OREGON MEDICAL BOARD  
Meeting of the Board • January 4-5, 2018

The Oregon Medical Board (OMB or “Board”) held a regular quarterly meeting on Thursday and Friday, January 4-5, 2018, at the OMB offices, 1500 SW 1st Ave. Ste. 620, Portland. Chair Michael Mastrangelo Jr., MD, called the meeting to order at 8:00 a.m. A quorum was present, consisting of the following members:

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<th>Name</th>
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<tr>
<td>Michael Mastrangelo, Jr., MD</td>
<td>Chair, Bend</td>
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<td>K. Dean Gubler, DO</td>
<td>Vice Chair, Beaverton</td>
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<td>Robert M. Cahn, MD</td>
<td>Portland</td>
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<td>Paul Chavin, MD</td>
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<td>Katherine Fisher, DO</td>
<td>Happy Valley</td>
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<td>Saurabh Gupta, MD</td>
<td>Portland</td>
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<td>Kathleen Harder, MD</td>
<td>Salem</td>
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<td>James K. Lace, MD</td>
<td>Salem</td>
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<td>Jennifer L. Lyons, MD</td>
<td>Portland</td>
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<td>Melissa Peng, PA-C</td>
<td>Portland</td>
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<tr>
<td>Chere Pereira*</td>
<td>Corvallis</td>
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<tr>
<td>Andrew Schink, DPM</td>
<td>Eugene</td>
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*Public Member

Staff, consultants and legal counsel present:

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<th>Name</th>
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<tr>
<td>Kathleen Haley, JD</td>
<td>Executive Director</td>
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<tr>
<td>Nicole Krishnaswami, JD</td>
<td>Operations &amp; Policy Analyst</td>
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<tr>
<td>Joseph Thaler, MD</td>
<td>Medical Director</td>
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<tr>
<td>Theresa Lee, HPSP &amp; Compliance Coordinator</td>
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<tr>
<td>Carol Brandt, Business Manager</td>
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<tr>
<td>Mark Levy, Senior Software and Systems Administrator</td>
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<tr>
<td>Eric Brown, Chief Investigator</td>
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<td>David Lilly, Investigator</td>
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<tr>
<td>Alexander Burt, MD</td>
<td>Psychiatric Consultant (Thursday only)</td>
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<tr>
<td>Laura Mazzucco, Executive Support Specialist</td>
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<tr>
<td>Frank Clore, Licensing Assistant &amp; EMS Advisory Committee Coordinator</td>
<td>Dante Messina, Investigator</td>
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<td>Matt Donahue, Investigator</td>
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<tr>
<td>Netia Miles, Licensing Manager</td>
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<tr>
<td>Warren Foote, JD</td>
<td>Senior Assistant Attorney General (Thursday only)</td>
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<td>Michael Seidel, Investigator</td>
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<tr>
<td>Walt Frazier, Assistant Chief Investigator</td>
<td>Michele Sherwood, Investigations Coordinator</td>
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<td>Elizabeth Heckathorne, Investigator</td>
<td>Shane Wright, Investigator</td>
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OMB Committee members and guests present:

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<tr>
<td>Joyce Brake, Associate Director of State Relations, OHSU (Friday only)</td>
<td>Kerith Hartmann, PA-S, OHSU Student Representative to the Oregon Society of Physician Assistants (Friday only)</td>
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<td>Saje Davis-Risen, MS, PA-C, President, Oregon Society of Physician Assistants (Friday only)</td>
<td>David Lehrfeld, MD, EMS &amp; Trauma Systems Medical Director, Oregon Health Authority (Friday only)</td>
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<td>Name</td>
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<td>Grant Engrav, JD</td>
<td>Engrav Law Office</td>
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<tr>
<td>George Mejicano, MD, MS, Sr. Associate</td>
<td>Dean for Education, OHSU School of Medicine</td>
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<tr>
<td>J. Glenn Forister, PhD, PA-C</td>
<td>Division Head &amp; Program Director, OHSU Physician Assistant Program</td>
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<tr>
<td>Colin Stoll, LAc</td>
<td>Acupuncture Advisory Committee Chair</td>
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<tr>
<td>Candace Hamilton, EMTP</td>
<td>EMS &amp; Trauma Systems Program Manager, Oregon Health Authority</td>
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Thursday, January 4, 2018

8:00 a.m. – CALL TO ORDER
Michael Mastrangelo, Jr., MD; Chair of the Board

ANNOUNCEMENT OF EXECUTIVE SESSION – Michael Mastrangelo, Jr., MD, Board Chair, announced that pursuant to ORS 192.660(2)(f) and (l), the Oregon Medical Board would convene in Executive Session to consider records that are exempt by law from public disclosure, including information received in confidence by the Board, information of a personal nature the disclosure of which would constitute an invasion of privacy, and records which are otherwise confidential under Oregon law.

EXECUTIVE AND CLOSED SESSIONS – Executive Sessions were conducted pursuant to ORS 192.660(1)(2)(a)(f)(k). Deliberations and Probationer Interviews took place in closed sessions, pursuant to ORS 441.055(9).

PUBLIC SESSIONS AND BOARD ACTIONS – The Board reconvened in Public Session prior to taking any formal, final action (shown in these minutes as BOARD ACTION). Unless otherwise indicated, all matters involving licensee or applicant cases include votes. Vote tallies are shown as follows: Ayes – Nays – Abstentions – Recusals – Absentees.

RECUALS AND ABSTENTIONS – Where noted, Board members have recused themselves from discussion of any particular case or abstained from the final vote. To recuse means the Board member has actually left the room and not discussed or voted on the disposition of the case. To abstain means the Board member may have taken part in the discussion of the case, but chose to not cast a vote on its disposition.
PUBLIC SESSION
Dr. Mastrangelo took roll. Dr. Hernandez, PhD, was absent by prior notice.

Dr. Mastrangelo welcomed Board members and staff to the meeting.

Swearing in New Board Member
Dr. Mastrangelo swore in new Board member, Andrew Schink, DPM, and welcomed him to the Board.

Introduction of Staff and Guests
Board Members and staff introduced themselves.

Nominating Committee
Dr. Mastrangelo announced that he and Ms. Pereira will serve as the Nominating Committee and that Ms. Haley and Dr. Thaler will assist with the process.

EXECUTIVE SESSION

AANDERUD, Paul J. DO # MD MM
Dr. Fisher recused herself and left the room. Dr. Mastrangelo reviewed the case.

BOARD ACTION: Dr. Mastrangelo moved that in the matter of Paul J. Aanderud, DO, the Board issue a Complain & Notice of Proposed Disciplinary Action based on a possible violation of the Medical Practice Act, ORS 677.190(1)(a), as defined in ORS 677.188(4)(a); and ORS 677.190(13). Dr. Chavin seconded the motion. The motion passed 11-0-0-1-1. Rebecca Hernandez, PhD, was absent by prior notice.

ALBUS, Thomas E., MD # SW MP
Ms. Peng reviewed the case.

BOARD ACTION: Ms. Peng moved that in the matter of Thomas E. Albus, MD, the Board accept Applicant’s request to withdraw his application for licensure with a report to the Federation of State Medical Boards (FSMB). Dr. Gubler seconded the motion. The motion passed 12-0-0-0-1. Rebecca Hernandez, PhD, was absent by prior notice.
Approved by the Board on April 6, 2018

**Baldwin, Chantelle M., DO**

#  
*MS*  
*JLL*

Dr. Lyons reviewed the case.

**BOARD ACTION:** Dr. Lyons moved that in the matter of Chantelle M. Baldwin, DO, the Board accept Applicant’s request to withdraw her application for licensure with a report to the Federation of State Medical Boards (FSMB). Dr. Cahn seconded the motion. The motion passed 12-0-0-0-1. Rebecca Hernandez, PhD, was absent by prior notice.

**Bergstrom, Christina N., MD**

#  
*MS*  
*JLL*

Dr. Lyons reviewed the case.

**BOARD ACTION:** Dr. Lyons moved that in the matter of Christina N. Bergstrom, MD, the Board approve the Corrective Action Agreement signed by Licensee on December 8, 2017. Dr. Gubler seconded the motion. The motion passed 12-0-0-0-1. Rebecca Hernandez, PhD, was absent by prior notice.

**Blitman, Maury N., MD**

#  
*SW*  
*KDG*

Dr. Gubler reviewed the case.

**BOARD ACTION:** Dr. Gubler moved that in the matter of Maury N. Blitman, MD, the Board approve the Stipulated Order signed by Licensee on December 12, 2017. Dr. Cahn seconded the motion. The motion passed 12-0-0-0-1. Rebecca Hernandez, PhD, was absent by prior notice.

**Boespflug, Randolph R., MD**

Supervision  
*CS*  
*PC*

Dr. Lace recused himself and left the room. Dr. Chavin reviewed the case.

**BOARD ACTION:** Dr. Chavin moved that in the matter of Randolph R. Boespflug, MD, the Board deny Licensee’s request to terminate his 2015 Stipulated Order. Dr. Gubler seconded the motion. The motion passed 11-0-0-1-1. Rebecca Hernandez, PhD, was absent by prior notice.

**BOARD ACTION:** Dr. Gubler moved that in the matter of Randolph R. Boespflug, MD, the Board modify Licensee’s 2015 Stipulated Order. Dr. Harder seconded the motion. The motion passed 11-0-0-1-1. Rebecca Hernandez, PhD, was absent by prior notice.

**Bogard, Peter S., DO**

#  
*SW*  
*PC*

Dr. Chavin reviewed the case.

**BOARD ACTION:** Dr. Chavin moved that in the matter of Peter S. Bogard, DO, the Board issue a Complain & Notice of Proposed Disciplinary Action based on a possible violation of the Medical Practice Act, ORS 677.190(1)(a), as defined in ORS 677.188(4)(a); and ORS 677.190(13); and ORS 677.190(17). Dr. Harder seconded the motion. The motion passed 11-0-0-1-1. Rebecca Hernandez, PhD, was absent by prior notice.
Approved by the Board on April 6, 2018

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<th>FEINMAN, Jessica A., MD</th>
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<td>Dr. Lyons reviewed the case.</td>
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**BOARD ACTION:** Dr. Lyons moved that in the matter of Jessica A. Feinman, MD, the Board approve the Stipulated Order signed by Licensee on November 20, 2017. Dr. Cahn seconded the motion. The motion passed 12-0-0-0-1. Rebecca Hernandez, PhD, was absent by prior notice.

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<th>FONTUS, Snell, MD</th>
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<td>Dr. Gubler reviewed the case.</td>
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**BOARD ACTION:** Dr. Gubler moved that in the matter of Snell Fontus, MD, the Board issue a Complaint & Notice of Proposed Disciplinary Action based on a possible violation of the Medical Practice Act, ORS 677.190(1)(a), as defined in ORS 677.188(4)(a); and ORS 677.190(13). Dr. Cahn seconded the motion. The motion passed 11-0-0-0-2. Ms. Peng was absent and Rebecca Hernandez, PhD, was absent by prior notice.

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<th>GRIFFIN, John W., MD</th>
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<td>Dr. Lyons reviewed the case.</td>
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**BOARD ACTION:** Dr. Lyons moved that in the matter of John W. Griffin, MD, the Board approve the Corrective Action Agreement signed by Licensee on December 7, 2017. Dr. Cahn seconded the motion. The motion passed 12-0-0-0-1. Rebecca Hernandez, PhD, was absent by prior notice.

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<th>JOHNSTON, Gayle H., DO</th>
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<td>Ms. Peng reviewed the case.</td>
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**BOARD ACTION:** Ms. Peng moved that in the matter of Gayle H. Johnston, DO, the Board accept Applicant’s request to withdraw her application for licensure with a report to the Federation of State Medical Boards (FSMB). Dr. Harder seconded the motion. The motion passed 12-0-0-0-1. Rebecca Hernandez, PhD, was absent by prior notice.

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<th>LEE, Patrick Y-H., MD</th>
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<td>Dr. Mastrangelo reviewed the case.</td>
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**BOARD ACTION:** Dr. Mastrangelo moved that in the matter of Patrick Y-H. Lee, MD, the Board modify Licensee’s 2015 Stipulated Order. Dr. Cahn seconded the motion. The motion passed 11-0-0-1-1. Rebecca Hernandez, PhD, was absent by prior notice.

**PUBLIC SESSION**

Public Comment | MM |
|---------------|----|

No public comment was presented.
**EXECUTIVE SESSION**

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<th>MECKLING, Kent F., MD</th>
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<td>Dr. Gubler reviewed the case.</td>
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**BOARD ACTION:** Dr. Gubler moved that in the matter of Kent F. Meckling, MD, the Board approve the Stipulated Order signed by Licensee on December 12, 2017. Dr. Chavin seconded the motion. The motion passed 12-0-0-0-1. Rebecca Hernandez, PhD, was absent by prior notice.

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<th>MURRAY, Scott M., MD</th>
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**BOARD ACTION:** Dr. Mastrangelo moved that in the matter of Scott M. Murray, MD, the Board modify Licensee’s 2015 Stipulated Order. Dr. Fisher seconded the motion. The motion passed 10-2-0-0-1. Drs. Cahn and Schink voted nay. Rebecca Hernandez, PhD, was absent by prior notice.

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<th>PAGE, Travis L., DO</th>
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<td>Ms. Pereira reviewed the case.</td>
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**BOARD ACTION:** Ms. Pereira moved that in the matter of Travis L. Page, DO, the Board terminate Licensee’s 2015 Corrective Action Agreement. Dr. Gubler seconded the motion. The motion passed 11-0-0-0-2. Dr. Lyons and Rebecca Hernandez, PhD, were absent by prior notice.

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<th>PELLECER, Silvia J., PA</th>
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<td>Ms. Peng reviewed the case.</td>
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**BOARD ACTION:** Ms. Peng moved that in the matter of Silvia J. Pellecer, PA, the Board accept Applicant’s request to withdraw her application for licensure with a report to the Federation of State Medical Boards (FSMB). Dr. Harder seconded the motion. The motion passed 11-0-0-0-2. Dr. Lyons and Rebecca Hernandez, PhD, were absent by prior notice.

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<th>Name Redacted</th>
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<td>Dr. Chavin reviewed the case.</td>
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**BOARD ACTION:** Dr. Chavin moved that in the matter of Case #17-0312, the Board issue an Order for Evaluation. Ms. Peng seconded the motion. The motion passed 11-0-0-0-2. Dr. Lyons and Rebecca Hernandez, PhD, were absent by prior notice.
PRIANO, Guy D., LAc | # | WF | CP
Ms. Pereira reviewed the case.

BOARD ACTION: Ms. Pereira moved that in the matter of Guy D. Priano, LAc, the Board approve the Stipulated Order signed by Licensee on August 28, 2017. Dr. Cahn seconded the motion. The motion passed 11-0-0-0-2. Dr. Lyons and Rebecca Hernandez, PhD, were absent by prior notice.

RYAN, William M., MD | # | MS | MM
Dr. Mastrangelo reviewed the case.

BOARD ACTION: Dr. Mastrangelo moved that in the matter of William M. Ryan, MD, the Board approve the Stipulated Order signed by Licensee on December 1, 2017. Dr. Chavin seconded the motion. The motion passed 12-0-0-0-1. Rebecca Hernandez, PhD, was absent by prior notice.

SIDDIKI, Awais A., MD | # | SW | JLL
Dr. Lyons reviewed the case.

BOARD ACTION: Dr. Lyons moved that in the matter of Awais A. Siddiki, MD, the Board approve the Stipulated Order signed by Licensee on December 16, 2017. Dr. Cahn seconded the motion. The motion passed 12-0-0-0-1. Rebecca Hernandez, PhD, was absent by prior notice.

SHARMA, Bhanoo, MD | Supervision | WF | MM
Dr. Mastrangelo reviewed the case.

BOARD ACTION: Dr. Mastrangelo moved that in the matter of Bhanoo Sharma, MD, the Board deny Licensee’s request to terminate his 2015 Stipulated Order. Dr. Cahn seconded the motion. The motion passed 12-0-0-0-1. Rebecca Hernandez, PhD, was absent by prior notice.

PUBLIC SESSION
Federation of State Medical Boards Workgroup on Physician Wellness and Burnout Draft Report | Informational Only | MM
The Board reviewed the FSMB’s draft report. Dr. Mastrangelo noted that Ms. Haley, the Board’s Executive Director, is one of the authors of this report.

Oregon Physician Wellness Program Update | MM
Dr. Mastrangelo reported that Dr. Girard, former Board Chair, will be presenting to the Board on Friday morning on Wellness Program updates.
Presentation from the Federation of State Medical Boards (FSMB)

Arthur S. Hengerer, MD, FACS, Immediate Past Chair, and Lisa A. Robin, Chief Advocacy Officer, of the Federation of State Medical Boards, presented to the Board (see Attachment I).

Ms. Robin provided an overview of the FSMB. The FSMB has offices in Euless, Texas, and Washington, DC. It was established in 1912 and is a non-profit organization that employs over 170 staff members.

The FSMB has many opportunities for participation including elected positions for Board of Directors and Nominating Committee. There are also appointments to other committees and workgroups and has opportunities with the USMLE.

Ms. Robin stated in 2015 the FSMB updated their vision and mission:

**Vision:** The FSMB is an innovative leader, helping state medical boards shape the future of medical regulation by protecting the public and promoting quality care.

**Mission:** The FSMB serves as the voice for state medical boards, supporting them through education, assessment, research and advocacy while providing services and initiatives that promote patient safety, quality health care and regulatory best practices.

The Strategic Goals listed in the FSMB’s Strategic Plan are: State Medical Board Support, Advocacy and Policy Leadership, Collaboration, Education, Organizational Strength, and Data and Research Services.

The FSMB has an extensive database of physicians licensed in the United States. This allows the FSMB to provide its member Boards with important information. None of the information collected is self-reported by the physicians; licensure and disciplinary information comes directly from the Boards. The FSMB also collects NPI and social security death master files, information from the USMLE, and also collects information from the American Board of Medical Specialties (ABMS), and the National Commission on Certification of Physician Assistants (NCCPA). The FSMB provides this information to its member Boards for free.

The FSMB offers information to the public for free through its DocInfo website. The public can find out of their physician has had a Board action. The FSMB does not provide information regarding the action; however, the DocInfo site directs the user to the Board that took the action.

The FSMB has numerous educational offerings including its annual meeting, board attorney workshops, monthly roundtables, and online CME programs. The 2018 annual meeting will be held in Charlotte, North Carolina, on April 26-28, 2018. Ms. Robin stated that this is FSMB’s premier event.

The FSMB communicates information through multiple channels for multiple audiences including the FSMB Annual Report, *Journal of Medical Regulation*, [www.fsmb.org](http://www.fsmb.org), and Twitter (@TheFSMB).
Ms. Robin reported that the Boards will be voting on two new policy initiatives for 2018:

**Workgroup on Prescription Drug Monitoring Programs (PDMPs)** – evaluate the impact of mandatory PDMP query on patient outcomes and prescribing; evaluate challenges to increasing PDMP utilization and develop recommendations to state medical and osteopathic boards regarding physician utilization of PDMPs, including a recommendation regarding mandatory query.

**Workgroup to Study Regenerative and Stem Cell Therapy Practices** – evaluate the prevalence, promotional practices, and incidences of patient harm related to regenerative medicine and adult stem cell therapies and identify best practices for investigating complaints of patient harm, fraud and compliance with licensure requirements.

Ms. Robin stated that as of August 2017, 22 states have enacted the Interstate Medical Licensure Compact. About 500 licenses have been issued so far through the Compact.

Dr. Hengerer presented to the Board on physician wellness and burnout. Burnout characteristics include emotional exhaustion, dysfunction in behaviors with loss of empathy and level of caring, and feeling of work and involvement does not matter. Many professionals experience burnout from occupational stress, especially in healthcare.

Dr. Hengerer provided some statistics related to burnout in the United States:

- 55% of US physicians manifest at least one characteristic of burnout
- Less than 20% seek mental health support
- Suicide rate of physicians is greater than the general public
- Stress factors variable with the stage of career and specialty
- A 10% increase in burnout causes a 20% increase in error rate

Depression is a serious problem, but burnout and depression are not the same thing. Depression is a bigger problem with female physicians; and medical schools report that the female population is larger than the male population; therefore, the US will be looking at an increased number of physicians suffering from depression. Just over 11% of first year medical students reported suicide ideation.

Dr. Hengerer presented statistics of burnout by specialty. Emergency Medicine, Urology, and Physical Medicine and Rehabilitation specialties top the list.

There is a great impact from clinician burnout. First there is an institutional and patient toll. This causes an increase in medical errors and malpractice claims, disruptive behavior, reduced empathy for patient and patient satisfaction, and reduced patient adherence to treatment regimens. There is also a financial toll causing a 27% drop in patient satisfaction scores, 40% of turnover costs attributed to work stress, 114% increase of medical claims by employees, and 30% of short-term and long-term disability cost. The personal toll of burnout includes a higher suicide rate among physicians, substance abuse, divorce and coronary heart disease.
Dr. Hengerer discussed how the key structures of the brain work to perform executive functions including focusing, cognitive flexibility, perspective taking, and ability to defer gratification.

The accelerating speed of scientific and technological innovations, new ideas, connectivity, accountability and expectations have outpaced our societal, cultural, ethical, and other human structures to adapt and absorb them. Practicing clinicians and institutional leaders, among others, have been slow to grasp the implications of a demoralized clinical workforce. They are slow to create structures and processes that can mitigate the stressors.

Treatment strategies for burnout include: recognizing the causes that are creating the personal situation; communicating with peers, developing hobbies and outside interests; recognize and enhance family relationships and support; increasing the amount of rest, but vacations are not a fix; and altering work or career options, if appropriate.

Dr. Hengerer discussed the seven essentials of mindfulness. He also discussed the potential considerations for state medical boards including educating physicians in the disciplinary process and encouraging physician professionalism and self-regulation. Boards should encourage physicians to seek help early and help remove the stigma of admission of a problem.

Duty to report is an ongoing issue with most states. Physicians, hospitals and insurers are required to report, but many are not.

There is a lot of data that state medical boards have and that data should be looked at to see if physicians who are experiencing trouble can be identified earlier in order to help them.

Dr. Herenger thanked the Board for allowing him to present. He took questions from the Board.

Dr. Mastrangelo thanked Dr. Herenger and Ms. Robin for their excellent presentations. Dr. Mastrangelo also stated that he enjoys receiving communications, including the Journal for Medical Regulation, and that he finds these publications very helpful.

**EXECUTIVE SESSION**

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<th>WENBERG, Kenneth F., MD</th>
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Dr. Chavin reviewed the case.

**BOARD ACTION:** Dr. Chavin moved that in the matter of Kenneth F. Wenberg, MD, the Board approve the Stipulated Order signed by Licensee on December 16, 2017. Dr. Harder seconded the motion. The motion passed 12-0-0-0-1. Rebecca Hernandez, PhD, was absent by prior notice.
Dr. Gubler reviewed the case.

**BOARD ACTION:** Dr. Gubler moved that in the matter of Miguel Estevez, MD, the Board approve the Stipulated Order signed by Licensee on December 19, 2017. Dr. Cahn seconded the motion. The motion passed 12-0-0-0-1. Rebecca Hernandez, PhD, was absent by prior notice.

Name Redacted

15-0039 #1 WF MM

The Board discussed the case.

The Board took no official action.

Ms. Pereira reviewed the case.

**BOARD ACTION:** Ms. Pereira moved that in the matter of Qiuling Fu, LAc, the Board approve the Corrective Action Agreement signed by Licensee on December 19, 2017. Dr. Gubler seconded the motion. The motion passed 12-0-0-0-1. Rebecca Hernandez, PhD, was absent by prior notice.

BURTON, Josef J.A., MD

Dr. Lace reviewed the case.

**BOARD ACTION:** Dr. Lace moved that in the matter of Josef J.A. Burton, MD, the Board accept Applicant’s request to withdraw his application for licensure with a report to the Federation of State Medical Boards (FSMB). Dr. Gubler seconded the motion. The motion passed 12-0-0-0-1. Rebecca Hernandez, PhD, was absent by prior notice.

Name Redacted

Entity ID #1038721 KF

Dr. Fisher reviewed the case.

The Board took no official action.

Dr. Mastrangelo reviewed the case.

The Board referred this case to the Investigative Committee.
Approved by the Board on April 6, 2018

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Dr. Mastrangelo reviewed the case.

The Board referred this case to the Investigative Committee.

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<tr>
<th>KUHNS, Rebecca A., MD</th>
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Dr. Mastrangelo reviewed the case.

**BOARD ACTION:** Dr. Mastrangelo moved that in the matter of Rebecca A. Kuhns, MD, the Board accept Applicant’s request to withdraw her application for licensure with a report to the Federation of State Medical Boards (FSMB). Dr. Fisher seconded the motion. The motion passed 12-0-0-0-1. Rebecca Hernandez, PhD, was absent by prior notice.

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<th>ZULIM, Rebecca A., MD</th>
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Dr. Mastrangelo reviewed the case.

**BOARD ACTION:** Dr. Mastrangelo moved that in the matter of Rebecca A. Zulim, MD, the Board accept Applicant’s request to withdraw her application for licensure with a report to the Federation of State Medical Boards (FSMB). Dr. Gubler seconded the motion. The motion passed 12-0-0-0-1. Rebecca Hernandez, PhD, was absent by prior notice.

<table>
<thead>
<tr>
<th>Investigative Committee Consent Agenda</th>
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The Board reviewed the Consent Agenda from June 1, 2017, and December 7, 2017.

**BOARD ACTION:** Dr. Gubler moved that the Board approve the June 1, 2017, and December 7, 2017, IC Consent Agendas. Dr. Harder seconded the motion. The motion passed with a voice vote. Rebecca Hernandez, PhD, was absent by prior notice.

<table>
<thead>
<tr>
<th>Investigative Committee Supervision Consent Agendas</th>
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The Board reviewed the Supervision Consent Agendas from November 2, 2017, and December 7, 2017.

**BOARD ACTION:** Dr. Gubler moved that the Board approve the November 2, 2017, and December 7, 2017, IC Consent Agendas. Ms. Peng seconded the motion. The motion passed with a voice vote. Rebecca Hernandez, PhD, was absent by prior notice.
CLOSED SESSION

Probationer Interviews

The Board members conducted interviews of the following Board licensees/probationers:

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<thead>
<tr>
<th>Board Member</th>
<th>Licensee</th>
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<tr>
<td>Dr. Cahn</td>
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<tr>
<td>Observer: Dr. Schink</td>
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<tr>
<td>Dr. Gubler</td>
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<tr>
<td>Observer: Dr. Harder</td>
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<tr>
<td>Dr. Lyons</td>
<td>Name Redacted</td>
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<tr>
<td>Observer: Ms. Pereira</td>
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<tr>
<td>Ms. Peng</td>
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<tr>
<td>Dr. Lace</td>
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<td>Observer: Dr. Gupta</td>
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<tr>
<td>Dr. Chavin</td>
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CLOSED SESSION

Probationer Interview Reports

The Board members reported on probationer interviews.

Dr. Lyons left the meeting at 4:08 p.m.

The Board adjourned at 4:35 p.m.

Board Recessed until 8 a.m. Friday, January 5, 2018

6:00 p.m. – Working Board Dinner
8:00 a.m. – CALL TO ORDER
Michael Mastrangelo, Jr., MD; Chair of the Board

ANNOUNCEMENT OF EXECUTIVE SESSION – Michael Mastrangelo, Jr., MD, Board Chair, announced that pursuant to ORS 192.660(2)(f) and (l) the Oregon Medical Board would convene in Executive Session to consider records that are exempt by law from public disclosure, including information received in confidence by the Board, information of a personal nature the disclosure of which would constitute an invasion of privacy, and records which are otherwise confidential under Oregon law.

EXECUTIVE AND CLOSED SESSIONS – Executive Sessions were conducted pursuant to ORS 192.660(1)(2)(a)(f)(k). Deliberations and Probationer Interviews took place in closed sessions, pursuant to ORS 441.055(9).

PUBLIC SESSIONS AND BOARD ACTIONS – The Board reconvened in Public Session prior to taking any formal, final action (shown in these minutes as BOARD ACTION). Unless otherwise indicated, all matters involving licensee or applicant cases include votes. Vote tallies are shown as follows: Ayes – Nays – Abstentions – Recusals – Absentees.

RECUALS AND ABSTENTIONS – Where noted, Board members have recused themselves from discussion of any particular case or abstained from the final vote. To recuse means the Board member has actually left the room and not discussed or voted on the disposition of the case. To abstain means the Board member may have taken part in the discussion of the case but chose to not cast a vote on its disposition.
PUBLIC SESSION

Dr. Mastrangelo took roll call. Dr. Lyons and Rebecca Hernandez, PhD, were absent by prior notice.

EXECUTIVE SESSION

The Board moved into Executive Session.

PUBLIC SESSION

Emergency Medical Services (EMS) Advisory Committee

Dr. Mastrangelo welcomed Christoffer Poulsen, DO, EMS Advisory Committee Chair.

Dr. Poulsen stated that the EMS Advisory Committee reviewed the proposed amendment to the Scope of Practice rule that would require EMS providers to honor POLST orders executed according to the relevant statute, which now includes naturopathic physicians among the healthcare professionals who may sign POLST orders for a patient. The amendment also allows Emergency Medical Responders (EMR) to administer epinephrine by subcutaneous or intramuscular injection upon successful completion of an OHA approved course.

The cost for auto-injectors has increased dramatically and now can cost in the range of $500-800 for one auto-injector. The Committee brought forward the idea a couple of years ago to allow an EMR to draw the epinephrine from the vial and administer using a syringe in order to address the increasing cost. Agencies, especially in rural Oregon, have limited budgets and they are not able to afford the expensive auto-injectors. Auto-injectors have a short half-life.

The Committee decided not to move forward with the proposed changes a couple of years ago due to potential problems; however, this is being brought back again to the Board for a vote.

Dr. Gubler clarified that the ampules that they would have are a single dose and worst case scenario would be that an EMR would give less than a full dose. Dr. Poulsen confirmed that the standard ampule is 1 mg, but that is more than the standard dose in some cases of anaphylaxis.

Dr. Poulsen stated he agrees with most of the concerns that OHA has brought forward in their letter to the OMB. He stated in an ideal world, the auto-injector would be available for those with training at the EMR level; however, at this time, that is just not possible.

Dr. Gupta inquired about the exact cost differential. Dr. Poulsen stated that it is a few dollars for the ampule compared to several hundred for the auto-injector. He also clarified that EMRs would have to complete an OHA course in order to administer epinephrine from an ampule.

Dr. Gubler stated because this issue is really a “frontier” Oregon issue, there will be a prolonged response in getting care.

Discussion ensued regarding the auto-injector versus the use of ampules.
The Board requested that this be brought back to the Committee for further discussion.

Nicole Krishnaswami, JD, Operations & Policy Analyst, advised the Board that should the rule fail to be adopted, it would not prevent EMS providers in honoring POLST orders from naturopathic physicians because it is currently in statute.

**BOARD ACTION:** Dr. Gubler moved that the Board adopt OAR 847-035-0030: Scope of Practice, as written. Dr. Cahn seconded the motion. The motion failed 5-5-1-0-2. Drs. Chavin, Fisher, Gupta, Harder, and Ms. Pereira voted nay. Dr. Mastrangelo abstained. Rebecca Hernandez, PhD, and Dr. Lyons were absent by prior notice.

Dr. Mastrangelo inquired whether OHA can provide auto-injectors to rural agencies in the meantime and welcomed members of the public to address the Board on this topic.

David Lehrfeld, MD, and Candace Hamilton from the Oregon Health Authority addressed the Board. EMRs receive about 48 hours of training and this level was originally created for law enforcement in order to be helpful while an ambulance is on route. This largely has remained the same, but in rural Oregon, those on an ambulance may have as little as CPR training (ambulance drivers). Ms. Hamilton stated that even if the scope of practice is expanded, it does not mean epinephrine will be available on the ambulance or rig.

Dr. Lehrfeld stated OHA is more than happy to work with the EMS Advisory Committee on this topic and to provide any information that the Board needs in order to address this proposed rule change. Dr. Poulsen reiterated that the Committee is willing to work with OHA in order to come up with a solution.

Dr. Gubler asked what OHA’s overriding concern is with allowing EMRs to draw from ampules. Ms. Hamilton stated when they rolled this out for EMTs, who have 160 hours of training and more skills, OHA found that EMTs were not comfortable with this type of skill. It does not come natural and there is a lack of action because they are uncomfortable. She believes this creates a public health risk.

Dr. Mastrangelo thanked Dr. Lehrfeld and Ms. Hamilton for their comments.

**BOARD ACTION:** Dr. Gubler moved that the Board table discussion regarding the proposed amendment to the Scope of Practice. Dr. Chavin seconded the motion. The motion passed 11-0-0-0-2. Dr. Lyons and Rebecca Hernandez, PhD, were absent by prior notice.

**BOARD ACTION:** Dr. Gubler moved that the Board approve the EMS Advisory Committee Meeting Minutes of November 17, 2017, as written. Dr. Cahn seconded the motion. The motion passed by voice vote. Dr. Lyons and Rebecca Hernandez, PhD, were absent by prior notice.
The Board reviewed the AAC’s recommendation to either amend language or remove OAR 847-050-0060(2)(c) from the rule and consider the requirement to have Board approved supervising physicians over each physician assistant program only.

Ms. Peng stated the AAC requested the physician assistant programs provide copies of materials regarding their process for vetting preceptors, which they provided. The Board may consider removing the entire rule.

The concerns submitted regarding this amendment revolve around 2(c), which states: “The preceptorship is under the supervision of an actively practicing, Oregon-licensed physician in good standing who is qualified, competent, and approved by the Board as a supervising physician….”

The AAC felt this was onerous. The Committee suggested that the physician who runs the program, such as the Medical Director of the program, be approved by the Board as a supervising physician. As it stands now, each preceptor might have to be an approved supervising physician.

Dr. Fisher stated it is very difficult to find preceptors as most are volunteering time. One of her concerns initially is that she is not terribly familiar with what a PA can or cannot do. Without being a Supervising Physician, she would not know this information. The training programs provided information to the AAC explaining that the PA students know what their scope is and that having one person over the program as a Supervising Physician would be sufficient.

Dr. Gupta questions if a physician cannot dedicate 15 minutes to take the Supervising Physician test, how dedicated they will be in training students. Dr. Gubler feels that physicians are taxed, and that making a physician take one more test may limit even further the number of physician who are willing to serve as a preceptor.

The Board would like this discussion to go back to the Committee for further clarification. The AAC can re-review this rule in March and the proposed rule can be presented to the Board in April as a First Review.

J. Glenn Forister, PhD, PA-C, Program Director for the Physician Assistant Program, OHSU, presented public comment. J. Glenn Forister, PhD, stated that the PA accrediting body has requirements on how many clinical training students have. PA students have significantly more training nationally on average compared to nurse practitioners. The majority of preceptors must be board certified physicians in their area of practice, or PAs working under the supervision of such individuals. On occasion, individuals who are not board certified, or nurse practitioners, can be a preceptor, but the standards clearly state board certified physicians and PAs working under physicians.
Dr. Mastrangelo thanked J. Glenn Forister, PhD, for his comments.

George Mejicano, MD, MS, Professor of Medicine, Sr. Associate Dean for Education, OHSU, presented public comment. Dr. Mejicano has concerns regarding who is the appropriate body to vet preceptors who are supervising PA students in clinical settings. He realizes there is a great shortage of preceptors at this time. He believes it is the schools and the programs that are most appropriate to vet preceptors. Putting a regulatory component that would essentially dampen the enthusiasm for such efforts is a real issue. Anything that has this effect would have serious ramifications.

At the same time, there is a great need for many different kinds of supervisors. Dr. Mejicano stated that when his students are able to work with a physical therapist or a pharmacist, it is of great benefit to the student. He believes that this rule would get in the way of this. Dr. Mejicano stated he believes that having the medical director of the programs take the OMB test would be appropriate, but to require the test for all the individual physicians acting as a preceptor would be very onerous.

Saje Davis-Risen, MS, PA-C, President, Oregon Society of Physician Assistants, and Director of Global Education and Assistant Professor at Pacific University, presented public comment. Ms. Davis-Risen stated that Pacific University and OHSU received a ten year reaccreditation from the accrediting boards. A ten year accreditation is not common. She would like to echo her colleague’s concerns regarding the proposed rule. Pacific University is strategically educating their students to participate in team-based care. Restricting the preceptors to only Board approved physicians would narrow that scope in a way that would be negative overall.

Ms. Davis-Risen stated that the Oregon Society of Physician Assistants’ issue is that many areas of Oregon are at a deficit for trained medical providers and anytime you restrict preceptors, there is a potential that this will also restrict the students from going to remote areas with the greatest need. Studies show that students who train in these areas are more likely to stay in these areas to practice. The Society believes that additional restrictions will ultimately cause a negative impact on Oregon patients; however, the Society believes it would be appropriate for the program director of the PA program to be Board approved.

Dr. Mastrangelo asked if they would be opposed to having the Board recommend taking the test versus requiring it. Glen Forister, PhD, stated that he felt that would be appropriate; however, Dr. Mejicano stated he would be opposed. Dr. Mejicano stated that students need a wide variety of exposures. In any given day, who their supervisor is in the clinical setting could vary from nurse anesthetist, sub-specialist physician, or someone who is in public health. The thought is that these people bring expertise in their practice in order to help the student broaden their experience.

Ms. Davis-Risen asked if the Board’s concern is that physicians who are acting as a preceptor will not understand a PA’s scope of practice. Dr. Mastrangelo stated the Board’s concern is that someone could supervise a PA student without having a full understanding of their roles and scope of practice for a physician assistant. Ms. Davis Risen stated that each preceptor, whether a
Approved by the Board on April 6, 2018

physician, PA, or nurse practitioner, receives a preceptor handbook every year that includes such information.

Dr. Fisher stated that preceptors are not teaching scope of practice, but are teaching medicine. While the preceptor may be teaching something the PA may not practice, it is important for the PA to recognize it and pass it up the ladder.

Dr. Mastrangelo thanked everyone for their insightful comments.

### Acupuncture Advisory Committee

Dr. Mastrangelo welcomed Collin Stoll, LAc, Acupuncture Advisory Committee Chair. Mr. Stoll presented an overview of the December 1, 2018, Committee meeting, via telephone.

Mr. Stoll stated that Eric Brown, Chief Investigator, updated the Committee on acupuncture licensees who are currently under investigation. There was also an Applicant Review. The Committee recommended forwarding the applicant’s file to the Investigative Committee for additional review.

The Committee had a final review of OAR 847-070-0016: Qualifications. The rule amendment allows the acupuncture applicant to request a waiver of the requirement to pass the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM) exam within four attempts. If a waiver is granted, the acupuncture applicant will be required to pass the exam on the fifth attempt to qualify for licensure.

The Committee also reviewed the minutes from their June 2, 2017, meeting; reviewed the list of approved visiting acupuncturists; reviewed its list of approved clinical supervisors; and reviewed upcoming meeting dates. No public comment was presented at the Committee meeting.

**BOARD ACTION:** Dr. Fisher moved that the Board adopt OAR 847-070-0016: Qualifications, as written. Dr. Chavin seconded the motion. The motion passed 10-0-0-0-3. Rebecca Hernandez, PhD, Dr. Lyons, and Ms. Pereira were absent by prior notice.

**BOARD ACTION:** Dr. Chavin moved that the Board approve the Acupuncture Advisory Committee meeting minutes of December 1, 2017, as written. Dr. Gubler seconded the motion. The motion passed 10-0-0-0-3. Rebecca Hernandez, PhD, Dr. Lyons, and Ms. Pereira were absent by prior notice.

Dr. Mastrangelo thanked Mr. Stoll for his presentation.

*Dr. Lyons joined the meeting at 10:19 a.m.*

### Oregon Physician Wellness Program Update

Dr. Girard, Board Member Emeritus, presented to the Board. Dr. Girard stated the Coalition is four years into a plan to develop the Oregon Wellness Program, which is a program to provide help to physicians and physician assistants who are dealing with burnout.
The program is almost ready to go live through a website. The program will have four open provider sites which will include Lane County Medical Society, the Medical Society of Metropolitan Portland, Central Oregon Medical Society, and hopefully the Marion-Polk County Medical Society. They also have two closed systems on board which are OHSU and Kaiser. The hope is that these two systems will open up to see individuals from anywhere at any time.

Dr. Girard reported that the program has received almost $500,000 in support, led by the Board. He is greatly appreciative of the Board’s investment in wellness. There are many studies that show providers who are not suffering from burnout provide better care to their patients. Funding has also been provided by OHSU and there is tentative funding from Legacy. There is now a “marriage” between the Wellness Program and The Foundation for Medical Excellence (TFME).

The goal of the Oregon Wellness Program is to provide more than just intervention. Hopefully the Program will help engage people who are still healthy and enlist their help in preventing burnout and help those who are experiencing burnout.

The Oregon Wellness Program has two components, the Oregon Wellness Coalition and the Oregon Wellness Executive Committee. To date, the Program has developed a website that is about to be introduced, a call-in script and a single phone number to facilitate people’s ease of calling in to get help, and all the programs are basically providing services in a similar fashion so outcome data can be compared, and there is also a research arm for the Program.

The research arm is two-fold. First is to evaluate the effectiveness or the value of the one-on-one counseling services that will be provided. Secondly is to evaluate the prevalence of burnout among the systems which employ physicians and healthcare providers around Oregon. The Program believes there will be a difference in prevalence that is system related. The hope is to address these system issues with system administrators.

Ms. Haley said that addressing the system issues is very critical. Ms. Haley thanked Dr. Girard for all of his work.

Dr. Mastrangelo stated he has been asked how the Board would view reporting for those licensees who are in this program. Dr. Girard said there is no reporting. It is free, no insurance billing or out of pocket billing, and no reporting. It is essential that these programs maintain confidentiality.

Dr. Chavin applauded Dr. Girard for being awarded the Oregon Medical Association’s Doctor-Citizen of the Year. Dr. Chavin asked if records will be kept by those who are providing the service. Dr. Girard confirmed that a record will be kept by the treating provider.

The Board thanked Dr. Girard for his presentation and his dedication.
Ms. Peng reported that the Workgroup was charged with examining the requirement for eight hours of on-site supervision of a PA’s practice each month. The Workgroup reviewed how the supervision requirement might be modified to allow flexibility for medical practices while continuing to uphold the Board’s mission of ensuring patient safety.

The Committee consisted of four members: George Koval, MD, Melissa Peng, PA-C, Fran Biagioli, MD, and Jon Geitzen, PA-C. The Workgroup drafted a matrix for a waiver. This will be presented at the next Workgroup meeting for review.

Ms. Peng reported that states have varying rules regarding on-site supervision. For example, some states require new PAs to have more supervision, while a seasoned PA will be required to have less.

The draft matrix has check boxes with eligibility requirements:

- PA is engaged in maintenance of certification with NCCPA
- PA is in good standing with OMB
- Supervising physician is in good standing with OMB
- PA has been in continuous medical practice in his/her specialty for at least two years
- PA has been in practice with his/her supervising physician, or the medical practice, for at least six months
- PA and supervising physician would agree to hold monthly meetings via synchronous means (in-person, Skype or other channels)

Ms. Davis Risen stated that the OSPA is in support of the modernization of eight hour supervision rule change.

The Board reviewed the AAC’s recommendation to move the rule forward as written. The rule amendment is necessary to allow podiatric physicians and surgeons to become Board-approved supervising physicians for PAs as required by SB 831 (2017). SB 831 is effective January 1, 2018.

**BOARD ACTION:** Dr. Lace moved that the Board adopt OAR 847-050-0005; 847-050-0010: Supervising Physicians to include Podiatric Physicians (SB 831). Dr. Chavin seconded the motion. The motion passed 12-0-0-0-1. Rebecca Hernandez, PhD, was absent by prior notice.

The Board reviewed the AAC’s recommendation to adopt OAR 847-050-0041: Physician Assistant Prescribing and Dispensing Privileges, as written. The proposed rule amendment is
necessary to align physician assistant dispensing privileges with those outlined in SB 423 (2017), which allows physician assistants who are practicing outside of rural or underserved areas to dispense Schedule III-IV controlled substances. SB 423 becomes effective January 1, 2018.

**BOARD ACTION:** Ms. Peng moved that the Board adopt OAR 847-050-0041: Physician Assistant Prescribing and Dispensing Privileges, as written. Dr. Cahn seconded the motion. The motion passed 12-0-0-0-1. Rebecca Hernandez, PhD, was absent by prior notice.

The Board reviewed the AAC’s recommendation to approve the rule as written. The proposed rule amendments are conforming amendments as required by HB 3363, which clarifies that doctors of osteopathic medicine practice medicine as physicians and eliminates all references to the inappropriate terms “osteopathy” or “osteopath.” HB 3363 became effective January 1, 2018.

**BOARD ACTION:** Dr. Fisher moved that the Board adopt OAR 847-008-0000; 847-008-0005; 847-020-0100; 847-020-0120; 847-020-0160; 847-020-0170; 847-020-0200; 847-035-0001; 847-035-0020; 847-050-0038: Osteopathic Medicine (HB 3363), as written. Dr. Harder seconded the motion. The motion passed 12-0-0-0-1. Rebecca Hernandez, PhD, was absent by prior notice.

The proposed rule amendment implements HB 3359 (2017), section 34, which requires the Oregon Medical Board to encourage physicians specializing in primary care, geriatrics, or other specialty designated by the Board, to obtain continuing medical education (CME) in the detection and early diagnosis of Alzheimer’s disease and in the appropriate prescribing of antipsychotic drugs to treat patients with Alzheimer’s disease. The bill also specifies that the CME described above is relevant to the practice of all Board licensees and may be used to satisfy CME requirements for maintenance of licensure. HB 3359 became effective January 1, 2018.

The proposed rule amendment also implements part of SB 48 (2017), section 1, which requires the Oregon Medical Board to document the completion of any CME in suicide risk assessment, treatment and management and report data to the Oregon Health Authority biennially. SB 48 became effective on January 1, 2018.

**BOARD ACTION:** Ms. Peng moved that the Board adopt OAR 847-008-0070: Continuing Medical Competency, as written. Cahn seconded the motion. The motion passed 12-0-0-0-1. Rebecca Hernandez, PhD, was absent by prior notice.
The Board reviewed the AAC’s recommendation to approve the rule as written. The proposed rule amendments incorporate changes at the direction of the House Health Care Committee, which specifically asked for additional restrictions on in-office anesthesia.

Four goals were established through a collaborative process with the Nursing and Dental Boards: (1) Require an ASA physical status evaluation and documentation in the patient record; (2) prohibit in-office moderate, deep, or general anesthesia for patients with an ASA physical status of IV or above; (3) specify that only providers who are licensed or permitted to administer anesthesia may provide in-office moderate, deep, or general anesthesia; and (4) require that the facility have an emergency transfer plan or protocol agreement if in-office moderate, deep, or general anesthesia will be administered. After all three boards have adopted rules to achieve these four goals, the boards expect to issue a Joint Statement outlining the goals and providing citations to each board’s relevant rules.

**BOARD ACTION:** Dr. Mastrangelo moved that the Board adopt OAR 847-017-0003; 847-017-0005; 847-017-0010; 847-017-0015; 847-017-0020: In-Office Anesthesia, as written. Dr. Cahn seconded the motion. The motion passed 12-0-0-0-1. Rebecca Hernandez, PhD, was absent by prior notice.

**Board Best Practices Introduction**

Carol Brandt, Business Manager, disseminated the Board’s Best Practices Survey to the Board Members. The Oregon Legislature has mandated that members of boards and commissions complete an annual self-evaluation to review Board adherence to recognized governance best practices. The purpose of the self-evaluation is to assist boards and commissions in developing governance oversight. The results of the survey are included in the OMB’s Annual Performance Progress Report to the Legislature.

**Jim Peck, MD, Medical Director Emeritus, Sudan Presentation**

Jim Peck, MD, Medical Director Emeritus, presented to the Board on his medical mission in Sudan (*Attachment II*) with Doctors without Borders/Médecins Sans Frontières. Dr. Peck stated this was the first mission he has done in a Catholic hospital. NGOs (non-governmental organizations) are not allowed in Sudan. The government of Sudan has thrown out all NGOs.

Sudan is surrounded by numerous other countries including Chad, Egypt, Ethiopia, and Uganda. The Nuba region of Sudan has been under attack by Sudan’s President Omar al-Bashir. The Nuba Mountains are home to one million people. Dr. Peck stated that 70% of Sudan’s federal budget is for defense, 2.3% for education, and only 1% is dedicated to health.
In 2008, the Catholic Church opened the first hospital, Mother of Mercy, in the region. Mother of Mercy remains the only hospital serving the Nuba people. Dr. Tom Catena, MD is their only doctor.

Dr. Peck spoke of the extreme difficulty he experienced in getting into the Nuba Mountains in order to volunteer at the Mother of Mercy Hospital. He presented photos of the Mother of Mercy Hospital, the different wards and their functions.

Another physician who volunteered with Dr. Peck in Sudan was a pediatrician from South Carolina, Dr. Clarke McIntosh. Dr. Peck was very grateful for Dr. McIntosh’s help because Mother of Mercy had 435 patients at the time. To treat these patients, there were only two doctors, two Comboni nurses from Italy, seven nurses, three clinical officers and 56 nurse aides. The nurse aides were people from the community who learn on the job. The seven nurses were trained mainly in Kenya and the clinical officers were similar to physician assistants. There were also three anesthesia nurse practitioners and three surgical assistants at the hospital. Dr. Peck stated that the surgical assistants he had while at Mother of Mercy were amazing and very well trained.

Dr. Peck presented photos of the tukuls (grass-thatched/mud huts) where he lived while volunteering. He stated that it is quite hot in Sudan and the inside of the tukuls are also very hot, sometimes even hotter than being outside. Dr. Peck presented photos of the area in which he lived and the food he often ate. Dr. Peck lost 17 pounds while he was there.

There are foxholes all around the hospital. The hospital itself has been bombed 11 times; 4,000 bombs have fallen on the area since 2011. The foxholes are about six feet wide and six feet deep. Sudanese children are able to identify the different bomber planes based on their sounds.

Dr. Peck stated that you must take care of yourself when you are on call 24/7 for a month. You must sleep any chance you get; taking a 20 minute nap makes a big difference; drink water between cases to avoid dehydration; eat something even if you are not hungry; and stay focused. Self-care was critical as Dr. Peck and his team did 10-16 operations each day, most of them being emergency operations. Two days per week were dedicated to elective surgeries.

The pediatric ward at the hospital is the busiest. The pediatric ward has 60 beds, but each bed had two children, and some even had three. Many of the children are sick with malaria and other illnesses. In the female ward, many of the patients have breast cancer. Breast and rectal cancer are very common among females in the region.

The male ward, by far, is the largest ward. There are 210 beds where patients are suffering from war wounds, cancer, and malaria. Many patients from all the wards are malnourished.

There is also a tuberculosis (TB) ward that is separate from the main hospital. Many of the TB patients also have HIV. Dr. Catena refuses to release patients from the TB ward until they have finished their entire treatment. Multidrug-Resistant TB (MDR TB) is a very big problem in
Africa because patients will take their medication for a couple of months, feel better, and then sell the remaining drugs to another person who has TB. In order to keep the TB patients at the hospital, Dr. Catena feeds the patients. TB patients are kept for six months.

There is a ward for leprosy patients. The leprosy patients are kept for one year and are also fed in order to keep them at the hospital.

Dr. Peck presented photos of numerous patients that he treated at Mother of Mercy. He described the treatment that he provided to the patients. Vaccinations in Sudan is only 5%. Every child that is seen in the clinic or hospital is vaccinated. That is Dr. Catena’s number one rule.

Dr. Peck stated he will be going to a camp, Cox’s Bazar, in Bangladesh next week. Muslims have been thrown out of Myanmar because the Buddhist majority in Myanmar does not allow Muslims to practice their faith. Muslims are now fleeing to Bangladesh.

Bangladesh is unable to take care of the influx of people and the UN is not required to help as they are not considered refugees due to their stateless status. The UN helps, but the NGOs are the ones that are stepping up to help. To date there have been 625,000 Muslims who have fled to Bangladesh.

Dr. Mastrangelo and the Board thanked Dr. Peck for his presentation, as he received a standing ovation from the Board and staff.

### OMB Information Technology Update

Mark Levy, Senior Software and Systems Administrator, presented to the Board. Mr. Levy reported that the IT team at the OMB consists of three roles: ISS7, Mark Levy, Team Lead, coder, database administrator, and jack of all trades; ISS3, Patrick Ryan, User support, backups, networking, security and jack of all trades; and the ISS6, which is currently vacant.

Mr. Levy stated there have been numerous projects completed in the last two years including rolling out new laptops and grand renewal.

Some upcoming projects include system upgrades, setting up versioning software, and a new phone system. Mr. Levy also reminded Board members of important security measures.

Ms. Haley and the Board thanked Mr. Levy for all of his hard work.

### State Emergency Registry of Volunteers in Oregon (SERV-OR)

Enrollment: A Request from OHA to Collaborate for Disaster Preparedness

The Oregon Health Authority (OHA) is working to increase enrollment in the State Emergency Registry of Volunteers in Oregon (SERV-OR). Currently, 3,260 healthcare volunteers are enrolled in the registry, but physicians and PAs are underrepresented.
Approved by the Board on April 6, 2018

Because health professional regulatory boards are uniquely positioned to inform every licensee about the registry and the opportunity to register, OHA has asked the OMB to consider adding a question to the online initial application and renewal application to encourage increased enrollment among physicians and PAs.

The Board members agreed that collaborating with OHA, on the project, is a great idea.

**OMB Board Member Retreat 2018**  
Periodically the Board goes on a retreat to facilitate fresh off-site discussions, team building, and renewals. The Board retreat is proposed to be held this spring, May 18-19, or June 15–16, 2018.

The Board and Ms. Haley discussed several options including holding the retreat at the Oregon Medical Association (OMA). Ms. Haley requested that Board Members e-mail her with dates that would not work. The Board will look at July or October to hold the retreat.

**Federation of State Medical Boards (FSMB) Annual Meeting in Charlotte, NC, April 26-28, 2018**  
The Board discussed the FSMB Annual Meeting that will be held in Charlotte, North Carolina, from April 26 – 28, 2018. Drs. Mastrangelo and Gubler spoke very highly of their experiences from previous FSMB meetings.

**Federation of State Medical Boards and the National Board of Medical Examiners Collaborative Research Project**  
The Federation of State Medical Boards (FSMB) and National Board of Medical Examiners (NBME) are seeking interested state medical boards to partner in a collaborative research initiative that examines complaints against physicians. To date, the FSMB and NBME have conducted studies exploring disciplinary action data, but no research has formally investigated complaint information. Disciplinary actions are rare and represent a high threshold for problematic physician behavior. An examination of complaint information may provide more varied and nuanced understandings of physician performance.

The Board discussed confidentiality concerns regarding the sharing of data.

**Oregon Common Credentialing Program**  
Ms. Haley discussed the Oregon Common Credentialing Program that was established five years ago with the passage of Senate Bill 604. The Program will be a database that will provide credentialing organizations access to information necessary to credential or re-credential all health care practitioners in the state. Common Credentialing will be discussed at the March AAC meeting and at the April Board meeting.

**Review of New Rules Adopted in 2013**  
The Board reviewed the new rules that were adopted in 2013.

The Board took no official action.
HB 3262 Advisory Committee: Psychotropic Prescriptions and Long Term Care Facilities

The Board will review the Final Report on Notification of Psychotropic Medication Prescriptions and Long-Term Care Facilities (HB 3262).

Ms. Krishnaswami stated that HB 3262 was passed in 2017. This legislation was passed to limit the adverse side effects of psychotropic medications on elderly persons residing in Oregon’s long term care settings, and to ensure that psychotropic medication is prescribed in the lowest possible effective dose.

HB 3262 was designed to ensure primary care providers (PCPs) are aware of any psychotropic medications prescribed to residents in their care. The bill outlined a process for informing a PCP if another medical provider prescribes a psychotropic medication to a resident under the PCP’s care.

At the time this was passed, the Legislature admitted the language in this bill was not perfect, but they wanted to get started on this. The bill required the Department of Human Services (DHS) to convene an advisory committee that would review the bill and make recommendations to the Legislative Assembly by the end of 2017. This Committee met four times. There was not a great consensus among those in the group, but it determined that the bill language presents significant challenges to implement as written. The Committee, instead of adopting rules, drafted a report that will go back to the Legislature that will address the issues with the bill.

2018-2019 Meeting Dates

The Board reviewed the proposed meeting dates for 2018-2019.

BOARD ACTION: Ms. Peng moved that the Board approve the proposed meeting dates for 2018-2019. Dr. Cahn seconded the motion. The motion passed with a voice vote. Rebecca Hernandez, PhD, was absent by prior notice.

EXECUTIVE SESSION

Dr. Fisher reviewed the case. The Board referred the case to the Investigative Committee.

PUBLIC SESSION

The Board reviewed the AAC meeting minutes from December 13, 2017.

BOARD ACTION: Ms. Peng moved that the Board approve the AAC meeting minutes from December 13, 2017, as written. Dr. Gubler seconded the motion. The motion passed 10-0-1-0-2. Dr. Mastrangelo abstained. Dr. Lyons and Rebecca Hernandez, PhD, were absent by prior notice.
The Board reviewed the Board meeting minutes from October 5 – 6, 2017. Dr. Fisher noted two corrections.

**BOARD ACTION:** Dr. Gubler moved that the Board approve the Board meeting minutes from October 5-6, 2017, as amended. Dr. Chavin seconded the motion. The motion passed with a voice vote. Rebecca Hernandez, PhD, was absent by prior notice.

**Interim Stipulated Order (ISO) Acknowledgment**

The Board acknowledged the following Interim Stipulated Orders:
- Snell Fontus, MD – *Effective November 21, 2017*
- Daniel E. Drew, MD – *Effective December 18, 2017*
- Lisa C. Joyner, MD – *Effective December 27, 2017*

**Formal Acknowledgement of Dr. Mastrangelo**

The Board formally acknowledged the years of service and leadership of Dr. Mastrangelo.

**Report from Nominating Committee**

The Board reviewed the report from the Nominating Committee. The report recommended Dr. Gubler as Chair, Dr. Chavin as Vice Chair, and Ms. Peng as Secretary and provided Committee assignments.

**BOARD ACTION:** Dr. Cahn moved that the Board accept the Nominating Committee’s recommendations. Dr. Fisher seconded the motion. The motion passed with a voice vote. Rebecca Hernandez, PhD, was absent by prior notice.

**Swearing in of New Board Officers**

Dr. Mastrangelo swore in the 2018 Board Officers.

Ms. Haley thanked Dr. Mastrangelo and the other Board Members for their hard work and dedication. Dr. Mastrangelo stated that serving on the Board has been an amazing experience and he appreciates all the time and effort that everyone puts in.

The meeting adjourned at 1:33 p.m.

**ADJOURN**
The FSMB: At Your Service

Arthur S. Hengerer, MD, FACS
Immediate Past Chair, Federation of State Medical Boards
Lisa A. Robin
Chief Advocacy Officer
Oregon Medical Board
January 4, 2018

Greetings from the FSMB Board of Directors

FSMB Offices in Euless, TX and Washington DC

• FSMB established in 1912
• Non-profit 501c6 organization employing 170+ staff

FSMB Organizational Chart

Opportunities for Participation

• Elected Positions for Board of Directors and Nominating Committee
  – For more information, see “Become a Leader” and “Leadership FAQ” at http://www.fsmb.org/about-fsmb

• Appointments to Other Committees/Workgroups
  – For more information, see “FSMB Committees” at http://www.fsmb.org/about-fsmb

• USMLE – Contact David Johnson at djohnson@fsmb.org
FSMB Vision and Mission 2015-2020

Vision
The FSMB is an innovative leader, helping state medical boards shape the future of medical regulation by protecting the public and promoting quality health care.

Mission
The FSMB serves as the voice for state medical boards, supporting them through education, assessment, research and advocacy while providing services and initiatives that promote patient safety, quality health care and regulatory best practices.

FSMB Information Sources

FSMB Educational Offerings

- **Annual Meeting**
  - April 26-28, 2018 in Charlotte

- **Board Attorney Workshops**

- **Monthly Roundtable**

- **Online CME Programs**
  - The Role of State Medical Boards
  - Understanding and Navigating the Medical Licensing Process
Communications via Multiple Channels for Multiple Audiences

- FSMB Annual Report
- Journal of Medical Regulation
- Newsline and eNews
- Regulatory Trends and Actions
- Website – www.fsmb.org
- Advocacy Newsletter
- Twitter - @TheFSMB

New Policy Initiatives 2018

- Workgroup on Prescription Drug Monitoring Programs – evaluate the impact of mandatory PDMP query on patient outcomes and prescribing; evaluate challenges to increasing PDMP utilization and develop recommendations to state medical and osteopathic boards regarding physician utilization of PDMPs, including a recommendation regarding mandatory query

- Workgroup to Study Regenerative and Stem Cell Therapy Practices – evaluate the prevalence, promotional practices, and incidences of patient harm related to regenerative medicine and adult stem cell therapies and identify best practices for investigating complaints of patient harm, fraud and compliance with licensure requirements

Interstate Medical Licensure Compact 2017 State Legislative Status (as of 8/22/17)

Topics to be Covered

- Characteristics of Burnout
- Causes of the burnout crisis
- How and when impacts a medical career
- Impact on patient care and medical errors
- Importance of wellness and work/life balance
- Considerations of future state board options
  - Changes to mental health questions on applications
  - Physician education on health care options
  - Professional self regulation – “Duty to Report”
  - monitoring including practice and personal wellness
Introduction

1. Many professions experience Burnout from occupational stress, especially in healthcare.
2. Specific sources of occupational stress differ by profession.
3. Our focus is Physician Burnout
4. “those who are at greatest risk for burnout are those who are the most dedicated and committed to their work. …… (they) are at greatest risk to be consumed by their job and have difficulty drawing healthy boundaries or recognizing work overload”.

Statistics Related to Burnout in USA

- Each specialty has multiple factors based on their issues (variable)
- Consistent increase from the 2nd year of medical school
- Worst by the 10-19 years of clinical practice
- A 10% increase in burnout causes a 20% increase in error rate
- Surgeon burnout over 3 mo: 9% admitted major error where 14% a resulting death
  - 6% consider suicide
  - 25% seek help (40% in general public)
  - 60% worry if seek help can effect position or license

Statistics Related to Burnout in the USA

- 55% of U.S. physicians manifest at least one characteristic of burnout
- During medical school and residency the patterns to establish burnout become ingrained and affects >50% at certain times
- Often associated with clinical depression
- Less than 20% seek mental health support
- Suicide rate > general public and highest in the 5th and 6th decades
- This because of concerns of effect on career opportunities if discovered
- Multiple practice and stress factors impacting environment
- Stress factors variable with the stage of career and specialty

Burnout Characteristics

Emotional Exhaustion

Dysfunction in behaviors with loss of Empathy and level of caring

Feeling of work and involvement doesn’t matter

BURN UP

BURN OUT

SUICIDE

The scenario for a medical career
Depression: A serious problem

Major DEPRESSION
- males 12.8%
- females 19.5%
- Med Students 27.2%

Suicide
- 3.4%
- 5.7%

Substance Abuse
- Alcohol
- 13%
- 25%

Medical Students
- Burnout
- 49%
- Suicide Ideation 11.2%

But Culture of Medicine affords this as a low priority

Burnout is a Dilemma

- Not a problem as they have a solution!
- Dilemma is a perpetual balancing act that needs a strategy.

- Requires finding 3-5 actions to implement and make habits.

- Two Strategies in systems which are not aligned:
  - Personal – Resilience
  - Work Place – System Design
  - “Triple Aim” : Cost, Service, Patient Satisfaction
  - “Quadruple Aim”: Care of the MD provider

Current Healthcare Ecosystem

- Uncorrelated Executive Cognizance and Emotional Load
- Socio-political Factors, Public Interest Groups, Business of Medicine and Profit Agendas, Bad outcomes: Reactive preventive measures

- Not so well-integrated
- Well-integrated

- Choosing for the patient, taking the patient to the correct resource, Minimize additional pain for the patient
- Patient always first, Work it out yourself

- Experienced know we can handle this
- Person always first, Work it out yourself

- Don’t want others to think I can’t handle this
- Don’t want them to think I can’t handle this

- “Hidden curriculum” in training
- “Quadruple Aim”

- Care of the MD provider
- “Triple Aim”
- Cost, Service, Patient Satisfaction

- Incrementalism

- Reasonable profit
- Reasonable profit

- Work it out yourself
- Work it out yourself

- Additive administrative toxicity less perceived due to each a small change.
- Each one considered small but relentlessly added.

- Requires finding 3-5 actions to implement and make habits.
- Requires finding 3-5 actions to implement and make habits.

- Not a problem as they have a solution!
- Not a problem as they have a solution!
The Impact of Clinician Burnout

**Institutional & Financial Toll:**
- Decreased performance and malpractice claims
- Reduced empathy for patients, patient satisfaction
- Reduced patient adherence to treatment regimens

**Financial Toll:**
- 56% decrease in medical claims by employees
- 33% of practitioners and long-term disability claims

**Personnel Toll:**
- Higher Suicidal Rate among physicians about 400/yr.
- Locally: Three physician suicides in last two years
- Substance abuse
- Divorce
- Coronary Heart Disease (dose related): CHD 1.4 fold up to 1.79 at high burnout levels.
- Depression
- 54% of our MDs / DOs

Patient Satisfaction

*Low*  *Moderate*  *High*

Physician Exhaustion


Toker S . et al Psychosomatic Medicine 74:840-847)

Key Structures

**Brain:** neurons are living cells. Need primarily glucose and oxygen

- Cognitive Load Theory
- Goal is to reduce extraneous load and promote germane load
- Mental overload / poor decision making
- Goal shielding - reduces larger central issues

**Brain Power:** limited neural resource; when expended, needs to be recharged

**Executive Functions of the Brain**

Pre Frontal Cortex

- Focus, Attention
- Self Control of Behavior and Speech
- Plan and Organize
- Perspective Taking
- Cognitive Flexibility
- Medical and other Decision Making
- Ability to Defer Gratification
- Estimating Time
- Working Memory

**Cognitive Flexible Memory:** Prefrontal cortex / Executive

1. Examine and weigh multiple factors
   - Synthesize a more accurate diagnosis from many things learned in medical training (good differential diagnosis)
   - Formulates a comprehensive and effective care plan
2. Make the mental connection for planning next steps
   - The anticipated need to have emotional availability to the patient and family

**Habit Memory:**

- Spares cognitive resources
- Automates response to a preceding stimuli, without link to outcome that follows
- Goal Shielding occurs - ability to see anything other than the concrete goal is actually shielded from occurring -spares neural resources that is low
- Survival mode

Involves the striatum and rest of the basal ganglia

**Areas of Ongoing Focus**

- Accelerated flow of technological knowledge
  - Impact on human capacity for adaptation
  - Behavioral responses
  - EHR platform evolution
Age of Accelerations (especially since 2007)

- The accelerating speed of scientific and technological innovations, new ideas, connectivity, accountability and expectations have outpaced our societal, cultural, ethical, and other human structures to adapt and absorb them.
- A constant state of destabilization, instead of occasional destabilization.
- New kind of stability = "dynamic stability"
- New governance and leadership methods must be employed to adapt.
- More rapid feedback systems to leaders needed
- Participatory management more rapidly adaptive than command/control style management.

Slow Recognition of These Problems

- Practicing clinicians, institutional (and other) leaders have been slow to grasp the implications of a demoralized clinical workforce.
  - Slow to create structures and processes that can mitigate the stressors.

Present Environment

- Major awareness of societal burnout and especially in medicine
- Global efforts to recognize and make changes
- External System Factors predominate causes
- "Action Collaborative" multidiscipline project at National Academy of Medicine
- Expect it may become a template for multiple professions

Treatment Strategies for Burnout

- Recognize the causes creating the personal situation
- Communicate with peers
- Develop hobbies and outside interests
- Ensure to recognize and enhance family relationships and support
- Increase the amount of rest BUT vacations are not a fix
- Alter work or career options if appropriate
- Develop a Burnout Prevention Matrix

Seven Essentials of Mindfulness

1. Non-Judging: Impartial witness to your experience. Observe w/o judging, editing or intellectualizing it.
2. Non-Striving: No goal other than to be yourself.
3. Acceptance: Willingness to see things the way they are.
4. Letting Go: Of thoughts, ideas, things, pleasant and unpleasant.
6. Patience: Things must unfold in their own time.
7. Trust: In yourself and your feelings. Confidence that things can unfold in framework that embodies order and integrity.

Kabat-Zinn, 2004
Potential Considerations for SMBs

- Questioning on applications
- Education of physicians in discipline process and safety of self care
- Decrease punitive perception of boards
- Differentiate between burnout and Misconduct
- Encouraging Professionalism and self regulation
- Investigation Process
- Developing self help as part of orders and monitoring
- Strengthen PHP where indicated

License Application Question Design

- Trigger point for most of other groups in HOM
- The FSMB can have an impact with potential changes in question guidelines.
- Can have unintended consequences as applies to burnout – causing deferring treatment
- Must be considered with protection of the public and transparency
- Each state has its own requirements

Goal of question changes

- Encourage physicians to seek help early
- Remove the stigma of admission of problem
- Improve the well-being of the physician
- Healthy physician helps give quality care to patients
- Change the perception’s of the medical board from always punitive
- Find evidence that it will result in protecting the public

Duty to Report

- Misconduct Laws require reporting by physicians, hospitals, insurers, etc. when identify problem
- Self regulation and professionalism
- Most all reports are retrospective and usually from patients or family members
- Can not always be confidential
- Can have unintended consequences
- Obtain by Proxy from other sources than physician
- Need to be less punitive in eyes of all involved
- Failure to report is misconduct

Future Considerations

- Revalidation process in UK (appraisal and self reflection portions)
- Steps to make SMB be less punitive
- Investigation Process
  - Evaluate practice environment
  - Use Maslach Burnout Inventory
  - Include corrective action in monitoring program
  - Insist on establishing wellness and work life balance
- Use prospective data to identify problems early
- Data to select high risk physicians for early help
- Standardize and align SMB and PHP
- Hospital Credential Committees have similar issue

Summary

- Understand the commitment required BUT recognize the rewards
- It requires more than just Resilience
- Self Care requires Work-Life Balance
- Age of Acceleration will cause constant changes during your career
- Realize career changes are always an option
- To care is human and the soul of altruism in most health care workers
- Learn to find the Joy and Enjoy the opportunity to care for others in time of need
Thank you!

Arthur S. Hengerer, MD, FACS
Email: ahengerer@fsmb.org
T: (817) 868-4060
All the darkness in the world can’t extinguish the light from a single candle.

St. Francis of Assisi
Nasima and Tom, Wedding Day - May 6, 2016

Thin leavened bread made from fermented sorghum flour.
How to cope with being on call 24/7 for a month

Take care of your self

Sleep any chance you get - don't party

A 20 minute nap makes a big difference

Take Water between cases - avoid dehydration

Eat something even if you are not hungry

Focus - See every patient that staff is worried about
How to achieve quality general surgery

- Comprehensive Physical Examinations skills
- Teach your staff excellent technique
- Listen thoughtfully to everyone
- Flexible: ability to handle uncertainty
- Develop the critical capacities of judgment, teamwork, and acceptance of responsibility
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Mastoid Abscess

Cellulitis

Osteomyelitis

Burkitt's lymphoma

Myleomeningocele

Hydrocephalus
Ventriculo-peritoneal shunt
Why does Tom Catena stay?
Madura foot

Schistosomiasis