



How Do Trauma and Death Impact Physician Well-Being?

By: Rachel V. Rose, JD, MBA

Overview

Physicians are a brave group of individuals. Every day they are expected to be perfect...to have all of the answers. But as human beings, they cannot escape what we all face in life: trauma and death. Because physicians experience trauma and death at a much higher level and with much more frequency than most of us, the impact can take a major toll on the well-being of those who are responsible for our healthcare.

Having been a spinal implant sales representative who also covered the trauma division for a major medical device company, I may have a different lens than most people who have not spent time around trauma victims and the high-stress environment of a Level I Trauma Center. Like physicians and the ancillary care providers, I saw patients clinging to life as they were rushed into the operating room. Because I was on call, I saw extreme blood loss. I saw patients code, only to be revived by the life-saving efforts of the team - which was truly inspirational. I saw it all on a regular basis. Interestingly, most of these sights did not normally bother me. I could divorce myself from emotion and just get done and observe what I needed to in order to be of assistance. That is how I have always handled these types of situations – it is medicine, it is a job and unfortunately, there are times when people die. Looking back, I did make sure that I took time for self-care by working out every day and kept my life balanced – both mentally and physically.

When exploring physicians and self-care, what some physicians seem to be lacking is the opportunity, and possibly the ability, to handle stress, trauma and death. How is it that some individuals can manage while others have more difficulty? In part, it's important to remember that people are a product of past experiences. In light of this, it should be quite simple to reach a consensus in the medical community that getting psychological treatment, scheduling physical activity and eating healthy is essential to a person's overall well-being. After all, physicians focus on the total person while treating their patients, right?

article continued on page 4

FEATURED IN THIS ISSUE:

- How Do Trauma and Death Impact Physician Well-Being?**
By: Rachel V. Rose, JD, MBA *pages 1, 4-5*
- VA Releases 2019 National Veteran Suicide Prevention Report**
U.S. Department of Veterans Affairs, Office of Public and Intergovernmental Affairs *page 3*
- Legal 2000 Update: Nevada Civil Commitment**
By Guest Author: Lesley Dickson, MD *pages 6-8*
- Social Media Use by Adolescents Linked to Internalizing Behaviors**
Johns Hopkins Bloomberg School of Public Health *page 9*
- Illness in Clark County Residents Linked to Vaping**
Southern Nevada Health District *page 10*

ALSO IN THIS ISSUE:

Board News.....	2
DEA Warns of Extortion Scam.....	11
Board Disciplinary Action Report.....	13-15
Board Public Reprimands.....	16-19

MISSION STATEMENT

The Nevada State Board of Medical Examiners protects the public and serves the state of Nevada by ensuring that only well-qualified, competent physicians, physician assistants, respiratory therapists and perfusionists receive licenses to practice in Nevada. The Board responds with expediency to complaints against our licensees by conducting fair, complete investigations that result in appropriate action. In all Board activities, the Board shall place the interests of the public before the interests of the medical profession and encourage public input and involvement to help educate the public as we improve the quality of medical practice in Nevada.

BOARD NEWS

Maggie Arias-Petrel and Bret W. Frey, M.D., Join Board of Medical Examiners

Ms. Maggie Arias-Petrel and Bret W. Frey, MD were appointed by Governor Steve Sisolak to positions on the Nevada State Board of Medical Examiners (Board) effective August 1, 2019 and August 31, 2019, respectively. The Board welcomes **Ms. Arias-Petrel** as a public member and **Dr. Frey** as a physician member.

Ms. Arias-Petrel specializes in the areas of marketing, business development, strategic partnerships, non-profit organizations, events, and community outreach: local, national, and international.

Ms. Arias-Petrel has over twenty years of medical practice management, marketing, and consulting experience. She served as a practice administrator for several multispecialty practices in Las Vegas, including the Women's Health Center of Southern Nevada during the past two decades. **Ms. Arias-Petrel** truly understands the needs of a comprehensive healthcare service and access to the underserved communities in Nevada.

Ms. Arias-Petrel is actively involved at a local and national level. She serves as the Nevada representative on the White House Committee on Aging, the Congressional Hispanic Leadership Summits, and the U.S. Hispanic Chamber Summits, and most recently, with The Latino Coalition. **Ms. Arias-Petrel** was invited by former U.S. Senator Harry Reid to participate on the Democratic Hispanic Task Force on Healthcare in Washington, D.C. **Ms. Arias-Petrel** was born in Quito, Ecuador and holds a Bachelor's degree in Business Administration from Universidad Central of Quito-Ecuador.

Dr. Frey is a longtime Nevadan with a passion for emergency and aero-medical medicine.

Earning a Bachelor of Science from the University of Nevada, Reno in 1989, he published numerous scientific articles during a seven-year research career thereafter. He received his medical degree from the University of Nevada, Reno School of Medicine in 2000, and completed residency training at the University of Connecticut in 2003. Board certified in emergency medicine since 2004, he has served Nevadans in a multitude of capacities to improve statewide medical care and has practiced in many emergency departments statewide.

Dr. Frey serves on the Board for the Nevada Chapter of the American College of Emergency Medicine, is a member of the Government Affairs Commission of the Nevada State Medical Association, is the Nevada Medical Director for Reach Air Medical Services, and is President of Northern Nevada Emergency Physicians - the largest emergency physician group in northern Nevada. Dr. Frey says, "He is blessed with the support of family and colleagues to serve fellow Nevadans on the Nevada State Board of Medical Examiners."

BOARD MEMBERS

Rachakonda D. Prabhu, MD, *President*
Mr. M. Neil Duxbury, *Vice President*
Ms. April Mastroluca, *Secretary-Treasurer*
Victor M. Muro, MD
Aury Nagy, MD
Michael C. Edwards, MD, FACS
Weldon Havins, MD, JD, LLM
Ms. Maggie Arias-Petrel
Bret W. Frey, MD
Edward O. Cousineau, JD, *Executive Director*

NOTIFICATION OF ADDRESS CHANGE, PRACTICE CLOSURE AND LOCATION OF RECORDS

Pursuant to NRS 630.254, all licensees of the Board are required to "maintain a permanent mailing address with the Board to which all communications from the Board to the licensee must be sent." A licensee must notify the Board in writing of a change of permanent mailing address within 30 days after the change. Failure to do so may result in the imposition of a fine or initiation of disciplinary proceedings against the licensee.

Please keep in mind the address you provide will be viewable by the public on the Board's website.

Additionally, if you close your practice in Nevada, you are required to notify the Board in writing within 14 days after the closure, and for a period of 5 years thereafter, keep the Board apprised of the location of the medical records of your patients.

VA Releases 2019 National Veteran Suicide Prevention Report



The U.S. Department of Veterans Affairs (VA) has released its 2019 National Veteran Suicide Prevention Report. It includes findings from its most recent analysis of Veteran suicide data from 2005 to 2017. The 2019 National Veteran Suicide Prevention Annual Report highlights suicide as a national problem, and urges all Americans to come together to address the larger social issues that contribute to the increased rates of suicide in the U.S.

One key change from this year's report is that it does not group together Veterans eligible for VA services with servicemembers and former National Guard and Reserve members who were never federally activated. This change was necessary because these groups are unique and do not all qualify for the same benefits and services; therefore they require individualized outreach strategies.

Moving forward, VA's report will include a separate section focusing on never federally activated former Guard and Reserve members, while the Department of Defense will publish a separate report focusing on servicemember suicides.

The most recent data from 2017 has allowed VA to better understand and address current trends in Veteran suicide, as well as evaluate ongoing suicide prevention programs. Key VA initiatives described in the report reflect the department's efforts to prevent Veteran suicide through targeted strategies that reach all Veterans.

VA's [public-health approach](#) to suicide prevention focuses on equipping communities to help Veterans get the right care, whenever and wherever they need it. That approach is the foundation for the [President's Roadmap to Empower Veterans and End a National Tragedy of Suicide](#) (PREVENTS) executive order, which aims to bring together stakeholders across all levels of government and in the private sector to work side by side to ensure that our Veterans are able to seek and receive the care, support and services they deserve.

"VA is working to prevent suicide among all Veterans, whether they are enrolled in VA health care or not," said VA Secretary Robert Wilkie. "That's why the department has adopted a comprehensive public health approach to suicide prevention, using bundled strategies that cut across various sectors — faith communities, employers, schools and health care organizations, for example — to reach Veterans where they live and thrive."

VA was one of the first institutions in the United States to implement comprehensive suicide risk surveillance, which involves collecting and interpreting suicide-related data.

"Data is an integral part of our public health approach to suicide prevention," said Wilkie. "The latest data offers insights that will help us build networks of support and research-backed suicide prevention initiatives to reach all Veterans, even those who do not and may never come to us for care."

The report yields several insights pertinent to ongoing suicide prevention efforts:

- From 2005 to 2017, suicides among all U.S. adults increased by 43.6 percent, while suicides among Veterans increased by 6.1 percent.
- America's non-Veteran population is increasing while its Veteran population is decreasing over time.
- The number of Veteran suicides exceeded 6,000 each year from 2008 to 2017.
- In 2017, the suicide rate for Veterans was 1.5 times the rate for non-Veteran adults, after adjusting for population differences in age and sex.
- Firearms were the method of suicide in 70.7 percent of male Veteran suicide deaths and 43.2 percent of female Veteran suicide deaths in 2017.
- In addition to the aforementioned Veteran suicides, there were 919 suicides among never federally activated former National Guard and Reserve members in 2017, an average of 2.5 suicide deaths per day.

Suicide is heartbreaking, and our nation understandably grieves with each one. However, suicide is preventable, and we all have a role to play in saving lives. The 2019 National Veteran Suicide Prevention Annual Report emphasizes that suicide can be prevented through meaningful connection, one person at a time. The full report and the accompanying state data sheets are available at: https://www.mentalhealth.va.gov/suicide_prevention/Suicide-Prevention-Data.asp.

If you or someone you know is having thoughts of suicide, contact the Veterans Crisis Line to receive free, confidential support and crisis intervention available 24 hours a day, 7 days a week, 365 days a year. Call 1-800-273-8255 and Press 1, text to 838255, or chat online at: [VeteransCrisisLine.net/Chat](https://www.veteranscrisisline.net/Chat).

Surprisingly (or perhaps, not surprisingly), there is a stigma in the medical community about physicians seeking psychological support or treatment. As Pamela Wible, MD, commented in her latest book, *Human Rights Violations in Medicine: A-to-Z Action Guide*, “It’s time to end the physician mental health witch hunt. Seeking psychological support should be encouraged, not punished. I believe all medical students and doctors require confidential mental health care to be a well-adjusted human being. We should be far more concerned about physicians who don’t receive mental health care.”¹

Failure to get the appropriate emotional and psychological support may be a contributing factor in physician anxiety, depression and even suicide. Therefore, the purpose of this article is to discuss the impact that trauma and patient death has on physicians and suggestions for coping with these circumstances in order to reduce the stigma of seeking self-care and assistance.

Analysis

According to an American Medical Association article which emphasized Medscape’s online survey of more than 15,000 physicians called the [National Physician Burnout, Depression & Suicide Report 2019](#), the “overall physician burnout rate of 44 percent, with 15 percent saying they experienced colloquial or clinical forms of depression.”² Twenty-nine (29) specialties responded, and three specialties saw double digit percentage-point surges: plastic surgery surged from 23 to 36 percent; diabetes and endocrinology rose 12 percentage points from 35 to 37 percent; and urology increased from 44-54 percent.³ Surprisingly, oncology did not make the list.

What is even more interesting is that “[a]most 60 percent of respondents chose “too many bureaucratic tasks,” such as charting and paperwork, as the leading cause of burnout.”⁴ It is interesting that viewing trauma and death was not at the top of the list, and most physicians used exercise to cope with stress.

In contrast, there is another side to physician stress – patient loss. Death can take different forms – sometimes sudden, sometimes part of a disease state and other times part of the natural aging process. Still, it can be devastating. In light of the potential impact of death on physicians, a group of Fellows of the American College of Surgeons formed a group to share strategies to “ease the difficulty of patient loss.”⁵ Here are some of the key takeaways:

- Palliative care is an essential component of patient care;
- Communicate with a patient and his/her family in an open, empathetic and honest manner;
- From a societal standpoint, Americans have a harder time accepting death than other cultures;
- Curtail your conversation to the circumstances at hand; and
- Know when to push aside feelings and deal with them after the day is done.⁶

All of these items could be construed as sage advice; however, what works for one physician will not necessarily work for another physician. For example, “[a]fter the death of a child, healthcare professionals are required to help support bereaved families.”⁷ The high response rate to the questionnaire and the issue of child death is telling – respondents reported various emotional reactions ranging from shock to self-doubt.⁸ Fortunately, “[s]kill and confidence in communication with a bereaved family can be taught and are enhanced with practice.”⁹ In turn, this may diminish the physician’s own trauma and stress associated with the patient’s death.

Another commonality expressed by the respondents was that emotional support for the physician was compulsory. While the “best form” of support is debatable (and will vary depending on the individual), “[p]sychological debriefing’ is a technique used to try to mitigate long-term consequences of exposure to ‘critical incident stress’,

Continued on page 5

such as the death of a child.”¹⁰ Oddly enough, the value of psychological debriefing has been questioned in its application to medical professionals “as it may increase the risk of post-traumatic stress disorder.”¹¹ This notion alone underscores that the type of therapy used may work with one physician and may not work with another – no different than how different patients respond to different treatments.

“According to Mayo Clinic, the effects of stress can range from differences in your body, mood and behavior. Some examples of physical changes include headaches, muscle pain/tension, fatigue and insomnia. Mood changes that potentially result from stress are anxiety, restlessness, anger or depression.”¹² In turn, negative coping mechanisms, such as alcohol and drug abuse, as well as societal withdrawal may result, leading to the deterioration of an individual.

Regardless of the specialty, the culture of medicine needs to evolve to allow physicians to seek treatment in the same way they encourage their patients to take up exercise and seek emotional and psychological support when appropriate. In sum, a cultural shift could lead to a decrease in physician anxiety, depression, and suicide even though the stressors inherent in medicine – death and trauma – will always remain.

Conclusion

As Dr. Wible indicated, it is the physicians that are not seeking help for one reason or another we need to be concerned about. There is no shame in getting emotional and psychological support, developing healthy coping mechanisms and modifying behavior. It is unfortunate that the professionals so many others rely upon for their own physical, emotional and mental healthcare needs feel that they cannot seek their own treatment without being ostracized or punished. With the recent amount of attention devoted to this subject matter, hopefully, the cultural shift encouraging the self-care and well-being of physicians will occur sooner rather than later. As we move forward, let us remember the immortal words of philosopher Seneca, “He who is brave, is free.”

Rachel V. Rose – Attorney at Law, PLLC (Houston, Texas) - advises clients on healthcare, cybersecurity and *qui tam* matters. She also teaches bioethics at Baylor College of Medicine. She has consecutively been named by *Houstonia Magazine* as a Top Lawyer (Healthcare) and to the National Women Trial Lawyers - Top 25. She can be reached at rvrose@rvrose.com.

¹ Wible, *Human Rights Violations in Medicine: A-to-Z Action Guide*, p. 28, https://www.amazon.com/Human-Rights-Violations-Medicine-Z/dp/0985710330/ref=sr_1_1?keywords=pamela+wible&qid=1561653523&s=gateway&sr=8-1.

² Berg, *Physician burnout: Which medical specialties feel the most stress*, *American Medical Association* (Jan. 24, 2019), <https://www.ama-assn.org/practice-management/physician-health/physician-burnout-which-medical-specialties-feel-most-stress>.

³ *Id.*

⁴ *Id.*

⁵ Rose, *Patient loss: Surgeons describe how they cope*, *The Bulletin* (Feb. 1, 2015), <http://bulletin.facs.org/2015/02/patient-loss-surgeons-describe-how-they-cope/>.

⁶ *Id.*

⁷ Reynolds, *How doctors cope with death*, *Arch Dis Child* 2006;91:727.

⁸ *Id.*

⁹ *Id.*

¹⁰ *Id.*

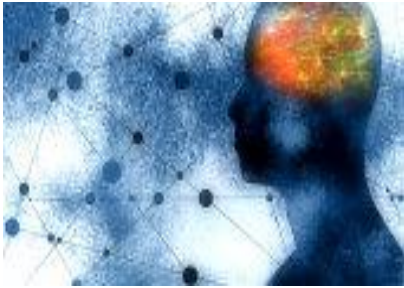
¹¹ Rose, Bisson, Churchill, et al., *Psychological debriefing for preventing post traumatic stress disorder (PTSD)*, *the Cochrane Library* (2006), Issue 1.

¹² Alexiren, *Doctors and Death: The Effect of Patient Deaths on Physicians* (Apr. 8, 2019), <http://idst190.web.unc.edu/2019/04/doctors-and-death-the-effect-of-patient-death-on-physicians/>.

Disclaimer: The opinions expressed in the article are those of the author, and do not necessarily reflect the opinions of the Board members or staff of the Nevada State Board of Medical Examiners.

Legal 2000 Update: Nevada Civil Commitment

By Guest Author: Lesley Dickson, MD



Patients arriving in hospital emergency rooms (ER) with psychiatric symptoms often are considered for a “Legal 2000”, which is now the old name of the form used to initiate a civil commitment in Nevada. Civil commitment is a legal process for admitting a mentally ill person to a psychiatric treatment program, usually involuntarily, and involves a court or judicial procedure. The Nevada laws regarding civil commitment can be found in [Nevada Revised Statute \(NRS\) 433A](#), and from those laws the [Legal 2000 form](#) was designed. The 2019 Nevada Legislature made several changes to commitment statutes via [Assembly Bill 85](#) (AB85). The form is now called the [Mental Health Crisis Packet](#), available on the Nevada Department of Public and Behavioral Health (DPBH) [website](#).

In the first half of the 19th century, patients could be committed solely on grounds of mental illness, with such decisions made by physicians and families rather than the courts. After the Civil War, public protests about abuses led to procedural safeguards and jury trials. In the early 1900s and after WWII, criminalization of the mentally ill declined and medicalization, the need for treatment, dominated such admissions. In the 1960s and 70s, state hospitals came under attack by civil rights actions, and the court system again dominated with ‘dangerousness’ becoming the primary standard for commitment.

Case I: The following illustrates a typical case brought in on a Legal 2000, now called a Mental Health Crisis, to a hospital emergency room. Ms. A, a 74-year-old woman, was brought to the ER by the police. She was unkempt, dirty and foul smelling. She did not look at the interviewer and was apparently confused and unresponsive to most questions. She knew her name and address but not the day or month and was unable to describe the events that led to her coming to the ER. The police had completed the first page of the form and had written that they were called by neighbors because Ms. A was wandering around the neighborhood and not taking care of herself. The mobile crisis unit had gone to her place twice but could not get access. Finally, the police broke in and were met by a snarling German shepherd that had to be tranquilized. They found Ms. A hiding in the corner, wearing nothing but a bra. The apartment was filthy and the floor littered with dog feces. They found a gun, which was confiscated, and Ms. A was brought in to the ER.

Definition of Mental Illness: NRS focuses on an inability to exercise good judgment and care for self plus potential dangerousness rather than a diagnosis or typical psychiatric symptoms of a mental illness. However, there are several diagnostic exclusions including dementia, delirium, epilepsy, mental retardation and drug intoxication or dependence, unless another mental illness can also be diagnosed. Theoretically, all other diagnoses in the **Diagnostic and Statistical Manual of Mental Disorders** (DSM-5) could qualify, but most psychiatric diagnoses are best treated in another setting while a mental hospital should be reserved for the seriously mentally ill who are in an acute crisis situation and for whom a treatment is available.

Case I: So far, Ms. A appears to meet the criteria described in Criteria 4 of the Mental Health Crisis Packet, “complete neglect of basic needs.” This is sometimes known as “gravely disabled”, and is usually limited to an inability to provide for the essentials of food, clothing and shelter. Not all states separate it out and, therefore, it may be subsumed under a broad definition of “dangerousness to self.” The police indicated Ms. A had empty pill bottles for the antidepressant sertraline (Zoloft) and the antipsychotic aripiprazole (Abilify), but were last filled six months ago. The chart tells you her temperature is 102 degrees and pulse 95 with a blood pressure of 110/70. Her labs showed an elevated white blood count with slight left shift, her urinalysis was consistent with an infection and she also has a blood sugar of 400. After some IV fluids, she does answer yes to a history of diabetes but says she cannot afford the medications the doctor prescribed for her. She asks to be discharged so she can take care of her dog. Although this is a patient who might benefit from psychiatric care, right now she has medical issues which need to be addressed so the Medical Clearance section cannot be completed. She is admitted to medical service, and Risk Management and Family Court are notified of a potential Mental Health Crisis patient. The court requires an update on such a patient every seven days or until the patient is transferred to a psychiatric facility or cleared psychiatrically. Psychiatric consultation is requested so that treatment can be initiated while on the medical service.

Medical Clearance: Medical clearance serves to establish that a patient does not have a medical problem that is causing or significantly contributing to the psychiatric symptoms. It also establishes that any other medical problem is stable enough for the patient to be admitted to a mental health facility where acute medical interventions are very limited. Legislation activated January 1, 2008 added physician assistant and advanced practice registered nurse to the statute as able to perform

Continued on page 7

a medical clearance which, can be done where the examiner practices and does not always have to be done in a hospital emergency room. Medical clearance may include a pregnancy test in a female, a urine toxicology screen and blood alcohol or breathalyzer test if not done in the field. Optional testing would include a Complete Blood Count and chemistry panel including blood glucose and other laboratory testing as indicated by the medical history. Once the patient stabilizes medically, the patient is evaluated for inpatient psychiatric treatment.

Case II: Mr. B is a middle-aged man who shuffles into the psychiatric resident's office in the ER and slumps into the chair, his deep sigh releasing a whiff of alcohol. He remarks, "Perhaps I shouldn't have come." He is graying, unshaven and his somewhat disheveled clothes fit him loosely. The police brought him in after finding him wandering on the Las Vegas Strip. Empathic questioning reveals that two months ago he lost his job because of alcohol-related absenteeism. This proved to be the last straw for his wife who took the children and went to her parents' home. He is sleeping little and his appetite is gone. His drinking buddies say he's, "no fun", and his parents do not want to hear from him. He has no friends or relatives in town. He has been thinking seriously of suicide and would use a gun.

Suicidal: Criteria 1 of the Mental Health Crisis Form focuses on suicidal actions, threats or intent. High risk illnesses include schizophrenia, major depression, bipolar disorder, substance abuse/dependence and personality disorders. Static risk factors include male, single, increasing age, white and Native Americans, prior suicide attempts and family history of suicide; however, anyone can be at risk of attempting suicide. While males are much more likely to complete a suicide with a firearm or hanging, females are more likely to attempt a suicide usually by poisoning. Psychosocial stresses are frequent and suicidal individuals are usually experiencing feelings of hopelessness. The younger patients are more likely experiencing relationship or legal problems while older individuals frequently are coping with declining health, physical illness and loss of important relationships. Other extremely common issues may relate to financial ruin, shame, failure and recent substance abuse.

Case II: Since Mr. B meets Criteria 1 for commitment, the doctor on call recommends hospitalization. Mr. B demurs at first, then argues, then threatens. The doctor is firm and the patient looks at the doctor for a long moment, then sighs quietly and says, "OK, doc, you've convinced me. I'll go pack some things and meet you here in an hour." Rising, he turns toward the door. The resident manages to get Mr. B to wait and summons additional personnel. He explains to Mr. B he is taking over responsibility for now since his depression is clearly impairing his judgment. The patient threatens a lawsuit but grudgingly complies and sits down. To be safe, the doctor fills out the Mental Health Crisis Form after checking with the ER doctor to be sure he had been medically cleared. When filling out the form, it is important to describe clearly the symptoms the patient is exhibiting so that the treatment team and others appreciate the necessity of the commitment and have something to compare to as the patient progresses through his treatment. Following changes in NRS in 2015, in addition to a psychiatrist, psychologist or other physician, advanced practice registered nurses, physician assistants and licensed social workers with special training can complete the Mental Health Crisis Form to certify a patient or decertify a patient.

Case II: Mr. B sobers up and improves rapidly with the addition of an antidepressant and the psychiatry ward behavioral treatments. He begins to deny any further suicidal ideation, and the psychiatrist discontinues the Legal 2000 before 72 hours have expired so the form is not filed with the commitment court. Three days after admission, Mr. B confesses he had bought a gun on the day he presented to the ER and if he had been allowed to go home to pack, he would have used it on his wife and then himself. Later, after he had improved, he expressed gratitude for having his momentary wish overridden. His wife agrees to come in for a 'couples' session, and she is advised to take the gun out of the house and Mr. B agrees.

Criteria 2 and 3: Patients who meet Criteria 2 or 3 are seen less often in the emergency room while at the same time may be more difficult to evaluate and treat. Criteria 3 refers to individuals who self-mutilate, such as cutting, and often will report the action converts psychic pain into physical pain, which affords some relief and gives them a sense of control. It is most common in those with a borderline personality and frequently has a manipulative aspect. However, they can miscalculate and do real damage, including killing themselves accidentally, so a good mental status evaluation is important. Although often an admission may be necessary to help the patient calm down, sometimes a counseling session with a trained professional such as the ER social worker, can lead to a safe discharge with an outpatient referral. Criteria 2 describes individuals who are a danger to others and have made threats to harm someone or have done violence in the recent past and a mental illness is believed to be responsible for such actions. Since past history of violence is the best predictor of future violence, it is important to obtain as much history as possible from multiple sources. The mentally ill have only a slightly higher risk of violence than the general population, but psychotic states associated with arousal or agitation predispose to violence, particularly if they involve paranoid delusions or hallucinations. Mental illnesses most associated with violence

Continued on page 8

are schizophrenia, bipolar mania, alcohol and other substance abuse and some personality disorders. Demented and delirious patients can behave unpredictably and strike out, thus the nursing home transfer to the ER, but those diagnoses are generally excluded from commitment to a psychiatric facility. Recent stressors which may precipitate violence are relationship issues, such as divorce, and economic problems, such as job loss. History of abuse, victimization and family violence predispose to violence, and affect states are most important to assess, such as fear, anger, confusion and humiliation. Recent legislation, AB85, no longer requires this danger to be imminent, and now, in Nevada, the threats or previous actions no longer must be within the previous 30 days. Clinicians must judge the dangerousness of the threats or acts and whether the individual has the means to carry them out. Since the police are unlikely to arrest someone for verbal threats only, the mental health system is often left to attempt treatment of antisocial personalities. As substance use is often present, time to sober up and calm down may be accomplished in a quiet area of the ER, and violent thoughts and threats may dissipate.

The ER Problem: It is estimated that of the 20,000 or more patients presenting yearly to local (Clark County) ERs, with the initial part of a Legal 2000 (now Mental Health Crisis Form) completed, only 4000 or fewer will ultimately receive inpatient care at a psychiatric hospital. The remainder will be found to have medical problems or dementia, need detoxification from alcohol or other substances, need rapid stabilization of an acute exacerbation of a chronic mental illness, i.e., get back on meds, or need help with an acute crisis situation such as homelessness, job loss or relationship problems. Of 23,000 petitions filed in 2017, only 212 required a civil commitment. Patients who are intoxicated will resolve much of their suicidal and homicidal ideation once they sober up or detoxify while many other patients who are experiencing acute crises due to environmental stressors will calm down with time and some empathic listening and/or problem solving. Some patients with mental illnesses are off their medications and will benefit from a prescription and/or dose in the ER while others should be referred for detox or substance abuse treatment if they will go voluntarily. It is important to keep a list of resources to give to patients and families. If a patient has improved while in the ER and does not meet commitment criteria, the last page of the form is completed (decertification) and the patient can be discharged by the ER staff.

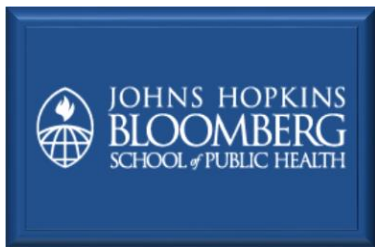
The Court Process: Once it is decided the patient must be admitted to a psychiatric facility and the Mental Health Crisis Form is completed, the patient is transferred to the facility and the paperwork is sent to Commitment Court within 72 hours. It is important to note that the new legislation, AB85, starts the 72 hours when the first page is signed, usually by a police officer, rather than when the second page (certification) is signed. The case is put on the calendar and scheduled to be heard within 6 days. Court-appointed psychiatrists and psychologists evaluate the patient for the court and write a report. The patient is appointed a lawyer and the case is heard by the appointed court justice or hearing master. In the days leading up to the court date the patient may respond to treatment and no longer meet commitment criteria so the Mental Health Crisis Form is discontinued by signing page 3 (decertification), with the patient either being discharged or signed in voluntarily. But if the court finds the patient meets commitment criteria, the patient will be held for treatment for up to 6 months which can be extended, if necessary. If the patient is not committed, the patient can sign in voluntarily or must be discharged within 24 hours.

Mental Health Petition: Family members may petition the court for a mental health evaluation of a person who is in the community but has not been picked up by police. They must be related by marriage or blood and if the person is imminently dangerous, should be advised to call 911 instead and let police know it is a mental health crisis to get a Crisis Intervention Team. To petition, family members can go to Clark County Family Court at 601 N. Pecos Road and request a civil commitment packet. The judge reviews the packet and, if approved, police are sent to pick up the individual who has been taken to University Medical Center for medical clearance and psychiatric evaluation. Similar arrangements can be made in Washoe County, but in rural areas, local law enforcement will have to arrange for an evaluation which may involve some time in jail and/or transport to Las Vegas or Reno.

Summary: Civil commitment is a process to get an individual in a Mental Health Crisis into a safe environment and treatment. The process has recently undergone some minor changes to simplify the process, and several of those changes are identified in this article. Members of the Nevada Psychiatric Association are very familiar with this process and are willing to meet with our medical colleagues for more extensive training, if desired. Please call 702-623-4319 or email executivedirector@nvpsychiatry.org. The new adult form can be found at: [http://dpbh.nv.gov/uploadedFiles/dpbhngov/content/Resources/Nevada-L2K-07-29 19.pdf](http://dpbh.nv.gov/uploadedFiles/dpbhngov/content/Resources/Nevada-L2K-07-29%2019.pdf).

Disclaimer: The opinions expressed in the article are those of the author, and do not necessarily reflect the opinions of the Board members or staff of the Nevada State Board of Medical Examiners.

Social Media Use by Adolescents Linked to Internalizing Behaviors



STUDY COMPARED SOCIAL MEDIA USE AND BEHAVIORAL SYMPTOMS REPORTED BY ADOLESCENTS OVER ONE YEAR

A new study from researchers at the Johns Hopkins Bloomberg School of Public Health found that adolescents who spend more than three hours a day on social media are more likely to report high levels of internalizing behaviors compared to adolescents who do not use social media at all.

The study, published online September 11 in [JAMA Psychiatry](#), examined the time adolescents reported spending on social media and two types of behaviors that can be indicators of mental health problems: internalizing and externalizing. Internalizing can involve social withdrawal, difficulty coping with anxiety or depression or directing feelings inward. Externalizing can include aggression, acting out, disobeying or other observable behaviors.

The study found the use of social media for any amount of time was associated with both a greater risk of reporting internalizing problems alone and concurrent symptoms of both internalizing and externalizing problems. The study found no significant association with social media use and externalizing problems alone. Teens who spent at least three hours on social media a day had the greatest risk for reporting internalizing problems alone.

“Many existing studies have found a link between digital or social media use and adolescent health, but few look at this association across time,” says lead author Kira Riehm, MSc, a doctoral student in the Department of Mental Health at the Bloomberg School. “Our study shows that teens who report high levels of time spent on social media are more likely to report internalizing problems a year later. We cannot conclude that social media causes mental health problems, but we do think that less time on social media may be better for teens’ health.”

Social media use among teens is widespread. Recent polls have found that 95 percent of teens in the U.S. have access to a smartphone and close to 75 percent of teens have at least one social media account. The use of social media has both health risks and benefits. These platforms often provide ways to connect with peers and information and resources on causes important to them, but there are risks of cyberbullying and other digital aggressions.

For their study, the researchers used a nationally representative sample of U.S. adolescents ages 13 to 17 from the federally funded Population Assessment of Tobacco and Health Study between 2013 and 2016. The study collected data over three years and the analysis involved 6,595 respondents. Each year, participants were asked how much time they spent on social media, as well as questions pertaining to symptoms of internal and external mental health problems.

The study found that less than 17 percent of adolescents did not use social media. For those who did report using social media, 2,082 or 32 percent; reported spending less than 30 minutes; 2,000, or about 31 percent, reported spending 30 minutes to three hours; 817, or 12 percent, reported spending three to six hours; and 571, or 8 percent, reported spending more than six hours per day.

Researchers also found that 611 respondents, or about 9 percent, reported experiencing only internalizing problems, while 885, or 14 percent, reported experiencing externalizing problems only; 1,169, or about 18 percent, reported experiencing both internal and external problems; and 3,930, or about 59 percent, reported no/low problems. The study found no links between social media use and mental health problems and gender.

“Social media has the ability to connect adolescents who may be excluded in their daily life. We need to find a better way to balance the benefits of social media with possible negative health outcomes,” says Riehm. “Setting reasonable boundaries, improving the design of social media platforms and focusing interventions on media literacy are all ways in which we can potentially find this equilibrium.”

The researchers were supported by training grants from the National Institute of Mental Health, National Institute on Drug Abuse, and Canadian Institutes of Health Research.

“Associations Between Time Spent Using Social Media and Internalizing and Externalizing Problems Among U.S. Youth” was written by Kira E. Riehm, Kenneth A. Feder, Kayla N. Tormohlen, Rosa M. Crum, Andrea S. Young, Kerry M. Green, Lauren R. Pacek, Lareina N. La Flair and Ramin Mojtabai.

Media Contacts for the Johns Hopkins Bloomberg School of Public Health:

Barbara Benham at 410-614-6029 or bbenham1@jhu.edu and Caitlin Hoffman at 410-955-7624 or choffman@jhu.edu.

Illness in Clark County Residents Linked to Vaping

For Immediate Release: *Southern Nevada Health District*



Two additional Clark County residents have been identified as having severe respiratory illness linked to e-cigarette products. The Southern Nevada Health District reports both cases are individuals ages 18 or older. Clark County's first confirmed case was in a person under the age of 18. A pulmonary infection that would provide an alternative diagnosis has not been identified. All three were hospitalized but are now recovering from their illnesses.

One of the individuals reported using e-cigarettes with nicotine products only. Two of the individuals reported using tetrahydrocannabinol (THC) products, and one also reported using cannabinoid (CBD) oils. All three individuals reported purchasing or acquiring their products from different sources, including friends, retail outlets, and through online purchases.

"While the cause of this outbreak is still unknown, there is an undeniable association with the use of e-cigarette products," said Dr. Joe Iser, Chief Health Officer for the Southern Nevada Health District. "My continued recommendation is for people not to use any vaping products or e-cigarettes."

The Health District further recommends these products never be used by youth, young adults, pregnant women, and people who do not currently use tobacco products. People who currently use tobacco products who wish to quit smoking should use FDA-approved therapies. Symptoms associated with the reported illnesses include:

- Respiratory symptoms (cough, shortness of breath, or chest pain)
- Gastrointestinal symptoms (nausea, vomiting, or diarrhea)
- Non-specific symptoms (fatigue, fever, or weight loss)

People who use e-cigarettes and experience any of these symptoms are advised to seek medical care right away. People seeking help quitting tobacco products, including e-cigarettes, can contact the Nevada Tobacco Quitline at 1-800-Quit-Now or 1-855-DÉJELO-YA (1-855-335-3569) from a Nevada area code.

There have been 380 cases of lung illness associated with the use of e-cigarette products, or vaping, reported by the Centers for Disease Control and Prevention. The CDC's case report was revised to only include confirmed and probable cases. Previously reported numbers included possible cases still under investigation by local and state health departments. Seven deaths have been reported; the most recent occurring in California. These numbers are changing frequently. The CDC continues to report that it has not identified any specific substance or e-cigarette product that is linked in all cases. Many, but not all, patients report using e-cigarette products that contain THC. Some have reported the use of e-cigarette products containing only nicotine.

Additional information about the Southern Nevada Health District can be found here:

Website: www.SNHD.info.

Facebook: www.facebook.com/SouthernNevadaHealthDistrict

YouTube: www.youtube.com/SNHealthDistrict

Twitter: www.twitter.com/SNHDInfo

Instagram: www.instagram.com/southernnevadahealthdistrict/

Up-to-date information on the outbreak is available on the CDC [website](https://www.cdc.gov).

DEA Warns Public of Extortion Scam by Special Agent Impersonators

The Drug Enforcement Administration (DEA) is warning the public, including the DEA registrant community, to include practitioners and pharmacies, about criminals posing as DEA Special Agents, DEA Investigators or other law enforcement personnel as part of an international extortion scheme.

The criminals call the victims (who in most cases previously purchased drugs over the internet or by telephone) and identify themselves as DEA agents or law enforcement officials from other agencies.

The impersonators inform their victims that purchasing drugs over the internet or by telephone is illegal, and that enforcement action will be taken against them unless they pay a fine. In most cases, the impersonators instruct their victims to pay the "fine" via wire transfer to a designated location, usually overseas. If victims refuse to send money, the impersonators often threaten to arrest them or search their property. Some victims who purchased their drugs using a credit card also reported fraudulent use of their credit cards. Another scheme involves criminals contacting doctors and pharmacists and stating that they are the subject of an investigation and demanding money to clear up the matter.

Impersonating a federal agent is a violation of federal law. The public should be aware that no DEA agent will ever contact members of the public by telephone to demand money or any other form of payment.

The DEA reminds the public to use caution when purchasing controlled substance pharmaceuticals by telephone or through the Internet. It is illegal to purchase controlled substance pharmaceuticals online or by telephone unless very stringent requirements are met. And, all pharmacies that dispense controlled substance pharmaceuticals by means of the internet must be registered with DEA. By ordering any pharmaceutical medications online or by telephone from unknown entities, members of the public risk receiving unsafe, counterfeit, and/or ineffective drugs from criminals who operate outside the law. In addition, personal and financial information could be compromised.

Anyone receiving a telephone call from a person purporting to be a DEA special agent, DEA Investigator, or other law enforcement official seeking money should refuse the demand and report the threat using the online form below. Please include all fields, including, most importantly, a call-back number so that a DEA investigator can contact you for additional information. Online reporting will greatly assist DEA in investigating and stopping this criminal activity.



► [Extortion Scam Online Reporting](#)

**WHOM TO CALL IF YOU
HAVE QUESTIONS**

Management: Edward O. Cousineau, JD
Executive Director
Jasmine K. Mehta, JD
Deputy Executive Director
Donya Jenkins
Finance Manager
Administration: Laurie L. Munson, Chief
Legal: Robert Kilroy, JD
General Counsel
Licensing: Lynnette L. Daniels, Chief
Investigations: Pamela J. Castagnola, CMBI, Chief

**2019 BME MEETING & HOLIDAY
SCHEDULE**

January 1 – New Year’s Day
January 21 – Martin Luther King, Jr. Day
February 18 – Presidents’ Day
March 1 – Board meeting
May 27 – Memorial Day
June 7 – Board meeting
July 4 – Independence Day
September 2 – Labor Day
September 6 – Board meeting
October 25 – Nevada Day
November 11 – Veterans’ Day
November 28 & 29 – Thanksgiving Day & Family Day
December 6 – Board meeting (Las Vegas)
December 25 – Christmas

Nevada State Medical Association

5355 Kietzke Lane
Suite 100
Reno, NV 89511
775-825-6788
<http://www.nvdoctors.org>

Clark County Medical Society

2590 East Russell Road
Las Vegas, NV 89120
702-739-9989 phone
702-739-6345 fax
<http://www.clarkcountymedical.org>

Washoe County Medical Society

5355 Kietzke Lane
Suite 100
Reno, NV 89511
775-825-0278 phone
775-825-0785 fax
<http://www.wcmsnv.org>

Nevada State Board of Pharmacy

985 Damonte Ranch Pkwy, Ste. 206
Reno, NV 89521
775-850-1440 phone
775-850-1444 fax
[http://bop.nv.gov/
pharmacy@pharmacy.nv.gov](http://bop.nv.gov/pharmacy@pharmacy.nv.gov)

Nevada State Board of Osteopathic Medicine

2275 Corporate Circle, Ste. 210
Henderson, NV 89074
702-732-2147 phone
702-732-2079 fax
www.bom.nv.gov

Nevada State Board of Nursing

Las Vegas Office
4220 S. Maryland Pkwy, Bldg. B, Suite 300
Las Vegas, NV 89119
702-486-5800 phone
702-486-5803 fax
Reno Office
5011 Meadowood Mall Way, Suite 300,
Reno, NV 89502
775-687-7700 phone
775-687-7707 fax
www.nevadanursingboard.org

Unless otherwise noted, Board meetings are held at the Reno office of the Nevada State Board of Medical Examiners and videoconferenced to the conference room at the offices of the Nevada State Board of Medical Examiners/Nevada State Board of Dental Examiners, 6010 S. Rainbow Blvd., Building A, Suite 1, in Las Vegas.

Hours of operation of the Board are 8:00 a.m. to 5:00 p.m., Monday through Friday, excluding legal holidays.

DISCIPLINARY ACTION REPORT

BUENO, Corey D., CRT (RC1776)

Las Vegas, Nevada

Summary: Alleged inability to practice respiratory care with reasonable skill and safety and failure to comply with an order of an Investigative Committee of the Board of Medical Examiners (Board).

Charges: One violation of NRS 630.306(1)(a) [inability to practice respiratory care with reasonable skill and safety because of illness, a mental or physical condition or the use of alcohol, drugs, narcotics or any other substance]; one violation of NRS 630.3065(2)(a) [knowingly or willfully failing to comply with an order of a committee designated by the Board to investigate a complaint against a licensee].

Disposition: On September 6, 2019, the Board accepted a Settlement Agreement by which it found Mr. Bueno violated NRS 630.306(1)(a), as set forth in Count I of the Complaint, and imposed the following discipline against him: (1) revocation of Mr. Bueno's license to practice respiratory care in Nevada, and Mr. Bueno may not apply for reinstatement of his license for a period of two years; (2) public reprimand; (3) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter, with the order for reimbursement stayed until such time as Mr. Bueno reapplies for licensure. Count II of the Complaint was dismissed with prejudice.

CHIB, Priya, M.D. (16818)

Las Vegas, Nevada

Summary: Disciplinary action taken against Dr. Chib's medical license in California.

Charges: One violation of NRS 630.301(3) [disciplinary action taken against her medical license in another state].

Disposition: On September 6, 2019, the Board accepted a Settlement Agreement by which it found Dr. Chib violated NRS 630.301(3), as set forth in the Complaint, and imposed the following discipline against her: (1) public reprimand; (2) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter.

DAVIS, Allison K., M.D. (14855)

Las Vegas, NV

Summary: Alleged malpractice and failure to maintain appropriate medical records

related to Dr. Davis' treatment of a patient.

Charges: One violation of NRS 630.301(4) [malpractice]; one violation of NRS 630.3062(1)(a) [failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient].

Disposition: On September 6, 2019, the Board accepted a Settlement Agreement by which it found Dr. Davis violated NRS 630.3062(1)(a), as set forth in Count II of the Complaint, and imposed the following discipline against her: (1) public reprimand; (2) \$1,000.00 fine; (3) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter. Count I of the Complaint was dismissed with prejudice.

FOOTE, Ronald H., M.D. (9240)

Las Vegas, Nevada

Summary: Alleged failure to maintain appropriate medical records relating to treatment of patients, engaging in conduct that violated Pharmacy Board regulations, engaging in conduct in violation of standards of practice established by regulation of the Board of Medical Examiners (Board), and engaging in conduct that brings the medical profession into disrepute.

Charges: Three violations of NRS 630.3062(1)(a) [failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient]; one violation of NRS 630.306(1)(b)(3) [engaging in conduct which is in violation of a regulation adopted by the State Board of Pharmacy]; three violations of NRS 630.306(1)(b)(2) [engaging in conduct which the Board has determined is a violation of the standards of practice established by regulation of the Board]; one violation of NRS 630.301(9) [engaging in conduct that brings the medical profession into disrepute].

Disposition: On September 6, 2019, the Board accepted a Settlement Agreement by which it found Dr. Foote violated NRS 630.3062(1)(a) (3 counts), NRS 630.306(1)(b)(3), NRS 630.306(1)(b)(2) (3 counts) and NRS 630.301(9), as set forth in the Complaint, and imposed the following discipline against him: revocation of Dr. Foote's license to practice medicine in Nevada, with the revocation immediately stayed and Dr. Foote being placed on probation for a period of 60 months, subject to various terms

and conditions, including the following: (1) public reprimand; (2) total fines in the amount of \$4,000.00; (3) 20 hours of Continuing Medical Education (CME), in addition to his statutory CME requirements for licensure; (4) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter; (5) complete the University of California, San Diego, Physician Assessment and Clinical Education (PACE) Program Competency Assessment and, if recommended by PACE, the Fitness for Duty (FFD) Evaluation, and pass all of the above to the satisfaction of the Board; (6) enter into an agreement with, and comply with all recovery and monitoring activities of, the Nevada Professionals Assistance Program (NPAP) for at least 7 years.

HEARNE, Isaac J., M.D. (10767)

Reno, Nevada

Summary: Alleged failure to comply with orders of an Investigative Committee of the Board of Medical Examiners (Board).

Charges: Seven violations of NRS 630.3065(2)(a) [knowingly or willfully failing to comply with an order of a committee designated by the Board to investigate a complaint against a licensee].

Disposition: On September 6, 2019, the Board found Dr. Hearne violated NRS 630.3065(2)(a) (7 counts), as alleged in the Complaint, and imposed the following discipline against him: (1) revocation of Dr. Hearne's license to practice medicine in Nevada, and he may not apply for reinstatement of his license for a period of two years; (2) public reprimand; (3) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter, pursuant to the Memorandum of Costs.

HOLPER, Steven A., M.D. (6061)

Las Vegas, NV

Summary: Alleged illegal dispensing of controlled substances, engaging in unsafe or unprofessional conduct and engaging in conduct that brings the medical profession into disrepute.

Charges: One violation of NRS 630.306(1)(c) [administering, dispensing or prescribing any controlled substance, or any dangerous drug as defined in chapter 454 of NRS, to or for himself or to others except as authorized by law]; one violation of NRS 630.306(1)(p)

[engaging in any act that is unsafe or unprofessional conduct]; one violation of NRS 630.301(9) [engaging in conduct that brings the medical profession into disrepute].

Disposition: On September 6, 2019, the Board accepted a Settlement Agreement by which it found Dr. Holper violated NRS 630.306(1)(c), as set forth in Count I of the Complaint, and imposed the following discipline against him: (1) revocation of Dr. Holper's license to practice medicine in Nevada, and he may not apply for reinstatement of his license for a period of three years; (2) public reprimand; (3) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter, with the order for reimbursement stayed until such time as Dr. Holper reapplies for licensure. The remaining counts of the complaint were dismissed with prejudice.

KRISTAL, Libby K., M.D. (15023)

Henderson, NV

Summary: Alleged malpractice and failure to maintain appropriate medical records related to Dr. Kristal's treatment of a patient.

Charges: One violation of NRS 630.301(4) [malpractice]; one violation of NRS 630.3062(1)(a) [failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient].

Disposition: On September 6, 2019, the Board accepted a Settlement Agreement by which it found Dr. Kristal violated NRS 630.301(4) and NRS 630.3062(1)(a), as set forth in the Complaint, and imposed the following discipline against her: (1) public reprimand; (2) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter.

MORALES, Patricia L., M.D. (5570)

Reno, NV

Summary: Alleged malpractice and failure to maintain appropriate medical records related to Dr. Morales' treatment of a patient.

Charges: One violation of NRS 630.301(4) [malpractice]; one violation of NRS 630.3062(1)(a) [failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient].

Disposition: On September 6, 2019, the Board accepted a Settlement Agreement by which it found Dr. Morales violated

NRS 630.3062(1)(a), as set forth in Count II of the Complaint, and imposed the following discipline against her: (1) public reprimand; (2) 3 hours of Continuing Medical Education (CME), in addition to her statutory CME requirements for licensure; (3) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter. Count I of the Complaint was dismissed with prejudice.

OKEKE, Matthew O., M.D. (14957)

Las Vegas, Nevada

Summary: Alleged malpractice, failure to maintain appropriate medical records related to Dr. Okeke's treatment of patients, and continual failure to exercise the skill or diligence or use the methods ordinarily exercised under the same circumstances by physicians in good standing, practicing in the same specialty or field.

Charges: Two violations of NRS 630.301(4) [malpractice]; two violations of NRS 630.3062(1)(a) [failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient]; two violations of NRS 630.306(1)(g) [continual failure to exercise the skill or diligence or use the methods ordinarily exercised under the same circumstances by physicians in good standing practicing in the same specialty or field].

Disposition: On September 6, 2019, the Board accepted a Settlement Agreement by which it found Dr. Okeke violated NRS 630.301(4), as set forth in Count I of the Complaint, and NRS 630.3062(1)(a), as set forth in Counts II and V of the Complaint, and imposed the following discipline against him: suspension of Dr. Okeke's license to practice medicine in Nevada for two years, with the suspension stayed and Dr. Okeke being placed on probation for a period of 24 months, subject to various terms and conditions, including the following: (1) public reprimand; (2) \$500.00 fine; (3) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter; (4) Dr. Okeke must be supervised at all times during any and all interactions with all female patients with a formal monitoring agreement with approved and identified monitors; and (5) Dr. Okeke shall engage and participate in an independent remediation and compliance monitoring program designed by Affiliated Monitors, Inc. The

remaining counts of the Complaint were dismissed with prejudice.

OLENCHAK, Steven L., PA-C (PA688)

Henderson, Nevada

Summary: Alleged engaging in conduct in violation of standards of practice established by regulation of the Board of Medical Examiners (Board) and failure to maintain appropriate medical records relating to treatment of a patient.

Charges: One violation of NRS 630.306(1)(b)(2) [engaging in conduct which the Board has determined is a violation of the standards of practice established by regulation of the Board]; one violation of NRS 630.3062(1)(a) [failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient].

Disposition: On September 6, 2019, the Board accepted a Settlement Agreement by which it found Mr. Olenchak violated NRS 630.306(1)(b)(2) and NRS 630.3062(1)(a), as set forth in the Complaint, and imposed the following discipline against him: (1) public reprimand; (2) \$2,500.00 fine; (3) 20 hours of Continuing Medical Education (CME), in addition to his statutory CME requirements for licensure; (4) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter.

PATEL, Devendrakumar I., M.D.

(11068)

Elko, Nevada

Summary: Alleged malpractice related to Dr. Patel's treatment of patients, violating a patient's trust for financial gain, failing to offer appropriate procedures for financial benefit, illegal dispensing of controlled substances, engaging in unsafe or unprofessional conduct and engaging in conduct that brings the medical profession into disrepute.

Charges: Case No. 18-29352-1: one violation of NRS 630.301(4) [malpractice]. Case No. 18-29352-2: one violation of NRS 630.301(4) [malpractice]; one violation of NRS 630.301(7) [engaging in conduct that violates the trust of a patient and exploits the relationship between the physician and the patient for financial or other personal gain]; one violation of NRS 630.301(8) [failure to offer appropriate procedures or studies, when the failure occurs with the intent of positively influencing the financial well-being of the practitioner]. Case

No. 18-29352-3: one violation of NRS 630.306(1)(c) [administering, dispensing or prescribing any controlled substance, or any dangerous drug as defined in chapter 454 of NRS, to or for himself or to others except as authorized by law]; one violation of NRS 630.306(1)(p) [engaging in any act that is unsafe or unprofessional conduct]; one violation of NRS 630.301(9) [engaging in conduct that brings the medical profession into disrepute].

Disposition: On September 6, 2019, the Board accepted a Settlement Agreement by which it found Dr. Patel violated NRS 630.306(1)(c), as set forth in Count I of the Complaint in Case No. 18-29352-3, and imposed the following discipline against him: (1) revocation of Dr. Patel's license to practice medicine in Nevada, and he may not apply for reinstatement of his license for a period of three years; (2) public reprimand; (3) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter, with the order for reimbursement stayed until such time as Dr. Patel reapplies for licensure. All counts of the First Amended Complaints in Case Nos. 18-29352-1 and 18-29352-2 and the remaining counts of the Complaint in Case No. 18-29352-3 were dismissed with prejudice.

**RODRIGUEZ, Jairo A., PA-C (PA1120)
Las Vegas, Nevada**

Summary: Alleged engaging in conduct in violation of standards of practice established by regulation of the Board of Medical Examiners (Board) and failure to maintain appropriate medical records relating to treatment of a patient.

Charges: One violation of NRS 630.306(1)(b)(2) [engaging in conduct which the Board has determined is a violation of the standards of practice established by regulation of the Board]; one violation of NRS 630.3062(1)(a) [failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient].

Disposition: On September 6, 2019, the Board accepted a Settlement Agreement by which it found Mr. Rodriguez violated NRS 630.306(1)(b)(2) and NRS 630.3062(1)(a), as set forth in the Complaint, and imposed the following discipline against him: (1) public reprimand; (2) \$1,000.00 fine; (3) 20 hours of Continuing Medical Education (CME), in

addition to his statutory CME requirements for licensure; (4) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter.

**SHAH, Mane S., M.D. (12786)
Las Vegas, Nevada**

Summary: Conviction of a felony relating to the practice of medicine.

Charges: One violation of NRS 630.301(1) [conviction of a felony relating to the practice of medicine].

Disposition: On September 6, 2019, the Board accepted a Settlement Agreement by which it found Dr. Shah violated NRS 630.301(1), as set forth in the First Amended Complaint, and imposed the following discipline against him: Dr. Shah's license to practice medicine in Nevada shall be placed on probation for an indeterminate period of time, not to exceed 60 months, subject to various terms and conditions, including the following: (1) public reprimand; (2) \$2,500.00 fine; (3) 8 hours of Continuing Medical Education (CME), in addition to his statutory CME requirements for licensure; (4) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter; (5) Dr. Shah must be supervised at all times during any and all interactions with all female patients with a formal monitoring agreement with approved and identified monitors.

**SMITH, Lane F., M.D. (10065)
Las Vegas, NV**

Summary: Alleged failure to maintain appropriate medical records related to Dr. Smith's treatment of a patient.

Charges: One violation of NRS 630.3062(1)(a) [failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient].

Disposition: On September 6, 2019, the Board accepted a Settlement Agreement by which it found Dr. Smith violated NRS 630.3062(1)(a), as set forth in the Complaint, and imposed the following discipline against him: (1) public reprimand; (2) \$500.00 fine; (3) 20 hours of Continuing Medical Education; (4) reimbursement of the Board's fees and costs associated with investigation and prosecution of the matter.



Public Reprimands Ordered by the Board

September 16, 2019

Corey Daniel Bueno, CRT
4933 Abundance Street
North Las Vegas, NV 89031

Re: In the Matter of Charges and Complaint Against Corey Daniel Bueno, CRT BME Case No. 19-36900-1

Mr. Bueno:

On September 6, 2019, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the formal Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute (NRS) 630.306(1)(a), inability to practice respiratory therapy with reasonable skill and safety (one (1) violation). Your license will be immediately revoked. For the same, you shall pay the costs and expenses related to the investigation and prosecution of this matter, and you shall be publicly reprimanded.

Accordingly, it is my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon you and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

September 26, 2019

Priya Chib, M.D.
c/o Chad C. Couchot, Esq.
Schuering Zimmerman & Doyle, LLP
400 University Avenue
Sacramento, CA 95825-6502

Re: In the Matter of Charges and Complaint Against Priya Chib, M.D. BME Case No. 19-46237-1

Dr. Chib:

On September 6, 2019, the Nevada State Board of Medical Examiners (Board) ac-

cepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the formal Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute (NRS) 630.301(3), out-of-state discipline imposed (one (1) violation). For the same, you shall pay the costs and expenses related to the investigation and prosecution of this matter, and shall be publicly reprimanded.

Accordingly, it is my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon you and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

September 26, 2019

Allison Kay Davis, M.D.
c/o Kathleen Janssen, Esq.
Cook & Kelesis, LTD
517 S. 9th Street
Las Vegas, NV 89101

Re: In the Matter of Charges and Complaint Against Allison Kay Davis, M.D. BME Case No. 19-27984-1

Dr. Davis:

On September 6, 2019, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the formal Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute (NRS) 630.3062(1)(a), failure to maintain timely, legible, accurate and complete medical records (one (1) violation). For the same, you shall pay the costs and expenses related to the investigation and prosecution of this matter, shall be publicly reprimanded, and shall pay a fine of \$1,000.00.

Accordingly, it is my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon you and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

September 26, 2019

Ronald Hope Foote, M.D.
c/o L. Kristopher Rath, Esq.
10080 West Alta Drive, Suite 2
Las Vegas, NV 89145

Re: In the Matter of Charges and Complaint Against Ronald Hope Foote, M.D. BME Case No. 19-12899-1

Dr. Foote:

On September 6, 2019, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the formal Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute (NRS) 630.301(9), disreputable conduct (one (1) violation), NRS 630.306(1)(b)(3), engaging in conduct that violated pharmacy board regulations (one (1) violation), NRS 630.306(1)(b)(2), violation of standards of practice (three (3) violations), NRS 630.3062(1)(a), failure to maintain proper medical records (three (3) violations). For the same, your license to practice medicine in the State of Nevada shall be revoked, with the revocation to be immediately stayed and your license placed on probation for a period of 60 months, subject to various terms and conditions set forth in the settlement agreement, including the following: you shall pay the costs and expenses related to the investigation and prosecution of this matter, shall be publicly reprimanded, shall pay a fine of \$500.00 per count admitted, consisting of eight counts, for a total of \$4,000.00, and shall take 20 hours of continuing medical education

(CME), related to best practices in prescribing of controlled substances. The aforementioned hours of CME shall be in addition to any CME requirements that are regularly imposed upon you as a condition of licensure in the state of Nevada. You shall complete the University of San Diego, Physician Assessment and Competency Evaluation Program (PACE), Competency Assessment, and, if recommended by PACE, the Fitness for Duty (FFD) evaluation, and pass all of the above to the satisfaction of the Board.

Accordingly, it is my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon you and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

September 26, 2019

Isaac John Hearne, M.D.
8800 Hampton Green Avenue
Las Vegas, NV 89129

Re: In the Matter of Charges and Complaint Against Isaac John Hearne, M.D. BME Case No. 18-28607-1

Dr. Hearne:

On September 6, 2019, the Nevada State Board of Medical Examiners (Board) found, by a preponderance of the evidence, that you violated NRS 630.3065(2)(a) (seven (7) counts), as alleged in the underlying Complaint.

The Board ordered that your license to practice medicine in Nevada be revoked, and you may not apply for reinstatement of your license for a period of two years. For the same, you shall pay the costs and expenses related to the investigation and prosecution of this matter, and you shall be publicly reprimanded.

Accordingly, it is my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon

you and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

September 26, 2019

Steven A. Holper, M.D.
c/o L. Kristopher Rath, Esq.
10080 West Alta Drive, Suite 2
Las Vegas, NV 89145

Re: In the Matter of Charges and Complaint Against Steven A. Holper, M.D. BME Case No. 19-8552-1

Dr. Holper:

On September 6, 2019, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the formal Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute (NRS) 630.306(1)(c), illegal dispensing of controlled substances (one (1) violation). For the same, your license shall be immediately revoked, and you may not apply for reinstatement of your license for a period of three years, shall pay the costs and expenses related to the investigation and prosecution of this matter, and shall be publicly reprimanded.

Accordingly, it is my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon you and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

September 26, 2019

Libby Kristal, M.D.
8230 W. Sahara Avenue, #111
Las Vegas, NV 89117

Re: In the Matter of Charges and Complaint Against Libby Kristal, M.D. BME Case No. 19-40909-1

Dr. Kristal:

On September 6, 2019, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the formal Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute (NRS) 630.301(4), malpractice (one (1) violation), and NRS 630.3062(1)(a), failure to maintain timely, legible, accurate and complete medical records (one (1) violation). For the same, you shall pay the costs and expenses related to the investigation and prosecution of this matter, and shall be publicly reprimanded.

Accordingly, it is my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon you and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

September 26, 2019

Patricia Morales, M.D.
c/o Edward J. Lemons, Esq.
Lemons, Grundy & Eisenberg
6005 Plumas Street, Suite 300
Reno, NV 89519

Re: In the Matter of Charges and Complaint Against Patricia Morales, M.D. BME Case No. 19-9829-1

Dr. Morales:

On September 6, 2019, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the formal Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute (NRS) 630.3062(1)(a), failure to maintain

timely, legible, accurate and complete medical records (one (1) violation). For the same, you shall pay the costs and expenses related to the investigation and prosecution of this matter, shall be publicly reprimanded, and complete 3 hours of Continuing Medical Education (CME), in addition to your statutory CME requirements for licensure.

Accordingly, it is my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon you and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

September 26, 2019

Matthew Obim Okeke, M.D.
c/o/ L. Kristopher Rath, Esq.
10080 West Alta Drive, Suite 2
Las Vegas, NV 89145

Re: In the Matter of Charges and Complaint Against Matthew Obim Okeke, M.D.
BME Case No. 19-22461-1

Dr. Okeke:

On September 6, 2019, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the formal Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute (NRS) 630.301(4), malpractice (one (1) violation), and 630.3062(1)(a), failure to maintain timely, legible, accurate and complete medical records (two (2) violations). For the same, your license shall be suspended for two years, with the suspension stayed and your license placed on probation for a period of 24 months, subject to various terms and conditions set forth in the settlement agreement. You shall pay the costs and expenses related to the investigation and prosecution of this matter, shall pay a fine

of \$500.00, and shall be publicly reprimanded.

Accordingly, it is my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon you and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

September 26, 2019

Steven Lee Olenchak, PA-C
c/o Michael D. Navratil Esq,
John H. Cotton & Associates, LTD.
7900 W. Sahara, Suite 200
Las Vegas, NV 89117

Re: In the Matter of Charges and Complaint Against Steven Lee Olenchak, PA-C
BME Case No. 19-22430-1

Mr. Olenchak:

On September 6, 2019, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the formal Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute (NRS) 630.306(1)(b)(2), violation of standards of practice (one (1) violation), and NRS 630.3062(1)(a), failure to maintain proper medical records (one (1) violation). For the same, you shall pay the costs and expenses related to the investigation and prosecution of this matter, shall pay a fine of \$2,500.00, you shall be publicly reprimanded, and take 20 hours of continuing medical education (CME) related to best practices in the prescribing of controlled substances. The hours of CME shall be in addition to the CME requirements that are statutorily imposed in the State of Nevada.

Accordingly, it is my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon

you and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

September 26, 2019

Devendrakumar I. Patel, M.D.
c/o Brent Vogel, Esq.
Lewis Brisbois Bisgaard & Smith LLP
6385 South Rainbow Boulevard, Suite 600
Las Vegas, NV 89118

Re: In the Matter of Charges and Complaint Against Devendrakumar I. Patel, M.D.
BME Case No. 18-29352-1/2/3

Dr. Patel:

On September 6, 2019, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board's Investigative Committee in relation to the formal Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute (NRS) 630.306(1)(c), illegal dispensing of controlled substances (one (1) violation). For the same, you license shall be revoked, and you may not apply for reinstatement of your license for a period of three years, you shall pay the costs and expenses related to the investigation and prosecution of this matter, and you shall be publicly reprimanded.

Accordingly, it is my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon you and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

September 26, 2019

Jairo Alejandro Rodriguez, PA-C
c/o Lyn E. Beggs, Esq.
Law Offices of Lyn E. Beggs, PLLC
316 California Avenue, #863
Reno, NV 89509

Re: In the Matter of Charges and Complaint Against Jairo Alejandro Rodriguez, PA-C

BME Case No. 19-34006-1

Mr. Rodriguez:

On September 6, 2019, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board’s Investigative Committee in relation to the formal Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute (NRS) 630.306(1)(b)(2), violation of standards of practice (one (1) violation), and NRS 630.3062(1)(a), failure to maintain proper medical records (one (1) violation). For the same, you shall pay the costs and expenses related to the investigation and prosecution of this matter, shall pay a fine of \$1,000.00, you shall be publicly reprimanded, and shall take 20 hours of continuing medical education (CME) related to best practices in the prescribing of controlled substances, in addition to the statutory CME requirements for licensure.

Accordingly, it is my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon you and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

September 26, 2019

Mane Sulaiman Shah, M.D.
c/o John A. Hunt, Esq.
Clark Hill PLC
3800 Howard Hughes Parkway, Suite 500
Las Vegas, NV 89169

Re: In the Matter of Charges and Complaint Against Mane Sulaiman Shah, M.D.
BME Case No. 18-33803-1

Dr. Shah:

On September 6, 2019, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board’s Investigative Committee in relation to the formal Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute (NRS) 630.301(1), conviction of a felony relating to the practice of medicine or the ability to practice medicine stemming from criminal case C-13-292772-1, District Court, Clark County, Nevada (one (1) violation). For the same, you shall be placed on probation for an indeterminate period of time, not to exceed 60 months, subject to various terms and conditions as set forth in the settlement agreement, you shall pay the costs and expenses related to the investigation and prosecution of this matter, shall pay a fine of \$2,500.00, shall complete eight (8) hours of continuing medical education (CME), in addition to the statutory CME requirements for licensure, and shall be publicly reprimanded.

Accordingly, it is my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon you and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

September 26, 2019

Lane Fielding Smith, M.D.
c/o Kristine Maxwell, Esq.
John H. Cotton & Associates, LTD.
7900 W. Sahara, Suite 200
Las Vegas, NV 89117

Re: In the Matter of Charges and Complaint Against Lane Fielding Smith, M.D.
BME Case No. 19-24424-1

Dr. Smith:

On September 6, 2019, the Nevada State Board of Medical Examiners (Board) accepted the Settlement Agreement (Agreement) between you and the Board’s Investigative Committee in relation to the formal Complaint filed against you in the aforementioned case.

In accordance with its acceptance of the Agreement, the Board entered an Order finding you violated Nevada Revised Statute (NRS) 630.3062(1)(a), failure to maintain proper medical records (one (1) violation). For the same, you shall pay the costs and expenses related to the investigation and prosecution of this matter, shall pay a fine of \$500.00, you shall be publicly reprimanded, and shall take 20 hours of continuing medical education (CME) related to best practices in the prescribing of controlled substances.

Accordingly, it is my unpleasant duty as President of the Board to formally and publicly reprimand you for your conduct which has brought professional disrespect upon you and which reflects unfavorably upon the medical profession as a whole.

Sincerely,

Rachakonda D. Prabhu, M.D., President
Nevada State Board of Medical Examiners

★ ★ ★

NEVADA STATE BOARD OF MEDICAL EXAMINERS

9600 Gateway Drive

Reno, NV 89521