



OREGON MEDICAL BOARD

REPORT

Leslie Gulch State Park

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Upcoming Meetings

August 16, 9 a.m.

EMS Advisory Committee

September 5, 8 a.m.

Investigative Committee

September 11, 5 p.m.

Administrative Affairs Committee

October 3, 8 a.m.

Board Meeting

Visit omb.oregon.gov/meetings for a
complete list of upcoming meetings.

OMB Announces Next Medical Director



Jordana Gaumond, MD, will soon join the Oregon Medical Board as medical director, bringing with her a wealth of experience in surgery, health care, leadership, peer review, and policy work.

Dr. Gaumond traveled to Oregon more than 30 years ago and "felt a real connection to the people and majestic scenery," setting deep roots in the place she now calls home.

Dr. Gaumond earned her Chemistry degree from Oregon State University in 1995, her medical degree from OHSU in 2000, and completed her general surgery residency at OHSU in 2006, followed by an abdominal transplantation fellowship at the Ohio State University in 2008. She has worked at OHSU and the Veterans Hospital as a transplant surgeon and served on the UNOS Policy Committee. In 2015, she joined The Oregon Clinic as a general surgeon, and during her time there served on the Board of Directors and Executive Committee, focusing on improving healthcare delivery through leadership and innovation. Dr. Gaumond is currently working toward her MBA and has a special interest in artificial intelligence.

When not at work, Dr. Gaumond enjoys exploring Oregon's beautiful coastline with her family. +



The Oregon Medical Board is proud to be a **2024 WellBeing First Champion**. This annual distinction means that OMB licensing applications ensure privacy around mental health care so licensees and applicants can safely seek the care they deserve.

Visit omb.oregon.gov/wellness to learn more. +

*The mission of the Oregon Medical Board is to protect the health, safety, and wellbeing of Oregon citizens
by regulating the practice of medicine in a manner that promotes access to quality care.*

OMB Strategic Plan: 2024-2026

In October 1999, the Oregon Medical Board embarked on a formal planning process to outline its path for the next two years; it has been updated every biennium since.

The Strategic Plan directs the Board in fulfilling its mission by establishing goals. The OMB's goals are the highest-priority purposes of the agency. Along with the Mission Statement, the OMB's goals describe the agency's desired strategic position. The following is a list of the Board's chief goals.

Provide Optimal Staffing & Quality Resources

The OMB recognizes that outstanding staff and quality resources are critical to customer service and achieving the mission of patient safety. The agency ensures integrity and equity in the hiring process and retention efforts. The OMB promotes employee excellence by encouraging training, enrichment, innovation, and diversity. The agency's management team is accountable for regularly reviewing the tools and resources that allow staff to effectively accomplish their work while safeguarding the information we possess.

Attract & Retain Highest Qualified Board Members & Consultants

Board members and consultants provide a critical public service for patients and the medical profession. Achieving excellence in executing the mission depends upon the integrity of the 14 Board members who serve as final decision makers for the agency. Consistent, fair, and equitable decisions are made through transparent and accessible processes to ensure accountability. Board members and consultants provide customer service by advocating for patient safety for all Oregonians.

Efficiently Manage Licensure

Oregon licensure requirements for Medical Doctor (MD), Doctor of Osteopathic Medicine (DO), Doctor of Podiatric Medicine (DPM), Physician Associate (PA), and Acupuncturist (LAc) must be set with integrity and equity to ensure fairness toward applicants and licensees. Processing applications and renewals efficiently is vital to customer service but must be balanced with the need to maintain accountability with thorough background checks. Continually striving to improve the license and renewal processes ensures excellence in services provided to licensees.

Thoroughly & Equitably Review Complaints Against Licensees & Applicants

Patient safety relies on integrity, equity, and accountability in the investigation of complaints against licensees and applicants. Investigations staff provide timely, accurate, and complete information for Board members' evaluation, resulting in excellence demonstrated in the consistency of disciplinary outcomes. Completing the investigation process in a customer service-oriented manner requires the Board to be responsive to the needs of the public and fair to licensees.

Support the Health & Wellbeing of OMB Providers, Remediating Licensees & Applicants to Safe & Active Practice when Necessary

Patient and population health is dependent on healthy, well, and fully functioning Oregon health care providers. Facilitating licensees' equitable access to confidential, private, voluntary, and free counseling services can prevent impairment, unprofessional conduct, or poor practice habits. The Board's financial and philosophical support of the innovative, statewide wellness program and various educational resources demonstrates the agency's commitment to excellence and customer service. Monitoring available resources, program effectiveness, and fiscal responsibility is essential to the agency's integrity and accountability in health and wellbeing efforts.

Increase Outreach & Education

Educating patients, licensees, and the general public is an important customer service. Board publications and resources (e.g. *The OMB Report*, the Cultural Competency Guide, and oregon.gov/OMB) have been recognized nationally for excellence. The Board demonstrates integrity and equity with regular presentations by staff and Board members to promote transparency, awareness of rules, positions of the Board, and other emerging issues. Outreach and partnership efforts also keep the Board accountable to the public and licensees by inviting direct feedback and continuing to provide accurate and timely access to public records.

The full Strategic Plan is available online [here](#). +



American Medical Association: Statement on Improving Health Through DEI

The following message was [originally published](#) on March 6, 2024, by the American Medical Association.

Leading health care and medical associations from across the country [recently] made a statement in support of DEI policies in health care, as a means to help improve the health of our nation. These organizations include the Accreditation Council for Continuing Medical Education (ACCME), Accreditation Council for Graduate Medical Education (ACGME), American Board of Medical Specialties (ABMS), American Medical Association (AMA), American Osteopathic Association (AOA), Association of American Medical Colleges (AAMC), Council of Medical Specialty Societies (CMSS), National Board of Medical Examiners (NBME), National Board of Osteopathic Medical Examiners (NBOME), and the National Resident Matching Program (NRMP).

"We represent organizations and health care professionals in the United States, including physicians of varied specialties and backgrounds

who have dedicated their entire careers to improving patient outcomes. For decades, we have strived to equip physicians with the best tools and evidence, so our patients receive the highest quality care possible.

"Our efforts to promote diversity, equity, and inclusion (DEI) seek to address the long-standing and well-documented inequities in our healthcare system and its impact on the health of our patients and communities. Excellence in patient care cannot exist until we have a physician workforce capable of caring for our patients and their needs holistically, and until the profession of medicine is accessible to all qualified individuals.

"We stand together in our support of enhancing inclusive excellence and yielding the best outcomes for all our members and the patients they serve." +

OPAL is Here to Answer Your Mental Health Questions

Many children, adolescents and adults in Oregon with mental health issues remain untreated or experience significant delays before beginning treatment.

The Oregon Psychiatric Access Line (OPAL) provides the support that medical practitioners need to care for more patients in their medical home. With OPAL, medical practitioners may be able to treat youth with mental health issues right away rather than placing patients on waiting lists to receive care. Earlier intervention may decrease complications of untreated mental disorders including hospitalization and suicides.

OPAL provides general "curbside" psychiatric consults for children (OPAL-K) and adults (OPAL-A), and recently added developmental behavioral pediatricians (OPAL-DBP) to the consultant panel.

The program also offers confidential, evidence-based peer support to medical practitioners (OPAL-C) experiencing stress, whether in their professional or personal lives.

Overall, OPAL helps build a system that allows primary care providers to deliver the best possible care.

Psychiatrists are available Monday through Friday from 9 a.m. to 5 p.m. The majority of calls are connected to an OPAL consultant within one to two minutes.

- Toll-Free: **1-855-966-7255**
- Portland Metro: **503-346-1000**
- Email: OPAL@ohsu.edu

For more information, visit ohsu.edu/OPAL. +

Oregon First State to Adopt Mental Health Attestation for Licensing, Credentialing Applications

Earlier this year, the Oregon Health Authority (OHA) joined the Oregon Medical Board in removing invasive or stigmatizing language regarding mental health and adopted an attestation model for credentialing applications. Oregon is the first state in the U.S. to remove these questions from both licensing and credentialing applications.

OHA's Advisory Committee for Physician Credentialing Information (ACPCI) convened in January 2024 and voted on recommendations sent in by interested groups to revise the 2023 Oregon Practitioner Credentialing and Recredentialing Applications (OPCA and OPRA). The approved recommendations were subsequently approved by OHA's Director Dr. Sejal Hathi and posted online on June 11, 2024. You can access the 2024 Applications, as well as the summary of 2024 changes, [here](#). +

Psychiatric Security Review Board Seeking New Member

The Psychiatric Security Review Board is actively seeking qualified candidates for its next Psychiatrist Member position on its Adult Panel. The selected candidate will begin their board service on July 1, 2025.

Candidates must be a psychiatrist experienced in the criminal justice system and not otherwise employed on a full-time basis by the Oregon Health Authority or a community mental health program.

Board members on the Adult Panel preside over hearings to those 660 individuals placed under its jurisdiction or to specific individuals seeking restoration of their firearm rights or relief from sex offender registration requirements. In this part-time position, you will join nine other board members and 12 full-time staff in overseeing that individuals under PSRB jurisdiction have access to monitoring, supervision and treatment and ensuring public safety.

PSRB board members are appointed by the Governor and confirmed by the Senate to one four-year term, which can be extended for a second term. Board members receive a stipend of \$402 each time they preside, plus an additional stipend for hearing preparation. All PSRB hearings are held remotely and board members are provided state-issued equipment and IT support. Board members must commit to sitting at least two Wednesdays each month for hearings.

To learn more, contact Alison Bort, Executive Director, at psrb@psrb.oregon.gov, or apply online [here](#). +

OHA EMS & Trauma Systems Board and Committee Applications Open

The Oregon Health Authority Emergency Medical Services & Trauma Systems Program is now accepting applications for the new Emergency Medical Services Advisory Board (EMSAB) and Emergency Medical Services for Children Advisory Committee (EMSCAC), in alignment with the [2024 EMS Modernization legislation](#).

Overview:

- The EMSAB is a new body and will receive recommendations from advisory committees and subcommittees about provision of emergency medical care throughout Oregon, approve regional plans, and work to address ongoing challenges in the field of emergency medicine.
- The EMSCAC enters a new iteration following EMS Modernization.
- Applications close **August 16, 2024, for the EMSAB** and **October 31, 2024, for the EMSCAC**.
- Additional applications will open in February 2025 for the other advisory committees and subcommittees created by EMS Modernization, and for additional positions on the EMSCAC not included in the bill.

For further details, see the [EMS & Trauma Systems website](#), or contact EMS.TRAUMA@odhsoha.oregon.gov with questions. +

Oregon DHS Endorses "Vital Signs"

Health care providers can learn how to effectively interact with Deaf patients to improve communication, increase quality of care, and decrease mistrust.

"Vital Signs: Health Care Access for Deaf, DeafBlind, and Hard of Hearing Patients," a training video developed by [DeafYES!](#), was recently endorsed by the Oregon Deaf and Hard of Hearing Services Advisory Committee.

The video is available online [here](#). +

Update to Family Disabled Parking Placard

With the passage of House Bill 4109, Oregon families in multiple households may now apply to receive more than one Family Disabled Parking Placard. This initiative went into effect June 6, 2024.

To prevent unauthorized use of these placards, ***a licensed physician is required to certify eligibility of the family member who has a disability that requires the placard.*** Once approved, the permit will still belong to the individual with a disability, not the vehicle, applicant, or whomever may be driving.

To switch from an Individual Permit to a Family Permit, an adult family member must apply for a Family Placard including a new Certificate of Disability – included on the application – signed by the provider treating the disabled individual(s).



To qualify for a family permit:

- Two or more members of a family must be disabled, OR
- Two or more households must be caring for the same individual with a disability.

The updated Family Disabled Parking Placard application can be found [here](#). +

Board Reminders

Increased Registration Fees Now In Effect

On July 1, 2024, the OMB increased most license registration and renewal fees; application fees went unchanged.

The OMB does not receive tax funding and relies on licensing and service fees to provide the services and resources necessary to ensure that only qualified and competent individuals are licensed to practice medicine in Oregon, remediate licensees who pose a threat to patient safety, and inform members of the public about their medical providers.

The Board last raised licensing fees in 2013 and has worked hard to keep from doing so again. However, due to rising expenses, the agency cannot continue to fulfill its mission of public protection without increasing revenue.

Acupuncture Lapsed License Renewal

Acupuncturists whose licenses have lapsed may submit a late renewal application through September 30, 2024. A late fee of \$80 was assessed on July 1, 2024, for all lapsed licenses.

A license not renewed by September 30 will remain at lapsed status, and the licensee may not practice. Practicing acupuncture with a lapsed license is considered practicing without a license, a felony offense and grounds for disciplinary action.

PA Title Change to "Physician Associate"

On June 6, 2024, "physician assistants" became known as "physician associates" throughout Oregon.

The title change does not impact any component of a PA's practice or scope of practice, nor does it have any effect on collaboration agreements.

For more information on the PA title change, see the [Board's website](#). +

From the Desk of the Executive Director

Nicole Krishnaswami, JD | OMB Executive Director



David Farris, MD, joined the OMB staff as Medical Director on October 1, 2019, after retiring from his more than 30-year practice in pediatric and cardiac anesthesiology at Emanuel and Randall Children's Hospitals. During his clinical career, he was a founding member of Oregon Anesthesiology Group and held a special passion for Legacy Health System's Bloodless Medicine and Surgery Program for which he was co-director. Within six months of becoming OMB's Medical Director, he was unexpectedly thrust into a position of providing medical guidance to the agency and our licensees during an unprecedented global pandemic. His ability to simultaneously exist in and understand two worlds – clinical medicine and government regulation – reassured countless physicians, PAs, and acupuncturists in a time of uncertainty. From that moment on, Dr. Farris came to be relied upon as a source of knowledge, understanding, humility, and humor.

The role of Medical Director is not easy, but Dr. Farris never hesitated to lean into each difficult conversation. He has met with chronic pain patients who have suffered greatly from changing standards in opioid prescribing. He has heard from victims of sexual misconduct who have lost trust in the medical profession. He has sat with licensees who are at the low point of their career and need a doctor-to-doctor conversation. In every scenario, he has been an active and curious listener, challenging status quo but never assuming that he knows more than anyone else.

With his impending retirement this fall, Dr. Farris has cemented his place in the pages of this newsletter and the halls of the OMB just as he did in the operating room. His editorials are provocative, witty, and blunt, but they have increased engagement and attention to the Board's work. Even though he is retiring as Medical Director, I trust that his voice has changed the OMB for the better, both internally and externally. On behalf of the Board members and staff, I thank Dr. Farris for five years of selfless service to Oregon citizens and the medical community. +

From the Desk of the Medical Director

David Farris, MD | OMB Medical Director



Esquire magazine publishes each month "What I've Learned," a monthly collection of pithy observations, which taken together constitute the life wisdom of an admirable individual, some famous, some not so. I can claim neither fame nor admirability, but as this is as close as I will get to a valedictory moment at the end of a 38-year career (not counting the 24 "grades" that preceded it), please bear with me. The OMB has given me space. Blame them.

What I've Learned:

The Board's powers are created and limited by the Oregon Medical Practice Act (OMPA). That law says what *can* and what *must* lead to discipline. A medical student once asked who governs the Board. Answer: The Governor, the Legislature, the courts. The Board cannot act on caprice or preference.

Local and national press like to question the commitment of licensing boards, often with aggrieved parties front and center. What they ignore – omit out of ignorance or apathy or awareness it would blunt the sensation – is the law. We are not without sympathy for the aggrieved, but disciplinary action against a license is a legally binding act. The "accused" party has a robust right to due process – as they should. The Board has the burden of proof. Anything on which the Board wishes to act has to be something a skeptical judge will accept. Every complaint is examined

in detail. (There were 880 in 2023.) There will always be instances in which we cannot, no matter how credible the allegation, take action: insufficient evidence.

The credibility of licensing boards is questioned when licensees spread misinformation in a public forum without consequence to their license. Courts have been clear that a medical license does not limit an individual's free speech. However, the right to share misinformation ends in the exam room or at the bedside – where medicine is practiced. Over that, licensing boards do have authority and power.

If you must answer to an investigation, you will first receive a formal request to respond to the allegations and a subpoena for medical records. It's a legal process; we must be objective and consistent to remove any potential for bias or unfairness.

A huge majority of complaints reviewed by the OMB are closed with no Board action. Not all; and the minority that result in a Board action must be addressed for patient safety. Even those that close with no Board action often include a learning opportunity for the licensee.

The Board doesn't have a rule for everything. When asked, the usual answer is, "How would it look if we got a complaint about a bad outcome?" Yes, your MA *legally* can do many things, but they work under your license, and their poor outcomes are your liability. Tip: write yourself a policy and procedure; it will make you think ahead.

Greed has no place in the practice of medicine. Here I have to credit a friend and former Chair of the Washington Commission, Alden Roberts, MD: "The tendency towards greed may be the black hole of medicine: get too close and there's no way to escape." Just because someone at a professional conference sells you a new device that allegedly measures something (or actually measures something of little value) and you can charge for it doesn't make it a good idea. Just because you can inject or insert something that has "shown promise" in a trial by its inventors and you can charge for it doesn't make it a good idea.

Medicine may be a team sport, but not everyone gets to call the play. When the surgeon takes exception to the dietician silently countermanding his orders for managing a perforated esophagus, the problem is the dietician's silent inaction, not the surgeon's vociferous objections.

Not reporting something on the basis of an attorney's advice is an inadequate defense when the law says otherwise. You would do well to read the Board's webpage on reporting requirements. Your identity is protected by law when you report concerns about a licensee. It is in fact illegal for the licensee and/or their attorney to even enquire.

Morbidity and mortality abound. We know questions of potential incompetence are hard. Let the Board determine incompetence. They work very, very, very hard to get it right.

Specialist consultants are absolutely vital to our work. They are underpaid and underappreciated. Adjudicating standards is difficult. It is a responsibility to the profession. If asked, please serve. If not, thank those who do. I was once told we don't pay enough. I replied that in a self-policing profession one could reasonably be asked to do it for free.

We know impairment happens. If it's on the job, don't try to fix it. It's urgent; it's too late. If it's off the job, please get the person help before it's on the job and before it becomes an issue for the Board.

Utilize the vast array of resources available to you. The Oregon Wellness Program is there to help, especially with burnout. Myriad professional education opportunities are available for fund of knowledge, ethics, behavior, charting, etc. It should go without saying they would prefer to do it before the Board gets involved.

Our Senior Assistant Attorney General says, "You can't regulate those who will not be regulated." Implication: They cannot practice. Aside from flagrant boundary violations (including but not limited to sex and felonies), the loss of a license generally comes from repeated hubristic defiance of the legitimate expectations of the profession. What I say to the medical students: Hubris in medicine is homicidal. And suicidal.

Ah, but I do go on. Finally, I will belabor the obvious: Working for the OMB—for the citizens of Oregon—is an honor and a privilege. The mission is impossible to confuse. Forty-three dedicated staff point in one direction. Board members come to monthly meetings having digested a 10-15,000-page agenda with 100,000 pages of medical records attached and no, those aren't typos. Their total remuneration is little more than a meal on meeting days. Working in the C-suite is awesome in the literal sense of the word, in its responsibility and inspiration. I will die believing as I do today that health care writ large is a noble pursuit, arguably the noblest; that we clinicians are the only ones who can cure its systemic ills, (others have shown a lack of comprehension or misplaced goals, often both); that what I did well was my greatest accomplishment, what I did poorly my greatest shame.

With that, Gentle Reader, I pass the baton to the uber-capable Jordana Gaumond, MD. All will change for the better. In future, I can be found hunched over a keyboard, behind a camera, standing in a river waving a stick, or as your colleague at david@davidfarris.com. Please be gentle. Farris out. +



41st Annual Oregon Rural Health Conference Oct. 2 – 4, 2024



OREGON OFFICE
ORH
of RURAL HEALTH

OPPORTUNITY
just knock.

41st Annual Oregon Rural Health Conference

October 2 - 4, 2024
Riverhouse on the Deschutes | Bend, OR

OHSU

The **41st Annual Oregon Rural Health Conference** will be held October 2 – 4, 2024, at the newly renovated Riverhouse on the Deschutes in Bend, OR. Use [this link](#) to book your room now at a discounted rate - availability is limited!

This conference will bring together more than 300 providers, policy-makers, and public health, hospital, and clinic leaders to explore topics of vital importance to Oregonians living in rural communities and to share challenges and solutions. This year's presenters are among the most dedicated experts from Oregon and beyond.

[Click here](#) to register today!

For more information visit the [ORHC website](#) or contact Laura Potter at potterla@ohsu.edu. +

Oregon College of Oriental Medicine Closing



Earlier this year, the Oregon College of Oriental Medicine (OCOM) announced the permanent closure of the institution after 41 years of operation.

Trustees of OCOM voted to enter into agreements with the National University of Natural Medicine (NUNM) and Five Branches University (FBU). NUNM will teach OCOM's third-year students in their final year of classes, offer first- and second-year students the option to transfer credits, and will automatically accept incoming OCOM students. FBU will accept OCOM's doctor of acupuncture and oriental medicine students into the Five Branches doctor of acupuncture and herbal medicine program.

More information about OCOM's closure can be found [here](#). +

Statements of Philosophy

The following Statements of Philosophy were adopted or amended during the July 11, 2024, Board meeting. +

Professionalism

The mission of the Oregon Medical Board is to protect the health, safety, and wellbeing of Oregon citizens by regulating the practice of medicine, podiatry, and acupuncture in a manner that promotes access to quality care. It fulfills its mission by, among other activities, investigating and, if necessary, imposing disciplinary action upon licensees who do not uphold the standards of professionalism.

Professionalism comprises those attributes and behaviors that serve to maintain patients' interests above the licensee's self-interest.

Professionalism means the continuing pursuit of excellence (see definition below), and includes the following qualities:

Altruism is the essence of professionalism. Altruism refers to unselfish regard for and devotion to the welfare of others and is a key element of professionalism. Self-interest or the interests of other parties should not interfere with the care of one's patients and their families.

Accountability and Responsibility are required at many levels – individual patients, society, and the profession. First, there must be accountability to one's patients and to their families. There must also be accountability to society for addressing the health needs of the public and to ensure that the public's needs are addressed.

One must also be accountable to the profession to ensure that the ethical precepts of practice are upheld. Licensees are required to report prohibited and unprofessional conduct, medical incompetence, or physical incapacity of other licensed healthcare providers to the appropriate regulatory board.

Inherent in responsibility is reliability in completing assigned duties or fulfilling commitments. There must also be a willingness to accept responsibility for errors.

Duty is the acceptance of a commitment to service. This commitment entails being available and responsive

when "on call," accepting personal inconvenience in order to meet the needs of one's patients, enduring unavoidable risks to oneself when a patient's welfare is at stake, and advocating the best possible care regardless of the patient's ability to pay.

Excellence entails a conscientious effort to exceed ordinary expectations and to make a commitment to life-long learning and education. Commitment to excellence is an acknowledged goal for all licensees. One must seek to learn from errors and aspire to excellence through self-evaluation and acceptance of the critiques of others.

Honesty and Integrity are the consistent regard for the highest standards of behavior and the refusal to violate one's personal and professional codes. Honesty and integrity imply being fair, being truthful, keeping one's word, meeting commitments, and being forthright in interactions with patients, peers, and in all professional work, whether through documentation, personal communication, presentations, research, or other aspects of interaction. Honesty and integrity require awareness of situations that may result in conflict of interest, bias, or personal gain at the expense of the best interest of the patient.

Respect for Others is central to professionalism. This respect extends to all spheres of contact, including patients, families, other healthcare providers, and professional colleagues. One must treat all people with respect and regard for their individual worth and dignity. One must listen attentively and respond humanely to the concerns of patients and family members.

Appropriate empathy for and relief of pain, discomfort, and anxiety should be part of the daily practice of medicine, podiatry, and acupuncture. One must be fair and nondiscriminatory and be aware of emotional, personal, family, and cultural influences on patient well-being and patients' rights and choices of medical care. It is also a professional obligation to respect appropriate patient confidentiality.

Signs of Unprofessionalism

For a deeper understanding of professionalism, consider these signs of unprofessionalism:

Abuse of Power: Licensees are generally afforded great respect by their patients. When used well, this power can accomplish enormous good. When abused, it causes the opposite. Examples are:

- Sexual misconduct or crossing intimate boundaries
- Breaching confidentiality
- Entering financial relationships or accepting loans or donations from patients
- Imposing a point of view on a patient

Arrogance: An offensive display of superiority and self-importance, which prevents the establishment of empathetic relationships. Examples are:

- Failing to listen to others
- Abusing the social position of healthcare providers
- Failing to make appropriate referrals
- Conceded separation of licensee and patient social status

Greed: When money rather than patient care becomes the guiding force in a licensee's practice. Examples are:

- Doing procedures that have no medical indication
- Billing fraud
- Not providing medical documentation for services

Misrepresentation: Lying (consciously telling an untruth) and fraud (conscious misrepresentation of material facts with the intent to mislead) in the professional setting. Examples are:

- Misrepresenting educational history
- Not filling out licensing and other applications for renewal truthfully
- Faking research
- Inflating credentials
- Altering charts
- Giving expert testimony that is not truthful

Impairment: When a licensee is unable to practice with reasonable skill or safety. Examples are:

- The use of alcohol and/or drugs while on duty
- The use of alcohol and/or drugs while off duty

that causes impairment when on duty, when taking call, or when supervising other healthcare professionals, regardless of practice setting

- Having untreated current physical or mental health problems impacting a licensee's practice
- Overworking, to the extent that diminishes concentration or decision making ability

Lack of Conscientiousness: When a licensee does not fulfill responsibilities to patients, colleagues, and society. Examples are:

- Charting poorly
- Abandoning patients
- Not returning phone calls or pages
- Not responding appropriately or refusing referrals without a good reason
- Not providing patient records in a timely manner
- Supervising trainees inadequately
- Self-medicating without documentation
- Not keeping up with the skills and knowledge advances in the scope of practice

Conflict of Interest: When the licensee puts their interests above that of the patient and society. Examples are:

- Ordering diagnostic procedures or treatment from businesses where the licensee has a financial interest
- Receiving expensive gifts, money, or loans from patients, pharmaceutical companies, or others connected with the licensee's practice
- Not disclosing situations where the licensee's recommendations may result in financial gain for the licensee or the licensee's family/friends.

- Adopted May 2005; Amended July 2024

The Oregon Medical Board holds licensees to recognized standards of ethics of the medical profession, specifically for this philosophy: American Medical Association's Code of Medical Ethics: Opinion 11.2.12 Professionalism in Health Care Systems; American Association of Physician Assistants' Guidelines for Ethical Conduct for the PA Profession: The PA and Individual Professionalism; and Oregon Association of Acupuncturists' Code of Ethics: Commitment to the Profession

- ORS 677.190(1)(a) and ORS 677.188(4)(a)

Social Media

The Oregon Medical Board regulates the practice of medicine, podiatry, and acupuncture to protect the health, safety, and wellbeing of Oregon patients. As medical practice has evolved, so has the method of communication among practitioners, patients, and family. Colleagues, administrators, and patients increasingly expect healthcare professionals to stay connected, and online social networking has become a resource for healthcare professionals to share information and to form meaningful professional relationships.

The Board recognizes the benefits of social media and supports its responsible use. However, healthcare professionals are bound by ethical and professional obligations that extend beyond the exam room, and social media creates unique challenges. Among the primary obligations to consider when engaging in social media are confidentiality, boundaries, and professionalism.

Confidentiality

Healthcare professionals have an obligation to protect patient privacy and confidentiality in all environments. Identifiable patient information – even seemingly minor details of a case or patient interaction – must never be posted online. Healthcare professionals must never discuss a patient's medical treatment or answer a patient's health-related question through social media. E-mail must be secure if used to communicate medical information to patients. Healthcare professionals must use discretion and consider all information posted online to be public.

Boundaries

Healthcare professionals must maintain appropriate boundaries in the provider-patient relationship at all times. Social media may blur the boundaries of the provider-patient relationship and heighten the potential for boundary violations. The Board's definition of sexual misconduct in rule includes sexually explicit communication via electronic methods such as text message, e-mail, video, or social media. As a result, healthcare professionals should consider separating personal and professional social media accounts and exercise caution if interacting

with patients or their families through personal social networking sites. Healthcare professionals should feel comfortable ignoring or declining requests to connect from current or past patients through a personal social media account. It is the professional's responsibility to maintain appropriate boundaries -- not the patient's.

Professionalism

Online actions and content directly reflect on professionalism. Therefore, healthcare professionals must understand that their online activity may negatively impact their reputations and careers as well as undermine the public's overall trust in the profession. Healthcare professionals should not make negative statements about other healthcare providers and should use caution when responding to the negative comments of others on social media. The informality of social media may obscure the serious implications and consequences of postings. When conflicted about posting content, healthcare professionals should err on the side of caution and refrain. Further, if healthcare professionals write online about their professional experiences, they must be honest about their credentials and reveal any conflicts of interest.

Healthcare professionals are required at all times to follow the Medical Practice Act, rules established by the Board, and professional and ethical standards of care. These obligations apply regardless of the medium of communication.

- Adopted January 8, 2016; Amended July 11, 2024

The Oregon Medical Board holds licensees to recognized standards of ethics of the medical profession, specifically for this philosophy: American Medical Association's Code of Medical Ethics: 2.3.2 Professionalism in the Use of Social Media; American Association of Physician Assistants' Guidelines for Ethical Conduct for the PA Profession; and Oregon Association of Acupuncturists' Code of Ethics: Commitment to the Profession and Rule 1.2 Communication with Patients.

- ORS 677.190(1)(a) and ORS 677.188(4)(a)

OMB Attends 112th FSMB Annual Meeting

Earlier this year, the Federation of State Medical Boards (FSMB) held its 112th Annual Meeting in Nashville, TN. OMB Chair Christoffer Poulsen, MD; Vice Chair Jill Shaw, DO; Secretary Erin Cramer, PA-C; and Executive Director Nicole Krishnaswami, JD, were among the more than 600 attendees at this year's conference.

The meeting's theme was *"The Science of Sound Decisions"* and included educational sessions, interactive workshops, and keynote addresses. Ms. Krishnaswami moderated the opening plenary session, "International Jurisdictional Models for Addressing Workforce Needs" which featured speakers from Nova Scotia, New Zealand, and Australia.

During the meeting, the House of Delegates adopted new policies on Strategies for Prescribing Opioids, the Incorporation of AI into Clinical Practice, and the Regulation of Physicians in Training. Additionally, the Oregon Medical Board introduced two Resolutions:

- **Resolution 24-2: Pathways to Licensure for International Medical Graduates (IMGs)**
- **Resolution 24-3: Medical Directors of Health Insurers Making Medical Necessity Determinations**

Both were unanimously approved by the House of Delegates. +



Dr. Poulsen, Dr. Shaw, Ms. Krishnaswami, Mr. Cramer

Oregon Administrative Rules

The Oregon Medical Board and other state agencies operate under a system of administrative rules to ensure fairness and consistency in procedures and decisions. Periodically, these Oregon Administrative Rules (OARs) must be amended in response to evolving standards and circumstances. OARs are written and amended within the agency's statutory authority granted by the Legislature.

Rules go through a First and Final Review before being permanently adopted. Temporary rules expire 180 days after adoption unless permanently adopted through the rulemaking process. Official notice of rulemaking is provided in the Secretary of State Bulletin. The full text of the OARs under review and the procedure for submitting comments can be found at omb.oregon.gov/rules.

PROPOSED RULES

Questions may be submitted before 5 p.m. on August 26, 2024, via email to elizabeth.ross@omb.oregon.gov. Additional information can be found at omb.oregon.gov/rules.

847-010-0073, 847-010-0070: Clarifies a reporting timeframe, updates NCCAOM code of ethics, and amends definition of unprofessional conduct.

The proposed rule amendment: (1) Clarifies that a licensee and health care facility must report a voluntary withdrawal from practice, resignation, or limitation of privileges while the licensee is under investigation within 30 calendar days. The 30-day requirement aligns with the ORS 677.172(1) requirement that all licensees notify the Board of any practice address changes within 30 days. (2) Updates the National Certification Commission for Acupuncture and Oriental Medicine's (NCCAOM) code of ethics to the 2023 version. (3) Updates the definition of "unprofessional conduct" to include within the practice of acupuncture the failure to meet the standard of care. (4) Updates the definition of "unprofessional conduct" to include discrimination in the practice of medicine, podiatry, and acupuncture, which would make discrimination a ground for discipline. (5) Updates an outdated "Board of Medical Examiners" reference in OAR 847-010-0070. ***The OMB will take oral comments on the proposed rule at a public hearing via videoconference on Monday, August 26, 2024 at 11:00 a.m. Written comments will be accepted until 5 p.m. on August 26, 2024. See the [rulemaking information sheet](#) for how to participate in the public hearing and the draft rule.***

847-010-0051: Increasing maximum registration period for postgraduate Limited License.

The proposed rule amendments increase the maximum registration period for a postgraduate limited license from

one year to up to five years, not to exceed a postgraduate trainee's enrollment in the postgraduate program. Currently, postgraduate physicians are granted a 12- or 13-month limited license that must be reapplied for each additional year of training. Reapplying each year creates redundant work for postgraduates, Graduate Medical Education (GME) programs, and OMB staff. The proposed rulemaking would allow a postgraduate physician to select the number of years for the limited license, up to five years and not to exceed their postgraduate training program's period. Most GME programs in Oregon are 3-4 years. If a postgraduate physician needed additional years, they could reapply. The current postgraduate limited license fee of \$185 per year would remain the same; however, the annual registration fee would be paid up front when the license is issued rather than annually with each reapplication. For postgraduate physicians who wish to continue utilizing the current annual application for a one-year limited license, nothing in the rule would prevent them from doing so.

[847-005-0005, 847-008-0005, 847-008-0010, 847-008-0068, 847-008-0070, 847-010-0066, 847-010-0068, 847-010-0110, 847-010-0200, 847-015-0050, 847-017-0005, 847-025-0000, 847-025-0010, 847-025-0020, 847-025-0030, 847-025-0050, 847-028-0020, 847-035-0030, 847-050-0010, 847-050-0015, 847-050-0020, 847-050-0021, 847-050-0022, 847-050-0023, 847-050-0029, 847-050-0035, 847-050-0041, 847-050-0043, 847-050-0046, 847-050-0060, 847-050-0080, 847-050-0082, 847-065-0010, 847-065-0015](#): **Implementing HB 4010 (2024) to update physician assistant title to physician associate.**

HB 4010 (2024) changed the title "physician assistant" to "physician associate" throughout Oregon statutes on June 6, 2024. The proposed rule amendments implement the PA title change throughout Oregon Medical Board rules.

[847-035-0001, 847-035-0020](#): **Updating qualifications for EMS supervising physicians and agents.**

The rule amendments update the EMS supervising physician application process to align with current practice. The rule also updates EMS supervising physician and agent qualifications by removing the requirement they be a resident or actively practicing in the EMS area, but adds they hold an Active or Emeritus status MD/DO license with the Oregon Medical Board. A license status qualification can easily be determined on OMB's License Verification webpage. Active status licensees must actively practice in Oregon, with a current Oregon

practice address. It can also be granted within certain Oregon bordering regions in California, Idaho, Nevada, or Washington. Emeritus status licensees practice in Oregon for no pay or any other type of compensation; these licensees volunteer their medical skills only. ***Comments provided prior to August 15, 2024, will be reviewed by the EMS Advisory Committee on August 16, 2024.***

[847-070-0016](#): **Updating licensure requirements for acupuncturists who passed the NCCAOM exam in a foreign language.**

The proposed rule amendment adds the Occupational English Test as an approved exam to demonstrate basic English fluency if an acupuncturist passed the NCCAOM exam in a foreign language. The Occupational English Test is an English language test for healthcare professionals. Also, the proposed amendment adds the score required if an applicant chooses to take the TOEFL internet-based test (IBT).

PERMANENT RULES

[847-050-0021, 847-070-0022, 847-080-0017](#): **Updating documents submitted for PA, DPM, and Acupuncture licensure.**

The rule amendments align recent updates to the MD/DO rule regarding employment verifications submitted for licensure in OAR 847-020-0160. For PA, acupuncture, and podiatric physician applicants, the rule amendments clarify an evaluation of overall performance for an employer verification must include a statement of good standing or a statement regarding eligibility for rehiring.

[847-035-0030](#): **Implementing HB 2395 (2023) and adding administration of levalbuterol to the EMT scope.**

The rule amendment implements HB 2395 (2023) allowing all emergency medical services (EMS) providers to distribute and administer a short-acting opioid antagonist kit and distribute the necessary medical supplies to administer the short-acting opioid antagonist as provided in ORS 689.800. "Kit" is defined in ORS 689.800. Also, the amendment adds administration of levalbuterol to the Emergency Medical Technician scope, similar to albuterol. Levalbuterol was also added to an Advanced Emergency Medical Technician's scope to prepare and administer certain listed medications under specific written protocols authorized by the supervising physician or direct orders from a licensed physician. +

Board Actions: April 16, 2024 – July 15, 2024

Many licensees have similar names. Please review Board Action details carefully to ensure that it is the intended licensee.

NON-DISCIPLINARY BOARD ACTIONS

CORRECTIVE ACTION AGREEMENTS

These agreements are not disciplinary orders and are not reportable to the national data banks unless they relate to the delivery of health care services or contain a negative finding of fact or conclusion of law. They are public agreements with the goal of remediating identified concerns.*

HUGHES, Mark J., DO; DO27544 | Phoenix, AZ

On July 11, 2024, Licensee entered into a non-disciplinary Corrective Action Agreement with the Board. In this Agreement, Licensee agreed to follow the current CDC guidelines when prescribing opioids to any Oregon patient; complete the didactic portion of a pre-approved longitudinal prescribing course; and complete a pre-approved documentation course.

CONSENT AGREEMENTS FOR RE-ENTRY TO PRACTICE

These actions are not disciplinary and are not reportable to the national data banks. They are agreements to facilitate the licensee's re-entry to practice after a period of two or more years away from clinical practice.*

BERMAN, Stephanie B., MD; MD218001 | Oregon City, OR

On May 9, 2024, Licensee entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Licensee agreed to practice under the supervision of a pre-approved physician mentor for 500 hours.

CASTILLO, Christina R., LAc; AC180066 | Eugene, OR

On May 2, 2024, Licensee entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Licensee agreed to practice under the supervision of a pre-approved acupuncturist mentor for 80 hours.

GELETO, Gemechu A., MD; MD218564 | Portland, OR

On May 8, 2024, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Applicant agreed to practice under the supervision of a pre-approved physician mentor for 500 hours and submit 60 hours of Category 1 CME.

GRAY, Peter J., Jr., PA; PA154108 | Medford, OR

On April 17, 2024, Applicant entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board.

In this Agreement, Applicant agreed to practice under the supervision of a pre-approved physician mentor for 800 hours.

REINHARDT, Clayton G., DO; DO176952 | Sisters, OR

On May 7, 2024, Licensee entered into a non-disciplinary Consent Agreement for Re-Entry to Practice with the Board. In this Agreement, Licensee agreed to practice under the supervision of a pre-approved physician mentor for 500 hours.

INTERIM STIPULATED ORDERS

*These actions are not disciplinary because they are not final orders, but are reportable to the national data banks.**

BOWEN, Brian M., DPM; DP00435 | Portland, OR

On April 25, 2024, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and place his license in Inactive status pending the completion of the Board's investigation into his ability to safely and competently practice podiatric medicine. This is a preliminary action by the Board. A final Board action in this matter has not been taken.

DESAI, Rahul N., MD; MD28444 | Lake Oswego, OR

On May 31, 2024, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and place his license in Inactive status pending the completion of the Board's investigation into his ability to safely and competently practice medicine. This is a preliminary action by the Board. A final Board action in this matter has not been taken.

FARNELL, Gerald F., MD; MD20234 | Keizer, OR

On May 9, 2024, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and place his license in Inactive status pending the completion of the Board's investigation into his ability to safely and competently practice medicine. This is a preliminary action by the Board. A final Board action in this matter has not been taken.

SLOANES, Chelsea J., PA; PA150333 | Eugene, OR

On May 2, 2024, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and place her license in Inactive status pending the completion of the Board's investigation into her ability to safely and competently practice medicine. This is a preliminary action by the Board. A final Board action in this matter has not been taken.

SWANK, Stephen C., MD; MD181009 | Portland, OR

On June 25, 2024, Licensee entered into an Interim Stipulated Order to voluntarily withdraw from practice and place his license in Inactive status pending the completion of the Board's investigation into his ability to safely and competently practice medicine. This is a preliminary action by the Board. A final Board action in this matter has not been taken.

DISCIPLINARY ACTIONS

*These actions are reportable to the national data banks.**

BROOKS, Karen M., MD; MD157329 | Salem, OR

On July 11, 2024, Licensee entered into a Stipulated Order with the Board. With this Order, Licensee retires her medical license while under investigation.

LAWSON, Eleazar D., MD; MD192703 | Portland, OR

On July 11, 2024, Licensee entered into a Stipulated Order with the Board for unprofessional or dishonorable conduct and gross and repeated negligence in the practice of medicine. This Order reprimands Licensee; assesses a \$6,500 civil penalty; allows Licensee to continue practicing medicine but prohibits Licensee from practicing general surgery or performing general surgery consultations; and subjects Licensee's practice to no notice chart audits by the Board.

NGUYEN, Trung N., DO; DO188011 | Tyler, TX

On July 11, 2024, Licensee entered into a Stipulated Order with the Board for disciplinary action by another state of a license to practice; willful violation of a Board statute; and failure by the licensee to report to the board any adverse action taken against the licensee by another licensing jurisdiction. This Order prohibits Licensee from prescribing to Oregon patients; however, this term is held in abeyance as long as Licensee's Oregon medical license is at a non-practicing status.

SMITH, Scott W., MD; MD206003 | Mt. Pleasant, SC

On July 11, 2024, Licensee entered into a Stipulated Order with the Board for unprofessional conduct; gross negligence in the practice of medicine; repeated negligence in the practice of medicine; disciplinary action by another state of a license to practice; and prescribing controlled substances without a legitimate medical purpose or without following accepted procedures for examination of patients or without following accepted procedures for record keeping. With this Order, Licensee surrenders his medical license while under investigation.

APPLICATION DENIALS**SALDANA, Tito C., MD; Applicant | Lakeland, FL**

On July 11, 2024, Applicant entered into a Stipulated Order with the Board in which Applicant withdrew his application for licensure, and the Board agreed to hold the license denial in abeyance so long as Applicant complies with the terms of the Order. The Board had proposed denial of Applicant's application for licensure due to failure to meet the qualifications for licensure, failure to establish good moral character, and violations of the Medical Practice Act (state law), including fraud or misrepresentation in applying for or procuring a license to practice medicine in this state; willfully violating a provision of ORS chapter 677; and willfully violating a Board rule.

ORDERS MODIFYING OR TERMINATING PREVIOUS BOARD ORDERS**BERK, Mehmet C., MD; MD157718 | Portland, OR**

On July 11, 2024, the Board issued an Order Modifying Stipulated Order. This Order modifies Licensee's November 2, 2023, Stipulated Order.

LIN, Wei-Hsung, MD; MD20067 | Richland, WA

On July 11, 2024, the Board issued an Order Rescinding Stipulated Order. This Order rescinds Licensee's August 12, 1996, Stipulated Order.

MCCORKLE, Elizabeth J., MD; MD22056 | Eugene, OR

On July 11, 2024, the Board issued an Order Terminating Stipulated Order and Order Modifying Stipulated Order. This Order terminates Licensee's July 11, 2019, Stipulated Order and October 6, 2022, Order Modifying Stipulated Order. +

Current and past public Board Orders are available on the OMB's website.

**National Practitioner Data Bank (NPDB) and Federation of State Medical Boards.*



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Monday - Friday, 8 a.m. - 5 p.m.
(closed 12 p.m. - 1 p.m.)

Board staff are also available by
phone (**971-673-2700**) or email
(info@omb.oregon.gov).

Office Closures

Monday, September 2 - **Labor Day**

Monday, November 11 - **Veterans Day**

Thursday & Friday, November 28 & 29 -
Thanksgiving

Register for Email Notices

Visit omb.oregon.gov/subscribe to
register for any of the following notices
from the Oregon Medical Board:

- Acupuncture Interested Parties
- Administrative Rules
- Board Action Report
- EMS Interested Parties
- *OMB Report* Quarterly Newsletter
- Public Meeting Notice
- Quarterly Malpractice Report

Applicant/Licensee Services

For new license applications, renewals,
address updates, and more:
omb.oregon.gov/login

Licensing Call Center

Hours: **9 a.m. - 3 p.m.** (closed 12 p.m. - 1 p.m.)

Phone: **971-673-2700**

Email: licensing@omb.oregon.gov

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Statement of Purpose

The *OMB Report* is published to help promote medical excellence by providing current information about laws and issues affecting medical licensure and practice in Oregon.