



# THE *Examiner*

The Newsletter Published by the Colorado Board of Medical Examiners/Department of Regulatory Agencies/State of Colorado  
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## President's Message

By Ned Calonge, MD – President, Colorado Board of Medical Examiners

Patient safety and medical error reduction remain top issues in medical care today. Many Colorado physicians have had the opportunity to listen to a presentation or CME session on medical error reduction, and it remains a targeted issue for the Colorado Medical Society and local county medical societies. As you listen to such presentations, they are usually supported with actual stories exemplifying an error caused by some health system flaw. As you look around the room, you may see your colleagues nodding in understanding about how such an error could have occurred, even in their own practice settings. It is clear that a significant amount of learning takes place around sharing these experiences.

The Colorado Board of Medical Examiners is very interested in activities that can help reduce medical errors, consistent with our fundamental mission of protecting the public. In internal discussions, and in meetings with external groups, we have chosen to explore how the Board may contribute to patient safety activities. To this end, we will begin using *The Examiner* to present actual Board cases where we believe a systems error may have been at fault for the problem. To ensure confidentiality, we will edit the cases in such a way that all involved parties have their anonymity protected. We hope that Colorado physicians will read, contemplate, and even discuss these cases with their colleagues, looking for similarities within their practice settings, using these examples to discuss system solutions that could reduce the risk of future similar errors.

Finally, I would like to point out a very common problem underlying many cases that come to the attention of the Board, one of poor physician-patient communications. I would advise all physicians to look at their office, hospital, and personal practices and systems in the area of communication and look for opportunities to improve and promote timely, complete and effective communication with both patients and physician colleagues.

(See article below, *Top Issues In Medical Care Today*)

## Top Issues In Medical Care Today

Frequently complaints against physicians reveal systems errors or communication breakdowns rather than physician incompetence or negligence. The Board of Medical Examiners will be sharing some of these stories with you. We suggest you review these stories and use his information to eliminate the potential for these problems in your practice.

### Case 1 Issue: Lack of Communication

*Background:* The patient was a 73 year old male with multiple chronic health problems including congestive heart failure, secondary to ischemic cardiomyopathy. The patient was admitted to a hospital out of state for care by a cardiologist, subsequently, the patient was transferred for follow-

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## You Should Know...

The Colorado Medical Board has a new Enforcement Program Manager. See article on page 3 regarding *Jim Parker*.

You are responsible for knowing the expiration date of your license and ensuring that your license is current. It is a violation of Colorado law to practice medicine or practice as a physician assistant in Colorado without a current license. See article on page 3 regarding *Physician Assistant Renewals*.

The Colorado Division of Registrations offers 3 options for automated license verification. See article on page 4 regarding *Automated License Verification Options Have Expanded!*

*Frequently Asked Questions and Answers for Physician Assistants* can be found on page 4.

The Colorado Board of Medical Examiners licensed 852 new physicians in Fiscal Year 2001. See article on page 4 regarding *Work Load Statistics*.

The Colorado Medical Board has 3 new policies. See article on page 5 regarding *New Board Policies*.

# Top Issues In Medical Care Today

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up care to a rural rehabilitation facility in Colorado.

*Problem:* The treating physician went on vacation over the Christmas holidays and the covering physician was not alerted to, and failed to realize, the severity of the patient's illness. The treating physician, upon returning, failed to associate and respond to urgent phone messages for direction of this critical patient's care from the treating facilities, nursing staff and family members.

*Outcome:* The reviewing panel determined that lack of communication in this case between treating and covering physicians, and the subsequent failure to act appropriately and promptly to phone messages from the treating facility, nursing staff and family members contributed to the patient's death.

*Board Comment:* It is important to ensure that there are clear systems for practice coverage at all times and especially during holiday periods when work schedules may be more sporadic.

## Case 2

### Issue: Appropriate Delegation of Patient Care

*Background:* The patient was 24 years old, 35 weeks pregnant, suffering from HELLP syndrome, was admitted to the hospital for labor and delivery.

*Problem:* The treating physician ordered medication to induce labor, however, the family asked for postponement of induction. The treating physician went off duty and did not turn the case over to a physician who was on site and available to provide hands on care to an extremely ill patient. The treating physician was called back to the hospital 12 hours later when the patient's labor was deteriorating. The treating physician made the decision to do a C-section. The anesthesiologist requested that the surgery be delayed until the patient's platelet count stabilized.

*Outcome:* The baby was delivered 13 hours post admission to the hospital, severely depressed and with neurological deficits.

*Board Comment:* The reviewing panel determined that if the decision was made to try to induce labor, the treating physician should have made oneself continually available for a consultation, as the covering physician was only available by phone. When you have been the attending physician for a complicated patient and you are going off-duty, it is your responsibility to ensure that all "hand-offs" of the patient are adequate and that the covering physician is able to provide appropriate care to the patient.

## Case 3

### Issue: Lack of Communication

*Background:* Patient is a 6-month old infant that fell approximately 26 inches onto a plywood covered cement floor at 8:30 am.

*Problem:* At the time of accident, the mother called the primary physician and spoke with a medical assistant. An office visit was scheduled for 1:30 pm. At approximately 12:30 pm, the mother became concerned and took the infant to the ER of a rural hospital where she was told the ER was busy and the infant would need to wait to be seen.

Approximately 15 minutes later the mother left the hospital with no further contact with emergency room personnel. She felt she could keep her 1:30 appointment with the primary physician. At 1:30 pm, a nurse practitioner examined the infant and noted neurological signs and possible head trauma. The nurse practitioner told the mother to immediately return to the hospital and proceeded to call the ER on the infant's behalf. The nurse practitioner did not speak to the on call physician, nor was the condition of the child communicated to the on call physician.

The mother and infant arrived back in the ER at approximately 2:40 pm and were examined by an RN whose documented assessment included "appears sleepy, shallow respirations, color good."

At approximately 3:00 pm, the infant was reported to be shaking all over and having a generalized seizure. The on call physician was summoned

for evaluation and treatment. The on call physician evaluated the infant and determined the rural facility did not possess sufficient resources to treat the patient and therefore secured arrangements for transportation to an appropriate treating facility via Flight for Life.

The infant arrived for surgery at approximately 7:20 pm. The surgery successfully relieved the pressure from a hematoma.

*Outcome:* As a result of the events of the day, the infant's neurological functioning was severely impaired. Experts agree there was a point in time where earlier surgical intervention would have probably preserved the quality of life for the infant.

*Board Comment:* When presented with a potentially critically ill patient, communication between the physician's office, the patient and the ER must be clear and should be documented in the record. The communication should occur directly between the physician (or other health care provider PA, NP) and the ER physician. Physicians in private practice need to have clear protocols with the emergency physicians to whom they refer patients regarding communication of a patient transfer and the status of the patient's condition for critically and seriously ill patients.

## Case 4

### Issue: Need for appropriate systems checks

*Background:* The patient was a 63 year old female, referred for a colonoscopy.

*Problem:* During the procedure the treating physician ordered Narcan. The nurse inadvertently administered Epinephrine.

*Outcome:* The patient suffered a severe adverse reaction from receiving the wrong medication that required admission to the hospital. *Board comment:* Failure to confirm the correct medication resulted in a preventable medication error. The Inquiry Panel reviewing this case was pleased by the candor of the physician in admitting

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# Top Issues In Medical Care Today

*Continued from page 2*

the error to the parties involved and, more importantly, with the steps the physician took to assure the patient received complete and appropriate care immediately following the medication error.

## Case 5

**Issue: Failure to appropriately monitor a high-risk patient and timely respond to a worsened condition.**

*Background:* This patient was a 57-year-old woman who had a laparoscopic bilateral salpingo-oophorectomy.

*Problem:* The physician following this post-op patient had been informed that the patient was having trouble voiding. A CBC and change in Foley catheter were ordered. The results of the CBC were reported by a

nurse as "Okay", but the physician never solicited the specific results, which were very concerning. The patient went on to become tachycardic with declining blood pressures.

*Outcome:* The patient expired while being transferred for an exploratory laparotomy where intra-abdominal sepsis from a bowel perforation was found. The bowel perforation occurred during the first surgery.

*Board Comment:* The reviewing Panel felt that it was incumbent upon the physician to have obtained more complete lab results, rather than simply relying on a report of "Okay" from nursing staff. If you are responsible for a patient's care and the patient is not following the expected course, the physician's level of suspicion and desire for complete information should be elevated.

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# New Enforcement Program Manager

The Colorado Medical Board announces the appointment of Jim Parker as the new Enforcement Program Manager. "I'm excited by the challenges of managing the enforcement unit at the Medical Board and appreciate the opportunity to take part in this important work," remarked Mr. Parker. Jim has assumed the duties of Stan Anthony, former Compliance Program Coordinator, who retired in April along with management of the Enforcement Unit of the Board.

It is the responsibility of the Enforcement Program Manager to oversee the Enforcement Unit of the Medical Board, and to assist the Board in accomplishing its legislative mandate to protect the health, safety and

welfare of Colorado citizens against the unauthorized, unqualified and improper practice of medicine through the regulating and disciplining of Colorado licensed physicians and physician assistants.

Jim brings to the Board Staff several years experience as a paralegal with the Attorney General's Office, as well as a brief experience as an investigator with the Complaints and Investigation section of the Division of Registrations. Jim's varied regulatory experience has helped him work effectively with the public, attorneys, legislators, the media and other government agencies.

Jim can be reached at (303) 894-7718 or at [ajim.parker@dora.state.co.us](mailto:ajim.parker@dora.state.co.us).

# Writing Admission Orders from the Emergency Department

*Gene Eby, MD, FACEP, Board Member*

Despite position statements, policies and an established standard in this area, cases are continually passed through the Board of Medical Examiners where the Emergency Physicians have extended their liability beyond the Emergency Department in writing admission orders. To ensure appropriate and timely patient evaluation and management as well as an orderly transfer of patient care responsibility the American College of Emergency Physicians established a position statement in 1989 with regard to writing admission orders:

Emergency Physicians should not be involved in writing any orders that extend, or appear to extend, control and responsibility for the patient beyond the treatment in the emergency department to the inpatient setting.

Hospital and emergency department policies should clearly delineate responsibility for writing admission orders. Policies should also guarantee that the patient be seen in a timely manner.

Medical care is enhanced and continuity ensured when the responsibilities are clearly defined for the Emergency Physicians and other members of the medical staff. It is incumbent upon the Emergency Physician to ensure the emergency department and medical staff policy has adequately addressed the clear transfer of patient care responsibility with specific guidelines for the timeliness for which inpatient admissions are seen.

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# Time To Renew Your Physician Assistant License

All Colorado ACTIVE and INACTIVE physician assistant licenses will expire January 31, 2002, but Board Policy 20-10 allows for a 60-day grace period in which to renew your license. You may renew your license until March 31, 2002, without penalty. No physician assistant licenses will be lapsed for non-renewal until March 31, 2002.

Renewal notices were mailed approximately November 1, 2001 to the preferred mailing address.

Please be advised that before your renewal will be considered complete and a new license sent to you the Board staff must receive a correctly completed,

mandatory renewal questionnaire and correct payment.

If you lose your renewal form or questionnaire, you may request a duplicate via e-mail to [danise.hayes@dora.state.co.us](mailto:danise.hayes@dora.state.co.us) or by phone at (303) 894-7690.

# Automated License Verification options have expanded!

The Division of Registrations E-Government options have expanded!

The Board now offers three automated options for verifying licensee information.

## Option #1 — Registrations Online Disciplinary Documents (RODD)

RODD makes certain disciplinary actions taken on all licensees available via the Internet. Stipulations, Final Agency Orders, and Suspensions that were in effect in February 2000 plus any that became effective since that date are among the documents that are now available.

Go to the board's home page <http://www.dora.state.co.us/Registrations/> and click on *View Registrations Online Disciplinary Documents*.

## Option #2 — ALISON

ALISON is the Automated Licensure Information System Online that allows you to search and obtain basic licensure and disciplinary information about individuals and companies licensed by the Boards and programs within the Division.

Go to the board's home page and click on *Search Occupational and Professional Licensing Database*.

## Option #3 — ALIS

ALIS is the Automated Licensure Information System that may be accessed by using your touch-tone phone to verify licensure status of

- Physicians (303) 894-7434 or 7435
- Nurses (303) 894-7888 or 7889
- Dentists (303) 894-7890
- Pharmacists (303) 894-7891
- Mental Health Professions, Chiropractors, Optometrists, Veterinarians (303) 894-7437
- Electricians, Plumbers, Engineers, Land Surveyors, Accountants, Architects (303) 894-7441

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## Physician Assistants, Did You Know?

This article is devoted to questions most frequently asked of Carol Goddard and the Colorado Academy of Physician Assistants (CAPA). Physician Assistants may wish to further review Rule 400 which governs the practice of physician assistants within the State of Colorado. You may access a copy of Rule 400 and Board Policy 20-13 referenced below at our website, [www.dora.state.co.us/medical](http://www.dora.state.co.us/medical) or you may call (303) 894-7690 and request a copy be mailed to you.

- Can I work between the time I finish my schooling and when I receive my NCCPA scores and subsequently my license?

You may work as a Physician Extender until such time as you would be eligible to be licensed in the State of Colorado. Eligibility would begin when passing scores

are received. Refer to Board Policy 20-13.

- How long does the license application process take from the submission of the application until I receive a license?

If it is a "clean" application, the minimum processing time would be 2 weeks. The total processing time depends on how quickly you can arrange for supporting documents to be submitted. If "red flags" on the application or supporting documents exist, the licensing panel will need to review the application at the next regularly scheduled panel meeting. Otherwise, the application can be administratively approved and licensed within the week of becoming complete.

- Do all charts have to be signed? Even prescription refills?

Yes, and yes. You may wish to refer to Board Rule 400

- Can I volunteer outside my work in a health related area like the 9 Health Fair, underserved clinics, etc—non-paid?

Only if you have a primary supervising physician registered with the Board for the purpose of supervising you for this volunteer position. The supervising physician does not need to be on-site.

- Do I have to be NCCPA certified to maintain my license?

No, but if you allow your license to lapse or go inactive, you will need to verify current certification to re-establish active status.

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## BME Workload And Performance Measures

Printed below is a sampling of Medical Board workload and performance measures for fiscal year 2001. Please contact the Board if you desire a copy of the full report.

### Licensing

Number of new licenses . . . . . 852  
Number of license renewals . . 14,627  
Number of licensees . . . . . 14,124

Number of working days until the applicant is sent the first response to application . . . . . 1  
Number of application packages mailed . . . . . 1,092

### Enforcement

Number of complaints received and handled . . . . . 1,001

Number of disciplinary actions taken . . . . . 67  
Number of physicians and physician assistants under monitored probation . . . . . 108  
Number of licensees admitted to peer assistance program during fiscal year . . . . . 164  
Number of participants who successfully completed peer assistance program . . . . . 107



# New Board Policies

The Medical Board has adopted several new policies that you should be aware of. Please note that ALL Board policies may be accessed on-line at [www.dora.state.co.us/medical](http://www.dora.state.co.us/medical).

**Policy Number: 40-10**

**Title: Appropriateness of Treating Partners of Patients with Sexually Transmitted Infections**

Date Issued: 05/10/01

**PURPOSE:** To clarify the Colorado Board of Medical Examiners' position concerning the appropriateness of physicians treating the partners of patients with sexually transmitted infections

**POLICY:** The Board acknowledges the concern and dilemma, which occurs when a physician encounters a patient with a sexually transmitted infection, and the partner of the patient does not come to the physician's office. The ideal situation would be that each partner visits his or her primary healthcare provider for treatment. However, the Board recognizes that what is idealistic may not be realistic. There is a compelling need for the partner to receive treatment in the form of prescription medications. Treating partners of patients with sexually transmitted infections is generally considered acceptable and desirable if the partner will not seek treatment from his or her primary healthcare provider. The overriding public policy concern must be to treat the infected partner. It must be made clear to the patient that his or her partner must take the medication as prescribed and should follow-up with his or her own healthcare provider. If the partner has any drug allergy or is on any medication, he or she should consult with a healthcare provider before filling the prescription. It is the position of the Colorado Board of Medical Examiners that the public risk of untreated sexually transmitted infection is greater than the risk of complications from prescribing in this less than ideal setting.

**Policy Number: 40-11**

**Title: Sale of Products in Physicians' Offices**

Date Issued: 05/10/01

**PURPOSE:** See attached policy statement introduction

**POLICY:** It is the position of the Colorado Board of Medical Examiners that the in-office

sale of products to patients by physicians potentially creates a financial conflict of interest. Any activity that creates a conflict of interest casts doubt on the physician's ability to fulfill fiduciary obligations and undermines the patient's trust. In-office sales transactions risk exploiting the inherent imbalance of power in the patient-physician relationship. In many cases, patients lack the expertise and independent judgment to make a proper determination about their need for the product and have no alternative reliable source of information. They may feel compelled to buy an item because they wish to secure the doctor's favor, or because they have placed implicit trust in their doctor's judgment and believe that he or she is acting in their best interest. Because of the risk of patient exploitation, physicians should take steps to minimize financial conflict of interest.

One mechanism to limit the conflict of interest is to take the element of financial gain out of the transaction. Many physicians distribute health-related products to their patients free of charge. In other cases, physicians sell health-related products to their patients at cost, in order to make useful products readily available to their patients. An "at cost" sale refers to the sale of products at a price that covers the reasonable expense of obtaining, storing, and dispensing the products.

Another mechanism to minimize conflict of interest is to limit the appropriateness of sales to those circumstances that serve the immediate and pressing needs of patients.

One of the most important safeguards to limit conflicts of interest is disclosure. Physicians selling health-related products should disclose to the patient their financial arrangements with the manufacturer or the supplier of the product.

In-office sales of health-related products that offer a unique benefit to patient health and are available only through physicians raises particular concerns. Since patients would be unable to purchase an equivalent product elsewhere, physicians would have a monopoly on the market. Exclusive arrangements such as these force patients either to purchase the product from their physician or to forego the recommended treatment. If a physician strongly believes that a patient needs the product that is available only through physician-

distributorship, then physicians should encourage manufacturers to make the products accessible through alternative existing structures such as pharmacies.

## Position

1. Physicians should not sell non-health-related goods from their offices or other treatment settings, with one exception. Physicians may sell non-health-related goods from their offices for the benefit of community organizations provided that: (a) the goods in question are low-cost; (b) the physician takes no share in profit from their sale; (c) such sales are not a regular part of the physician's business; (d) sales are conducted in a dignified manner; and (e) sales are conducted in such a way as to assure that patients are not pressured into making purchases.

2. Physicians who sell health-related products from their offices should not sell any health-related product, which does not provide a reasonable potential for therapeutic gain in a patient's medical condition.

3. Physicians should not participate in exclusive distributorships of health-related products in which the products are available only through physicians' offices, and for which product there is no comparable alternative available at a local pharmacy or health-products store.

4. Physicians who sell health-related products from their offices should follow these guidelines to limit their conflicts of interest, minimize the risk of brand endorsement, and ensure a focus on benefits to patients:

- a. Physicians may distribute health-related products to their patients free of charge or at a reasonable price, in order to make useful products readily available to their patients.
- b. Physicians should disclose the nature of their financial arrangement with a manufacturer or supplier to sell health-related products. Disclosure also includes informing patients about the availability of a product or other essentially equivalent products elsewhere.
- c. Physicians should, upon request, provide patients with understandable literature that relies on scientific standards in addressing the validity of the health-related product.

# NEW BOARD POLICIES

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**Policy Number: 40-12**

**Title: Office-Based Surgery and Anesthesia**

Date Issued: 11/08/01

**PURPOSE :** See attached policy statement introduction.

**POLICY :** Introduction: This policy provides guidance regarding the provision of surgical and anesthesia services in office settings. We identify the roles and responsibilities of physicians providing, or overseeing by proper delegation, surgical and/or anesthesia services in office settings. This policy does not extend or limit the scope of any license. Further, this policy is to be used in concert with state and federal requirements governing the provision of office based surgery and anesthesia.

This policy does not apply to minor surgical procedures performed under topical or local infiltration blocks. This policy applies to any procedure involving general and/or regional anesthesia and/or the use of conscious sedation.

For purposes of this policy "office based surgery" is defined as surgery that is performed in a facility outside a hospital or ambulatory surgical center licensed by the Colorado Department of Public Health and the Environment.

## Guidelines for Office Based Surgery and Anesthesia

### 1. Selection of Procedures and Patients.

In general, it is the responsibility of the surgeon to determine that the office is an appropriate forum for the particular procedure(s) to be performed on the particular patient. Furthermore, it is the responsibility of the surgeon and, when involved, the qualified anesthesia provider to determine that the patient is an appropriate candidate for the anesthesia to be provided in the office setting. However, it is the opinion of the Colorado Board of Medical Examiners that under generally accepted standards of practice in Colorado, the following procedures should not be performed in the office:

- a. Procedures that may result in blood loss of more than 4% of the estimated blood volume in a patient with a normal hemoglobin;
- b. Procedures requiring major or prolonged intracranial, intrathoracic, or abdominal cavity entry (except for micro-laparoscopic procedures);

- c. Joint replacement procedures;
- d. Procedures directly involving major blood vessels; and
- e. Emergent or life threatening procedures.

Additionally, liposuction procedures performed in the office setting:

- a. Should not result in the removal of more than 5% of total body weight in supernatant fat or more than 4500 cc of supernatant fat, whichever is less;
- b. Should not involve the use of more than 55mg/kg of Lidocaine for pure tumescent anesthesia;
- c. Should, where epinephrine is utilized, use a concentration of epinephrine in tumescent solutions of 0.25 mg/L to 1.5 mg/L. The total dosage of epinephrine should be minimized, within these limits, and usually should not exceed 50 mcg/kg;
- d. Should not result in the removal of more than 1500 cc of supernatant fat when combined with any other extensive surgical procedure; and
- e. Should include appropriate monitoring of the patient as defined in paragraph 5(a)(2) of this policy statement.

The recommendations for limits on local anesthetic and supernatant fat are limits that may be safely observed by skilled physicians well trained in these techniques. Physicians without extensive training or experience in this area should not attempt to approach these limits.

### 2. Preoperative Evaluation

An appropriate preoperative evaluation, including history and physical, must be conducted prior to the performance of any surgery, regardless of setting. The surgeon must evaluate and discuss the risks and benefits of the surgical procedure with the patient and obtain informed consent from the patient. Additionally, the surgeon and qualified anesthesia provider must assess the patient before surgery to evaluate the risk of anesthesia.

### 3. Privileges

The surgeon should have staff privileges at a licensed hospital to perform the same procedure in that hospital as is being performed in the office setting. Alternatively, it is suggested that the surgeon be able to document satisfactory completion of training

such as Board certification by a Board approved by the American Board of Medical Specialties or the American Osteopathic Association, or certify comparable background, training and experience. A written transfer agreement with a licensed hospital within reasonable proximity should be obtained for emergency purposes. For the purposes of these guidelines, "reasonable proximity" is defined as less than thirty minutes transport time from office to hospital.

### 4. Records

The surgeon must maintain complete records of each surgical procedure; this would include anesthesia records when applicable. The records must contain documentation of informed consent from the patient. The record should document that the patient is medically stable before discharge. A discharge order should be written.

### 5. Anesthesia

#### a. Definitions:

1) For purposes of these guidelines, a "qualified anesthesia provider" is an appropriately trained and qualified physician, a certified registered nurse anesthetist ("CRNA"), or a physician assistant ("PA") appropriately trained and qualified in anesthesia working under the on-site supervision of a physician.

2) For the purposes of these guidelines, "monitoring a patient" includes ongoing evaluation of the patient's oxygenation, ventilation, circulation and temperature.

- b. Administration of any general or regional anesthetic should be done by a qualified anesthesia provider. Administration of conscious sedation, when not done by a qualified anesthesia provider, should be directly supervised by a qualified physician.
- c. A qualified anesthesia provider must be continuously present to monitor the patient when general or regional anesthesia is being used.
- d. During any surgery where general or regional anesthesia or conscious sedation is given, qualified personnel in addition to the operating surgeon should be continuously present to monitor the patient.
- e. All facilities should have a reliable source of electricity, oxygen, suction,

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# NEW BOARD POLICIES

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- resuscitative equipment and emergency drugs.
- f. If services are being provided to infants or children, appropriately sized equipment, medication and resuscitative capabilities must be available.
  - g. When inhalation anesthesia is used, an anesthesia machine that is monitored and maintained in accordance with the standards of the American Society of Anesthesiologists should be used.
  - h. Explosive anesthetics should not be used.
  - i. Personnel with training in appropriate resuscitative techniques (ACLS or PALS) should be immediately available until all patients who have received anesthesia are discharged.
  - j. The patient should not be discharged home until the patient is medically stable.
  - k. At least 36 ampules of dantrolene must be immediately available for any proce-

dures when general anesthesia and/or succinylcholine are administered.

## 6. Duration of Surgery

The planned duration of the surgical procedure(s) for each patient should be reasonable with respect to both the capabilities and training of the personnel available to monitor the patient and the nature of the facility.

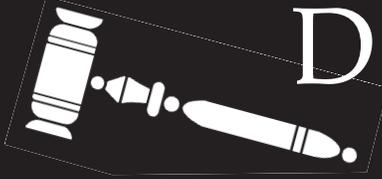
It is not recommended that a patient stay overnight in an office setting following a surgical procedure unless that facility is appropriately accredited. "Accredited ambulatory surgical centers" are accredited as a Class B or Class C facility by one of the following organizations: Joint Commission on Accreditation of Healthcare Organizations (JCAHO); American Association for Accreditation of Ambulatory Surgery Facilities, Inc. (AAAASF); Accreditation Association for Ambulatory Health Care, Inc. (AAHC); or the Colorado Department of Public Health and the Environment.

## 7. Complications and Emergencies

- a. If a patient does not meet discharge criteria and is not in a Class B or Class C facility, the patient should be trans-

ferred to an appropriately accredited ambulatory care center or a licensed hospital within reasonable proximity.

- b. The facility should have written protocols for cardiopulmonary emergencies.
- c. The surgeon and at least one assistant should be currently certified in Basic Life Support. Additionally, if a qualified anesthesia provider is not managing the anesthesia, the surgeon and at least one assistant should be currently certified in Advanced Cardiac Life Support.
- d. All facility personnel should be appropriately trained in and regularly review the facilities written emergency protocols.
- e. The facility should have written protocols for external events that may affect office-based surgical procedures, such as fire, flood or tornadoes.
- f. Back-up power sufficient to ensure patient protection in the event of an emergency should be available.



# Disciplinary Actions Taken By The Board

## THE LIST

The following article was originally printed in the Colorado State Board of Dental Examiners Newsletter, April 1999. This article is reprinted with the permission of Gene S. Bloom, DDS, author.

I would expect that many of you, upon receiving this publication from the Board opened it directly to the listing of disciplined dentists. Call it curiosity, voyeurism, or an interest in what types of behavior or activity may initiate a disciplinary action. Whatever your motivation, you skipped over all of the other articles and announcements to get to "the heart" of these pages—THE LIST!

But is this list that important, or is the message that this list represents valuable to

you in your everyday practice? What is the message anyway?

It is my opinion that the message of the list of disciplined colleagues contained in these pages is a call to all of us to continually strive for excellence in our practice and our personal lives.

The list reminds us of the privilege and obligation of self-regulation that society has granted us. The list admonishes us to "Be careful!" and "Do no harm!" The list brings to mind words like integrity, ethics and compassion.

So, I ask you to now reread "The List" with new eyes and a different perspective. Use it not as a curiosity or gossip column. Use it as a tool to become a better dental professional, a better human being.

The cases described below represent Board actions concluded by the Colorado State Board of Medical Examiners from **April 1, 2001 to December 31, 2001**. Board actions listed below may not be the only action. Contact the Medical Board office for actions entered outside of these dates. Documentation of Board actions may be obtained by visiting this website <http://www.dora.state.co.us/doraimages/> or by sending a written request to Jim Parker, Enforcement Program Manager, at the Medical Board Address.

## Board Action Definitions

**Letter of Admonition:** (LOA) A public reprimand issued to the physician or physician assistant in the form of an actual letter or as part of a Stipulation. The letter or Stipulation is a public record and may be obtained from the Board Office.

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# DISCIPLINARY ACTIONS TAKEN BY THE BOARD

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**Stipulation and Final Agency Order:** (ORDER) An order of the Board and an agreement between the Board and the practitioner prior to a formal hearing. A stipulation resolves the case. In a stipulation, both parties agree to facts, sanctions and the terms and conditions for continued practice, if applicable.

**Final Board Order:** Final order issued by the Board after a formal hearing before an Administrative Law Judge (ALJ) where evidence and testimony were presented. The ALJ prepares a written report of the findings, which a Hearings Panel of the Board reviews and then makes the final ruling regarding the appropriate sanction.

**Prima Facia:** literally means "at first view" or "on its face". As used in this context, it means that the Board believes it has evidence to prove a violation of the Medical Practice Act has occurred. However, this evidence may have been rebutted or outweighed had the case gone to hearing.

**Summary Suspension pursuant to 24-104(4), CRS:** is an immediate, temporary withdrawal of the practitioner's license to practice medicine pending prompt commencement of formal disciplinary proceedings. This type of suspension can only be ordered when the Board finds the public health, safety or welfare requires emergency action or that the practitioner has willfully violated the law.

**Summary Suspension pursuant to 12-36-118(5)(g)(IV), CRS:** is a suspension of a practitioner's license for failure to comply with a lawful order of the Board.

**Summary Suspension pursuant to 12-36-118(9), CRS:** is a suspension of a practitioner's license for failure to comply with a Board order for a medical examination.

*The following list does not represent all litigation involving the Board during the above period. Absent from this list are applicants denied initial licensure or reinstatement either before or after a hearing.*

**Christian R. Amoroso, MD** Lyons, CO License #14452 DOB 2/22/34  
*Issue:* Practice restriction

*Outcome:* Stipulation and Final Agency Order on October 11, 2001, granting Respondent a medical license with a permanent practice

restriction. Respondent is restricted permanently to the sole purpose of providing comfort care to terminally ill patients in an inpatient or home hospice setting. Respondent is also restricted from prescribing any controlled substances. This action does not constitute disciplinary action.

**Jennifer Arnold, MD** Greenwood Village, CO License #27751 DOB 12/21/53  
*Issue:* Standard of Care

*Outcome:* Stipulation and Final Agency Order on July 12, 2001, whereby Respondent agreed to a permanent practice restriction to no longer practice obstetrics until or unless she completes a Board-approved residency program in obstetrics. Respondent also agreed to waive the confidentiality of two prior letters of concern issued by the Board dismissing complaints that she provided substandard care. The Order further places Respondent's license to practice medicine on probation for five years with conditions. The Order is open to public inspection and reported as required by law.

**Robert S. Arnold, MD** Englewood, CO License #31819 DOB 6/10/52

*Issue:* Felony conviction and disciplinary action taken by another state licensing board  
*Outcome:* Stipulation and Final Agency Order on September 13, 2001, whereby Respondent agreed to relinquish his medical license. The Order is open to public inspection and reported as required by law.

**Brian M. Auld, MD** Frisco, CO License #36628 DOB 9/4/53

*Issue:* Standard of Care  
*Outcome:* Letter of Admonition issued on May 9, 2001, for rendering medical care and treatment to a patient that failed to meet the generally accepted standards of medical practice. The LOA is open for public inspection and reported as required by law.

**Robert Baptist, MD** Colorado Springs, CO License #32294 DOB 10/08/50

*Issue:* Stipulation violation.  
*Outcome:* Letter of Admonition issued on November 9, 2001, for failure to timely submit practice monitor reports.

**Janet Basinger, MD** Alamosa, CO License #40128 DOB 1/19/56

*Issue:* Applicant for licensure  
*Outcome:* Stipulation and Final Board Order whereby, applicant was granted a restricted license to practice medicine on December 6, 2001. The Order is open for public inspection and reported as required by law.

**Julius J. Budnick, MD** Colorado Springs, CO License #32884 DOB 8/10/57

*Issue:* Boundary violation  
*Outcome:* Stipulation and Final Agency Order on December 6, 2001, engaging in an inappropriate personal relationship with a patient. The Order is open to public inspection and reported as required by law.

**Leonard Burke, MD** Denver CO License #26805 DOB 4/7/47

*Issues:* Habitual intemperance and disability as defined in 12-36-117(1)(o), C.R.S.  
*Outcome:* Stipulation and Final Board Order dated April 12, 2001 whereby Dr. Burke surrenders his medical license and may reapply in the future.

**Robert L. Campbell, DO** Pueblo, CO License #14481 DOB 11/29/33

*Issue:* Standard of Care  
*Outcome:* Stipulation and Final Agency Order on August 10, 2001, requiring Respondent to successfully complete re-education activities. The Order is open to public inspection and reported as required by law.

**David W. Claassen, MD** Denver, CO License #15900 DOB 3/19/34

*Issue:* Standard of Care  
*Outcome:* Letter of Admonition issued on October 4, 2001, for failure to recognize the need for urgent medical care in a case and send the patient directly to the hospital. The LOA is open to public inspection and reported as required by law.

**William L. Cluff, DO** La Veta, CO License #30596 DOB 8/29/42

*Issue:* Standard of Care  
*Outcome:* Stipulation and Final Agency Order on November 7, 2001, failure to meet generally accepted standards of medical practice. Respondent received a Letter of Admonition for unprofessional conduct and his medical practice is required to be monitored by a practice monitor for five years. Respondent is also required to undergo an educational assessment with the Colorado Personalized Education for Physicians program. The Order is open to public inspection and reported as required by law.

**Cheryl L. Cowles, MD** Arvada, CO License #35607 DOB 1/14/57

*Issue:* Standard of Care  
*Outcome:* Letter of Admonition issued on November 9, 2001, for failure to properly manage the care of an obstetrical patient. The LOA is open to public inspection and reported as required by law.

# DISCIPLINARY ACTIONS TAKEN BY THE BOARD

*Continued from page 8*

**Samuel W. Downing, IV, MD** Lamar, CO  
License #13951 DOB 2/3/34

*Issue:* Standard of Care

*Outcome:* Second Stipulation and Final Agency Order on October 4, 2001, permanently restricting Respondent from practicing obstetrics after December 31, 2001 and placing his medical license on probation until he permanently retires from the practice of medicine. The Order is open to public inspection and reported as required by law.

**Andrew Elias, MD** Colorado Springs, CO  
License #28329 DOB 2/5/47

*Issue:* Standard of Care

*Outcome:* Letter of Admonition issued on September 6, 2001, for failure to physically examine a patient he admitted to the hospital via telephone for treatment of continued abdominal pain. The LOA is open to public inspection and reported as required by law.

**Jeffrey Lance Elliott, MD** Gallup, NM  
License #22428 DOB 11/23/46

*Issue:* Standard of Care

*Outcome:* Stipulation and Final Agency Order on September 6, 2001, whereby Respondent voluntarily surrendered his Colorado medical license, with right to reapply subject to conditions. The Order is open to public inspection and reported as required by law.

**Clara R. Epstein, MD** Boulder, CO License  
#40083 DOB 6/17/65

*Issue:* Applicant for licensure

*Outcome:* Stipulation and Final Board Order on November 7, 2001, whereby, the applicant was granted a restricted license to practice medicine. Respondent is restricted from performing neurosurgical procedures as the primary surgeon and can only act as an assistant, unless and until she receives an unrestricted license in Colorado. However, upon entering a residency program, Respondent may perform any procedure as required by the residency program. This action does not constitute disciplinary action.

**Robert H. Fenster, DO** Denver, CO License  
#18125 DOB 12/1/40

*Issue:* Unprofessional conduct

*Outcome:* Stipulation and Final Agency Order on December 6, 2001, based upon Respondent's federal criminal case. The Order is open to public inspection and reported as required by law.

**Marilynn Foelske, MD** Swink, CO License  
#25393 DOB 5/3/48

*Issue:* Failure to comply with treatment

evaluation requirements

*Outcome:* Suspension of medical license pursuant to Section 12-36-118(9)(a), C.R.S. dated April 26, 2001. Summary suspension lifted 6/13/01 following compliance with requirements of original order.

**Lawrence Gorab, MD** Colorado Springs,  
CO License #17214 DOB 11/18/38

*Issue:* Standard of Care

*Outcome:* Letter of Admonition issued on September 6, 2001, for failure to timely schedule a patient for a cystoscopic examination. Subsequently, the patient was examined by another physician and found to have a bladder tumor. The LOA is open to public inspection and reported as required by law.

**Paul Jacob Grant, MD** Denver CO License  
#17485 DOB 7/12/43

*Issue:* Respondent applied to reinstate medical license

*Outcome:* Stipulation and Final Agency Order on July 18, 2001, reinstating Respondent's medical license with restrictions. The Order is open to public inspection and reported as required by law. This action does not constitute disciplinary action.

**Abraham Kryzowska Grinberg, MD** Fargo,  
ND License #23740 DOB 1/25/47

*Issue:* Physical disability

*Outcome:* Stipulation and Final Agency Order on December 6, 2001, based upon Respondent having a mild neurocognitive dysfunction that affects his ability to perform invasive procedures. The Order is open to public inspection and reported as required by law.

**Leslie Gullahorn, MD** San Diego, CA  
License #39456 DOB 10/31/68

*Issue:* Applicant with substance issues

*Outcome:* Stipulation and Final Agency Order on April 19, 2001. Terms include five years of probation, abstention from addictive substances and practice monitoring.

**Javier Gutierrez, MD** Frisco, CO License  
#36491 DOB 7/5/55

*Issue:* Unprofessional conduct

*Outcome:* Letter of Admonition issued on November 9, 2001, for disciplinary action taken against Respondent by another state licensing board. The LOA is open to public inspection and reported as required by law.

**David R. Harmon, DO** Steamboat Springs,  
CO License #38904 DOB 12/6/47

*Issue:* Revocation

*Outcome:* Final Board Order revoking

Respondent's medical license for failure to comply with the terms of his probation. The Order is open to public inspection and reported as required by law.

**Benjamin T. Johnson, MD** Denver CO  
License #34609 DOB 5/29/67

*Issues:* Substandard medical practice

*Outcome:* Stipulation and Final Agency Order on May 11, 2001, whereby Respondent surrenders license with right to reapply subject to approval of Board.

**Sharon Johnson, MD** Culver City, CA  
Applicant DOB 8/8/49

*Issue:* Applicant appealed Board's denial of licensure

*Outcome:* Applicant's application for medical licensure was denied on July 12, 2001. The Final Board Order is open to public inspection. This action does not constitute disciplinary action.

**Byron D. Jones, MD** Glendale, CO License  
#30302 DOB 11/27/58

*Issue:* Unprofessional conduct

*Outcome:* Letter of Admonition on September 6, 2001, failure to timely respond and address patients requests for information regarding the patients' health status. The LOA is open to public inspection and reported as required by law.

**William L. Jurgens, MD** Lamar, CO  
License #30705 DOB 1/1/58

*Issue:* Standard of Care

*Outcome:* Letter of Admonition on September 13, 2001, failure to see and evaluate a critically ill patient who admitted to the hospital with evidence of active gastrointestinal bleeding. The LOA is open to public inspection and reported as required by law.

**Durand J. Kahler, DO** Sterling, CO License  
#21739 DOB 3/30/50

*Issue:* Final Board Order issued on January 11, 2001

*Outcome:* On August 21, 2001, Respondent completed serving the six-month suspension period (February 21, 2001 through August 21, 2001) ordered by the Board effective January 11, 2001 Respondent's Colorado medical license is active with conditions.

**James L. Lear, MD** Littleton, CO License  
#27797 DOB 9/28/52

*Issue:* Alcohol dependence/mental or physical disability

*Outcome:* Stipulation and Final Agency Order on August 8, 2001, whereby Respondent agreed not to practice medicine based upon

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# DISCIPLINARY ACTIONS TAKEN BY THE BOARD

*Continued from page 9*

his medical disability until such time it is determined he is safe to return to the practice of medicine. Should the Respondent return to the practice of medicine, his Colorado medical license will be subject to restrictions as set forth in the August 8, 2001 Order. The Order is open to public inspection and reported as required by law.

**Lisa K. Lewis, DO** Arvada, CO License #28939 DOB 6/18/60

*Issue:* Standard of Care

*Outcome:* Letter of Admonition issued on November 9, 2001, for substandard care and treatment of an obstetrical patient. The LOA is open to public inspection and reported as required by law.

**David Barry Lotman, MD** Jupiter, FL License #39767 DOB 11/28/42

*Issue:* Prior discipline in Florida with respect to license to practice medicine

*Outcome:* Stipulation and Final Agency Order on July 12, 2001, whereby Applicant was granted a medical license with restrictions, to include probation for five years with surgical and practice monitoring. The Order is open to public inspection and reported as required by law.

**John McMahon, MD** Colorado Springs, CO License #27593 DOB 3/29/52

*Issue:* Inadequate charting

*Outcome:* Letter of Admonition on August 10, 2001, lack of clear, complete and appropriate documentation of a patient examination, assessment and plan. The LOA is open to public inspection and reported as required by law.

**James R. Metzger, MD** Greenwood Village, CO License #29735 DOB 5/5/61

*Issue:* Amended Stipulation

*Outcome:* Second Stipulation and Final Agency Order on December 6, 2001, amending the practice restriction of Respondent's first Stipulation and Final Agency Order. The Order is open to public inspection and does not constitute disciplinary action.

**Stephen W. Moersen, PA** Loveland, CO License #19 DOB 7/31/52

*Issue:* Felony conviction/mental or physical disability

*Outcome:* Stipulation and Final Agency Order on August 8, 2001, placing Respondent's physician assistant license on a five-year probation with monitoring. The Order is open to public inspection and reported as required by law.

**William Paul Neal, DO** Longmont, CO License #23780 DOB 8/5/41

*Issue:* Standard of Care

*Outcome:* Letter of Admonition issued on May 9, 2001, for providing medical care and treatment to a patient that was excessive and unnecessary. The LOA is open for public inspection and reported as required by law.

**C. David W. Neece, MD** Walsenburg, CO License #27053 DOB 11/20/52

*Issue:* Standard of Care

*Outcome:* Stipulation and Final Agency Order on November 7, 2001, failure to meet generally accepted standards of medical practice. Respondent received a Letter of Admonition for unprofessional conduct and his medical practice is required to be monitored by a practice monitor for five years. Respondent is also required to undergo an educational assessment with the Colorado Personalized Education for Physicians program. The Order is open to public inspection and reported as required by law.

**Gary A. Ogin, MD** Englewood, CO License #26922 DOB 6/23/47

*Issue:* Physical disability and multiple acts of failing to meet generally accepted standards of medical practice

*Outcome:* Final Board Order on August 8, 2001, that ordered the Colorado medical license of Respondent be revoked, effective at 5:00 p.m., MDT, August 15, 2001. The Final Board Order is open to public inspection and reported as required by law.

**Teresa Platt, MD** Glenwood Springs, CO License #26172 DOB 12/4/53

*Issues:* Habitual intemperance and violation of Stipulation

*Outcome:* Stipulation and Final Board Order on June 6, 2001, (2nd stipulation) whereby Respondent surrenders medical license with ability to reapply.

**Tanya Ramaswamy, MD** Aurora, Co License #39865 DOB 12/28/64

*Issue:* Applicant has not actively practiced medicine for the two-year time period preceding the filing of her application for a medical license

*Outcome:* Stipulation and Final Agency Order on August 8, 2001, granting applicant a limited license for the purpose of completing a Colorado Personalized Education for Physician (CPEP) Education Plan. The Order is open to public inspection. This action does not constitute disciplinary action.

**Carey Lynn Renken, MD** Englewood, CO License #39769 DOB 10/4/65

*Issue:* Disability as defined under 12-36117(1)(o), C.R.S.

*Outcome:* Stipulation and Final Agency Order on July 12, 2001, placing Applicant's medical license on probation for five years subject to monitoring. The Order is open to public inspection and reported as required by law.

**Craig A. Reynolds, MD** Lakewood, CO License #25116 DOB 3/1/59

*Issue:* Standard of Care

*Outcome:* Letter of Admonition on September 6, 2001, departure from standard plastic surgical procedures. The LOA is open to public inspection and reported as required by law.

**Robert Rifkin, MD** Denver, CO License #26187 DOB 9/26/56

*Issues:* Standard of Care

*Outcome:* Letter of Admonition issued on April 12, 2001, for failing to properly perform a follow-up evaluation of a patient. The LOA is open for public inspection and reported as required by law.

**Cheryl A. Ristig, MD** Denver, CO License #27898 DOB 5/3/53

*Issue:* Failure to meet generally accepted standards of medical practice

*Outcome:* Stipulation and Final Agency Order on August 8, 2001, whereby Respondent agreed not to contest a Letter of Admonition issued to her on August 8, 2001. The Order stipulates Respondent is to complete re-education activities in prescribing. The Order is open to public inspection and reported as required by law.

**Ralph R. Round, MD** Denver, CO License #30227 DOB 12/12/57

*Issue:* Alcohol abuse

*Outcome:* Stipulation and Final Agency Order on December 13, 2001, regarding Respondent's alcoholism. The Order is open to public inspection and reported as required by law.

**Gary Sands, DO** Evergreen, CO License #24766 DOB 12/17/48

*Issue:* Disability as defined under 12-36-117(1)(o), C.R.S.

*Outcome:* Stipulation and Final Agency Order on July 12, 2001, whereby Respondent agreed to temporarily place his medical license on inactive status. Restoration of Respondent's medical license is subject terms of the Order. The Order is open to public inspection and reported as required by law.

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# DISCIPLINARY ACTIONS TAKEN BY THE BOARD

Continued from page 10

**Thomas L. Schell, PA** Pueblo, CO License #505 DOB 7/17/58

*Issue:* Standard of Care

*Outcome:* Letter of Admonition on September 6, 2001, prescribing a controlled substance other than in the course a legitimate professional practice. The LOA is open to public inspection and reported as required by law.

**Victor Schramm, MD** Denver, CO License #27828 DOB 10/13/41

*Issues:* Substance abuse, sexual misconduct.

*Outcome:* Stipulation and Final Board Order on April 12, 2001, whereby Respondent agrees to probationary terms. Probationary terms include a thirty-day suspension, treatment monitoring and compliance monitoring, re-education activities, chaperone requirements, disclosure statement and abstinence from alcohol and addictive substances.

**Jonathan W. Singer, DO** Greenwood Village, CO License #29309 DOB 2/2/54

*Issue:* Failure to comply with a Board Order

*Outcome:* Letter of Admonition on September 6, 2001, failure to comply with a Board Order

that requires respondent to ensure all practice-monitoring reports are complete and submitted to the Panel in a timely manner. The LOA is open to public inspection and reported as required by law.

**Louise A. Thielen, MD** Steamboat Springs, CO License #31052 DOB 7/14/57

*Issue:* Substandard charting

*Outcome:* Stipulation and Final Agency Order on December 6, 2001, for failure to make essential entries on patient records. The Order is open to public inspection and reported as required by law.

**John D. Voiles, MD** Ft. Collins, CO License #25324 DOB 5/25/43

*Issue:* Physical disability as set forth in § 12-36-117(1)(o), C.R.S.

*Outcome:* Stipulation and Final Agency Order on June 6, 2001 involving permanent relinquishment of medical license for physical disability.

**Gary Neal Weiss, MD** Colorado Springs, CO License #28531 DOB 7/12/52

*Issue:* Failure to comply with a Board Order

*Outcome:* Order of Summary Suspension on July 27, 2001, summarily suspending Respondent's license to practice medicine pursuant to section 24-4-104(4), C.R.S. for

failure to comply with a Board Order. A Formal Complaint has been filed in this matter and is open for public inspection.

**Shawn Willson, MD** Hopkinton, NH License #36177 DOB 1/5/60

*Issue:* Voluntary Relinquishment

*Outcome:* Stipulation and Final Agency Order on September 13, 2001, acceptance of Respondent's voluntary relinquishment of Colorado medical license. Respondent may reapply for licensure in Colorado at any time, subject to the existing Stipulation and Final Agency Order. This relinquishment is open to public inspection. This relinquishment is not disciplinary action and not reportable to the National Practitioner Data Bank.

**Marc D. Wolach, MD** Greeley, CO License #29885 DOB 1/4/56

*Issues:* Substance problems and disability as defined in 12-36-117(1)(o), C.R.S.

*Outcome:* Summary suspension of license pursuant to Sections 12-36-117(1)(o), and 24-4-104(4), C.R.S. on May 14, 2001.

*The city listed is considered the preferred mailing address. This may not necessarily reflect the current city of practice.*

## Formal Complaints

The following Formal Complaints were filed with the State Medical Board Since January 1, 2001 regarding the licensees listed below:

NAME	LICENSE #	DATE FILED	CITY OF RECORD	ALLEGED STATUTORY VIOLATION
Dalire Berg	13215	7/31/01	Thornton, CO	12-36-117(1)(p)
William Cluff	30596	11/7/01	La Veta, CO	12-36-117(1)(p)
Frank La Conte	15568	2/2/01	Thornton, CO	12-36-117(1)(k)(n)(p)(cc)
C. David Neece	27053	11/7/01	Walsenburg, CO	12-36-117(1)(p)
Samuel Shukert	15357	5/9/01	Denver, CO	12-36-117(1)(u)
Marc Wolach	29885	5/14/01	Greeley, CO	12-36-117(1)(o)
Kelly Gregg	27394	11/7/01	Colorado Sprgs, CO	12-36-117(1)(p)(u)

### Explanation of alleged violations:

12-36-117(1)

Unprofessional conduct as used in this article means:

(k) The aiding or abetting, in the practice of medicine, of any person not licensed to practice medicine as defined under this article or any person whose license to practice medicine is suspended;

(n) Violating, or attempting to violate, directly or indirectly, or assisting in or abetting the violation of or conspiring to violate any provision or term of this article;

(o) Such physician or mental disability as to render the licensee unable to perform medical services with reasonable skill and with safety to the patient;

(p) Any act or omission which fails to meet generally accepted standards of medical practice;

(u) Violation of any valid board order or any rule or regulation promulgated by the board in conformance with law;

(cc) Falsifying or repeatedly making incorrect essential entries or repeatedly failing to make essential entries on patient records;

## The Colorado Board of Medical Examiners

State of Colorado  
1560 Broadway, Suite 1300  
Denver, Colorado 80202-5140

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## The Colorado Board of Medical Examiners

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**Carmen Davila-Toro, MD**  
Board Member

## Colorado Board of Medical Examiners 2002 Meeting Schedule

Following is the meeting schedule for the Colorado State Medical Board of Medical Examiners. Meetings generally begin at 9:00 a.m. and are located in downtown Denver at 1560 Broadway, Suite 1300.

### Full Board Meetings

May 16, 2002  
August 15, 2002  
November 14, 2002

### Licensing Panel Meetings

March 14, 2002  
April 11, 2002  
May 15, 2002  
June 13, 2002  
July 18, 2002  
August 16, 2002  
September 19, 2002  
October 17, 2002  
November 15, 2002  
December 19, 2002