



MEDICAL BOARD OF CALIFORNIA *Newsletter*



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Finding your Yoda

*Introduction by Laurie Gregg, M.D.,
former member, Medical Board of California and
current public member of the MBC Wellness Committee*

I still remember a comment made by a fellow board member after issuing a probationary license as a result of poor judgment from an applicant. "Would that applicant have made the same error in judgment if his 'Yoda' were around?" It hit me...if all physicians had a Yoda or mentor, many of the disciplinary matters would fail to exist. Unfortunately, many physicians are not as lucky as Luke Skywalker ("Star Wars" movies) and do not or did not have access to mentors. The Wellness Committee wishes to publish one model of mentoring and encourage physician groups and hospitals to dedicate some effort to establishing or strengthening mentoring relationships.

Studies consider mentorship as being possibly the most important tool for the progression of a professional in training. With the existence of residency work-hour restrictions, the value of mentorship is greater than ever. The Medical Board believes physician-to-physician mentoring in California may lead to improved consumer/patient outcomes not only by enhancing and grounding medical knowledge, but also by strengthening professionalism. In addition, many studies support more professional satisfaction for both the mentee and the mentor.

The predominant model in the U.S. is faculty mentoring within academic medicine. Less well defined but possibly more important are the mentoring models in group or community practice. The Wellness Committee asked Dr. David Shearn to describe a role of mentoring at The Permanente Medical Group and Dr. Karen Garman to describe a model of mentoring that is used at UCSD. These are examples of how to find (or be) a Yoda.

Mentoring: The experience of The Permanente Medical Group

*by David Shearn, M.D., Director
Physician Education and Development
The Permanente Medical Group*

As the largest multi-specialty group practice in the U.S., caring for 3.3 million Kaiser Permanente members in Northern California, we hire hundreds of outstanding physicians each year. We are committed to recruiting the very best physicians and it is

extremely important to us that each new staff member experience a smooth transition into "Permanente practice." Our mentoring program is just one piece of our approach to welcoming new physicians, but we are convinced that mentoring has been a critical and foundational element. Below we share some of our key lessons learned.

Mentoring is not proctoring

All physicians can recall experiences with proctoring during their training. The purpose of proctoring is primarily evaluative to assure competence in particular clinical skills and the performance of procedures. The purpose of mentoring is primarily supportive to develop a trusting relationship over time, to answer questions, and to anticipate and remove obstacles for colleagues' successful integration into the practice and the community.

Planned and protected time

Mentors and those they mentor have enormous time constraints with schedules filled with patient responsibilities. If time is not scheduled in advance, there is less chance that meetings will take place.

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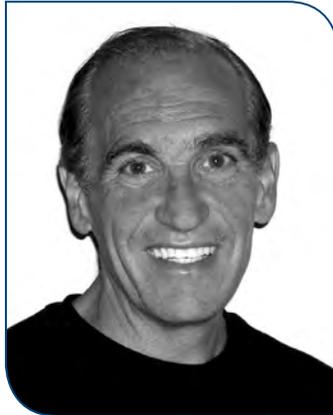
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The mission of the Medical Board of California

The mission of the Medical Board of California is to protect healthcare consumers through proper licensing and regulation of physicians and surgeons and certain allied healthcare 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

As the Medical Board recently announced, the full board voted unanimously at its July 2007 meeting to permit its Diversion Program to “sunset” (or be abolished) by law on July 1, 2008. This decision was made after the state Auditor General scrutinized the program in 1982, 1985, and 1986 and found it was not adequately monitoring drug or alcohol addicted physicians and failed to terminate some physicians who had relapsed. In 2004 and 2005, the Medical Board's enforcement monitor found the same flaws. In 2007, the Bureau of State Audits found numerous problems consistent with its past reports and those of the board's enforcement monitor.



Richard Fantozzi, M.D.
President of the board

In response, the board held a Diversion Program Summit on January 24, 2008 to provide a public forum for interested parties to provide options due to elimination of the Diversion Program. The following was extracted from the discussions.

- Center for Public Interest Law staff advised the Medical Board against the following: running any kind of monitoring program for substance-abusing physicians; overseeing such a program; paying for such a program; diverting substance-abusing physicians from discipline; and lastly, concealing the identities of physicians who are in treatment or recovery and have come to the attention of the board's enforcement program, because diversion prioritizes the abusing physician over public protection. Instead, focus on researching state-of-the-art standards and requirements for the mechanisms that will replace the Diversion Program—standards in the area of drug testing and standards that define consequences for relapse.
- A representative from Kaiser Permanente spoke about their approach to this issue—prevention, identification, and early intervention of a physician who is ill and/or depressed, or who has a predilection for substance abuse, but has not yet been impaired. The importance of prevention and early identification and detection cannot be over emphasized. Kaiser has had professional staff well-being committees at their hospitals in Northern California for 25 years, and today the vast majority of referrals to these committees are not for substance abuse—they are for depression, stress, and for other forms of physical and emotional illness that also have an enormous potential for impacting the ability of a physician to practice safely and without risk to patients. Their well-being committees are trained and educated to provide continuing educational programs for committee members as well as for the medical

staff based on recognizing the signs of trouble in oneself and in one's colleagues.

- A summit participant suggested that medically related decisions regarding pain and addiction treatment for physicians participating in diversion be made with full participation of physicians experienced in and preferably certified in both pain and addiction medicine. Some physicians in diversion may have developed a problem with opiate pain medicines due to legitimate pain and/or addiction issues. For the length of their participation, those physicians would be regularly required to submit to drug screening procedures. The specificity available in such testing allows for appropriate measures to be taken to allow for reasonable pain medication usage while being mindful and vigilant of the potential for abuse. He encouraged all those taking leadership roles on this issue to consider these matters thoughtfully and build a reasonable and medically supported pain treatment component into any new diversion program.
- A summit participant offered that a well-designed and implemented diversion program is essential to ensuring the safety and protection of patients. These programs offer a path for physicians with addiction or substance-abuse problems to get the treatment and monitoring they need. If managed correctly, an effective diversion program identifies doctors with potential problems early, ensuring they are monitored and get the treatment they need before a problem can endanger patients. The record of the MBC's diversion program demonstrates its ability to protect patients and serve as a positive influence for the rehabilitation of impaired physicians. Reviews and analysis of the program have found fault, not with the program's missions nor achievements, but with its implementation, administration, and resources. Many hundreds of California's physicians have quite literally been saved by this program and have been restored to clinical practice, becoming once again one of the state's most valuable resources. The physician diversion program has afforded an effective means through which afflicted colleagues can find a way out of the cycle of self-destruction and deception. Without such a program, afflicted physicians will surely continue to practice in an impaired state, consequently exposing the public to higher potential risk of injury.
- A summit participant stressed the need to instate a properly functioning program—a program structured to

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Legislator profile

Assemblyman Bill Emmerson, D.D.S.



Bill Emmerson (R-Redlands) was elected to the California State Assembly in November 2004. He is vice-chair of the Business and Professions Committee, sits as a member of the Assembly Appropriations Committee, and also serves as a member of the Health Committee.

He graduated in 1967 from La Sierra University in Riverside

with a bachelor's degree in history and political science; then pursued post-graduate study in public administration at American University in Washington, D.C. and was on the staff of Congressman Jerry Pettis of California. He returned to California in 1969 to join the staff of Assembly Republican Floor Leader W. Craig Biddle, while continuing his studies at CSU Sacramento.

After six years of service with the California State Legislature, Assemblyman Emmerson entered Loma Linda University

School of Dentistry. Following graduation in 1980 with a D.D.S. degree, he continued graduate study in orthodontics at Loma Linda, completing his master's degree in 1982. For the next 22 years, he practiced orthodontics in Hemet, California.

In the current legislative session, Assemblyman Emmerson authored AB 1312—Medi-Cal health service costs—which would directly impact the Medical Board's licensees. The bill seeks to increase Medi-Cal reimbursement rates to 80 percent of Medicare for physicians beginning January 1, 2009, to improve access to healthcare throughout California. Notably, California pays among the lowest Medi-Cal (Medicaid) reimbursement rates in the nation.

Assemblyman Emmerson has a long history of active service in his community and a proven record of making the Inland Empire a better place to live. His efforts range from providing leadership in the establishment of a dental hygiene program at Riverside Community College, to helping rehabilitate Redlands Fire Station 1, and serving on the Alumni Association of Loma Linda University.

Severe Staphylococcus aureus infections now reportable by healthcare providers

by Jon Rosenberg, M.D., Division of Communicable Disease Control, California Department of Public Health

Effective February 13, 2008, a severe Staphylococcus aureus infection in a previously healthy person resulting in death or admission to an intensive care unit is immediately reportable from healthcare providers to local health departments. A previously healthy person is defined as one who has not been hospitalized or had surgery, dialysis, or residency in a long-term care facility in the past year, and did not have an indwelling catheter or percutaneous medical device at the time of culture. Infection with either methicillin-sensitive or methicillin-resistant S. aureus (MSSA or MRSA) is reportable if the patient fits the case definition. For now, a case of toxic shock syndrome due to S. aureus should continue to be reported under toxic shock syndrome and not under this new case category.

Public health surveillance for these severe S. aureus cases via reporting will help identify the types of community-associated S. aureus infections, including MRSA infections, that are the most concerning to the public and health officials. Examples of severe illness syndromes caused by S. aureus include invasive skin and soft-tissue infection,

necrotizing fasciitis, musculoskeletal infection (pyomyositis, osteomyelitis), severe pneumonia, empyema, necrotizing pneumonia, disseminated infections with septic emboli, bacteremia, and sepsis syndrome. Surveillance data can help to identify populations at risk for severe community-associated S. aureus infections, and provide additional information that could be used to plan prevention and control measures.

If a case of severe S. aureus infection in a previously healthy person fitting the surveillance case definition is identified, healthcare providers should immediately notify their local health department of the case and send in a filled out Confidential Morbidity Report (CMR) form. The local health departments will also fill out a separate case report form and may need to follow up with local healthcare providers for additional information.

CDPH information on MRSA and links to other sources of information are provided at www.cdph.ca.gov/HealthInfo/discond/Pages/MRSA.aspx.

Mentoring (Continued from cover)



David Shearn, M.D.

Frequency of meetings, duration of relationship

We have found what works best for the first few months is one hour per week, face-to-face meetings early in the day, in a location shielded from interruption. After that, one meeting per month is the rule.

If a full hour is not possible, a 15-minute check in (even by

phone or e-mail) can still suffice. Generally, a one-year commitment is the minimum. Some successful relationships can span several years or may last throughout a career.

Pick the mentors carefully from among volunteers and provide training

The best mentors are experienced, skilled, and trusted physicians who like to teach. But, they must also be good listeners and want to be mentors. Many outstanding clinicians do what they do quite instinctively and may not be able to articulate what it is that leads to their success. Furthermore, untrained mentors will often lapse into long tales from their past. Although the telling of stories can be a most valuable teaching tool, there is much more to being a mentor. Therefore, providing mentor training is very important. The training should focus on effective coaching techniques, active listening,

and creative problem solving. To deliver effective training, the specific role of the mentor must be clearly defined. Although the role may vary somewhat from community to community, the desired outcomes and expectations of the mentoring process should be explicit.

Develop a matching system

Selecting mentors who are enthusiastic volunteers and willing to commit the necessary time to ensure success is critical to a prosperous program. If the learner can pick a familiar mentor, engagement usually is accelerated. Since many new physicians will not know other physicians in their community, a list of available mentors with a photograph and a brief biography can lead to an informed choice. Ultimately, a department chief or someone familiar with both the learners and the mentors can make an assignment if necessary.

What are the expected outcomes?

Successful programs are likely to lead to increased physician satisfaction for both the learner and the mentor. Satisfied physicians are usually more resilient, resistant to burnout, and more likely to continue their practice in the community where they were mentored. And, satisfied physicians usually have more satisfied patients.

If any of these ideas lead to questions, or if you would like more information, please contact Dr. Shearn at David.Shearn@kp.org.

Effective Mentoring

by Karen A. Garman, Ed.D., M.A.P.P., UCSD School of Medicine, Center of Applied Research in Education



Dr. Karen Garman

In today's increasingly complex healthcare environments, mentoring is becoming one of the powerful tools to sustain organizational performance. A well-developed mentorship program builds professional strengths, develops leadership, and delivers organizational results. For example, since 1998, 60 percent of the University of California, San Diego School

of Medicine's junior faculty, made up of both physicians and basic scientists, has participated in an innovative program called the UCSD National Center for Leadership in Academic Medicine. In a nine-month mentorship program where senior and junior physicians and scientists

are paired to complete a professional development contract, those junior faculty that participated show a significant increase in self-efficacy (a person's perception of their ability to reach a goal) by being 20 percent more confident than non-participant peers in their ability to achieve their organizational responsibilities, relationships, and roles. Long-term accountability in performance of these same junior participants over the last 10 years shows a 33 percent rate in organizational promotions, as well as a 35 percent reduction in physician turnover, from 8 percent to 5.2 percent.

What is Mentorship?

Many people confuse the responsibilities of mentorship with other performance counseling available in organizations such as training, coaching, consulting, or even therapy. Training in programs designed to address specific performance skills usually involves a much shorter timeframe to complete than

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mentorship. Coaching focuses on an individual's goals, not an organization's goals, and the individual's development is future-focused, emphasizing that the individual take as much time as needed to control their own personal change and accountability. Consulting focuses on problem solving, using data to diagnose the performance problem. The performance consultant is seen as the organizational change agent, not as a participant. Finally, therapy focuses on problems and understanding of the past and is based on feelings more than individual or organizational data. Mentorship, on the other hand, is a deliberate pairing of a more skilled or experienced senior person with a lesser skilled or experienced junior one, with the agreed-upon goal of having the lesser skilled person grow and develop specific organizational competencies.

Who is the "Mentor"?

All good mentors are senior members of the organization, but being "senior" does not mean they are "mentors." Good mentors need to be trained to successfully do the following:

- Have expertise to coach for specific competencies that will add to the participant's organizational experience and development.
- Have a "non-evaluative" relationship in order to protect participants' confidentiality. Having an employee's boss as his or her mentor can backfire in times of crises and problems.
- Must meet at agreed-time intervals for feedback and planning.
- Agree to a "no-fault" conclusion of the relationship when, for any reason, the time is right.
- Able to recognize and implement the six phases of a successful mentoring relationship: a) building trust—early in the relationship; b) providing information and advice—middle of the relationship; c) challenging old behaviors; d) presenting alternatives; e) motivating change; and f) helping design a career vision for the future—all later in the relationship.

Who is the "Mentee"?

Being new to an organization does not qualify everyone as being part of a mentorship program. First and foremost, the participants must have a willingness to assume responsibility for their own organizational growth and development. The best way to screen for this ability is to look for a record of seeking challenging assignments and new responsibilities. These types of "junior" employees are much more receptive to performance feedback. Recent workforce studies on recruitment of Generations X and Y professionals also shows that organizations offering mentorship programs that formally support junior employees in creating and attaining development plans are much more attractive to these recruits and are selected as organizations to join.

What does a mentee hope for in a mentor?

Studying the mentor/mentee relationship for the past 10 years, UCSD has found that participants clearly want their mentors to be a sounding board; help prioritize their organizational goals; teach process and strategic planning; give access to the inside track; be available; and most important, be a nice person. Since the complexity of senior employee responsibilities can make it hard to find a "one-size-fits-all" mentor, large organizations like Southern California's Kaiser Permanente are creating "mentorship boards" where a group of mentors are available to the junior participants for specific goals in important development areas such as work processes, work/life integration, technology, organizational policies and procedures, patient-centered care, career development, and discipline-specific developments. What does a mentee fear? Mentoring is a two-way street with mentors and mentees each having responsibilities. Some of these relationships will be short-lived while others may last for years. What a good program has to guarantee for mentees is no personal evaluation of their efforts for participating and a safe environment where the noticeable level of inexperience is never penalized.

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Author

Dr. Garman is the director of the Center of Applied Research in Education (CARE) at the University of California, San Diego School of Medicine, where she is also an associate professor of medicine. Certified as a human performance improvement expert, with more than 20 years of experience in the delivery of a variety of professional development programs to public and private healthcare organizations, she coaches healthcare providers on how to become better teachers, leaders and organizational performers.

President's Report *(Continued from page 2)*

provide a continuum of medically based services including comprehensive assessment, triage, and monitoring services for behavioral disorders, and support for substance abuse and other medical conditions. He agreed that such a program should be operated by an independent, non-profit entity and should be audited regularly for clinical quality and fiscal integrity. He felt that physicians who self-report without the protection of confidentiality most likely would be placed on probation, which could adversely impact their future employability and insurability even after successful treatment. Recommendations were: the replacement program must be established as a formal, legislatively sanctioned, not-for-profit, independent but publicly accountable entity. It must be regularly audited for clinical quality and fiscal integrity. It must be supported by a stable and continuing source of funds that must come, or should primarily come, from professional licensing fees. The program must be governed by a board that is composed of both physicians and non-physicians, all with expertise in physician health and impairment, and must be managed by a medical director who is knowledgeable and responsive to the board.

- A summit participant who is a graduate of the Diversion Program stated that all UC campuses share the same message, which is to confidentially and safely monitor physicians who suffer from the disease of addiction. She urged the board to join all other states to consider a new, improved, non-profit, confidential, physician-health program separate from, but reporting to, the Medical Board of California.
- A California-licensed physician spoke about her previous experience as the medical director of the Virginia Health Practitioner's Intervention Program—a state legislatively mandated program for impaired health professionals and regulated by the Virginia Department of Health Professions. Her opinion was the lack of a monitoring program for an impaired physician with discipline as the only avenue for managing physicians with impairments ensures that they will try to hide their illness and continue practice for as long as possible, creating conditions that could result in patient harm. She provided insight on a board-contracted monitoring program that works in Virginia.
- A California-licensed physician spoke about the Arizona Medical Board's Physician Health Program and the Arizona State Board of Dental Examiner's program that he and his partner run. They have a 92 percent, five-year success rate for their monitored, aftercare programs and are completely non-confidential. They run a full range of monitoring programs and are as

comprehensive as diversion has been, except they hold people accountable. They do compliance measuring, there are consequences, and they have no issue taking unsafe doctors out of practice. They work in collaboration with the medical board and participate in investigations, summary suspensions, and other appropriate actions.

- We heard from the president of the Federation of State Physician Health Programs, who also is the director of the Massachusetts Health Program. The federation works closely with the Federation of State Medical Boards and has 48 state members. Many state programs are independent from the licensing board, as in Massachusetts—they are a subsidiary of the medical society. Many state programs are non-profit where a board of directors provides oversight. There are a variety of ways the programs are funded: through licensing fees and malpractice carriers. The programs are confidential and they promote early referrals. They have established guidelines that are available to the MBC and they are ready to assist us.
- Several patients of physicians enrolled in the Diversion Program gave testimonials to their specific situations. They all adamantly protested against the confidentiality factor of the program.
- Senator Mark Ridley-Thomas discussed his interest in the program as Chairman of the Business and Professions Committee. His goal is to work with the boards to develop more uniform standards of enforcement and oversight of medical professionals who may become involved with substance abuse and assure that there will always be appropriate monitoring and restrictions placed on the practice of healthcare under such conditions.

Where does the board go from here? The board's Education Committee will devote its next two meetings to the discussion of new, proactive, educational approaches to help prevent and to timely identify substance abuse by medical students and physicians. One of the main goals of this new approach is to reach out to all licensed physicians and medical school students in our state to create an awareness of the consequences that substance abuse may have both personally and professionally. The board will also seek input from participants on wellness models that could be incorporated into education programs to promote healthy lifestyles for physicians.

The Medical Board is appreciative of everyone who participated in the summit and its Education Committee meetings and reiterates its commitment to protecting the public while doing what it can in a non-confidential manner to assist physicians with substance-abuse problems.

How physicians can help parents establish paternity rights and responsibilities

Department of Child Support Services, Paternity Opportunity Program

Did you know that in California, unmarried fathers do not have legal rights or responsibilities for their children until legal paternity is established? State and federal law require the State Department of Child Support Services (DCSS) to administer a program that allows unmarried parents to establish paternity of a child at the time of birth without going to court. This is done through the DCSS, Paternity Opportunity Program (POP) in cooperation with a network of 700 hospitals and agencies in California.

POP is a voluntary program, requiring both the mother and father of the child to sign a Declaration of Paternity, which, when filed with DCSS, becomes equal to a court judgment of paternity. This document provides the child of unmarried parents the same legal security and support as if the parents were married. Benefits to the child include legal documentation of the biological parents, having the father's

name on the child's birth certificate, access to family medical records, medical and life insurance coverage, inheritance protections, Social Security benefits, and veteran's benefits if available.

How can you, the physician, help these children born to unmarried parents? It is as easy as distributing an informational brochure, provided by the DCSS, to your patients. The information in the brochure provides your patients with a brief overview of the program, contact information and the reasons it is important to legally establish paternity at the start of their child's life.

The Paternity Opportunity Program will provide, at no cost to you, informational brochures for distribution to your patients. Please contact the POP unit by e-mail at askpop@dcss.ca.gov, or call toll free at (866) 249-0773 to place an order for brochures or if you would like more information.

Changes to California Law regarding supervision of physician assistants

Assembly Bill 3 (Bass), which amended Business and Professions Code sections 3502, 3502.1, 3516, and 3516.5, became effective on January 1, 2008. AB 3 changed items pertaining to the practice of physician assistants in California. Listed below are descriptions of several significant changes:

1. Ratio of physician assistants to supervising physicians

Previously, a supervising physician was allowed to supervise no more than two physician assistants at any given time. Effective January 1, 2008, a supervising physician may supervise no more than four physician assistants at any one time, which was previously the ratio for underserved areas in California.

2. Chart countersignature

Previously existing regulation allowed that if the supervising physician and the physician assistant adopted protocols, the supervising physician would review and sign a minimum of 10 percent of the patient charts of the physician assistant within 30 days. Effective January 1, 2008, the 10 percent minimum requirement was decreased to 5 percent.

3. Patient-specific authority

Previously existing regulation required physician assistants to obtain patient-specific authority prior to writing a drug order from Controlled Substances Schedules II-V.

As amended by AB 3, Business and Professions Code section 3502.1 eliminates the requirement that a physician assistant obtain patient-specific authority prior to writing a drug order for a Controlled Substance (Schedules II through V), if a physician assistant completes an approved educational course in controlled substances, and if delegated by the supervising physician. If a physician assistant chooses not to take the educational course, the requirements for patient-specific authority remains unchanged.

The Physician Assistant Committee has proposed regulations to implement this provision of AB 3. A hearing on the proposed regulations will be held at the May 1, 2008, meeting of the committee. The proposed regulations and supporting documentation can be found at www.pac.ca.gov/about_us/lawsregs/regulations.shtml.

Please check the committee's Web site frequently at www.pac.ca.gov to obtain any new updates to this information.

All physician assistants and supervising physicians should familiarize themselves with these changes to ensure they are in compliance with the physician assistant laws and regulations.

Mandated standardized written information for patients

Various California laws require physicians to distribute mandated standardized written information to patients who are being seen for specific medical treatments. The following matrix lists the publications and under what circumstances they must be offered to patients, along with ordering information. Reference each code for a complete list of requirements.

Publication	Requirement	Ordering Information
A Patient's Guide to Blood Transfusion	H&S §1645 (Paul Gann Blood Safety Act) requires physicians to provide a standardized summary of the positive and negative aspects of receiving blood from volunteers whenever there is a reasonable possibility that a blood transfusion may be necessary as a result of a medical/surgical procedure.	Tri-fold pamphlet is available in English and Spanish in bundles of 50 up to 300 copies per order (includes masters) at no charge. Available online: www.mbc.ca.gov/publications.htm . Fax requests to (916) 263-2479.
A Woman's Guide to Breast Cancer Diagnosis & Treatment	H&S §109275 requires primary care physicians to provide a summary discussing alternative breast cancer treatments and their risks and benefits to women upon diagnosis of breast cancer, or if the physician chooses, prior to a biopsy.	Booklet is available in English and Spanish in bundles of 25 up to 2 cases (250 per case) per order at no charge. Masters are available in Chinese, Korean, Russian and Thai. Available online: www.mbc.ca.gov/publications.htm . Fax requests to (916) 263-2479.
Gynecologic Cancers... What Women Need to Know	H&S §109278 requires medical care providers, primarily responsible for providing patients with an annual gynecologic exam, to provide a standardized summary containing a description of the symptoms and appropriate methods of diagnoses for gynecological cancers.	Quad-fold pamphlet is available in English, Spanish, Armenian, Chinese, Cambodian, Farsi, Hmong, Korean, Russian and Vietnamese in single printed sets at no charge. Available online: www.mbc.ca.gov/publications.htm . Please contact the Department of Health Care Services, Office of Women's Health by phone (916) 440-7626, fax (916) 440-7636, or e-mail OWHmail@dhs.ca.gov .
Professional Therapy Never Includes Sex	B&P §728 requires physicians specializing in psychiatry to provide written information on the rights and remedies for patients who have been involved sexually with their psychotherapist when the physician becomes aware that the patient had alleged sexual intercourse or sexual contact with a previous psychotherapist during the course of a prior treatment.	Booklet is available online in English and Spanish at www.mbc.ca.gov/publications.htm ; to request a free copy or to purchase copies in bulk (25-copy minimum) fax order to (916) 263-2479, or contact the Office of State Publishing at (916) 445-5357.
Things to Consider Before Your Silicone Implant Surgery	B&P Code §2259 (Cosmetic Implant Act of 1992) requires physicians to provide written information to patients considering silicone implant surgery. Physicians may substitute written information authorized for use by the federal Food and Drug Administration prepared by the manufacturer based upon the physician package insert.	Booklet is available online: www.mbc.ca.gov/publications.htm , or order bundles of 25 in English at a cost of \$6 (inclusive). Checks must be included with the order and made payable to the Medical Board of California and mailed to: Medical Board, 2005 Evergreen Street, Suite 1200, Sacramento, CA 95815.
What You Need to Know About Prostate Cancer	B&P Code §2248, H&S Code §109280 (Grant H. Kenyon Prostate Cancer Detection Act) requires physicians to provide a standardized summary about the availability of appropriate diagnostic procedures when examining a patient's prostate gland during a physical examination.	Booklet is available in English and Spanish in bundles of 25 up to 2 cases (140 per case) per order at no charge. Available online: www.mbc.ca.gov/publications.htm . Fax requests to (916) 263-2479. (Rev. 04/08)

Administrative actions: November 1, 2007 — January 31, 2008

Physicians and surgeons

BAEZ, ALFONSO M., M.D. (A35887)

Gardena, CA

Stipulated Decision. Prescribed dangerous drugs and controlled substances to a patient without an appropriate examination and failed to maintain adequate and accurate medical records for this patient. Current board-ordered probationary period extended by 1 year. November 13, 2007

BALL, CRAIG JAMES (G38467)

Palm Desert, CA

Stipulated Decision. No admissions but violated the terms and conditions of his board-ordered probation by committing acts of gross negligence, repeated negligence and incompetence and violating professional confidence in the care and treatment of a patient involving multiple liposuction procedures and committing acts of dishonesty, making false statements, and operating an outpatient setting without proper accreditation and required liability coverage. Surrender of license. December 31, 2007

BARCKLAY, KAREN BETH (A69028)

Walnut Creek, CA

Stipulated Decision. Disciplined by Arizona for deviating from the standard of care in the treatment of 1 patient. Surrender of license. January 3, 2008

BLUM, MITCHELL EDWARD H., M.D. (G25010)

Carmichael, CA

Stipulated Decision. Committed acts of repeated negligence, gross negligence, incompetence, dishonesty and failure to maintain adequate and accurate medical records by injecting patients with an unapproved botulinum toxin without their knowledge or consent. Misdemeanor conviction for introduction of a misbranded drug, Botulinum Toxin type A, into interstate commerce. Physician must complete a prescribing practices course and a medical record keeping course. Public Reprimand. November 21, 2007

BLYWEISS, DAVID JARED, M.D. (C43059)

Fort Lauderdale, FL

Stipulated Decision. Disciplined by Florida for failure to practice medicine with the level of care recognized as acceptable in the treatment of 2 patients. Public Letter of Reprimand. December 18, 2007

CAMPBELL, ELIZABETH TRUPIN, M.D. (A40036)

Walnut Creek, CA

Stipulated Decision. No admissions but charged with acts of repeated negligence and incompetence in the care and

Copies of public documents from 2004 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: "Jan. 16, 2008" 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.

treatment of 4 patients, and has a condition affecting her ability to practice medicine safely. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a clinical training program before returning to the practice of medicine, obtaining a practice monitor, completing a physician-patient communication course, and prohibited from engaging in the solo practice of medicine. January 18, 2008

CASHATT, TROY, D., M.D. (A63013)
Los Angeles, CA

Stipulated Decision. Committed acts of repeated negligence in the care and treatment of a patient. Revoked, stayed, placed on 2 years probation with terms and conditions including, but not limited to, completing a clinical training program and obtaining a practice monitor. December 19, 2007

COHEN, FRED LOUIS, M.D. (G26472)
Jupiter, FL

Stipulated Decision. Disciplined by Florida for performing wrong-site craniotomy surgery on a patient. Public Letter of Reprimand. December 6, 2007

COULSON, ALAN STEWART (A25297)
Hamlet, NC

Stipulated Decision. Disciplined by North Carolina for failing to conform to minimal standards of acceptable medical care and treatment regarding 3 cardiac patients. Surrender of license. January 22, 2008

DANIEL, THOMAS ALAN (G53590)
Sacramento, CA

Physician has a condition affecting his ability to practice medicine safely, and self-use and self-prescribing of controlled substances. Revoked. December 19, 2007

DONLEY-KIMBLE, IRENE, M.D. (G42558)
San Bernardino, CA

Committed acts of repeated negligence and failed 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, completing a clinical training program and a medical record keeping course, and obtaining a practice monitor. January 28, 2008

ENO, GARY ROSS, M.D. (A24709)
Berkeley, CA

Stipulated Decision. No admissions but charged with gross negligence, incompetence, and repeated negligence in the care and treatment of 2 neurology patients. Physician completed an education/training program. Public Reprimand. December 7, 2007

EPSTEIN, LARRY A., M.D. (C24787)
Mountain View, CA

Stipulated Decision. Committed unprofessional conduct when he discharged a hospital patient in the care without documenting his assessment of the patient's presenting problem or the patient's laboratory test results. Physician completed 40 hours of continuing medical education in urgent care diagnosis and a course in anger management. Public Reprimand. January 28, 2008

FEIND, CARL R., M.D. (G54716)
Lafayette, IN

Stipulated Decision. Disciplined by Massachusetts for committing repeated negligent acts in the care and treatment of 2 patients who presented with cardiac conditions and for failing to maintain adequate and accurate medical records for these patients. Public Letter of Reprimand. November 6, 2007

FISCH, RICHARD (G4454)
Menlo Park, CA

Stipulated Decision. Physician has a condition affecting his ability to practice medicine safely. Surrender of license. December 3, 2007

FLETSCHER, WALTER LYLE, M.D. (G48644)
Redding, CA

Stipulated Decision. Committed acts of repeated negligence and failed to maintain adequate and accurate medical records in the care and treatment of 3 patients. Physician completed a clinical training program and a medical record keeping course. Physician is prohibited from performing interventional cardiac catheterization unless he completes further training in the performance of interventional angiography. Public Reprimand. December 7, 2007

FLORES, JORGE N. (A33705)
Hacienda Heights, CA

Committed acts of dishonesty and corruption by billing Medi-Cal as if services were provided at one address when they were actually conducted somewhere else, and misdemeanor conviction for failure to maintain records. Revoked. January 4, 2008

GOLDEN, PATRICK ALLEN, M.D. (G51665)
Fresno, CA

Stipulated Decision. Grossly negligent in the care and treatment of a patient when he placed the patient on anticoagulant therapy despite contraindications to the therapy. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a clinical training program, and a prescribing practices course and obtaining a practice monitor. January 28, 2008

GREWAL, RANJIT SINGH, M.D. (A38510)
Torrance, CA

Stipulated Decision. Failed to maintain adequate and accurate medical records in the care and treatment of 3 patients. Revoked, stayed, placed on 35 months probation with terms and conditions including, but not limited to, completing a clinical training program, a medical record keeping course, an educational course in addition to the required CME, and obtaining a practice monitor if he no longer has staff privileges at a hospital where his delivery of medical care is reviewed every 2 years. December 19, 2007

GRISOLIA, JAMES SANTIAGO, M.D. (G42884)
San Diego, CA

Stipulated Decision. Committed acts of repeated negligence and gross negligence, prescribing dangerous drugs and controlled substances without conducting an appropriate prior examination and failure to maintain adequate and accurate medical records in the care and treatment of 6 patients. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, completing a clinical training program, a medical record keeping course, a prescribing practices course, and an ethics course; must maintain a record of all controlled substances ordered, prescribed, dispensed, administered or possessed; obtaining a practice monitor; and prohibited from treating any patient with chronic or intractable pain. December 10, 2007

HARRIS, RICHARD I. (G29416)
Los Angeles, CA

Violated the terms and conditions of his board-ordered probation by being terminated from the Diversion Program, failing to pay costs, and failing to maintain a current license. Revoked. November 26, 2007

HUGHES, DEREK PATRICK, M.D. (A61410)
Yuba City, CA

Stipulated Decision. Violated the terms and conditions of his board-ordered probation by failing to abstain from the use of alcohol, failing to submit to biological fluid testing, failing to submit accurate and timely quarterly reports of compliance, and convicted of a misdemeanor for driving under the influence of alcohol. Revoked, stayed, current 5 year probation extended 3 years, with terms and conditions including, but not limited to, abstaining from the use of alcohol and controlled substances, participating in the board's Diversion Program, submitting to biological fluid testing, and completing an ethics course. November 19, 2007

JAMSHIDI, SAIED, M.D. (A40445)
Potomac, MD

Stipulated Decision. Disciplined by the District of Columbia for incorrectly answering one of the screening questions on the renewal application in which he answered "no" regarding whether any authority or peer review board had taken adverse action against his license or privileges, when in fact a hospital had denied him clinical privileges due to excessive malpractice actions. Revoked, stayed, placed on 2 years probation with terms and conditions including, but not limited to, completing an ethics course. November 5, 2007

JOHNSON, GARY RONALD, M.D. (G27755)
San Andreas, CA

Stipulated Decision. Violated various state and federal drug statutes regulating dangerous drugs or controlled substances and failed to maintain adequate and accurate records related to the disposition of Vicodin which he ordered in bulk quantities. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol and controlled substances, submitting to biological fluid testing, completing a prescribing practices course and a medical record keeping course, and must maintain a record of all controlled substances ordered, prescribed, dispensed, administered or possessed. January 30, 2008

KRAUS, BRUCE A., M.D. (G30793)
Columbus, WI

Stipulated Decision. Disciplined by Wisconsin for excessive prescribing, failing to recognize drug-seeking behavior, and failing to maintain adequate medical records. Public Letter of Reprimand. December 7, 2007

LANG, AARON (A44528)
Bend, OR

Stipulated Decision. Committed acts of unprofessional conduct and dishonesty by being convicted of a misdemeanor for petty theft for shoplifting. Surrender of license. January 16, 2008

LEE, JAMES EDWARD (G66831)
Davis, CA

Violated the terms and conditions of his board-ordered probation including, but not limited to, failing to abstain from alcohol, refusing to submit to biological fluid testing, failing to enter the Diversion Program, and failing to enter a clinical training program. Revoked. November 8, 2007

LEMUS, JULIO FERNANDO, M.D. (A44494)

Los Angeles, CA

Engaged in sexual relations with a patient and misdemeanor criminal conviction for sexual exploitation of a patient.

Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, having a female chaperone present while consulting, examining or treating female patients and completing an ethics course.

January 16, 2008

LEW, STEPHANIE FAY (A89146)

Dallas, TX

Disciplined by Texas for being placed on academic probation for approximately 4 months in 2003 during her residency program, then left the program after she was reinstated.

Revoked. November 26, 2007

LOOS, DONALD C., M.D. (A17613)

Bakersfield, CA

Stipulated Decision. Committed acts of repeated negligence and gross negligence in the care and treatment of 2 patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a clinical training program, a medical record keeping course and an educational course in addition to required CME, and obtaining a practice monitor. January 10, 2008

LOWE, ISAAC EDWIN, M.D. (G55370)

Oxnard, CA

Stipulated Decision. No admissions but charged with gross negligence, incompetence, dishonesty, and failure to maintain adequate and accurate medical records in the care and treatment of a patient. Physician must complete a medical record keeping course. Public Reprimand. November 26, 2007

MOON, YOUNG JA (A50468)

Crossville, TN

Disciplined by Tennessee based on his federal felony convictions for fraudulently billing for the administration of various oncological drugs between 1999 and 2002 and for knowingly and willfully making materially false statements to investigators from the United States Department of Health and Human Services. Revoked. November 5, 2007

MORIARTY, SARAH ALICE, M.D. (A93218)

Stockton, CA

Stipulated Decision. Committed acts of unprofessional conduct by diverting Oxycontin and Methadone from 2 patients for her own use, borrowing money from a patient, and violated the terms and conditions of her board-ordered probation by not abstaining from controlled substances. Revoked, stayed, placed

on 5 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol and controlled substances, participating in the board's Diversion Program, submitting to biological fluid testing, prohibited from engaging in the solo practice of medicine and must obtain a practice monitor. November 5, 2007

MURPHY, DOUGLAS PETER, M.D. (A65282)

Morro Bay, CA

Stipulated Decision. No admissions but charged with gross negligence and repeated negligent acts in the care and treatment of 2 patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a clinical training program, a professional boundaries program, an ethics course, a medical record keeping course, and an educational course in addition to required CME. November 5, 2007

NAIK, RAMDAS BEERANNA, M.D. (A32981)

Milpitas, CA

Stipulated Decision. Committed acts of dishonesty, gross negligence, repeated negligence, prescribing without medical indication, insurance fraud and issuing false prescriptions related to his prescribing dangerous drugs and controlled substances in the name of his wife and a patient for his own use for a medical condition, and for prescribing in the patient's name so the drugs would be paid for by the patient's insurance company. Revoked, stayed, placed on 2 years probation with terms and conditions including, but not limited to, completing a prescribing practices course, an ethics course and an educational course in addition to required CME. December 5, 2007

NOUSHKAM, MOHAMMAD BAGHER, M.D. (A45935)

Hawaiian Gardens, CA

Stipulated Decision. No admissions but charged with gross negligence, repeated negligence, incompetence, prescribing without an appropriate examination and failure to maintain adequate and accurate medical records in the care and treatment of 10 patients. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, completing a clinical training course and a medical record keeping course, and maintaining a separate record of all controlled substances ordered, prescribed, dispensed, administered or possessed. December 17, 2007

PATT, RICHARD BERNARD (A51347)

Houston, TX

Stipulated Decision. Disciplined by Texas for impairment due to the abuse of alcohol and controlled substances. Surrender of license. November 5, 2007

PHAM, CO DANG LONG, M.D. (A34091)

Westminster, 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 and a medical record keeping course. Public Reprimand. January 3, 2008

PRAKASH, OM, M.D. (A39024)

Apple Valley, CA

Stipulated Decision. Committed acts of repeated negligence in the care and treatment of a patient. Revoked, stayed, placed on 18 months probation with terms and conditions including, but not limited to, completing a clinical training program and a medical record keeping course and obtaining a practice monitor. November 2, 2007

PUBLICOVER, LAURIE DOWNS, M.D. (G61970)

San Diego, CA

Stipulated Decision. Disciplined by Nevada for conduct that deviated from the standard of care regarding a patient treated in November 1998. Public Letter of Reprimand. December 14, 2007

RAJARATNAM, JOHN NAMALA SAMUEL, M.D. (A51207)

Huntington Beach, CA

Committed acts of repeated negligence and gross negligence by writing progress notes falsely indicating he had examined 3 patients; committed acts of dishonesty or corruption for preparing and submitting false documentation of services not actually rendered; creating false medical records with fraudulent intent; and failed to maintain adequate and accurate medical records. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 1 year of actual suspension, completing an ethics course and medical record keeping course, and obtaining a billing monitor. January 2, 2008

RAYMOND, FREDERICK, M.D. (G32652)

Pasadena, CA

Committed acts of unprofessional conduct by using alcohol to the extent or in such a manner as to be dangerous or injurious to the licensee or to any other person or to the public, and having 2 misdemeanor criminal convictions for driving while under the influence of alcohol. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, abstaining from the use of alcoholic beverages, submitting to biological fluid testing, and enrolling in an alcohol counseling program. November 16, 2007

REISBORD, DAVID A. (G8913)

Los Angeles, CA

Stipulated Decision. No admissions but charged with conviction of a misdemeanor for being an accessory to a crime involving paying unlawful remuneration. Surrender of license. January 15, 2008

REYZIN, GARY IGOR, M.D. (A102312)

Northridge, CA

Stipulated Decision. Failed to disclose on his application for licensure a misdemeanor conviction for grand theft. Probationary license issued, placed on 3 years probation with terms and conditions including, but not limited to, completing an ethics course and providing 120 hours of free, non-medical community service. Decision effective December 6, 2007, probationary license issued December 12, 2007.

RYLL, ERIC D. (G13357)

Carmichael, CA

Stipulated Decision. No admissions but charged with repeated negligent acts and gross negligence in the care and treatment of a patient. Surrender of license. November 16, 2007

SAHAFI, FEREDOUN, M.D. (A52188)

Mission Viejo, CA

Stipulated Decision. Aided and abetted the unlicensed practice of medicine by allowing unlicensed individuals to perform penile lengthening/enlarging procedures on patients; performed surgical procedures outside of a general acute care hospital without liability insurance or participation in an interindemnity trust; and committed

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acts of gross negligence by allowing an unlicensed assistant to dispense testosterone without proper medical work up. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 30 days actual suspension, completing an ethics course and an educational course in addition to the required CME, and obtaining a practice monitor. January 10, 2008

SALMASSI, SADEGH, M.D. (A39604)

Delano, CA

Stipulated Decision. No admissions but charged with gross negligence in the care and treatment of 1 patient. Physician must complete a clinical training program and a medical record keeping course. Public Reprimand. December 7, 2007

SCHWARTZ, ALAN, (G18347)

Agoura Hills, CA

Violated the terms and conditions of his board-ordered probation by committing gross negligence, repeated negligent acts and incompetence in the care and treatment of multiple patients. Revoked. November 23, 2007

SENGELMANN, ROBERT PAUL (G16979)

Canoga Park, CA

Stipulated Decision. No admissions but charged with having a condition that affects his ability to practice medicine safely. Surrender of license. January 11, 2008

SHAMSIAN, SAEID (A40648)

Great Neck, NY

Stipulated Decision. Disciplined by New York based on his misdemeanor criminal conviction for sexual abuse in the third degree and harassment in the second degree for touching a patient in an inappropriate manner. Surrender of license. January 22, 2008

SIDDIQI, SHAFI ULLAH, M.D. (A102176)

Newport Beach, CA

Stipulated Decision. Failed to disclose on his application for licensure an investigation during his training program as a result of his inappropriate change of an examination score. Probationary license issued, placed on 3 years probation with terms and conditions including, but not limited to, completing an ethics course and providing 120 hours of free, non-medical community service. Decision effective November 7, 2007, probationary license issued November 28, 2007.

SINHA, RONESH, M.D. (A70506)

Redwood City, CA

Stipulated Decision. No admissions but charged with repeated negligent acts, gross negligence, incompetence, dishonest or corrupt acts, prescribing without an appropriate prior examination or medical indication, creating false documents, and failure to maintain adequate and accurate medical records in the care and treatment of 8 patients. Physician has completed a clinical training program and an ethics course. Public Reprimand. December 17, 2007

SKOGERSON, KENT EDWARD, M.D. (A39437)

Wofford Heights, CA

Stipulated Decision. Disciplined by Nevada for failing to properly diagnose or to perform appropriate diagnostic procedures on a patient prior to surgery. Public Reprimand. November 16, 2007

SMITH, ANDREW JAMES KENDRC (A60393)

Santa Monica, CA

Disciplined by New Jersey for failing to disclose on his application for relicensure his termination from a medical center and falsely represented that he had resigned from his position at that medical center. Revoked. January 4, 2008

SURI, RAJESH SAM, M.D. (A50486)

Fremont, CA

Stipulated Decision. No admissions but charged with repeated negligent acts, gross negligence and incompetence in the care and treatment of 4 patients. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing a clinical training program, an ethics course and an educational program in addition to required CME, prohibited from performing procedures associated with or practicing interventional cardiology or cardiac electrophysiology except in the confines of a clinical training program, and obtaining a practice monitor. November 14, 2007

Setting the Record Straight

TZENG, THOMAS SHOW-TZER, M.D. (A37994)

Whittier, CA

The January 2008 *Medical Board of California Newsletter* erroneously reported that Thomas Show-Tzer Tzeng, M.D. had committed acts of gross negligence in his care and treatment of 4 patients. Dr. Tzeng's discipline was based on his having failed to maintain adequate and accurate records for 4 patients and for gross negligence for his failure to maintain adequate and accurate medical records for 1 patient.

TURULLOLS, GILDARDO (A39240)**Chula Vista, CA**

Stipulated Decision. No admissions but charged with repeated negligent acts and sexual misconduct with a patient. Surrender of license. January 5, 2008

VARAKIAN, LUSIK S., M.D. (A39856)**Glendale, CA**

Stipulated Decision. Committed acts of repeated negligence and gross negligence in the care and treatment of 3 patients. Revoked, stayed, placed on 7 years probation with terms and conditions including, but not limited to, completing a clinical training program, a medical record keeping course, and a prescribing practices course; obtaining a practice and billing monitor and paying a civil penalty of \$1,500. November 1, 2007

VITKOVA, MILUSE, M.D. (C50745)**Santa Clara, CA**

Stipulated Decision. Disciplined by Arizona for amending an autopsy report without indicating it was amended. Public Letter of Reprimand. November 19, 2007

WARNER, CLARENCE EMANUEL (G62334)**Sherman Oaks, CA**

Stipulated Decision. No admissions but charged with violating the terms and conditions of his board-ordered probation. Surrender of license. December 6, 2007

Doctors of Podiatric Medicine**ALVARO, MICHAEL, S., D.P.M. (E3777)****Los Angeles, CA**

Stipulated Decision. Presented false or fraudulent claims to the Medi-Cal program and federal criminal conviction for making a false statement regarding a healthcare matter. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, completing an ethics, providing 40 hours of free services to a community or non-profit organization, complying with his federal probation which requires payment of \$67,500 in restitution, and obtaining a practice monitor. December 31, 2007

HADDAD, IMAD IBRAHIM, D.P.M. (E3831)**Chatsworth, CA**

Stipulated Decision. No admissions but charged with dishonesty and conviction of a crime related to his federal criminal conviction for Medicare fraud. Revoked, stayed, placed on 5 years probation with terms and conditions including, but not limited to, 30 days actual suspension; completing an ethics course, submitting to a psychiatric and medical evaluation and treatment, and obtaining a practice monitor. November 16, 2007

Physician Assistants**ADAMS, ANGELA SHIRLENE, P.A. (PA19513)****Irvine, CA**

Failed to disclose on her application for licensure convictions for reckless driving and disorderly conduct. Both convictions were related to her use of alcohol. Probationary license issued, placed on 3 years probation with terms and conditions including, but not limited to, abstaining from the use of alcohol, submitting to biological fluid testing and participating in the Diversion Program. Decision effective November 27, 2007, probationary license issued November 29, 2007.

DRURY, RYAN ALLEN, P.A. (PA19487)**Tehachapi, CA**

Failed to disclose on his application for licensure convictions for reckless driving and public intoxication. Probationary license issued, placed on 2 years probation with terms and condition including, but not limited to, abstaining from use of alcohol, submitting to biological fluid testing and participating in the Diversion Program. Decision effective November 8, 2007, probationary license issued November 14, 2007.

PAYNE, KEITH TYLER, P.A. (PA14225)**Fallbrook, CA**

Stipulated Decision. Convicted of driving under the influence of alcohol, driving with a blood alcohol level above .15% and evading officers with reckless driving; and use of alcohol in such a manner as to be dangerous or injurious to the licensee, or to any other person or to the public. Revoked, stayed, placed on 3.5 years probation with terms and conditions including, but not limited to, abstaining from the use of controlled substances or dangerous drugs unless lawfully prescribed, abstaining from the use of alcohol, submitting to biological fluid testing, participating in the Diversion Program, and completing an ethics course. December 28, 2007

PUGLIESE, WILLIAM FRANCIS**Santa Ana, CA**

Convicted of illegal prescribing of controlled substances and conspiracy to commit a crime. Revoked. January 17, 2008

Midwife**MCCULLEY, MARCIA KAY (LA134)****Simi Valley, CA**

Stipulated Decision. Committed acts of gross negligence in the care and treatment of 6 patients. Surrender of license. November 14, 2007

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Candis Cohen, Editor (916) 263-2389

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