

BEFORE THE IOWA BOARD OF MEDICINE

IN THE MATTER OF THE STATEMENT OF CHARGES AGAINST

DOROTHY CLINE-CAMPBELL, D.O., RESPONDENT

FILE No. 03-07-735

TERMINATION ORDER

Date: September 16, 2016.

1. **Iowa Medical License:** The Board granted Respondent Iowa medical license no. 02727 on July 6, 1992. Respondent's Iowa medical license is active and will next expire on April 1, 2017.

2. **Practice Setting:** Respondent is an Iowa-licensed physician who practices family medicine in Bloomfield, Iowa.

3. **Combined Statement of Charges and Settlement Agreement:** On January 12, 2006, Respondent entered into a combined Statement of Charges and Settlement Agreement with the Board. The Board charged Respondent with failure to provide appropriate supervision to non-physician staff who performed services at a skin care clinic where Respondent served as medical director. Respondent was prohibited from serving as a medical director of any skin care clinic in the future and she was issued a Citation and Warning and ordered to pay \$1,000 Civil Penalty.

4. **Emergency Adjudicative Order and Statement of Charges:** On April 9, 2010, the Board filed an Emergency Adjudicative Order and Statement of Charges against Respondent suspending her ability to practice emergency medicine under her Iowa medical license. The Board alleged that Respondent failed to conform to the minimal standard of care and willfully or repeatedly violated the laws and rules governing the practice of medicine in Iowa.

5. **Settlement Agreement:** On October 22, 2010, Respondent entered into a Settlement Agreement with the Board to resolve the pending disciplinary charges. Under the terms of the October 22, 2010, Settlement Agreement, the Board issued Respondent a Citation and Warning. The Board also ordered Respondent to complete a comprehensive competency evaluation at the Center for Personalized Educational for Physicians (CPEP) in Denver, Colorado, and fully comply with all recommendations made by CPEP and the Board following the evaluation, including any program of remediation. The Board also placed Respondent on probation for a period of five years subject to Board monitoring.

6. **Termination of the terms of the October 22, 2010, Settlement Agreement:** On September 16, 2016, the Board concluded that Respondent has demonstrated that she has complied with the terms of the October 22, 2010, Settlement Agreement and the Board voted to terminate the terms of the Settlement Agreement. The Board concluded that Respondent demonstrated that she has successfully completed the following terms and conditions:

A. **Comprehensive Competency Evaluation:** Respondent completed a comprehensive competency evaluation at the Center for Personalized

Educational for Physicians (CPEP) in Denver, Colorado, and fully complied with all recommendations made by CPEP and the Board following the evaluation, including a program of remediation.

- B. **Terms of Probation:** Respondent completed the terms of her probation, including Board monitoring.

THEREFORE IT IS HEREBY ORDERED: that the terms of the October 22, 2010, Settlement Agreement, are terminated. However, Respondent remains prohibited from serving as a medical director of any skin care clinic in the future pursuant to the January 12, 2006, combined Statement of Charges and Settlement Agreement.

This Order is effective on September 16, 2016.



Diane L. Clark, R.N., M.A., Chair
Iowa Board of Medicine
400 SW 8th Street, Suite C
Des Moines, Iowa 50309-4686

BEFORE THE IOWA BOARD OF MEDICINE

IN THE MATTER OF THE STATEMENT OF CHARGES AGAINST

DOROTHY CLINE-CAMPBELL, D.O., RESPONDENT

FILE No. 03-07-735

SETTLEMENT AGREEMENT

COMES NOW the Iowa Board of Medicine (Board), and Dorothy Cline-Campbell, D.O., (Respondent), and on *October 22*, 2010, and pursuant to Iowa Code sections 17A.10(2) and 272C.3(4), enter into this Settlement Agreement to resolve the contested case currently on file.

1. Respondent was issued Iowa medical license no. 02727 on July 6, 1992.
2. Respondent's Iowa medical license is active and will next expire on March 1, 2011.
3. The Board has jurisdiction in this matter pursuant to Iowa Code Chapters 147, 148 and 272C.

STATEMENT OF MATTERS ASSERTED

4. Respondent is an Iowa-licensed physician who practices emergency medicine and family medicine in Bloomfield, Iowa.

5. On January 12, 2006, the Board charged Respondent with failure to provide appropriate supervision to non-physician staff who performed services at a skin care clinic where Respondent served as medical director. Respondent was prohibited from serving as a medical director of any skin care clinic in the future, and she was issued a Citation and Warning and ordered to a pay \$1,000 Civil Penalty.

6. The Board subsequently received information which raised concerns that Respondent failed to conform to the minimal standard of care and willfully or repeatedly violated the laws and rules governing the practice of medicine in Iowa, and issued a statement of charges including the following:

- A. Respondent failed to maintain appropriate medical records for patients;
- B. Respondent failed to document and/or obtain, appropriate medical histories;
- C. Respondent failed to document and/or perform, appropriate physical examinations;
- D. Respondent violated 42 CFR 412, 482 and 489 (E.M.T.A.L.A.) when she failed to document and/or perform appropriate medical screening examinations and failed to document and/or provide appropriate necessary stabilizing treatment for patients who presented to the emergency department with mental illness, substance abuse and/or drug overdose;
- E. Respondent inappropriately prescribed IV Toradol to a patient when it was contraindicated; and
- F. Respondent inappropriately prescribed Adenosine to a patient when it was contraindicated.

7. On June 18, 2009, the Board ordered Respondent to complete a comprehensive competency evaluation at the Center for Personalized Education for Physicians (CPEP) a Board-approved, nationally-recognized, physician competency assessment program. Respondent completed the evaluation on October 2, 2009, and CPEP identified deficiencies in Respondent's emergency and family medicine practice. CPEP recommended that Respondent complete a Board-approved supervised point-of-care clinical experience with 100% direct supervision in an emergency medicine setting to address the identified deficiencies. CPEP recommended that Respondent complete a supervised educational program in family medicine, including a limited point-of-care experience in the labor and delivery setting. CPEP also recommended that she complete a medical record keeping program.

8. On April 9, 2010, the Board filed an Emergency Adjudicative Order and Statement of Charges against Respondent suspending her ability to practice emergency medicine under her Iowa medical license. The Board alleged that Respondent failed to conform to the minimal standard of care and willfully or repeatedly violated the laws and rules governing the practice of medicine in Iowa. Respondent has complied with that order.

9. On June 14, 2010, Respondent filed an Answer to the Statement of Charges denying the allegations.

10. Respondent has cooperated fully with the Board and has completed extensive continuing medical education in an effort to address the concerns raised by CPEP and the Board and will continue to cooperate with the Board to address issues concerning her medical practice.

11. Respondent agrees to enter into this Settlement Agreement to resolve this matter.

SETTLEMENT AGREEMENT

12. **CITATION AND WARNING:** Respondent is **CITED** for failing to conform to the minimal standard of care and for violating the laws and rules governing the practice of medicine in Iowa. Respondent is **WARNED** that such conduct in the future may result in further disciplinary action, including suspension or revocation of his Iowa medical license.

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13. **FIVE YEARS PROBATION:** Respondent shall be placed on **probation for a period of five years** subject to the following terms and conditions:

A. **Monitoring Program:** Respondent shall contact Shantel Billington, Compliance Monitor, Iowa Board of Medicine, 400 SW 8th Street, Suite C, Des Moines, IA 50309-4686, Ph.#515-281-6491 to establish a monitoring program. Respondent shall fully comply with all requirements of the monitoring program.

B. **Recommendations of CPEP and the Board:** Respondent shall fully comply with all recommendations made by CPEP.

C. **CPEP Remediation Plan:** Respondent shall successfully complete a Board-approved educational program as recommended by CPEP including the following:

(1) **Emergency Medicine:** Respondent shall only practice emergency medicine in a point-of-care clinical setting with 100% direct supervision by a Board-approved educational preceptor under the supervision of CPEP and the Board until further order of the Board. Respondent shall submit the name and CV of an Iowa-licensed physician to serve as her educational preceptor prior to the Board's approval of this order. Respondent shall meet regularly with the educational preceptor to review cases, discuss

decisions, review specific areas of need and engage in a quality improvement processes.

- (2) **Family Medicine:** Respondent shall complete an educational program in family medicine under the supervision of a Board-approved preceptor. Respondent shall submit the name and CV of an Iowa-licensed physician to serve as her educational preceptor prior to the Board's approval of this order. Respondent shall begin the educational program within fourteen days of the date of this order. Respondent shall meet regularly with the educational preceptor to review cases, discuss decisions, review specific areas of need and engage in a quality improvement processes.
- (3) **Labor and Delivery:** Respondent shall complete a Board-approved limited point-of-care experience in labor and delivery under the supervision of CPEP and the Board. Respondent shall submit the name and CV of an Iowa-licensed physician to serve as her educational preceptor prior to the Board's approval of this order. Respondent shall begin the limited point-of-care experience within fourteen days of the date of this order. Respondent shall meet regularly with the educational preceptor to review cases, discuss decisions, review specific areas of need and engage in a quality improvement processes.
- (4) **Continuing Medical Education and Self-Study:** Respondent shall complete continuing medical education and self-study as recommended by CPEP.

- (5) **Documentation Course:** Respondent shall complete a Board-approved documentation program within ninety (90) days of the date of this order.
- (6) **CPEP Reassessment:** Respondent shall complete a reassessment as recommended by CPEP.
- D. **Reduced Clinical Responsibilities:** Prior to the Board's approval of this Order, Respondent shall submit a written Clinical Practice Plan for Board approval. The written Clinical Practice Plan shall describe the steps Respondent has taken to reduce her clinical responsibilities to a more manageable level. Respondent shall fully comply with the Board-approved Clinical Practice Plan.
- E. **Worksite Monitor:** Respondent agrees to submit for Board approval the name of a physician or other Board-approved healthcare professional who regularly observes and/or supervises Respondent in a practice setting to serve as worksite monitor. The Board shall provide the worksite monitor a copy of all Board orders relating to this matter. The worksite monitor shall provide a written statement indicating that the monitor has read and understands the Board orders and agrees to serve as the worksite monitor under the terms of this Order. The worksite monitor shall agree to inform the Board immediately if there is evidence of a violation of the standard of care. The monitor shall agree to submit written quarterly reports to the Board concerning Respondent not later than 1/20, 4/20, 7/20 and 10/20 of each year of this Order.

- F. **Quarterly Reports:** Respondent agrees to file sworn quarterly reports attesting to his compliance with the terms and conditions of this Order not later than 1/10, 4/10, 7/10 and 10/10 of each year of this Order.
- G. **Board Appearances:** Respondent agrees to appear before the Board annually or upon request for the duration of the period of probation. Respondent shall be given reasonable notice of the date, time and location for the appearances. Said appearances shall be subject to the waiver provisions of 653 IAC 24.2(5)(d).
- H. **Monitoring Fee:** Respondent shall make a payment of \$100 to the Board each quarter for the duration of this Order to cover the Board's monitoring expenses in this matter. The monitoring fee shall be received by the Board with each quarterly report required under this Order. The monitoring fee shall be sent to: Shantel Billington, Compliance Monitor, Iowa Board of Medicine, 400 SW 8th Street, Suite C, Des Moines, IA 50309-4686. The check shall be made payable to the Iowa Board of Medicine. The monitoring fee shall be considered repayment receipts as defined in Iowa Code section 8.2.

14. Respondent shall obey all federal, state and local laws, and all rules governing the practice of medicine in Iowa.

15. Respondent submits this Order to the Board for consideration.

16. This Order constitutes the resolution of a contested case proceeding.

17. Respondent shall fully comply with the terms and conditions established in the Settlement Agreement that he entered into with the Board on February 11, 2008.

18. Periods of residence or practice outside the state of Iowa shall not apply to the duration of this Order unless Respondent obtains prior written approval from the Board. Periods in which Respondent does not practice medicine or fails to comply with the terms established in this Order shall not apply to the duration of this Order unless Respondent obtains prior written approval from the Board.

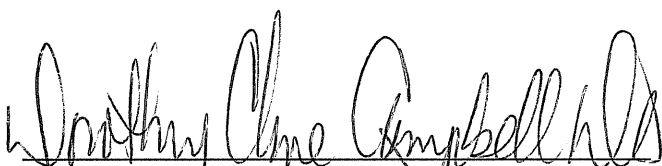
19. In the event Respondent violates or fails to comply with any of the terms or conditions of this Order, the Board may initiate action to suspend or revoke Respondent's Iowa medical license or to impose other license discipline as authorized in Iowa Code Chapters 148 and 272 and 653 IAC 12.2.

20. By entering into this Order, Respondent voluntarily waives any rights to a contested case hearing on the allegations contained in the Statement of Charges and waives any objections to the terms of this Order.

21. Respondent understands that by entering into this combined Statement of Charges and Settlement Agreement, Respondent cannot obtain a copy of the investigative file. Pursuant to Iowa Code section 272C.6(4), a copy of the investigative file may only be provided to a licensee after a Statement of Charges is filed but before the final resolution of those charges.

22. This Order is subject to approval by the Board. If the Board fails to approve this Order, it shall be of no force or effect to either party.

23. The Board's approval of this Order shall constitute a **Final Order** of the Board.


Dorothy Cline-Campbell, M.D., Respondent

D.O.

DC 8/25/10

Subscribed and sworn to before me on _____, 2010.

Notary Public, State of

This Order is approved by the Board on October 22, 2010.



Siroos S. Shirazi, M.D., Chairman
Iowa Board of Medicine
400 SW 8th Street, Suite C
Des Moines, Iowa 50309-4686

BEFORE THE IOWA BOARD OF MEDICINE

IN THE MATTER OF THE EMERGENCY) FILE NO. 03-07-735
ORDER AND STATEMENT OF CHARGES) DIA NO. 10DPHMB004
AGAINST:)
DOROTHY CLINE-CAMPBELL) ORDER FOLLOWING
Respondent) PREHEARING CONFERENCE
)

A telephone prehearing conference was held on Friday, April 23, 2010 at 10:30 a.m. Attorney Doug Fulton appeared for Respondent Dorothy Cline-Campbell. Assistant Attorney General Theresa O'Connell Weeg appeared for the state. This hearing is scheduled for expedited hearing on May 10-11, 2010. The attorneys provided the following dates that they could be available for hearing in June and early July: June 1-4, June 14, 17, 23, 24, and July 7-8. If a Board panel is not available in that time frame then Respondent wants to go forward with hearing on May 10-11, 2010. Based on a May 10th hearing date, the attorneys agreed to exchange witness and exhibits lists by April 30, 2010. The attorneys will submit their stipulated exhibits electronically to the Board by May 5, 2010 so that the Board will have access to them by May 6, 2010. These dates will be postponed if a later acceptable hearing date can be established.

Dated this 23rd day of April, 2010.

Margaret LaMarche

Margaret LaMarche
Administrative Law Judge
Iowa Department of Inspections and Appeals
Division of Administrative Hearings
Wallace State Office Building-Third Floor
Des Moines, Iowa 50319
(515) 281-7177

cc: Douglas Fulton, Respondent's Attorney
Theresa O'Connell Weeg, Assistant Attorney General
Mark Bowden and Kent Nebel, Iowa Board of Medicine
[all served solely by email]

BEFORE THE IOWA BOARD OF MEDICINE

IN THE MATTER OF THE STATEMENT OF CHARGES AGAINST

DOROTHY CLINE-CAMPBELL, D.O., RESPONDENT

FILE Nos. 03-07-735

STATEMENT OF CHARGES

COMES NOW the Iowa Board of Medicine (Board) on April 9, 2010, and files this Statement of Charges pursuant to Iowa Code section 17A.12(2). Respondent was issued Iowa medical license no. 02727 on July 6, 1972. Respondent's Iowa medical license is active and will next expire on March 1, 2011.

A. TIME, PLACE AND NATURE OF HEARING

1. Hearing. A disciplinary contested case hearing shall be held on May 10-11, 2010, before the Board. The hearing shall begin at 8:30 a.m. each day and shall be located in the conference room at the Board office at 400 SW 8th Street, Suite C, Des Moines, Iowa.
2. Answer. Within twenty (20) days of the date you are served this Statement of Charges you are required by 653 IAC 24.2(5)(d) to file an Answer. In that Answer, you should state whether you will require a continuance of the date and time of the hearing.
3. Presiding Officer. The Board shall serve as presiding officer, but the Board may request an Administrative Law Judge make initial rulings on pre-hearing matters, and be present to assist and advise the board at hearing.

4. Prehearing Conference. A prehearing conference will be held by telephone on April 23, 2010, at 10:30 a.m., before an Administrative Law Judge from the Iowa Department of Inspections and Appeals (ALJ). Please contact Kent M. Nebel, J.D., Legal Director, Iowa Board of Medicine, at 515-281-7088 with the telephone number at which you or your legal counsel can be reached. Board rules on prehearing conferences may be found at 653 IAC 25.15.

5. Hearing Procedures. The procedural rules governing the conduct of the hearing are found at 653 IAC 25. At hearing, you will be allowed the opportunity to respond to the charges against you, to produce evidence on your behalf, cross-examine witnesses, and examine any documents introduced at hearing. You may appear personally or be represented by counsel at your own expense. If you need to request an alternative time or date for hearing, you must review the requirements in 653 IAC 25.16. The hearing may be open to the public or closed to the public at the discretion of the Respondent.

6. Prosecution. The office of the Attorney General is responsible for representing the public interest (the State) in this proceeding. Pleadings shall be filed with the Board and copies should be provided to counsel for the State at the following address: Theresa O'Connell Weeg, Assistant Attorney General, Iowa Attorney General's Office, 2nd Floor, Hoover State Office Building, Des Moines, Iowa 50319.

7. Communications. You may not contact board members by phone, letter, facsimile, e-mail, or in person about this Notice of Hearing. Board members may only receive information about the case when all parties have notice and an opportunity to participate, such as at the hearing or in pleadings you file with the Board office and serve upon all parties in the

case. You should direct any questions to Kent M. Nebel, J.D., the Board's Legal Director at 515-281-7088 or to Assistant Attorney General Theresa O'Connell Weeg at 515-281-6858.

B. LEGAL AUTHORITY AND JURISDICTION

8. Jurisdiction. The Board has jurisdiction in this matter pursuant to Iowa Code chapters 17A, 147, 148, and 272C.

9. Legal Authority: If any of the allegations against you are founded, the Board has authority to take disciplinary action against you under Iowa Code chapters 17A, 147, 148, and 272C and 653 IAC 25.

10. Default. If you fail to appear at the hearing, the Board may enter a default decision or proceed with the hearing and render a decision in your absence, in accordance with Iowa Code section 17A.12(3) and 653 IAC 25.20.

C. SECTIONS OF STATUTES AND RULES INVOLVED

COUNT I

11. Respondent is charged with professional incompetency pursuant to Iowa Code sections 147.55(2), 148.6(2)(g) and (i), and 272C.10(2) and 653 IAC sections 23.1(2)(c), (d), (e), and (f), by demonstrating one or more of the following:

- A. A substantial lack of knowledge or ability to discharge professional obligations within the scope of the physician's or surgeon's practice;
- B. A substantial deviation from the standards of learning or skill ordinarily possessed and applied by other physicians or surgeons in the state of Iowa acting in the same or similar circumstances;

- C. A failure by a physician or surgeon to exercise in a substantial respect that degree of care which is ordinarily exercised by the average physician or surgeon in the state of Iowa acting in the same or similar circumstances; or
- D. A willful or repeated departure from, or the failure to conform to, the minimal standard of acceptable and prevailing practice of medicine and surgery in Iowa.

COUNT II

12. Respondent is charged pursuant to Iowa Code sections 147.55(8), 272C.10(8), and 653 IAC 21.4 and 645 IAC 326.8(4)(d) with willfully or repeatedly violating the laws and rules governing the practice of medicine in Iowa.

COUNT III

13. Respondent is charged pursuant to Iowa Code sections 147.55(3) and 272C.10(3) and 653 IAC 23.1(3) with engaging in practice harmful or detrimental to the public.

STATEMENT OF THE MATTERS ASSERTED

14. Respondent is an Iowa-licensed physician who practices emergency medicine in Bloomfield, Iowa.

15. On January 12, 2006, Respondent entered into a combined Statement of Charges, Settlement Agreement and Final order with the Board. Under the terms of the Order, the Board charged Respondent with failure to conform with the minimal standard of acceptable and prevailing practice of medicine and engaging in practice harmful or detrimental to the public in Iowa when she failed to provide appropriate supervision of non-physician staff who performed services at a skin care clinic located in West Des Moines, Iowa, where Respondent served as medical director. Respondent was prohibited from serving as a medical director of any skin care

clinic in the future, and she was issued a Citation and Warning and ordered to a pay \$1,000 Civil Penalty for failing to provide appropriate supervision of non-physician staff, in violation of the laws and rules governing the practice of medicine in Iowa.

16. The Board alleges that Respondent failed to conform to the minimal standard of acceptable and prevailing practice of medicine in Iowa and/or violated the laws and rules governing the practice of medicine in Iowa, including, but not limited to the following:

- A. Respondent failed to maintain appropriate medical records for patients;
- B. Respondent failed to document and/or obtain, appropriate medical histories for patients;
- C. Respondent failed to document and/or perform, appropriate physical examinations on patients;
- D. Respondent violated 42 CFR 412, 482 and 489 (E.M.T.A.L.A.) when she failed to document and/or perform appropriate medical screening examinations, including medical histories, physical examinations and/or laboratory tests, for patients who presented to the emergency department with mental illness, substance abuse and/or drug overdose;
- E. Respondent violated 42 CFR 412, 482 and 489 (E.M.T.A.L.A. laws) when she failed to document and/or provide appropriate necessary stabilizing treatment to numerous patients who presented to the emergency department with mental illness, substance abuse and/or drug overdose;
- F. Respondent inappropriately prescribed IV Toradol to a seventy-nine year-old patient who had a history of gastric ulcer and gastritis and who was facing major

surgery even though it was contraindicated due to the risk of potentially fatal cardiovascular thrombotic event, myocardial infarction and/or stroke; and

G. Respondent inappropriately prescribed Adenosine to a patient when it was contraindicated.

17. On June 18, 2009, the Board ordered Respondent to complete a comprehensive competency evaluation at the Center for Personalized Education for Physicians (CPEP) a Board-approved, nationally-recognized, physician competency assessment program. Respondent completed the evaluation on October 2, 2009. CPEP issued its final report on December 23, 2009. In that report, CPEP identified significant deficiencies in Respondent's family medicine and emergency medicine practice.

18. CPEP identified significant concerns in the following areas of Respondent's family medicine practice: clinical judgment and reasoning; routine health maintenance and screening; cardiology; women's health; endocrinology and metabolism; musculoskeletal disorders; nephrology and urology; infectious disease; hematology; and obstetrics. CPEP recommended that Respondent complete a supervised educational program in family medicine, including a limited point-of-care experience in the labor and delivery setting.

19. CPEP identified very significant concerns in the following areas of Respondent's emergency medicine practice: clinical judgment and reasoning; cardiology; pulmonology; nephrology and urology; diabetes; infectious disease; and pediatrics. CPEP recommended that Respondent complete intense supervised retraining in emergency medicine to address the identified deficiencies. CPEP recommended that Respondent complete a supervised point-of-care clinical experience with 100% direct supervision in an emergency medicine setting. If an

appropriate supervised emergency medicine setting is not available, Respondent should retrain in a residency training program or a residency-like setting. Such remediation would require intensive effort, extensive resources, and the full commitment of Respondent.

20. Finally, CPEP had serious concerns about Respondent's documentation and recommended that she complete a medical record keeping program.

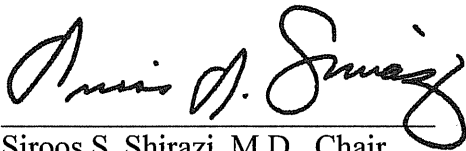
21. When the CPEP report was received, Board staff immediately engaged in negotiations with Respondent to establish appropriate safeguards and initiate remediation of the concerns raised by CPEP. Recently, the Board learned that negotiations have been unsuccessful.

E. SETTLEMENT

22. Settlement. This matter may be resolved by settlement agreement. The procedural rules governing the Board's settlement process are found at 653 IAC 25. If you are interested in pursuing settlement of this matter, please contact Kent M. Nebel, J.D., Legal Director at 515-281-7088.

F. PROBABLE CAUSE FINDING

23. On April 9, 2010, the Iowa Board of Medicine found probable cause to file this Statement of Charges.



Siroos S. Shirazi, M.D., Chair
Iowa Board of Medicine
400 SW 8th Street, Suite C
Des Moines, Iowa 50309-4686

BEFORE THE IOWA BOARD OF MEDICINE

IN THE MATTER OF THE DISCIPLINARY CHARGES AGAINST

DOROTHY CLINE-CAMPBELL, D.O., RESPONDENT

FILE Nos. 03-07-735

EMERGENCY ADJUDICATIVE ORDER

COMES NOW the Iowa Board of Medicine (Board) on April 9, 2010, and finds that it was presented with evidence which establishes that Respondent's continued practice of medicine constitutes an immediate danger to the public health, safety, and welfare. The Board has conducted a full investigation of this matter. A summary of the evidence obtained in that investigation is as follows:

FINDINGS OF FACT

1. Respondent was issued Iowa medical license no. 02727 on July 6, 1972.
2. Respondent's Iowa medical license is active and will next expire on March 1, 2011.
3. The Board has jurisdiction over the parties and subject matter.
4. Respondent is an Iowa-licensed physician who practices emergency medicine and family medicine in Bloomfield, Iowa.

5. On January 12, 2006, Respondent entered into a combined Statement of Charges, Settlement Agreement and Final order with the Board. Under the terms of the Order, the Board charged Respondent with failure to conform with the minimal standard of acceptable and prevailing practice of medicine and engaging in practice harmful or detrimental to the public in Iowa when she failed to provide appropriate supervision of non-physician staff who performed services at a skin care clinic located in West Des Moines, Iowa, where Respondent served as medical director. Respondent was prohibited from serving as a medical director of any skin care clinic in the future, and she was issued a Citation and Warning and ordered to pay \$1,000 Civil Penalty for failing to provide appropriate supervision of non-physician staff, in violation of the laws and rules governing the practice of medicine in Iowa.

6. The Board alleges that Respondent failed to conform to the minimal standard of acceptable and prevailing practice of medicine in Iowa and/or violated the laws and rules governing the practice of medicine in Iowa, including, but not limited to the following:

- A. Respondent failed to maintain appropriate medical records for patients;
- B. Respondent failed to document and/or obtain, appropriate medical histories for patients;
- C. Respondent failed to document and/or perform, appropriate physical examinations on patients;

- D. Respondent violated 42 CFR 412, 482 and 489 (E.M.T.A.L.A.) when she failed to document and/or perform appropriate medical screening examinations, including medical histories, physical examinations and/or laboratory tests, for patients who presented to the emergency department with mental illness, substance abuse and/or drug overdose;
- E. Respondent violated 42 CFR 412, 482 and 489 (E.M.T.A.L.A. laws) when she failed to document and/or provide appropriate necessary stabilizing treatment to numerous patients who presented to the emergency department with mental illness, substance abuse and/or drug overdose;
- F. Respondent inappropriately prescribed IV Toradol to a seventy-nine year-old patient who had a history of gastric ulcer and gastritis and who was facing major surgery even though it was contraindicated due to the risk of potentially fatal cardiovascular thrombotic event, myocardial infarction and/or stroke; and
- G. Respondent inappropriately prescribed Adenosine to a patient when it was contraindicated.

7. On June 18, 2009, the Board ordered Respondent to complete a comprehensive competency evaluation at the Center for Personalized Education for Physicians (CPEP) a Board-approved, nationally-recognized, physician competency assessment program. Respondent completed the evaluation on October 2, 2009. CPEP issued its final report on December 23, 2009. In that report, CPEP identified significant deficiencies in Respondent's family medicine and emergency medicine practice.

8. CPEP identified significant concerns in the following areas of Respondent's family medicine practice: clinical judgment and reasoning; routine health maintenance and screening; cardiology; women's health; endocrinology and metabolism; musculoskeletal disorders; nephrology and urology; infectious disease; hematology; and obstetrics. CPEP recommended that Respondent complete a supervised educational program in family medicine, including a limited point-of-care experience in the labor and delivery setting.

9. CPEP identified very significant concerns in the following areas of Respondent's emergency medicine practice: clinical judgment and reasoning; cardiology; pulmonology; nephrology and urology; diabetes; infectious disease; and pediatrics. CPEP recommended that Respondent complete intense supervised retraining in emergency medicine to address the identified deficiencies. CPEP recommended that Respondent complete a supervised point-of-care clinical experience with 100% direct supervision in an emergency medicine setting. If an appropriate supervised emergency medicine setting is not available, Respondent should retrain in a residency training program or a residency-like setting. Such remediation would require intensive effort, extensive resources, and the full commitment of Respondent.

10. Finally, CPEP had serious concerns about Respondent's documentation and recommended that she complete a medical record keeping program.

11. When the CPEP report was received, Board staff immediately engaged in negotiations with Respondent to establish appropriate safeguards and initiate remediation of

the concerns raised by CPEP. Recently, the Board learned that negotiations have been unsuccessful.

CONCLUSIONS OF LAW

12. The facts set forth above indicate that Respondent is unable to continue to practice emergency medicine in a safe and competent manner at this time.

13. The Board concludes that this matter has been fully investigated and that this investigation has been sufficient to ensure the Board is proceeding on the basis of reliable information. As part of its investigation, the Board ordered Respondent to undergo a Board-approved comprehensive competency evaluation pursuant to Iowa Code section 272C.9(1) and 653 IAC 24.4. On October 2, 2009, Respondent completed the evaluation CPEP. After careful review of the evaluation report, the Board concluded that Respondent is not fit to continue practicing emergency medicine at this time and that her continued practice of emergency medicine would put patients at risk of serious harm. Respondent was given an opportunity to respond to the allegations against her.

14. The facts set forth above establish that there is a serious and immediate threat to patient health if Respondent is allowed to continue to practice emergency medicine before the Board reaches a final resolution of the pending charges.

15. The facts set forth above establish that Respondent may not continue to practice emergency medicine without posing an immediate danger to the public health, safety or welfare.


16. The imposition of other interim safeguards would not be sufficient to protect the public health, safety, or welfare. It is not safe for Respondent to continue to practice emergency medicine until this matter is resolved.

17. The Board finds that suspension of Respondent's ability to practice emergency medicine under her Iowa medical license is necessary to protect the public health, safety or welfare until this case is finally resolved.

18. Respondent shall be notified immediately of this order pursuant to 653 IAC 25.29.

19. A hearing on this Emergency Adjudicative Order, and the Statement of Charges which have been filed concurrently with this order, shall be scheduled on May 10-11, 2010. The hearing will begin at 8:30 a.m. on each day and will be held at the Board office, located at 400 S.W. 8th Street, Suite C, Des Moines, Iowa.

This order dated April 9, 2010.



Siroos S. Shirazi, M.D., Chairman
Iowa Board of Medicine
400 SW 8th Street, Suite C
Des Moines, Iowa 50309-4686