

Tennessee Board of Medical Examiners



Newsletter



Winter/Spring 2007

A regulatory agency of the State of Tennessee

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Bureau of Health Licensure and Regulation • Health Related Boards • 227 French Landing, Suite 300, Heritage Place MetroCenter, Nashville, TN 37243
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WHAT IS FETAL ALCOHOL SYNDROME?

Fetal Alcohol Syndrome

Roger Zoorob, MD, MPH, FAAFP, Andrea Williams, MPA

What is Fetal Alcohol Syndrome?

Fetal Alcohol Syndrome (FAS) is the leading preventable cause of mental retardation in children, and poses a multitude of physical, psychological, and social challenges for the children and families it affects. Although FAS is 100% preventable, approximately 0.2 to 1.5 per 1,000 children are born each year with the condition. Minority children, especially American Indians and African Americans, are at increased risk for FAS, due in part to the relationship between poverty and the consumption of alcohol during pregnancy. Alcohol passes through the placenta predisposing the baby to lifelong damage as a result. Individuals with FAS have difficulties with learning, attention, memory, and problem solving and behavior. FAS is characterized by brain damage, facial deformities, growth deficits and development delays. Heart, liver, and kidney defects also are common, as well as vision and hearing problems. FAS ultimately has substantial societal and economic consequences, including health care costs, lost economic potential among parents of and persons with FAS, in addition to the immediate costs and burdens within affected families.

Diagnosis Criteria

A diagnosis of FAS is made when 1) all three facial abnormalities (smooth philtrum, thin vermilion border, and small palpebral fissures); 2) prenatal or postnatal growth deficit in height or weight (deceleration in weight over time and disproportional low weight to height); and 3) documented CNS abnormality as structural, neurological, or functional. The diagnosis should be made on the basis of available history and the above with or without confirmed maternal alcohol exposures.

Prevention

There is no safe threshold of alcohol use during pregnancy. Women who are pregnant, planning a

pregnancy, or at risk for pregnancy should be advised to abstain completely from drinking alcohol. According to Morbidity Mortality Weekly Report, women of childbearing age should be advised to drink no more than seven drinks per week and no more than three drinks on any one occasion (2005;54(RR-11):1-15).

What does the Southeastern FAS Regional Training Center Provide?

Since FAS does not receive the same degree of attention as other birth defects and alcohol is easily obtained, it has the potential to continue to harm infants and cause long-term difficulties to exposed children. The CDC funded Southeastern Regional Training Center, a collaboration among Meharry Medical College, Morehouse School of Medicine and Tennessee State University, focuses on increasing the knowledge and skills of practicing health care and community service providers and other personnel that serve underprivileged women and children. The Center has developed website tools, multiple audience specific presentations and case based simulations specifically directed to the identification of FAS diagnosis. With widespread prevention activities implemented, the expectation is that these practicing personnel become more aware of the harms of prenatal alcohol exposure to unborn babies and thereby lead prevention efforts in educating women about the dangers of alcohol use during pregnancy.

For information or resources please contact:

Fetal Alcohol Syndrome Regional Training Center
Meharry Medical College, School of Medicine
Department of Family and Community Medicine
Andrea Williams, MPA
Program Coordinator
1005 Dr. D. B. Todd Jr. Blvd.
Nashville, TN 37208-3599
Phone (615) 327-5878
Email: williamsa@mmc.edu ■

2007 BOARD MEETING DATES

January 23-24	July 17-18
March 20-21	September 18-19
May 15-16	November 6-7

All board meetings begin at 8:30 a.m., Central Time. Board meetings are held at the Board's office and are open to the public. Dates are subject to change, but are listed on the Board's website. [In the event of an electronic meeting, a conference room is made available to the public and is the location from which the electronic meeting is conducted.]

BOARD MEMBERS

The Board of Medical Examiners is a twelve member board (nine physicians and three consumers).

Current members are:

David L. Cunningham, M.D., President
Mitchell L. Mutter, M.D., Vice President
Allen S. Edmonson, M.D.
Charles W. White, Sr., M.D.
George L. Eckles, Jr., M.D.
Subhi D. Ali, M.D.
Michael D. Zanolli, M.D.
Keith Lovelady, M.D.
Neal S. Beckford, M.D.
Mary D. Johnson, Public Member
Mark A. Brown, Esq., Public Member
Irene E. Wells, Public Member ■

CHANGES OF ADDRESS

Must be reported (in writing or by e-mail) to the Board's Office within 30 days! Please include the following:

- Your name and license number;
- Your profession;
- Your old address and phone number;
- Your new address and phone number, e-mail address, and/or your fax number;
- Your SIGNATURE!

Board's Fax Number: 1-615-253-4484

Board's Website: www.tennessee.gov ■



RENEWING YOUR LICENSE ON LINE www.tennessee.gov/health

Beginning in December 2001, renewing your professional health license got a bit easier. The Department of Health has implemented an online process that allows all professions and facilities of Health to renew their licenses online and/or update their information. The process is quick, simple, secure, and convenient – and even allows you to pay for your renewal with a credit card.

Here's how to renew on line, step by step:

Step One – Login In. As a professional, you'll need to select your board, profession and enter your profession license number, your date of birth and social security number or your transaction number from your renewal notice.

Step Two – Update Your Information. Here you'll have the opportunity to update your home address, your work address and even your billing address. Once you've completed entering that information, you're halfway done!

Step Three – Enter your Renewal Information. At this step you'll answer all necessary questions and provide information on licenses from other states. You'll have the ability to update your education information and list your principal place of employment.

Step Four – Payment. Here's where it all comes together. By entering your credit card through the secure site and choosing "submit," you will have completed the online renewal application. **Only choose submit one time!**

What Happens Next?

Your renewal information will be posted to the Department of Health's licensing system and once you have met all of the criteria for your profession, you will be mailed your renewal certificate.

That's it – you're done! So, come check it out and renew online – or even just update your information. We'll see you at www.tennessee.gov!

Making the Renewal Process Work

Common Pitfalls to Avoid

If you choose not to renew online, you can ensure that the renewal process will work...and work the first time, every time for you. There are common pitfalls that are shared by persons in each profession. Recognizing these common errors may assist you in avoiding them and ensure trouble-free renewals.

Here's how:

Sign your renewal - All applications must bear the licensee's signature.

Return the renewal form intact - Don't separate the one-page renewal form. While it looks like you could, and perhaps should separate your renewal application, return the original form in ONE PIECE.

Keep your address current – Mail (including your renewal form) is generated using a computer program, which downloads the address the Board's Office has on file for you. If the Board's Office has an incorrect address, the incorrect address will be used for your renewal.

If you are a doctor, file your PPQ (or update) – By statute, we cannot renew your license UNLESS you have a Practitioner Profile Questionnaire on file. (If you need to update your PPQ, simply copy from the one on the internet, make changes in red, and send it to the Board's Office.)

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RENEWING YOUR LICENSE ON LINE

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If answering "YES" to any one of the three questions on the back of your renewal, provide an explanation -

The Board's Office cannot process your renewal until we have written documentation [letter from your physician, court/disciplinary board order(s), etc.] and your written explanation of the events which made you answer "Yes" on your renewal.

Mail the appropriate fee with your renewal application

– Some renewals are received without the fees, or fees are sent separately from renewals, or fees are sent in the wrong amounts.

If any of these errors are made, the renewal application will not be smoothly processed, if at all. Remember, failure to renew by the end of the 30 day grace period will subject the license/registration to administrative revocation for which reinstatement will be required.

NOTICE: Beginning mid-year 2007, the Medical Board will launch Internet Renewal System and phase out paper renewals entirely. The Board's goal is to have all renewals completed over the Internet. That means that if you want to renew by mail, you will need to contact the Board's Administrative Office to receive a paper renewal form. More information will be available on the Board's website. ■

REMINDER

Continuing Medical Education

All licensees must complete (40) hours of continuing medical education courses during the two (2) calendar years (January 1 - December 31) that precede the licensure renewal year. The Board has now adopted a policy for physicians who renew their licenses and have failed to obtain the required CME.

Should the medical doctor fail to obtain the continuing education hours for a calendar year, the following shall occur:

- The medical doctor must pay a civil penalty in the amount of forty dollars (\$40.00) for each hour of Category I missed. Payment must be rendered within sixty days of notification from the Board that the medical doctor has been found to have failed to obtain the required continuing education hours.
- The medical doctor must make up the amount of continuing education hours that he/she is lacking, in addition to completing the continuing education hours requirement for the current calendar year. The deficient hours must be made up within one hundred eighty (180) days of receipt of this policy. Documented proof of the deficient hours obtained must be submitted to the Board upon completion.
- The medical doctor must complete an additional ten (10) continuing education hours. This requirement is in addition to the requirement that the medical doctor make up the continuing education hours that he/she is lacking, and in addition to the continuing education hours' requirement for the current calendar year. The ten (10) hours must be made up within two years of receipt of this policy. Documented proof of completion of the deficient hours must be submitted to the Board upon completion.

Failure to comply with this policy may result in disciplinary action. Failure to respond to the Board request for documentation or to make up deficient continuing education hours after notification by the Board may also result in disciplinary action.

In January 2005 the Board adopted a policy to handle instances when a doctor fails to obtain the required Continuing Medical Education Hours. To view the Boards Policy, please go to: [Http://www.state.tn.us/health/downloads/g50115027.pdf](http://www.state.tn.us/health/downloads/g50115027.pdf).

Licensees should know that the Department of Health will be auditing to determine compliance ■

NOTIFICATION TO HEALTH CARE LICENSEES Implementation of the Controlled Substance Database:

In accordance with Tennessee Code Annotated §53-10-304, the Tennessee Department of Commerce and Insurance has established a program to monitor the prescribing and dispensing of Schedule II, III, IV & V controlled substances. Data collection will begin for all **dispensers** on December 1, 2006.

The program requires a **dispenser** who is licensed by the State and who dispenses controlled substances within or from outside of the State of Tennessee to submit the required information. All transactions must be submitted at least twice monthly.

All **dispensers** must register with the Tennessee Board of Pharmacy as soon as possible but no later than December 25, 2006. If you do not dispense Schedule II-IV substances, you need not register. The following activities do not require reporting:

- A drug administered directly to a patient;
- Any drug dispensed by a licensed health care facility provided that the quantity dispensed is limited to an amount adequate to treat the patient for a maximum of forty-eight (48) hours;
- Any drug sample dispensed;
- Any facility that is registered by the United States Drug Enforcement Administration as a narcotic treatment program and is subject to the record keeping provisions of 21 CFR 1304.24.
- Dispensing to inpatients in hospitals or nursing homes (exemption does not apply to assisted living)
- Dispensing to inpatients in hospices (exemption does not apply to home hospice or hospice in an assisted living facility)

Registration as a dispenser with the Board of Pharmacy, Controlled Substance Database may be accomplished by regular mail or email. Their address is:

Tennessee Board of Pharmacy
Controlled Substance Database
500 James Robertson Parkway
Nashville, Tennessee 37243-1149
Controlled.SubstanceDatabase@state.tn.us
(615) 741-2718 or Fax (615) 741-2722

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NOTIFICATION TO HEALTH CARE LICENSEES Implementation of the Controlled Substance Database:

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The contractor for data collection is Optimum Technology, Inc. Please contact Optimum Technology for further information on how to obtain a User Name and password. Mailing address:

Optimum Technology, Inc.
100 E Campus View Blvd
Suite 380
Columbus, OH 43235
Phone Number: 866-683-9771
Email address: tnrxreport@otech.com

You will find the manual for reporting at the Tennessee Department of Commerce and Insurance, Controlled Substance Database Program website at:

http://www.state.tn.us/commerce/boards/pharmacy/controlled_substance.

THE PROGRAM IMPLEMENTATION SCHEDULE:

Initial Reporting Period: December 1-15, 2006

Initial Reporting Deadline: December 25, 2006

The deadline for reporting dispensing between the 1st and 15th of each month is the 25th of that month. The deadline for reporting dispensing between the 16th and the last day of the month is the 10th of the next month. Dispensers are encouraged to report prior to the deadline in order to have time to correct any rejected submissions. Dispensers may report on a more frequent basis but must report at least twice monthly.

Failure of a **dispenser** to register and/or report may be a violation of the practice act and subject the **dispenser** to disciplinary action.

This data is being collected to assist you in making better prescribing choices for your patients. A letter will be sent at a later date to instruct you as to how you can access the data.

Any questions regarding the program can be directed to the Board of Pharmacy at the above number and email address. ■

STATUTE CHANGE REGARDING RELEASE OF MEDICAL RECORDS

Effective June 18, 2005, the statute regarding release of medical records (T.C.A. § 63-2-101) was amended to require release of records to TennCare office of Inspector General and to the Medicaid Fraud Control Unit. The entire text of the new statutory language is as follows:

T.C.A. § 63-2-101 (i)

Providers, as defined in Tennessee Code Annotated, Section 71-5-2503, shall make available for inspection and copying, to the Office of Inspector General and the Medicaid Fraud Control Unit, upon request no later than by the close of business on the next business day, a complete set of all medical records requested in connection with an investigation being pursued by

the agency, or shall provide a compelling reason why the requested records cannot be produced; provided, no such records shall be removed from the grounds of the provider's office without the provider's consent unless the Office of Inspector General or the Medicaid Fraud Control Unit reasonably believes that requested documents are about to be altered or destroyed.

T.C.A. § 63-2-101 (j)

On request of a provider, a duly authorized agent of the requesting agency shall sign a document acknowledging receipt of records produced pursuant to this section. On request of a duly authorized agent of the requesting agency, a duly authorized agent of the provider shall sign a document acknowledging the return of specific records to the provider.

T.C.A. § 63-2-101 (k)

No person or entity shall be subject to any civil or criminal liability for releasing patient information in response to a request from the Office of Inspector General or the Medicaid Fraud Control Unit.

BOARD DISCIPLINES "Ear Stapler"

EAR STAPLING a procedure whereby tiny surgical staples are placed in the ear to target specific pressure points is viewed by the Board of medical Examiners to be the practice of medicine. At its September 2006 meeting, the Board took action against Ms. Shelia Vaughn, who does not hold a license to practice medicine, Osteopathy or Acupuncture in the State of Tennessee. Ms. Vaughn agreed to immediately cease and desist the practice of, advertising for, or otherwise performing ear stapling. Ms. Vaughn was required to pay one (c) type B civil penalty in the amount of five hundred dollars (\$500.00) and pay all costs associated with the prosecution of the case. ■

STATUTORY CHANGES OF INTEREST TO TENNESSEE PHYSICIANS

The following are brief summaries of statutory changes of interest to physicians practicing in Tennessee. If you wish to review the public chapter in its entirety, please visit the state of Tennessee website at:

<http://www.tennessee.gov/sos/acts/index.htm>

Public Chapter 531

Absentee member removal grounds and procedure (3 unexcused meeting in 12 months)

Public Chapter 560

Limitation of liability for health care services provided during a governor declared emergency except for gross malpractice or willful misconduct. Granted in 30 day increments.

Public Chapter 564

Rewords the electronic and fax prescription statute and amends the generic prescription drug law to allow patients to obtain "brand" drugs when a provider fails to certify medical necessity for "brand" medication if the patient agrees to pay

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STATUTORY CHANGES OF INTEREST TO TENNESSEE PHYSICIANS

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the difference in costs between his/her insurance plans reimbursement level for the generic equivalent and the cost of the brand drug.

Public Chapter 585

Encourages prenatal health care providers to offer information to women who are pregnant about cost free donation to blood banks or plasma centers, of blood from the umbilical cord of her newborn.

Public Chapter 663

Revises The Health Care Consumer Right to Know Act by clarifying that those who provide their home address are authorizing its disclosure.

Public Chapter 774

Creates an exception from the BME's requirement that an applicant have passed all three steps of the USMLE (United States Medical Licensure Exam) within seven (7) years which will accommodate three (3) individuals and which are repealed in three (3) years. The extension beyond the 7 years (but not more than 10 years) are given to those who are licensed in good standing and was continuously training and/or practicing and were granted an extension or waiver from the seven (7) year period in another jurisdiction². Furthermore that the seven (7) years shall not run during any period in which the applicant actively served and continuously trained and practiced medicine in the armed forces of the United States.

Public Chapter 775

Authorizes chiropractic physicians to practice acupuncture upon completion of 250 hours of training and passage of a chiropractic acupuncture exam. It prohibits chiropractic physicians from advertising that they are "certified acupuncturists."

Public Chapter 804

Requires posting of contact numbers for the Domestic Abuse Hotline in physician offices - Also requires publication of that information in all HRB board newsletters and new licensee distribution.

Public Chapter 831

Requires a link from the Medical and Osteopathic Board's Internet site to the Web sites of the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists for accessing the Guidelines for Perinatal Care regarding the indications for screening infants for blood glucose abnormalities. Also requires the BME and BOE to publish the guidelines in their annual newsletter.

You may link to the American College of Obstetricians and Gynecologists at <http://www.acog.org>. Unfortunately, the Guidelines for Perinatal Care posted on their website are restricted to members only. Also, the Guidelines for Perinatal Care offered by the American Academy of Pediatrics are not available online. It is available for purchase at \$65.00.

Public Chapter 843

Requires providers who diagnose pregnancy in unemancipated minors to provide documentation to parents upon consent of the minor regarding how to report any sexual abuse to the DCS that may have resulted in the pregnancy. Failure to comply is a Class A misdemeanor. Also requires publication in

all appropriate HRB board newsletters and new licensee distribution.

Public Chapter 845

Requires physicians who are required by law (T.C.A. 37-1-605) to report sexual abuse of a minor under 13 and on whom they also perform an abortion as a result of that abuse must, at the time of the report, notify the law enforcement official of the time of the abortion and obtain and preserve for production to law enforcement samples of the embryonic or fetal tissue. Failure to comply is punishable by disciplinary action before the appropriate licensure board for unprofessional conduct and subjects the offender to minimum civil penalties for the first two failures to comply and to Type A misdemeanor criminal penalties for the third failure to comply.

Public Chapter 872

Creates the "Board of Athletic Trainers" to function within the health related boards system thereby removing the licensure and regulation function from the board of medical examiners.

Public Chapter 875

Exempts certain MD/PT business relationships from application of the state's "Stark" law (prohibited referral law) under specified conditions.

Public Chapter 956

Establishes a special legislative joint study committee to study issues relating to covenants not-to-compete involving physicians and other health care professionals.

Public Chapter 973

Creates the offense of Statutory Rape by an Authority Figure and encompasses penetration of a person between the ages of 13 and 18 by a person in a position of trust (specifically listing those who obtain that position by virtue of their legal, professional or occupational status and make it a class C felony for which probation and diversion are not available.

Public Chapter 1003

Prohibits the practice known as "Client Billing" in which the provider bills a patient for the laboratory services provided by the laboratory to which the provider sent the specimen at a rate higher than the laboratory charged the provider for testing the specimen. Now laboratories and physicians providing cytopathology testing on specimens have to bill the patients themselves. They can no longer bill the provider who requested the test. ■

Did you know?

Symbol of Medicine:

Which symbol should we be using to represent the medical profession? Apparently, the **caduceus** on the left, with two serpents coiling around a pole is mistakenly used by the (American) medical profession even though the official symbol of the medical profession is supposed to be the staff of the miraculous healer-god Asclepius, a single serpent entwined around a cypress branch. The caduceus is associated with Hermes (Mercury), the messenger of the gods, also known as the god of trickery, wealth and death! Whoops!



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**DISCIPLINARY ACTION 2005
AND FIRST HALF OF 2006**

The Board took action against the following medical doctors during the year 2005 and the first half of 2006:

Name of Physician	Action Taken	Date of Action
Adams, John	Reprimand	27-Jan-05
Alexander, Alan	Revoked	02-Jun-05
Allen, Robert	Probation	24-Jan-06
Anfinson, Theodore	Probation	14-Dec-05
Appleton, James	Probation	15-Mar-06
Bentz, William	Revoked	16-Mar-05
Bomar, Sara	Restricted	01-Apr-06
Brazeal, Steven	Revoked	16-Mar-06
Burkich, Robert	Application for license denied	06-Dec-05
Byrnes, John	Probation	17-May-06
Campbell, Otis	Order of Compliance	17-May-05
Campbell, Otis	Civil Penalty	25-Jul-05
Carroll, Gregory	Revoked	21-Jul-05
Carter, James	Probation	24-Feb-06
Cirelli, Robert	License granted on Probation	30-Nov-05
Clinkscales, Norman	License issued with conditions	09-Aug-06
Conner, Marilyn	Suspended	01-Apr-05
Couch, Billy	Probation	29-Sep-05
Daley, Richard	Reprimand	17-May-06
Denham, James	License issued with conditions	02-Aug-05
Drummond, Charles	Restricted	22-Mar-05
Dubrulle, Rosaire	Suspended	17-May-05
Duncan, Orville	Restricted	24-May-05
Dunn, Terence	Probation	14-Mar-06
Echols, Everett	Revoked	25-Jul-05
Edelson, Stephen	Revoked	16-Mar-05
Ezekiel-Braide, Young	Revoked	14-Jun-06
Fath, Steven	Probation	16-Mar-05
Fath, Steven	Probation lifted	14-Mar-06
Fox, Stuart	Denied	16-May-06
Freeburger, Michael	Revoked	01-Apr-05
Fulton, Jr, James	Revoked	19-May-05
Gaines, Oscar	Revoked	23-Mar-05
Garcia, Daniel	Probation lifted	20-Jul-05
Gardner, Peter	License issued with conditions	24-Mar-06
Garrett, William	Reprimand	20-Aug-05
Geevarghese, Sunil	Reinstated with conditions	26-Jul-05
Gilliam, Larry	Reprimanded	20-Sep-05
Glasgow, Robert	Surrender	28-Nov-05
Halder, Ranjay	License denied	18-May-05
Hambleton, Scott	Suspended/Probation	16-Mar-05
Hancock, John	Suspended/Probation	14-Dec-05
Harlan, Charles	Revoked	04-May-05
Harnisch, Helmut	Reprimand	17-May-06
Hebert, Jesse	Reprimanded	31-Jan-06
Howard, Larry	Suspension	20-Sep-05

Howard, Nicholas	Suspended	17-Mar-06
Itaro, Gabriel	License Denied	14-Mar-06
Jalfon, Isaac	Probation	19-Jan-05
January, Bruce	Civil Penalty	17-May-06
Johnson, Richard	Conditioned	29-Mar-06
Jones, Chris	Civil Penalty	28-Mar-06
Kienzle, Richard	Surrender	20-Jul-05
Kienzle, Richard	Civil Penalties	24-Jan-06
Kirby, Charles	Reprimand	14-Mar-06
Klarich, Rena	Revocation	17-May-05
Klein, Carl	Suspended	16-Mar-05
Knight, C. Dewayne	Restrictions lifted	06-Apr-05
Lavarias, Santiago	Probation	20-Sep-05
Leyen, Robert	Surrendered	20-Sep-05
Litchfield, Lonnie	Probation	17-May-06
Logan, Daniel	Probation	01-Jun-05
Long, William	Surrendered	17-May-05
Lyn-Boswell, Carla	License Denied	14-Mar-06
Marchbank, Steven	Suspended/Probation	17-May-05
Matthews, Stephen	Probation	20-Jul-05
McKenzie, Randolph	Reprimand	18-Jan-05
Meenes, J. Keith	License reinstated with conditions	10-Dec-05
Michael, Phillip	Probation	24-Jan-06
Moon, Young	Revoked	16-Mar-06
Moss, Joe	Suspended	20-Dec-05
Mosure, James	Probation	20-Jul-05
Moynihan, Patricia	Surrender	24-Jan-06
Murad, Omar	Conditioned	20-Jul-05
Nash, James	Revoked	14-Feb-05
Okumura, Michael	License issued with conditions	02-Apr-06
Oladinni, Allen	Revoked	02-Jun-05
Patzer, David	Restricted	29-Jul-05
Pence, John	Reprimand	18-Jan-05
Pham, Hieu	Reprimanded	20-Jul-05
Reaux, John	Revoked	21-Jul-05
Ringer, Steven	Revoked	21-Jul-05
Ritchie, Steve	Probation	18-Jan-05
Roberson, Travis	Retired	17-May-06
Ross, Robert	Conditioned	22-Feb-06
Ruhling, Richard	Revoked	26-Jan-06
Rynerson, James	Limited/Restricted	20-Sep-05
Sanders, Clarence	Suspended/Probation	20-Sep-05
Sapoznik, Ira	Surrendered	18-May-06
Satterly, William	Civil Penalty	20-Jul-05
Shearer, Cynthia	Suspended, Summarily	03-May-06
Short, Ronald	Probation	21-Jul-05
Slonaker, Daniel	Probation lifted	14-Mar-06
Smith, Audrey	Probation	17-May-06
Smith, Devon	Probation lifted	25-Jul-05
Smith, Milton	Probation	15-Mar-05
Stephens, Gretel	Reprimanded	20-Sep-05
Strasberg, Gary	Probation	15-Mar-05

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**DISCIPLINARY ACTION 2005
AND FIRST HALF OF 2006**

(Continued from Page 6)

Tanner, Wade	Surrendered	17-May-05
Turek, Raymond	Surrender	17-May-05
Vandiveer, Carol	Probation	14-Mar-06
Ventra, Pamela	Summarily Suspended	04-Feb-05
Westerfield, Samuel	Suspended	23-Mar-05
Westerfield, Samuel	Revoked	17-May-06
Whitmer, Jr., Gilbert	Surrendered	15-Mar-06
Wiley, Gregory	Civil Penalty	22-Feb-06
Willbrandt, Barry	Civil Penalty	17-May-05
Williams, Fortune	Revoked	26-Jan-06
Willis, Randall	Probation	25-Oct-05
Wood, Dewey	Revoked	20-Sep-05
Wysor, Michael	Reprimand	21-Jul-05
Yancey, Beryl	Probation	19-Jan-05
Yeates, Sheran	Permanently revoked	12-Oct-05

For more information regarding the disciplinary action taken by the Board against these licensees, please visit the Board's website at <http://www2.state.tn.us/health/licensure/index.htm>. ■

**BOARD ENDORSES
PATIENT SAFETY GUIDELINES**

POLICY:

A. Given that:

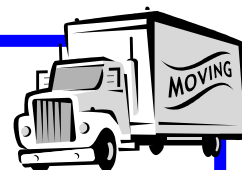
1. Medical errors and patient safety are a national concern to all involved in health care delivery.
2. The Health Related Boards are legally and ethically obligated to hold individuals accountable for their competency and behaviors that impact patient/client/resident care.
3. A punitive environment does not fully take into effect systems issues, and a blame-free environment does not hold practitioners appropriately accountable.

B. We resolve that the Health Related Boards will:

1. Strive for a culture that balances the need for a non-punitive learning environment with the equally important need to hold persons accountable for their actions.
2. Judge based on behavior, not the outcome.
3. Distinguish between human error, at-risk behavior, and intentional reckless behavior.
4. Foster a learning environment that encourages the identification and review of all error, near-misses, adverse events, and system weaknesses.

5. Support the prevention of future errors by promoting the use of a wide range of responses to safety-related events including coaching, non-disciplinary counseling, additional education or training, demonstration of competency, additional supervision and oversight and disciplinary action when appropriate to address performance issue.
6. Work to share information across organization to promote continuous improvement and ensure the highest level of patient/client/resident/staff safety.
 - (a) Collaborate in efforts to establish a statewide culture of learning, justice and accountability to provide the safest possible environment of patients/clients/residents.
7. In reviewing complaints filed with the Boards, the consultants and staff will consider the following blameworthy activity that may result in board action:
8. An event or medical error that is a result of a practitioner's actions while under the influence of alcohol or drugs.
9. The practitioner responsible for the error has blatantly disregarded the facility's policies and procedures or professional standards of practice.
10. The practitioner is being purposefully or recklessly unsafe.
11. The practitioner commits an intentional and/or criminal act (including abuse, neglect or misappropriation of patient/resident property).

**THE BOARD OF MEDICAL
EXAMINERS HAS MOVED!!!!**



The Bureau of Health Licensure and Regulation, which includes the Board of Medical Examiners, has move to offices located in the Metro Center area of Nashville. The Bureau will be located in two different buildings: 227 French Landing and 220 Athens Way. The Board of Medical Examiners administrative office will be on the 3rd floor of 227 French Landing, Heritage Place Metro Center and the Board meeting rooms will be on the 1st floor of that same building. The telephone numbers and fax numbers will remain the same.

■ ■ ■

Tennessee Department of Health
Board of Medical Examiners
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