical record keeping course, obtaining a practice monitor, and is prohibited from the solo practice of medicine. December 23, 2009. Judicial review pending.

ROBINSON, JOAN REAL (A68413)
Soulsbyville, CA

Stipulated Decision. No admissions but charged with using and prescribing controlled substances to herself, unlawfully procuring controlled substances, and dishonesty. Surrender of license. December 21, 2009

RONAN, KEVIN JOHN (GFE77176)
Durham, NH

Disciplined by the U.S. Navy after being found guilty of charges of creating recordings of military personnel engaged in intimate and sexual activities over a period of 2 years and for attempting to impede the criminal investigation. Revoked. November 19, 2009

ROY, WILLIAM JOSEPH, JR., M.D. (G85889)
Mobile, AL

Committed acts of gross negligence and sexual misconduct with 1 patient in his care. Physician must complete a professional boundaries program and an ethics course. Public Reprimand. January 13, 2010. Judicial review pending.

SACK, JEFFREY BRETT, M.D. (A47918)
Sarasota, FL

Disciplined by Florida for ordering and receiving controlled substances without proper authorization for personal use, resulting in a felony conviction. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, abstaining from the use of controlled substances, submitting to biological fluid testing, completing a prescribing practices course, maintaining a record of all controlled substances ordered, prescribed, dispensed, administered, possessed and any recommendation or approval for marijuana. December 3, 2009

SHAH, MUKESH H. (A44952)
Santa Ana, CA

Default Decision. Convicted of disturbing the peace and violating the terms of his Board-ordered probation. Revoked. November 27, 2009

SILLS, JACK HOWARD, M.D. (G43525)
Santa Ana, CA

Convicted of driving under the influence and driving with a blood alcohol level of .08 or more. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol and drugs and submitting to biological fluid testing. January 29, 2010

SIRINTRAPUN, SAHUSSAPONT JOSEPH, M.D. (A96129)
Winston Salem, NC

Stipulated Decision. Disciplined by North Carolina for failing to appropriately disclose on his medical license application that he had been placed on probation during his medical residency. Public Letter of Reprimand. January 20, 2010

TAN BENITA BASA, M.D. (A53599)
Union City, CA

Stipulated Decision. Committed acts of repeated negligence in the care of 2 obstetric patients by failing to make adequate advance referrals or arrangements for delivery and violated the terms of her probation. Revoked, stayed, probation extended for an additional 2 years with additional terms and conditions including, but not limited to, obtaining a practice monitor, completing a professional enhancement program, and providing notice to any new OB/GYN patient that she is prohibited from performing deliveries and the patient's care must be transferred to another physician or group practice at 28-34 weeks of gestational age. January 7, 2010

TRAN, BINH TO, M.D. (A79716)
San Diego, CA

Stipulated Decision. No admissions but charged with failing to maintain adequate and accurate medical records in the care and treatment of a 12-year-old patient. Physician must complete a medical record keeping course. Public Reprimand. December 24, 2009

TRIBBLE, JOHN BENJAMIN, M.D. (A109949)
Merced, CA

Stipulated Decision. Misdemeanor conviction for driving under the influence. Probationary license issued, placed on 5 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol and drugs, and submitting to biological fluid testing. Probationary license issued November 10, 2009.

TUMMALA, PADMAVATHY, M.D. (A52277)
Phoenix, AZ

Disciplined by Arizona for failure to obtain a Level II ultrasound for an obstetrical patient with a possible cardiac abnormality that may have contributed to the death of the infant. Public Letter of Reprimand. January 27, 2010

VENGER, BENJAMIN HERSCHEL (CFE50264)
Las Vegas, NV

Stipulated Decision. Disciplined by Nevada and Arizona for testifying untruthfully in a civil proceeding and knowingly offering untruthful professional medical opinions during sworn deposition and trial testimony. Surrender of license. January 6, 2010

WANG, TAISHINE, M.D. (A42340)
Cerritos, CA

Stipulated Decision. Violated terms of his Board-ordered probation by failing to successfully complete the PACE program. Revoked, stayed, placed on 4 years probation and will remain suspended from the practice of medicine until successful completion of the PACE program, and the terms and conditions from the previous order are continued. December 16, 2009

WARE, DANA SUZANNE, M.D. (G55407)
Chester, CA

Stipulated Decision. No admissions but charged with violating drug statutes by fraudulently prescribing controlled substances in the names of family members for self-use. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, abstaining from the use of controlled substances and alcohol, and submitting to biological fluid testing. November 30, 2009

WAXMAN, SAMUEL, M.D. (A28064)
West Hollywood, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts and failing to maintain adequate and accurate medical records in the care and treatment of a patient. Physician must complete an educational course, a prescribing practices course, a medical record keeping course and a professional boundaries program. Public Reprimand. December 7, 2009

WIEDERHOLD, BENJAMIN DAVID, M.D. (A109950)
Oakland, CA

Stipulated Decision. Failed to disclose a misdemeanor conviction for petty theft. Probationary license issued, placed on 3 years probation with terms and conditions including, but not limited to, providing community service and completing an ethics course. Probationary license issued November 10, 2009.

WOODWARD, PAUL DOUGLAS, M.D. (A30765)
Napa, CA

Stipulated Decision. No admissions but charged with repeated negligent acts, failure to maintain adequate and accurate medical records, and violating the terms of his Board-ordered probation in the care and treatment of 6 patients. Revoked, stayed, current probation is extended for an additional 3 years with terms and conditions including, but not limited to, completing a prescribing practices course, an educational course, an ethics course and obtaining a practice monitor. December 24, 2009

YERMIAN, JOHN-PAUL, M.D. (A42042)
Van Nuys, CA

Stipulated Decision. Failed to perform adequate physical examinations and assessment of 2 patients prior to the performance of surgical cosmetic procedures. Physician completed a clinical training program and a medical record keeping course. Public Reprimand. November 19, 2009

YEUNG, CLEMENT KA-CHUN (G43350)
Honolulu, HI

Stipulated Decision. Disciplined by Hawaii for violating federal law by prescribing controlled substances outside the course of his professional medical practice and not for a legitimate medical purpose. Surrender of license. November 10, 2009

ZDARZYL, MAREK KRZYSZTOF, M.D. (A48707)
Tujunga, CA

Stipulated Decision. Prescribed without an appropriate prior examination, overprescribed controlled substances to a patient with a history of substance abuse, and failed to maintain adequate and accurate medical records. Physician completed a prescribing practices course and a medical record keeping course. Public Letter of Reprimand. January 6, 2010

ZEGARRA, J. PETER, M.D. (G52872)
Sacramento, CA

Committed acts of unprofessional conduct by making inappropriate comments to a patient and demonstrated behavior unbecoming to a physician. Revoked, stayed, placed on 3 years probation with terms and conditions including, but not limited to, completing an educational course, an ethics course, a professional boundaries program and having a third-party chaperone present while consulting, examining or treating female patients. December 23, 2009. Judicial review pending.

ZHANG, DOUGLAS DONG-LI, M.D. (A63200)
San Leandro, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligent acts, incompetence and failure to maintain adequate and accurate records in the care and treatment of a patient by failing to follow up on an abnormal lab test. Physician must complete a clinical training program, an educational course and a medical record keeping course. Public Reprimand. January 14, 2010

Physician Assistants

GONZALEZ, RAMON CASTELLON, P.A. (PA20804)
Downey, CA

Convicted of misdemeanor sexual battery. Probationary license issued, placed on 7 years probation with terms and conditions including, but not limited to, having a third-party chaperone while examining female patients, completing an ethics course and an educational course, and cannot practice until a supervising physician and practice plan are approved. Probationary license issued January 28, 2010.

HAMLIN, JEFFREY MICHAEL (PA16524)
Redding, CA

Stipulated Decision. Used drugs in an injurious or dangerous manner, practiced outside his scope of practice by issuing prescriptions to others while his DEA license was surrendered, and failed to comply with terms of a prior probation order. Surrender of license. November 16, 2009

JONES, MARK B., P.A. (PA20750)
Sacramento, CA

Stipulated Decision. Probationary license issued, placed on 3 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol and controlled substances, and submitting to biological fluid testing, and enrollment in the Maximus diversion program. Probationary license issued December 29, 2009.

LINI, MEGAN NOREEN (PA14080)
San Diego, CA

Stipulated Decision. Failure to comply with the terms and conditions of probation. Surrender of license. January 7, 2010

Podiatrist

HADDAD, IMAD IBRAHIM (E3831)
Chatsworth, CA

Stipulated Decision. Failure to comply with a Board-ordered probation. Surrender of license. December 29, 2009

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July 29–30, 2010: Sacramento

November 3–4, 2010: Long Beach

All meetings are open to the public.

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