



**MEDICAL EXAMINING BOARD
DISCIPLINARY GUIDELINES COMMITTEE
Room 121A, 1400 East Washington Avenue, Madison
Contact: Tom Ryan (608) 266-2112
February 19, 2014**

The following agenda describes the issues that the Committee plans to consider at the meeting. At the time of the meeting, items may be removed from the agenda. Please consult the meeting minutes for a record of the actions of the Committee.

AGENDA

11:30 AM.

(Immediately following the full Medical Examining Board Meeting)

OPEN SESSION – CALL TO ORDER – ROLL CALL

- A) Adoption of Agenda**
- B) Approval of Minutes of September 18, 2013 (3-4)**
- C) Administrative Updates**
 - 1) Staff Updates
 - 2) Election of Officers
- D) Disciplinary Guidelines Report (5-6, 9-28)**
- E) Informational Item: Letter from Senator Cullen (7-8)**

ADJOURNMENT

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**MEDICAL EXAMINING BOARD
DISCIPLINARY GUIDELINES COMMITTEE
MEETING MINUTES
SEPTEMBER 18, 2013**

PRESENT: Kenneth Simons, MD; Greg Collins; Timothy Swan, MD

STAFF: Tom Ryan, Executive Director; Joshua Archiquette, Bureau Assistant; and other Department Staff

CALL TO ORDER

Tom Ryan, Executive Director; called the meeting to order at 1:00 p.m. A quorum of three (3) members was present.

ADOPTION OF AGENDA

MOTION: Greg Collins moved, seconded by Kenneth Simons, to adopt the agenda as published. Motion carried unanimously.

APPROVAL OF MINUTES

MOTION: Greg Collins moved, seconded by Kenneth Simons, to approve the minutes of the May 24, 2013 meeting. Motion carried unanimously.

OHIO GUIDELINES COMPARED TO WISCONSIN EXPERIENCE

MOTION: Timothy Swan moved, seconded by Greg Collins, to request DSPTS Staff compile data regarding all formal board orders and administrative warnings issued from January 1, 2003 to December 31, 2012. Motion carried unanimously.

ADJOURNMENT

MOTION: Greg Collins moved, seconded by Timothy Swan, to adjourn the meeting. Motion carried unanimously.

The meeting adjourned at 1:43 p.m.

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**State of Wisconsin
Department of Safety and Professional Services**

AGENDA REQUEST FORM

Name and Title of Person Submitting the Request:		Date When Request Submitted:	
Janie Brischke, Beth Cramton and Pam Stach Division of Legal Services and Compliance		February 7, 2014	
		Items will be considered late if submitted after 4:30 p.m. and less than:	
		<ul style="list-style-type: none"> ▪ 10 work days before the meeting for Medical Board ▪ 14 work days before meeting for all other boards 	
Name of Board, Committee, Council:			
Medical Examining Board Disciplinary Committee			
Board Meeting Date:	Attachments:	How should the item be titled on the agenda page?	
February 19, 2014	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Medical Examining Board Disciplinary Guidelines Report (Report will be submitted as a late add)	
Place Item in:	Is an appearance before the Board being scheduled? If yes, by whom?	Name of Case Advisor(s), if required:	
<input checked="" type="checkbox"/> Open Session <input type="checkbox"/> Closed Session <input type="checkbox"/> Both	<input checked="" type="checkbox"/> Yes by <input type="checkbox"/> No		
Describe the issue and action the Board should address:			
Committee review of proposed disciplinary guidelines report.			
Authorization:			
Signature of person making this request		Date	
Supervisor signature (if required)		Date	
Executive Director signature (indicates approval to add late items to agenda)		Date	
<u>Directions for including supporting documents:</u>			
<ol style="list-style-type: none"> 1. This form should be attached to any documents submitted to the agenda. 2. Post Agenda Deadline items must be authorized by a Supervisor and the Board's Executive Director. 3. If necessary, Provide original documents needing Board Chairperson signature to the Bureau Assistant prior to the start of a meeting. 			

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TIM CULLEN
STATE SENATOR
15th District

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November 27, 2013

David Ross, Secretary
Department of Safety and Professional Services
PO Box 8935
Madison, WI 53708

Dear Secretary Ross:

I was contacted months ago by a constituent who had filed a complaint with the Medical Examining Board regarding the failure of his doctor to properly warn him of potential side-effects of surgery he underwent. The first letter he received from the board did not address the nature of his complaint. After my constituent pointed that out, the board re-examined his complaint and sent a letter stating no action would be taken against the surgeon. The constituent then requested further explanation and asked if his complaint would be kept on file. He received no response.

A 2012 report by the Public Citizen Health Research Group shows that Wisconsin's Medical Examining Board has a history of low rates of serious disciplinary action. I have enclosed the report with this letter.

After receiving this information and reviewing the report, my office contacted DSPP staff and was informed that the board had directed its Disciplinary Guidelines Committee to review current policy and recommend changes to ensure proper accountability.

Your staff had previously informed me that the Disciplinary Guidelines Committee met on September 18 and is waiting to receive additional information before making changes or modeling the board's discipline standards around other states' standards. As of November 18, they were still waiting for additional data. Your staff predicted the committee will most likely meet again sometime after the New Year.

-NEXT PAGE PLEASE-

As we approach the end of the year, I find it discouraging that the Disciplinary Guidelines Committee is taking so long to produce a report and that the board as a whole has not already taken action to address this issue.

The people of Wisconsin deserve to have a Medical Examining Board that follows a reasonable disciplinary approach. The board acknowledged that changes are necessary when it directed the Disciplinary Guidelines Committee to recommend changes to current policy, yet the can continues to be kicked down the road. Could you provide me with an explanation as to why this process is taking so long, and a tentative timeline of when the board can expect to introduce new policy?

I am hopeful that this issue can be addressed internally, and not through legislative intervention through either an audit or statutory change.

Thank you for your attention to my request.

Sincerely,

A handwritten signature in black ink that reads "Tim". The letter "T" is large and has a horizontal bar extending to the left. The letters "i" and "m" are written in a cursive style.

Tim Cullen
State Senator

TC:js:lh

STATE OF WISCONSIN

DEPARTMENT OF SAFETY & PROFESSIONAL SERVICES

MEDICAL EXAMINING BOARD HISTORICAL DISCIPLINARY DATA

(Based on discipline issued from January 1, 2003 – December 31, 2013)



WISCONSIN MEDICAL EXAMINING BOARD

HISTORICAL DISCIPLINARY DATA REPORT

February 2014

Information to consider when reviewing the attached report:

1. The report represents 11 years of Final Decisions and Orders involving discipline issued by the Medical Examining Board. The Orders were issued between January 1, 2003 and December 31, 2013.
2. The data represents disciplines involving MD's and DO's.
3. This report does not include Non-disciplinary options available to the Board such as Administrative Warnings, Remedial Education Orders and Voluntary Surrender Orders without a finding of a violation.
4. The various forms of disciplines ordered are identified below the "Maximum" and "Minimum" disciplines for each Wisconsin Administrative Code provision.
5. A discipline with an asterisk (*) indicates that the discipline issued also involved other rule or statute violations.

**WISCONSIN MEDICAL EXAMINING BOARD
HISTORICAL DISCIPLINARY DATA ANALYSIS**

FEBRUARY 2014

(Based on discipline issued to MD's and DO's from January, 1 2003 – December 31, 2013)

Med 10.03(1) Dishonesty and Character

Med 10.03(1)(a) Violating or attempting to violate ch. 448, Stats., or any provision, condition, or term of a valid rule or order of the board.

- **Maximum:** Revocation
- **Minimum:** Reprimand; Limitation requiring education
 - Limitation restricting practice (Interim Order)*
 - Reprimand; Limitation requiring education*
 - Reprimand; Limitation requiring mentor/supervision, restricting practice, testing*
 - Revocation
 - Revocation*
 - Surrender
 - Surrender*
 - Suspension
 - Suspension (Stay removed)
 - Suspension (Stayed); Limitation – Maintain compliance with each term of another state order*
 - Suspension (Summary)*
 - Suspension*

Med 10.03(1)(b) Knowingly engaging in fraud or misrepresentation or dishonesty in applying, for or procuring a medical license, by examination for a medical license, or in connection with applying for or procuring periodic renewal of a medical license, or in otherwise maintaining such licensure.

- **Maximum:** Surrender
- **Minimum:** Reprimand
 - Reprimand
 - Reprimand*
 - Reprimand; Limitation requiring education*
 - Reprimand; Limitation requiring education, mentor/supervision, restricting practice*
 - Reprimand; Limitation requiring education/testing*
 - Surrender*

Med 10.03(1)(c) Knowingly giving false, fraudulent, or deceptive testimony while serving as an expert witness.

- **Maximum:**
- **Minimum:**

Med 10.03(1)(d) Employing illegal or unethical business practices.

- **Maximum:** Suspension; Limitation requiring education, restricting practice
- **Minimum:** Reprimand; Limitation requiring education
 - Reprimand; Limitation requiring education*
 - Surrender*
 - Suspension (Summary)
 - Suspension; Limitation requiring education, restricting practice*

* indicates that the discipline issued also involved other rule or statute violations

Med 10.03(1)(e) Knowingly, negligently, or recklessly making any false statement, written or oral, in the practice of medicine and surgery which creates an unacceptable risk of harm to a patient, the public, or both.

- Maximum: Revocation
- Minimum: Reprimand
 - Limitation requiring education, mentor/supervision, restricting practice*
 - Reprimand*
 - Revocation*
 - Surrender*
 - Suspension; Limitation requiring education, restricting practice*

Med 10.03(1)(f) Engaging in any act of fraud, deceit, or misrepresentation, including acts of omission to the board or any person acting on the board's behalf.

- Maximum: Reprimand; Limitation restricting practice, shall not re-register
- Minimum: Reprimand; Limitation requiring testing or undergo an assessment and comply with requirements
 - Reprimand; Limitation requiring education, mentor/supervision, restricting practice*
 - Reprimand; Limitation requiring testing or undergo an assessment and comply with requirements*
 - Reprimand; Limitation restricting practice, shall not re-register*

Med 10.03(1)(g) Obtaining any fee by fraud, deceit, or misrepresentation.

- Maximum: Surrender
- Minimum: Reprimand; Limitation requiring education
 - Reprimand; Limitation requiring education*
 - Reprimand; Limitation requiring education/testing*
 - Surrender*
 - Suspension (Summary)
 - Suspension; Limitation requiring education, restricting practice*
 - Suspension; Limitation requiring treatment*

Med 10.03(1)(h) Directly or indirectly giving or receiving any fee, commission, rebate, or other compensation for professional services not actually and personally rendered, unless allowed by law. This prohibition does not preclude the legal functioning of lawful professional partnerships, corporations, or associations.

- Maximum: Surrender
- Minimum: Reprimand
 - Reprimand*
 - Surrender*
 - Suspension; Limitation requiring education, restricting practice*

Med 10.03(1)(i) Representing or claiming as true the appearance that a physician possesses a medical specialty certification by a board recognized certifying organization, such as the American Board of Medical Specialties, or the American Osteopathic Association, if it is not true.

- Maximum:
- Minimum:

* indicates that the discipline issued also involved other rule or statute violations

Med 10.03(1)(j) Engaging in uninvited in-person solicitation of actual or potential patients who, because of their particular circumstances, may be vulnerable to undue influence.

- Maximum:
- Minimum:

Med 10.03(1)(k) Engaging in false, misleading, or deceptive advertising.

- Maximum:
- Minimum:

Med 10.03(1)(L) Failure to adequately supervise delegated medical acts performed by licensed or unlicensed personnel.

- Maximum: Suspension; Limitation requiring education, restricting practice
- Minimum: Suspension; Limitation requiring education, restricting practice
 - Suspension; Limitation requiring education, restricting practice*

Med 10.02(2) Direct Patient Care Violations

Med 10.03(2)(a) Practicing or attempting to practice under any license when unable or unwilling to do so with reasonable skill and safety. A certified copy of an order issued by a court of competent jurisdiction finding that a person is mentally incompetent is conclusive evidence that the physician was, for any period covered by the order, unable to practice medicine and surgery with reasonable skill and safety. (Impairment)

- Maximum: Revocation
- Minimum: If reapply Board may impose limitation
 - Comply with all aspects of treatment and testing required by the program in which respondent is enrolled*
 - If reapply Board may impose limitations*
 - Limitation requiring education, reports*
 - Limitation requiring mentor/supervision, restricting practice, testing
 - Limitation restricting practice (Interim Order)*
 - Reprimand; Limitation – Maintain compliance with each term of another state order*
 - Reprimand; Limitation restricting practice, shall not re-register *
 - Revocation*
 - Surrender
 - Surrender*
 - Suspension
 - Suspension – Interim Order
 - Suspension (Stayed)
 - Suspension (Stayed)*
 - Suspension (Stayed); Limitation – Maintain compliance with each term of another state order*
 - Suspension (Stayed); Limitation requiring education, mentor/supervision, reports, screens, treatment*
 - Suspension (Stayed); Limitation requiring reports, restricting practice, screens, treatment*
 - Suspension (Stayed); Limitation requiring treatment*
 - Suspension (Stayed); Limitation requiring, reports, screens, treatment*
 - Suspension (Summary)
 - Suspension (Summary)*
 - Suspension*
 - Suspension; Limitation requiring assessment, reports, screens, treatment*
 - Suspension; Limitation requiring reports, restricting practice, screens, treatment*
 - Suspension; Limitation requiring treatment*

* indicates that the discipline issued also involved other rule or statute violations

Med 10.03(2)(b) Departing from or failing to conform to the standard of minimally competent medical practice which creates an unacceptable risk of harm to a patient or the public whether or not the act or omission resulted in actual harm to any person. (Danger rule)

- Maximum: Revocation
- Minimum: Reprimand
 - Limitation requiring assessment, education, mentor/supervision, reports
 - Limitation requiring education
 - Limitation requiring education*
 - Limitation requiring education, mentor/supervision*
 - Limitation requiring education, mentor/supervision, restricting practice
 - Limitation requiring education, mentor/supervision, restricting practice*
 - Limitation requiring education, mentor/supervision, testing*
 - Limitation requiring education, reports
 - Limitation requiring education, reports*
 - Limitation requiring education, restricting practice
 - Limitation requiring mentor/supervision
 - Limitation requiring mentor/supervision, testing
 - Limitation restricting practice
 - Limitation restricting practice (Interim Order)*
 - Reprimand
 - Reprimand – The Board recognizes the medical education courses as the equivalent of the education the Board would have otherwise required
 - Reprimand – The Board recognizes the remedial education completed by Respondent in response to another state order as education which would have otherwise been ordered by the Board.*
 - Reprimand – The Board recognizes the successful completion of all terms of the Final Orders imposed by another state Board(s) and does not feel additional disciplinary action is required*
 - Reprimand*
 - Reprimand; Limitation – Maintain compliance with each term of another state order*
 - Reprimand; Limitation requiring assessment
 - Reprimand; Limitation requiring assessment, education*
 - Reprimand; Limitation requiring assessment, education, mentor, reports, restricting practice*
 - Reprimand; Limitation requiring assessment, restricting practice*
 - Reprimand; Limitation requiring education
 - Reprimand; Limitation requiring education*
 - Reprimand; Limitation requiring education, mentor/supervision
 - Reprimand; Limitation requiring education, mentor/supervision, restricting practice*
 - Reprimand; Limitation requiring education, mentor/supervision, restricting practice
 - Reprimand; Limitation requiring education, mentor/supervision, reports, screens, treatment
 - Reprimand; Limitation requiring education, restricting practice*
 - Reprimand; Limitation requiring education/testing
 - Reprimand; Limitation requiring education/testing*
 - Reprimand; Limitation requiring mentor/supervision, reports
 - Reprimand; Limitation requiring mentor/supervision, reports, restricting practice, treatment
 - Reprimand; Limitation requiring mentor/supervision, restricting practice, testing*
 - Reprimand; Limitation requiring mentor/supervision, restricting practice*
 - Reprimand; Limitation requiring testing or undergo an assessment and comply with requirements*
 - Reprimand; Limitation restricting practice
 - Reprimand; Limitation restricting practice*
 - Reprimand; Limitation restricting practice, shall not re-register*
 - Reprimand; Respondent has chosen to retire from the practice*
 - Reprimand; Suspension; Limitation requiring education*
 - Reprimand; Suspension; Limitation requiring education, restricting practice*
 - Revocation
 - Revocation*
 - Surrender
 - Surrender*
 - Surrender; Limitation until surrender takes effect*

* indicates that the discipline issued also involved other rule or statute violations

- Suspension (Stayed); Limitation requiring reports, restricting practice, screens, treatment*
- Suspension (Stayed); Limitation requiring reports, screens, treatment*
- Suspension (Summary)*
- Suspension*
- Suspension; Limitation requiring assessment*
- Suspension; Limitation requiring assessment, education
- Suspension; Limitation requiring education
- Suspension; Limitation requiring education, restricting practice*
- Suspension; Limitation requiring reports, restricting practice
- Suspension; Limitation requiring treatment*
- Suspension; Limitation restricting practice*
- The Board recognizes Respondent's conduct in working on a system wide basis to prevent any recurrence of a similar loss of continuity of care as significant mitigation of the need for the imposition of discipline against Respondent

Med 10.03(2)(c) Prescribing, ordering, dispensing, administering, supplying, selling, giving, or obtaining any prescription medication in any manner that is inconsistent with the standard of minimal competence.

- **Maximum: Revocation**
- **Minimum: Reprimand**
 - Limitation requiring education
 - Limitation requiring education*
 - Limitation requiring education, mentor/supervision*
 - Limitation requiring education, mentor/supervision, restricting practice*
 - Limitation requiring education, mentor/supervision, testing*
 - Limitation restricting practice (Interim order)*
 - Reprimand – The Board recognizes the successful completion of all terms of the Final Orders imposed by another state Board and does not feel additional disciplinary action is required*
 - Reprimand*
 - Reprimand; Limitation – Maintain compliance with each term of another state order*
 - Reprimand; Limitation – Maintain compliance with each term of another state order, restricting practice*
 - Reprimand; Limitation requiring assessment, education*
 - Reprimand; Limitation requiring assessment, education, mentor, reports, restricting practice*
 - Reprimand; Limitation requiring education
 - Reprimand; Limitation requiring education*
 - Reprimand; Limitation requiring education, mentor/supervision, restricting practice*
 - Reprimand; Limitation requiring education, restricting practice*
 - Reprimand; Limitation requiring mentor/supervision, restricting practice*
 - Reprimand; Limitation requiring testing or undergo an assessment and comply with requirements*
 - Reprimand; Limitation restricting practice
 - Reprimand; Limitation restricting practice*
 - Reprimand; Limitation restricting practice, shall not re-register*
 - Reprimand; Respondent has chosen to retire from the practice*
 - Reprimand; Suspension; Limitation requiring education*
 - Revocation*
 - Surrender*
 - Surrender; Limitation until surrender takes effect*
 - Suspension (Stayed)*
 - Suspension (Stayed): Limitation requiring reports, screens, restricting practice, treatment*
 - Suspension (Stayed): Limitation requiring, reports, screens, treatment*
 - Suspension (Summary)*
 - Suspension*
 - Suspension; Limitation requiring assessment*
 - Suspension; Limitation requiring education, restricting practice*
 - Suspension; Limitation requiring reports, screens, restricting practice, treatment*

* indicates that the discipline issued also involved other rule or statute violations

Med 10.03(2)(d) Performing or attempting to perform any surgical or invasive procedure on the wrong patient, or at the wrong anatomical site, or performing the wrong procedure on any patient.

- **Maximum:** Surrender
- **Minimum:** Reprimand
 - Comply with all aspects of treatment and testing required by the program in which respondent is enrolled*
 - Reprimand
 - Reprimand*
 - Reprimand; Limitation requiring education*
 - Surrender*
 - Suspension (Stayed); Limitation requiring education/testing, mentor, reports, restricting practice*
 - Suspension (Stayed); Limitation requiring treatment*

Med 10.03(2)(e) Administering, dispensing, prescribing, supplying, or obtaining a controlled substance as defined in s. 961.01 (4), Stats., other than in the course of legitimate professional practice, or as otherwise permitted by law.

1. Except as otherwise provided by law, a certified copy of a relevant finding, order, or judgment by a state or federal court or agency charged with making legal determinations shall be conclusive evidence of its findings of facts and conclusions of law.
2. A certified copy of a finding, order, or judgment demonstrating the entry of a guilty plea, nolo contendere plea or deferred adjudication, with or without expungement, of a crime substantially related to the practice of medicine and surgery is conclusive evidence of a violation of this paragraph.

- **Maximum:** Revocation
- **Minimum:** Reprimand
 - Limitation requiring education, mentor/supervision, restricting practice*
 - Limitation restricting practice (Interim Order)*
 - Reprimand
 - Reprimand*
 - Reprimand; Limitation requiring assessment, education, mentor, reports, restricting practice*
 - Reprimand; Limitation requiring education*
 - Reprimand; Limitation requiring education, restricting practice
 - Reprimand; Limitation restricting practice*
 - Revocation*
 - Surrender*
 - Suspension (Stayed); Limitation requiring treatment*
 - Suspension (Summary)
 - Suspension*
 - Suspension, Limitation requiring education, restricting practice*
 - Suspension; Limitation requiring assessment, reports, screens, treatment*
 - Suspension; Limitation requiring treatment
 - Suspension; Limitation requiring treatment*

Med 10.03(2)(f) Engaging in sexually explicit conduct, sexual contact, exposure, gratification, or other sexual behavior with or in the presence of a patient, a patient's immediate family, or a person responsible for the patient's welfare.

1. Sexual motivation may be determined from the totality of the circumstances and shall be presumed when the physician has contact with a patient's intimate parts without legitimate medical justification for doing so.
2. For the purpose of this paragraph, an adult receiving treatment shall be considered a patient for 2 years after the termination of professional services.
3. If the person receiving treatment is a child, the person shall be considered a patient for the purposes of this paragraph for 2 years after termination of services or for 2 years after the patient reaches the age of majority, whichever is longer.

- **Maximum:** Revocation
- **Minimum:** Reprimand; Limitation requiring compliance with each term of another state order

* indicates that the discipline issued also involved other rule or statute violations

- Limitation restricting practice (Interim Order)*
- Reprimand; Limitation requiring compliance with each term of another state order*
- Revocation*
- Surrender
- Surrender*
- Suspension (during the pendency of disciplinary matter)*
- Suspension (Interim Order)*
- Suspension (Stayed); Limitation requiring education reports, restricting practice, treatment*
- Suspension (Stayed); Limitation requiring education, mentor/supervision, reports, treatment
- Suspension (Stayed); Limitation requiring education, mentor/supervision, reports, screens, treatment*
- Suspension (Stayed); Limitation requiring supervision, treatment
- Suspension (Summary)*
- Suspension*
- Suspension, Limitation requiring education, restricting practice*
- Suspension; Limitation restricting practice*

Med 10.03(2)(g) Engaging in any sexual contact or conduct with or in the presence of a patient or a former patient who lacks the ability to consent for any reason, including medication or psychological or cognitive disability.

- Maximum: Suspension
- Minimum: Suspension
- Suspension*

Med 10.03(2)(h) Engaging in repeated or significant disruptive behavior or interaction with physicians, hospital personnel, patients, family members, or others that interferes with patient care or could reasonably be expected to adversely impact the quality of care rendered.

- Maximum: Limitation requiring education, reports
- Minimum: Reprimand
- Limitation requiring education, reports*
- Reprimand*
- Reprimand; The Board recognizes successful completion of all terms of the Orders imposed by other state Boards and does not feel additional disciplinary action is required*

Med 10.03(2)(i) Knowingly, recklessly, or negligently divulging a privileged communication or other confidential patient health care information except as required or permitted by state or federal law.

- Maximum: Surrender
- Minimum: Surrender
- Surrender
- Surrender*

Med 10.03(2)(j) Performing an act constituting the practice of medicine and surgery without required informed consent under s. [448.30](#), Stats.

- Maximum: Revocation
- Minimum: Reprimand
- Reprimand
- Reprimand*
- Reprimand; Limitation – Maintain compliance with each term of another state order*
- Reprimand; Limitation requiring education*

* indicates that the discipline issued also involved other rule or statute violations

- Reprimand; Limitation requiring testing or undergo an assessment and comply with requirements*
- Reprimand; Limitation restricting practice*
- Revocation*

Med 10.03(2)(k) Aiding or abetting the practice of medicine by an unlicensed, incompetent, or impaired person or allowing another person or organization to use his or her license to practice medicine. This provision does not prohibit a Wisconsin physician or any other practitioner subject to this chapter from providing outpatient services ordered by a physician licensed in another state, if the physician who wrote the order saw the patient in the state in which the physician is licensed and the physician who wrote the order remains responsible for the patient.

- Maximum: Suspension, Limitation requiring education, restricting practice
- Minimum: Suspension, Limitation requiring education, restricting practice
- Suspension, Limitation requiring education, restricting practice*

Med 10.03(2)(L) Violating the practice standards under s. [Cos 2.03](#) to practice medicine and surgery while serving as a medical director or physician who delegates and supervises services performed by non-physicians, including aiding or abetting any person's violation of s. [Cos 2.03](#)

- Maximum: Reprimand; Limitation requiring education, restricting practice
- Minimum: Reprimand; Limitation requiring education, restricting practice
- Reprimand; Limitation requiring education, restricting practice*

Med 10.03(2)(m) Prescribing a controlled substance to oneself as described in s. [961.38 \(5\)](#), Stats.

- Maximum: Suspension (Stayed); Limitation requiring reports, restricting practice, screens, treatment
- Minimum: Suspension (Stayed); Limitation requiring treatment
- Suspension (Stayed), Limitation requiring reports, screens, treatment*
- Suspension (Stayed); Limitation requiring reports, restricting practice, screens, treatment*
- Suspension (Stayed); Limitation requiring treatment*
- Suspension (Summary)*

Med 10.03(2)(n) Practicing medicine in another state or jurisdiction without appropriate licensure. A physician has not violated this paragraph if, after issuing an order for services that complies with the laws of Wisconsin, his or her patient requests that the services ordered be provided in another state or jurisdiction.

- Maximum:
- Minimum:

Med 10.03(2)(o) Patient abandonment occurs when a physician without reasonable justification unilaterally withdraws from a physician-patient relationship by discontinuing a patient's treatment regimen when further treatment is medically indicated and any of the following occur:

1. The physician fails to give the patient at least 30 days notice in advance of the date on which the physician's withdrawal becomes effective.
2. The physician fails to allow for patient access to or transfer of the patient's health record as required by law.
3. The physician fails to provide for continuity of prescription medications between the notice of intent to withdraw from the physician-patient relationship and the date on which the physician-patient relationship ends, if the prescription medications are necessary to avoid unacceptable risk of harm.
4. The physician fails to provide for emergency care during the period between the notice of intent to withdraw from the physician-patient relationship and the date on which the physician-patient relationship ends. Nothing in this section shall be interpreted to impose upon the physician a greater duty to provide emergency care to a patient than otherwise required by law.

* indicates that the discipline issued also involved other rule or statute violations

- Maximum: Surrender
- Minimum: Surrender
- Surrender

Med 10.03(3) Law violations, adverse action, and required reports to the board.

Med 10.03(3)(a) Failing, within 30 days, to report to the board any final adverse action taken against the licensee's authority to practice medicine and surgery by another licensing jurisdiction concerned with the practice of medicine and surgery.

- Maximum:
- Minimum:

Med 10.03(3)(b) Failing, within 30 days, to report to the board any adverse action taken by the Drug Enforcement Administration against the licensee's authority to prescribe controlled substances.

- Maximum: Surrender
- Minimum: Reprimand
 - Reprimand*
 - Reprimand; Limitation – Maintain compliance with each term of another state order*
 - Reprimand; Limitation – Maintain compliance with each term of another state order, restricting practice*
 - Reprimand; Limitation requiring education*
 - Reprimand; The Board recognizes successful completion of all terms of the Orders imposed by other state Boards and does not feel additional disciplinary action is required*
 - Surrender*
 - Suspension (Stayed)*
 - Suspension (Stayed); Limitation – Maintain compliance with each term of another state order*
 - Suspension (Summary)*
 - Suspension*

Med 10.03(3)(c) Having any credential pertaining to the practice of medicine and surgery or any act constituting the practice of medicine and surgery become subject to adverse determination by any agency of this or another state, or by any federal agency or authority. (Adverse Action)

- Maximum: Revocation
- Minimum: Reprimand
 - If reapply Board may impose limitations*
 - Limitation – Maintain compliance with each term of another state order
 - Limitation – Maintain compliance with each term of another state order*
 - Limitation requiring assessment*
 - Limitation restricting practice
 - Reprimand
 - Reprimand – The Board recognizes the remedial education completed by Respondent in response to another state order as education which would have otherwise been ordered by the Board.*
 - Reprimand – The Board recognizes the successful completion of all terms of the Final Orders imposed by another state Board and does not feel additional disciplinary action is required*
 - Reprimand – The Board recognizes the successful completion of all terms of the Final Orders other state boards and does not feel additional disciplinary action is required
 - Reprimand*
 - Reprimand; Limitation – Maintain compliance with each term of another state order*
 - Reprimand; Limitation – Maintain compliance with each term of another state order
 - Reprimand; Limitation requiring education*
 - Reprimand; Limitation requiring education, reports
 - Reprimand; Limitation requiring education/testing*
 - Revocation

* indicates that the discipline issued also involved other rule or statute violations

- Revocation*
- Surrender
- Surrender*
- Suspension
- Suspension (Stayed); Limitation – Maintain compliance with each term of another state order*
- Suspension (Stayed); Limitation requiring education/testing, mentor, restricting practice, reports*
- Suspension (Stayed); Limitation requiring reports, restricting practice, screens, treatment*
- Suspension*
- Suspension; Limitation – Maintain compliance with each term of another state order
- Suspension; Limitation requiring treatment*

Med 10.03(3)(d) Failing to comply with state and federal laws regarding access to patient health care records.

- **Maximum:** Reprimand; Limitation restricting practice, shall not re-register
- **Minimum:** Reprimand
 - Reprimand
 - Reprimand; Limitation – Maintain compliance with each term of another state order*
 - Reprimand; Limitation restricting practice, shall not re-register*

Med 10.03(3)(e) Failing to establish and maintain timely patient health care records, including records of prescription orders, under s. [Med 21.03](#), or as otherwise required by law

- **Maximum:** Revocation
- **Minimum:** Reprimand
 - Limitation requiring education*
 - Limitation requiring education, mentor/supervision, restricting practice*
 - Limitation restricting practice
 - Limitation restricting practice (Interim order)*
 - Reprimand – The Board recognizes the successful completion of all terms of the Final Orders imposed by another state Board and does not feel additional disciplinary action is required*
 - Reprimand*
 - Reprimand; Limitation – Maintain compliance with each term of another state order*
 - Reprimand; Limitation requiring assessment, education, mentor, reports, restricting practice*
 - Reprimand; Limitation requiring assessment, restricting practice
 - Reprimand; Limitation requiring assessment, restricting practice*
 - Reprimand; Limitation requiring education
 - Reprimand; Limitation requiring education*
 - Reprimand; Limitation requiring education, mentor/supervision, restricting practice*
 - Reprimand; Limitation requiring education, mentor/supervision, reports, restricting practice*
 - Reprimand; Limitation requiring education, restricting practice*
 - Reprimand; Limitation requiring education/testing*
 - Reprimand; Limitation requiring mentor/supervision, maintain services of a third-party health care billing service
 - Reprimand; Limitation requiring mentor/supervision, restricting practice*
 - Reprimand; Limitation requiring testing or undergo an assessment and comply with requirements*
 - Reprimand; limitation restricting practice, shall not re-register*
 - Reprimand; Suspension; Limitation requiring education*
 - Reprimand; Suspension; Limitation requiring education, restricting practice*
 - Revocation*
 - Suspension (Stayed); Limitation requiring treatment*
 - Suspension (Stayed); Limitation requiring, reports, screens, treatment *
 - Suspension (Summary)*
 - Suspension*
 - Suspension; Limitation requiring assessment*
 - Suspension; Limitation requiring education, restricting practice
 - Suspension; Limitation requiring treatment*

* indicates that the discipline issued also involved other rule or statute violations

Med 10.03(3)(f) Violating the duty to report under s. [448.115](#), Stats.

- Maximum:
- Minimum:

Med 10.03(3)(g) After a request by the board, failing to cooperate in a timely manner with the board's investigation of a complaint filed against a license holder. There is a rebuttable presumption that a credential holder who takes longer than 30 days to respond to a request of the board has not acted in a timely manner.

- Maximum: Suspension (Stayed); Limitation requiring education, mentor/supervision, reports, screens, treatment
- Minimum: Reprimand; Limitation requiring education
 - Reprimand; Limitation requiring education*
 - Reprimand; Limitation restricting practice, shall not re-register*
 - Suspension (Stayed); Limitation requiring education, mentor/supervision, reports, screens, treatment*

Med 10.03(3)(h) Failing, within 30 days of conviction of any crime, to provide the board with certified copies of the criminal complaint and judgment of conviction.

- Maximum:
- Minimum:

Med 10.03(3)(i) Except as provided in par. (j), a violation or conviction of any laws or rules of this state, or of any other state, or any federal law or regulation that is substantially related to the practice of medicine and surgery.

1. Except as otherwise provided by law, a certified copy of a relevant decision by a state or federal court or agency charged with determining whether a person has violated a law or rule relevant to this paragraph is conclusive evidence of findings of facts and conclusions of law contained therein.
2. The department has the burden of proving that the circumstances of the crime are substantially related to the practice of medicine and surgery.

- Maximum: Revocation
- Minimum: Reprimand
 - Comply with all aspects of treatment and testing required by the program in which respondent is enrolled*
 - Limitation – Maintain compliance with each term of another state order*
 - Limitation requiring assessment*
 - Limitation requiring education, mentor/supervision, restricting practice*
 - Limitation restricting practice (Interim Order)*
 - Reprimand
 - Reprimand*
 - Reprimand; Limitation – maintain compliance with each term of another state order*
 - Reprimand; Limitation requiring assessment, education, mentor, reports, restricting practice*
 - Reprimand; Limitation requiring education
 - Reprimand; Limitation requiring education*
 - Reprimand; Limitation restricting practice*
 - Reprimand; Suspension; Limitation requiring education, restricting practice*
 - Reprimand; Suspension; Limitation requiring education, restricting practice
 - Revocation*
 - Surrender
 - Surrender*
 - Suspension (Stayed)*
 - Suspension (Stayed), Limitation – requiring, reports, screens, treatment *
 - Suspension (Stayed), Limitation requiring education/testing, mentor, restricting practice, reports*
 - Suspension (Stayed); Limitation requiring education reports, restricting practice, treatment*
 - Suspension (Stayed); Limitation requiring treatment*
 - Suspension (Summary)*

* indicates that the discipline issued also involved other rule or statute violations

- Suspension*
- Suspension, Limitation requiring education, restricting practice*
- Suspension, Limitation requiring treatment, reports, screens, restricting practice*
- Suspension; Limitation requiring assessment, reports, screens, treatment*
- Suspension; Limitation requiring treatment*

Med 10.03(3)(j) Violating or being convicted of any of the conduct listed in Table 10.03, any successor statute criminalizing the same conduct, or if in another jurisdiction, any act which, if committed in Wisconsin would constitute a violation of any statute listed in Table 10.03:

Table 10.03

940.01 First degree intentional homicide
 940.02 First degree reckless homicide
 940.03 Felony murder
 940.05 Second degree intentional homicide
 940.12 Assisting suicide
 940.19 (2), (4), (5), or (6) Battery, substantial battery, or aggravated battery
 940.22 (2) or (3) Sexual exploitation by therapist; duty to report
 940.225 (1), (2), or (3) First, second, or third degree sexual assault
 940.285 (2) Abuse of individuals at risk
 940.29 Abuse of residents of penal facilities
 940.295 Abuse and neglect of patients and residents
 948.02 (1) or (2) First and second degree sexual assault of a child
 948.03 (2) Physical abuse of a child, intentional causation of bodily harm
 948.05 Sexual exploitation of a child
 948.051 Trafficking of a child
 948.055 Causing a child to view or listen to sexual activity
 948.06 Incest with a child
 948.07 Child enticement
 948.08 Soliciting a child for prostitution
 948.085 Sexual assault of a child placed in substitute care

- **Maximum:** Revocation
- **Minimum:** Surrender
 - Revocation*
 - Surrender
 - Suspension (during the pendency of disciplinary matter)*
 - Suspension; Interim Order*

* indicates that the discipline issued also involved other rule or statute violations

MEDICAL EXAMINING BOARD
ADMINISTRATIVE WARNINGS ISSUED

(January 1, 2010 - December 31, 2013)

New Rule Med 10.03	Old Rule Med 10.02(2)	Description of Administrative Warning Content
Med 10.03(2)(i)	Med 10.02(2)(n)	Dr. assumed care of Patient A. Patient A presented with a left frontal mass that was biopsied. The biopsy was positive for progressive multifocal leukoencephalopathy (PML). Dr. went on morning rounds with a resident and two medical students. They entered Patient A's room and Patient A's sister was there. They discussed the PML diagnosis with Patient A while Patient A's sister was present. Patient A did not in any way object to the discussion. Shortly after leaving Patient A's room, Dr. was contacted by patient relations and informed that Patient A's wife was upset that he had discussed the PML diagnosis in front of Patient A's sister. Patient A's wife had previously informed the nursing staff that she did not want anyone other than her son and herself involved with any communications about Patient A's medical condition. Dr. was not aware of this request at the time of the morning rounds. Dr. apologized to Patient A's wife for the above-described conduct.
Med 10.03(2)(e)	Med 10.02(2)(p)	Respondent requested and received prescriptions for hydrocodone products from two advanced practice nurse prescribers, for whom he was the collaborating physician. These requests were not made during office visits. That this misconduct is a first occurrence for Respondent, in that the prescriptions were not medically inappropriate.
Med 10.03(2)(b)	Med 10.02(2)(h) 448.02(3)	Respondent was paged to remove patient from a ventilator in the intensive care unit at a hospital. Respondent responded to the page and a nurse verbalized the medical order to her regarding removal of ventilator support. Respondent turned the ventilator off prior to confirming that a physician's written order was in the patient's chart.
Med 10.03(2)(b)	Med 10.02(2)(h)	Patient A, presented to Urgent Care complaining of nausea, diarrhea and fever starting two weeks prior, and right lower quadrant pain for 2 days. Blood work showed an elevated white blood cell count of 27.7, but was otherwise normal. Patient A's urinalysis showed protein 1+, blood 1+, and a white blood cell count of 5 to 10. Patient A was advised before discharge to stay hydrated, eat as tolerated, and go to an emergency room if symptoms worsened over the weekend. Respondent consulted with her supervising physician, following which Patient A was offered antibiotics for a suspected urinary tract infection. Patient A declined, stating he wished to await the urine culture and stool test results. A follow-up appointment was scheduled. Ms. ___ failed to order a CT scan based on the laboratory and clinical findings. Patient A actually had a perforated duodenal ulcer, and died of sepsis. The Board finds that this condition, while unusual, should have been ruled out, in that she consulted with her supervising physician
Med 10.03(3)(c)	Med 10.02(2)(za) 448.02(3)	Patient A underwent surgery for an ovarian cyst and removal of a fallopian tube. During the procedure the gynecologic surgeon observed significant amounts of scar tissue which obstructed access to both ovaries. The surgeon then requested Respondent to consult and to detach the scar tissue. Respondent performed enterolysis and lysis of adhesions taking down the bowel, the dense, filmy adhesions of the bowel around the left ovary as well as in the cul-de-sac, and lysis of the adhesions, enterolysis with the right fallopian tube and the right ovary. Respondent failed to do an operative note for the procedure he performed on Patient A, and asserts that he was not required to do so because he was acting in the capacity of an assistant. The Board finds that Respondent was acting in the capacity of a co-surgeon, not an assistant, and that he was independently responsible for performing the lysis, allowing the other surgeon access to the target organs. As such, Respondent had the responsibility to dictate a note, detailing his actions during the procedure.
Med 10.03(2)(b)	Med 10.02(2)(h)	Dr. failed to identify free air on an abdominal CT scan which was transmitted to him for purposes of a remote preliminary interpretation in the case of a male patient. The failure led to a delay in diagnosis of a perforated bowel. Dr. has acknowledged the above conduct, and he has changed his practice habits to include additional steps designed to avoid a similar failure in the future. Dr. has also reviewed medical literature and he has availed himself of CME credits on frequent misses and misinterpretations on imaging studies, and on acute and traumatic abdomen conditions.
Med 10.03(3)(g)	Med 10.02(2)(zc)	Department staff sent a letter to Dr. requesting treatment records and a statement regarding treatment provided to Patient A. Dr. failed to respond to either request within 30 days.
Med 10.03(2)(b)	Med 10.02(2)(h)	Dr. cancelled an order for a thoracic chest CT ordered by another physician, for a hospitalized patient. Dr. should not have canceled the CT that was ordered by another physician.

MEDICAL EXAMINING BOARD
ADMINISTRATIVE WARNINGS ISSUED

(January 1, 2010 - December 31, 2013)

New Rule Med 10.03	Old Rule Med 10.02(2)	Description of Administrative Warning Content
Med 10.03(1)(a) Med 10.03(2)(b)	MED 10.02(2)(a) MED 10.02(2)(h) 18.03, 18.05	Dr. provided care to a man, who presented to the emergency department of a community hospital for evaluation of nine days of chest pain. Dr. attempted PCI for the diffuse severe disease in the right coronary artery but was unable to seat any catheter in the ostium of the right coronary due to the severe ostial disease. Dr. dissected and occluded the proximal vessel with balloon dilatation and could never reopen the vessel. The patient sustained a total occlusion of the proximal-mid portion of the RCA, for which recanalization could not be achieved. Over a period of approximately 3 hours, a total of 10 wires and balloons were used, without success. The total occlusion of the RCA resulted in a substantial sized myocardial infarction of the inferior and posterior walls of the left ventricle. This high risk vessel should not have been catheterized at a hospital without surgical back-up (ACC/AHA Guidelines). The patient was transferred emergently to a tertiary care hospital following failure of the procedure, and recovered.
Med 10.03(2)(d)	Med 10.02(2)(h)	Patient A presented at hospital for an ileal pouch anal anastomoses (IPAA). Dr. was the attending surgeon and failed to clearly and directly communicate with the co-surgeon regarding which procedure he was to perform. As a result, the co-surgeon, instead of initiating the perineal portion of the IPAA, started to perform an abdominal perineal resection (APR). Patient A must now live with a permanent ileostomy.
Med 10.03(2)(b)	Med 10.02(2)(h)	Respondent evaluated Patient A for thrombocytosis and prescribed Hydroxyurea (one capsule twice per day, 1,000mg/day) with dosing to be based on lab results. Respondent made a dose adjustment based on the lab results which noted the lack of apparent response. The prescription for Hydroxyurea was incorrectly increased (four capsules BID, 6000 mg/day). Patient A was hospitalized for pain from tissue integrity impairment and several months of dialysis for acute kidney failure.
Med 10.03(3)(c)	MED 10.02(2)(q).	Respondent entered into a Consent Agreement and Order with ___ State Department of Health, State Board for Professional Medical Conduct. The basis for the discipline involved the following: he performed a laparoscopic left adrenalectomy on Patient X without having privileges to perform that procedure and his failure to have these privileges was negligence.
Med 10.03(2)(b)	Med 10.02(2)(h)	Respondent provided care to Patient A, who complained of backache due to a fall from a ladder. Respondent prescribed opioids and benzodiazepines without implementing standard precautions to minimize the risk of diversion, including performing urine drug screens; the patient's chart did not adequately support the prescribing. A review of three other charts reflected inadequate support for the prescribing of opioids, and a similar failure to implement standard precautions.
Med 10.03(2)(b)	Med 10.02(2)(h)	Patient A was brought to the procedure room for bilateral lumbar facet medial branch nerve blocks. Dr. placed needles on left side and injected .75cc of .5% of Marcaine into the lumbar spine. Dr. was about to repeat the injections on the right side, when a nurse challenged him whether the needle was "sterile." Dr. terminated the procedure, removed the sterile drapes and removed abruptly the remaining needles from Patient A's back, who was conscious at that time.
Med 10.03(3)(c)	Med 10.02(2)(q)	Respondent and the Disciplinary Subcommittee of the Board of Medicine for the State of ___ entered into a Consent Order reprimanding Respondent's license to practice medicine and surgery in the State of _____. This action was based on Respondent's failure to keep adequate medical records regarding treatment of a friend and business partner for treatment.
Med 10.03(2)(b)	Med 10.02(2)(h)	Respondent was the attending physician for a baclofen challenge procedure which was to be performed by a resident physician who was eight months into the 4 year radiology residency program, and with whom Respondent had not worked with before. Notwithstanding his unfamiliarity with the resident, Respondent did not assure himself that the resident knew how to perform every step, including safety steps, of the procedure, and was not present for the insertion of the needle, a key component of the procedure. In fact, the wrong contrast agent was selected and used, and the patient suffered harm.
Med 10.03(2)(b)	Med 10.02(2)(h)	A ___-year-old female presented to the emergency department with complaints and symptoms of a possible anaphylactic reaction to the dye that had been used during a catheter procedure. As part of the course of treatment, ___ ordered the administration of 1.0 mg of epinephrine instead of the correct dose of .1 mg of epinephrine. The overdose did not cause any permanent harm to the patient
Med 10.03(2)(b)	Med 10.02(2)(h)	Dr. failed to obtain parental consent prior to ordering immunizations to two minor patients. Dr. assumed consent was implied based on their history and the mother's consent to let the children be examined alone.
Med 10.03(2)(b)	Med 10.02(2)(h)	Patient A presented at the emergency department with chest and left sided back pain. A chest CT was ordered by the ER physician and read by Respondent whose findings were "CT chest images degraded by Harrington rods;" "[p]ronounced pulmonary infiltrates or edema in the lungs;" and "no pulmonary emboli identified." Respondent missed the finding of aortic dissection on the CT scan which was a contributing factor in Patient A's death.

MEDICAL EXAMINING BOARD
ADMINISTRATIVE WARNINGS ISSUED

(January 1, 2010 - December 31, 2013)

New Rule Med 10.03	Old Rule Med 10.02(2)	Description of Administrative Warning Content
Med 10.03(2)(b)	Med 10.02(2)(h)	Respondent was revising an earlier sinus surgery on a male patient when he advanced the powered diego instrument for the purpose of removing what Respondent believed was a second air cell. The instrument damaged the right medial rectus muscle, resulting in permanent diplopia. Respondent immediately recognized the error, and took all appropriate steps to treat it.
Med 10.03(2)(b)	Med 10.02(2)(h)	Patient A presented to Respondent to establish psychiatric services. Dr. did not dictate his notes of the visit until _____. Patient B presented to Respondent for medication management. Dr. did not dictate his notes of the visit until _____. By failing to do his dictations in a timely manner, Dr. created the risk that the information would be lost or unavailable to subsequent treaters.
Med 10.03(2)(b) Med 10.03(2)(f)	Med 10.02(2)(h) Med 10.02(zd)	Patient A is a former nurse and reported that Respondent touched her clitoris twice during the examination, that he did so with ungloved hands, and without a chaperone in the room. She states that when Respondent first touched her clitoris, she told him, "not there" and he later touched the location again briefly. Patient A further complained that she did not see Respondent wash or otherwise disinfect his hands. This, she says, was not the first time she had concerns about Respondent failing to wash his hands before examining her. Patient A does not report that Respondent had extended contact with her clitoris, nor that he made sexual comments or engaged in other overtly sexual conduct. Respondent admits that he touched Patient A's labia without gloves and that he conducted the examination without a chaperone. Respondent says that if he touched Patient A's clitoris, it was accidental and without sexual intent. Respondent states that it is his usual practice to have chaperones present for sensitive examinations. He explains that he did not have one for this examination in part because he was rushing between appointments. He contends that he did wash his hands prior to the examination but that Patient A may not have seen it. g. Neither Patient A nor Respondent felt the other was a dishonest person. The standard of minimal competence does not require gloved hands for an external examination of the labia, but does require clean hands. In resolution of this matter, Respondent denies sexual contact with Patient A but consents to issuance of this administrative warning.
Med 10.03(2)(b)	Med 10.02(2)(h)	The patient, presented to the emergency department with four days of generalized illness, to include sore throat, body aches, fevers, diarrhea and abdominal pain associated with the diarrhea. Dr. was the attending physician in the case, supervising a senior emergency medicine resident who evaluated the patient along with an intern physician rotating through the department. The patient's mother was instructed by the resident to follow up with the child's pediatrician if the symptoms continued or to return to the emergency department for any worsening symptoms. According to records, the patient continued to have symptoms over the next two days and the mother did make, and then canceled, an appointment with the pediatrician. The appointment was remade for the following day, three days after initial emergency department presentation, and the patient at that time was diagnosed with ruptured appendicitis. Dr. did not evaluate the patient personally and has no recollection of the case. He was caring for a critically ill patient at the time. However, Dr.____ as the attending physician, does accept responsibility for the patient's care while in the emergency department.
Med 10.03(2)(b)	Med 10.02(2)(h)	A woman with end stage renal disease requiring twice a week dialysis presented to Urgent Care showing signs of herpes zoster (shingles). Dr. prescribed valacyclovir, 1 gram, three times per day, for 7 days, which is the standard dosage for shingles. However, this was an improper dosage for someone with end stage renal disease as the diminished kidney function interferes with the ability to excrete valacyclovir and leads to overdosing of the drug. The error in dosage was caught 2 days later when the patient presented to her regular physician showing signs of confusion. Dr. freely admits to the error in dosage, and represents to the Board that she is well aware of the importance of considering renal compromise in such cases and that this was an oversight.
Med 10.03(2)(b) Med 10.03(3)(e)	Med 10.02(2)(h) Med 10.02(za)	Respondent was responsible for overseeing the care of an inmate who experienced ongoing symptoms of a mental disorder, including command hallucinations directing him to commit suicide, a pattern of self injurious behavior, paranoid thinking, and anxiety. Respondent failed to document any psychiatric assessments or interventions that would be responsive to the inmate's symptoms and impairments, failed to document an assessment of suicide risk, and failed to document a meaningful medication management review. Respondent represents to the Board that he did perform regular psychiatric assessments, interventions, and reviews, but failed to document them adequately.
Med 10.03(2)(k)	Med 10.02(2)(t)	A recent physician assistant graduate began working for ____ under Dr. supervision. Dr. was not seeing the patients and only cosigned the physician assistant's notes. The physician assistant did not have a temporary license to practice.

MEDICAL EXAMINING BOARD
ADMINISTRATIVE WARNINGS ISSUED

(January 1, 2010 - December 31, 2013)

New Rule Med 10.03	Old Rule Med 10.02(2)	Description of Administrative Warning Content
Med 10.03(2)(b)	Med 10.02(2)(h)	A patient was diagnosed with a blood clot and Dr. prescribed Coumadin. At the time, an error was made in the patient's record to indicate that the patient also had atrial fibrillation. That incorrect diagnosis remained on the patient's record and Dr. prescribed Coumadin until _____ when it was discovered that the diagnosis had been entered incorrectly.
Med 10.03(2)(b)	Med 10.02(2)(h)	That there is evidence of professional misconduct by _____, M.D., to wit: Dr. prescribed nafcillin for a patient who had a documented allergy to penicillin. Nafcillin is a class of penicillin.
Med 10.03(2)(b)	Med 10.02(2)(h)	While practicing as an attending in an emergency department, Respondent ordered a CT scan of the brain of a _____ year old child without the parent's notice or consent. Respondent concedes that, in retrospect, he should have called the parents.
Med 10.03(2)(b)	Med 10.02(2)(h)	Dr. failed to prescribe aspirin and Plavix following stenting of the left anterior descending artery which resulted in an acute anterior myocardial infarction.
Med 10.03(2)(d)	Med 10.02(2)(h)	Dr. performed on Patient A, a left arthroscopic shoulder surgery to include rotator cuff repair, subacromial decompression and a left carpal tunnel procedure. Dr. failed to recognize, at the time of the rotator cuff repair, that he was inadvertently shaving the distal end of the clavicle and not the anterior acromion. Patient A alleged that the clavicle fracture was during the rotator cuff repair surgery which healed without further surgery.
Med 10.03(2)(b)	Med 10.02(2)(h)	Dr. continued to prescribe opiates to Patient X on three occasions after being informed by another physician that Patient X had been admitted to the hospital for acute alcohol intoxication and opiate overdose on two occasions. Since that time, Dr. voluntarily completed CME's in prescribing and read Responsible Opiate Prescribing by _____.
Med 10.03(3)(e)	Med 10.02(2)(za)	Medical Excuse note
Med 10.03(3)(e)	Med 10.02(2)(za)	Medical Excuse note
Med 10.03(3)(e)	Med 10.02(2)(za)	Medical Excuse note
Med 10.03(3)(e)	Med 10.02(2)(za)	Medical Excuse note
Med 10.03(3)(e)	Med 10.02(2)(za)	Medical Excuse note
Med 10.03(2)(b)	Med 10.02(2)(h)	Patient A presented to the _____ Medical Center - Emergency Department for episodic vomiting over the previous 24 hours and a feeling of "like it's getting stuck, it bubbles in my throat." PA-C ordered various tests on Patient A after which she was diagnosed with gastroenteritis and released to go home. He did not include esophageal food impaction in his differential, although the patient's statements that she was vomiting, triggered by eating a small amount, and had a feeling of something stuck in her throat, should have resulted in his considering this diagnosis. Patient A presented to the Emergency Department at hospital for continued vomiting. An upper GI endoscopy was performed which found food impaction in the lower third of the esophagus.
Med 10.03(2)(b)	Med 10.02(2)(h)	Respondent provided care to patient A. The patient's chief complaint was chronic pain disorder due to cervical and lumbar nerve damage following a motor vehicle accident. During the time that she cared for the patient, the principal treatment modality was oxycodone medication, both long-acting and immediate release, and temazepam. Respondent reviewed an MRI, and required the patient to sign a medication agreement. The patient repeatedly requested early refills, either because of stated travel plans or loss due to theft. At no time did Respondent require the patient to submit to a urine toxicology screen or pill count, nor did she consult collateral sources. Respondent prescribed a 12 hour extended release oxycodone product, to be taken four times a day. There is no indication that functional goals were established, or that the patient's functioning improved over the course of her treatment by Respondent. Three other charts were examined, and revealed similar deficiencies. None of the patients suffered actual harm.
Med 10.03(2)(b)	Med 10.02(2)(h)	Dr. misinterpreted the mammogram for Patient A and missed the diagnosis for breast cancer. Dr. self-reported the matter, which did not result in formal discipline in _____.
Med 10.03(2)(b)	Med 10.02(2)(h)	Dr. failed to timely review and respond to Patient A's abnormal thyroid lab test result. This led to a delay in diagnosis and treatment of hyperthyroidism in Patient A.
Med 10.03(3)(e)	Med 10.02(2)(za)	Respondent performed a shave biopsy on Patient's face and did not document in her medical chart that he had obtained informed consent from the patient for the procedure, even though verbal informed consent discussion occurred with the patient.
Med 10.03(3)(g)	Med 10.02(2)(zc)	The Department requested Dr. patient health care records pertaining to patient A by letters dated _____, _____, and _____. The Department did not receive the requested records until _____.

MEDICAL EXAMINING BOARD
ADMINISTRATIVE WARNINGS ISSUED

(January 1, 2010 - December 31, 2013)

New Rule Med 10.03	Old Rule Med 10.02(2)	Description of Administrative Warning Content
Med 10.03(2)(b)	Med 10.02(2)(h)	Dr. failed to properly interpret a CT angiogram for a patient to include the presence of a bi-lobed aneurysm from the supraclinoid internal carotid artery on the left side.
Med 10.03(3)(d)	146.84(2)(a)1	Respondent viewed portions of his estranged wife's and stepdaughter's electronic medical records, when he had neither a treatment relationship nor permission. Information was not further disclosed.
Med 10.03(2)(e) Med 10.03(1)(a)	Med 10.02(2)(p) Med 10.02(2)(z)	That there is evidence of professional misconduct by Respondent, to wit: on ____, sheriff's deputies discovered 13 young marijuana plants growing in a greenhouse on Respondent's residence premises, and 26 g of dried marijuana in her bedroom area together with a nebulizer. Respondent has, for a number of years, suffered from daily or near-daily headaches, refractory to common treatments. She has consulted a number of physicians, over the years, with only limited success. The plants and dried marijuana were for the purpose of treating her headaches; she found that smoking marijuana was efficacious for this purpose.
Med 10.03(2)(b)	Med 10.02(2)(h)	Respondent performed a left hip resurfacing arthroplasty on Patient A and inadvertently left in a guide pin that was intended to be removed prior to closing the surgical site. There was a "whiteboard" in the operating theater for the purpose of keeping track of instruments, sponges, and the like, but Respondent failed to use it.
Med 10.03(2)(b)	Med 10.02(2)(h)	Dr. reviewed a CT scan of Patient's brain, failing to note the presence of a lesion in the left frontal lobe.
Med 10.03(3)(e)	Med 10.02(2)(za)	The evidence of either Respondent's failure to consider the use of Coumadin in preparation for an ECV and/or failure to properly document any discussion with and consent from Patient regarding the fact that the patient refused such therapy may be conduct that falls below the min standard of the profession.
Med 10.03(2)(b) Med 10.03(2)(b)	Med 10.02(2)(h) Med 10.02(2)(za)	Respondent has provided occasional care for several years to a colleague. Respondent purported to orally authorize the patient to use clonazepam, on an as needed basis, for insomnia due to an irregular sleep pattern resulting from his position as an anesthesiologist. No prescription for this medication was issued, and this authorization is not mentioned in Respondent's progress notes. Respondent was aware that he was ordering his clonazepam from a pharmaceutical supplier.
Med 10.03(2)(b)	Med 10.02(2)(h)	Patient A reported increased activity-related pain in his right hip. Respondent obtained x-rays and interpreted them to demonstrate only post-surgical changes at the site of the femoral osteoplasty as opposed to any definitive surgical or post-surgical complications following arthroscopic surgery. Respondent diagnosed irritation of the IT band (tendon on the right side of the hip) causing trochanteric bursitis, and treated Patient A with an injection. Respondent again saw Patient A, who then complained of increased right hip pain and a new "clunking" sensation. Respondent ordered an MRI, which showed a femoral neck fracture, in the same region of the femoral osteoplasty. When Respondent re-examined the x-ray, Respondent observed that the fracture was evident, and that he had failed to recognize it.
Med 10.03(1)(a)	Med 10.02(2)(a) 448.03(2)(e)	Respondent failed to adequately direct, supervise and inspect the delegated medical act of IPL therapy being performed by estheticians at the ____ Center.
Med 10.03(2)(b)	Med 10.02(2)(h)	Dr. gave the Tdap immunization to a ____ year-old male without the consent of the child's parent prior to the administration of the vaccine. Allegedly, the child's siblings contracted pertussis from the vaccine.
Med 10.03(2)(b)	Med 10.02(2)(h)	Failed to properly evaluate the patient's lunbar injury and there does not appear to be significant attending physician involvement and Respondent was the supervisor
Med 10.03(2)(j)	448.30	Respondent while providing surgical services involving abdominal hysterectomies to two patients, he did not advise the patients of the fact that he was being proctored pursuant to a non-disciplinary board order limiting his license. Further he did not advise either patient of his complication rates for abdominal hysterectomies which exceeded the average.
Med 10.03(2)(o)	Med 10.02(2)(h)	Respondent failed to take adequate steps to ensure coverage for his psychiatric patients while he was incarcerated for 4 mo for a DWI
Med 10.03(3)(e)	Med 10.02(za)	Patient provided Respondent with written consent to perform a tubal ligation during her C-Section delivery, but the patient was unsure of her decision the day of the procedure. Respondent failed to clarify the patient's wishes before performing the tubal ligation and failed to document the procedure in his operative
Med 10.03(2)(e)	Med 10.02(2)(p)	While Dr. was employed at the ____ Center, he failed to document in his medical records a prescription of Oxycodone, 5 mg, 180 tablets with zero refills for Patient S.M., and failed to document the medical condition that warranted that prescription.
Med 10.03(3)(e)	Med 10.02(2)(za)	Medical Excuse note
Med 10.03(3)(e)	Med 10.02(2)(za)	Medical Excuse note

MEDICAL EXAMINING BOARD
ADMINISTRATIVE WARNINGS ISSUED

(January 1, 2010 - December 31, 2013)

New Rule Med 10.03	Old Rule Med 10.02(2)	Description of Administrative Warning Content
Med 10.03(2)(b)	Med 10.02(2)(h)	Failed to note the significant change in lab results for patient for two weeks and failed to follow up on the abnormal test results for a week.
Med 10.03(3)(e)	Med 10.02(2)(za)	Respondent ordered an abdominal series for patient without documenting any examination findings, diagnosis or plan of treatment, and she ordered an elbow x-ray for patient without documentation.
Med 10.03(2)(d)	Med 10.02(2)(h)	Respondent performed a single coronary artery bypass graft, but mistakenly anastomosed the bypass artery to a cardiac vein
Med 10.03(3)(c)	Med 10.02(2)(q)	Respondent was issued a Letter of Admonition by the ___ Board for failing to properly report a patient's diagnosis which contributed to a delay in treatment
Med 10.03(2)(b)	Med 10.02(2)(h)	Inadvertently injected patient with 200mcg's of Epinephrine rather than 2 cc's of Ephedrine
Med 10.03(3)(d) Med 10.03(2)(j)	Med 10.02(2)(z)	Respondent accessed health care records using another physician's access code and accessed electronic patient records without the informed consent of two individuals
Med 10.03(2)(b)	Med 10.02(2)(h)	Respondent failed to note and address the presence of two bony fragments adjacent to the posterior capitellar articular surface prior to immobilizing the patient's elbow in a case for ten days
Med 10.03(1)(g)	Med 10.02(2)(m)	Respondent wrote prescriptions for patients located in ___ using fraudulent addresses in the US
Med 10.03(1)(a)	Med 10.02(2)(a)	Failed to renew licence for three years
Med 10.03(2)(b)	Med 10.02(2)(h)	Administered to high of a dose of UV-B
Med 10.03(2)(d)	Med 10.02(2)(h)	Operated on right instead of left testicle,
Med 10.03(2)(b)	Med 10.02(2)(h)	Patient would not stop spitting on staff and so Respondent taped his mouth shut
Med 10.03(2)(b)	Med 10.02(2)(h)	Ordered topical erythromycin instead of ophthalmologic preparation.
Med 10.03(3)(e)	Med 10.02(2)(za)	Failure to diagnose perforated bladder and failure to document a physical examination and objective findings
Med 10.03(2)(b)	Med 10.02(2)(z)	Treated eye as having an abrasion but not a puncture which was the case
Med 10.03(1)(b)	Med 10.02(2)(f)	Was licensed to practice medicine in WI as ____, but chose to be known as ____. Practicing under another name.
Med 10.03(2)(b)	Med 10.02(2)(h)	Failed to diagnose patient's dislocated shoulder
	448.02(3)	Failed to adequately document his diagnosis of a psychogenic cause of the patient's stridor and released the patient prior to resolution of breathing difficulties
Med 10.03(2)(k) Med 10.03(2)(j) Med 10.03(1)(a)	Med 10.02(2)(t) Med 10.02(2)(u) Med 10.02(2)(z)	Let daughter in law practice without a license and held herself out as a doctor
Med 10.03(2)(b)	448.02(3)	Failed to remove a rubber catheter drain from the patient's peritoneal cavity following surgery
Med 10.03(2)(b)	Med 10.02(2)(z)	Diagnosed the patient with carpal tunnel syndrome instead of a dislocated lunate
Med 10.03(2)(i)	Med 10.02(2)(n)	Unauthorized disclosure of medical records against explicit request of the patient
	448.02(3)	Removal of the wrong rib from a patient
	448.02(3)	Injection of rubbing alcohol instead of 1% Lidocaine

Comments

* A few Administrative Warnings are missing from this report. The file could not be located in time to be included in this report.

* Information in this report has been redacted due to confidentiality requirements.