COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 741

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY SHARAD C. PATEL, M.D., LICENSE NO. 20851, 1506 BRISTOL COURT, ELIZABETHTOWN, KENTUCKY 42701

FOURTH AMENDED AGREED ORDER

Come now the Kentucky Board of Medical Licensure (hereafter "the Board"), acting by and through its Inquiry Panel B, and Sharad C. Patel, M.D., and, based upon the Panel's vote to grant the licensee's request to complete the objectives of the CPEP Education Plan independently, hereby ENTER INTO the following **FOURTH AMENDED AGREED ORDER:**

STIPULATIONS OF FACT

The parties stipulate the following facts, which serve as the factual bases for this Fourth Amended Agreed Order:

1. At all relevant times, Sharad C. Patel, M.D., was licensed by the Board to practice medicine within the Commonwealth of Kentucky.
2. The licensee's medical specialty is Psychiatry.
3. On March 8, 1999, the licensee filed with the Board an Amended Letter of Agreement, which he executed on March 5, 1999. Condition 1 of the Amended Letter of Agreement specified: "Physician shall fully maintain a contractual relationship with the Impaired Physician Committee and abide by all conditions placed upon him by the Impaired Physician Committee."
4. On March 16, the licensee verbally notified a Board Investigator that he desired to convert his license to inactive status and that he intended to discontinue his

relationship with the Kentucky Physicians Health Foundation ("the Foundation"). In a Memorandum to the Board's Inquiry Panel B, dated March 22, 2000, the investigator notified the Board of this information.

5. In a letter, dated March 17, 2000, Burns M. Brady, M.D., Foundation Medical Director, confirmed a telephone conversation he had with the licensee. In his letter, a copy of which was received by the Board on March 21, 2000, Dr. Brady stated, "As I understand it, you [the licensee] are not going to renew your Kentucky medical license at this time and would like to discontinue your relationship with [the Foundation]." Seeking confirmation of his understanding, Dr. Brady further stated in same: "I look forward to your response and if I have not heard from you within 14 days of your receipt of this letter, then I will assume this establishes for our records and for the Kentucky Board of Medical Licensure that you are discontinuing your relationship with this organization."
6. Given these circumstances, the Panel required the licensee to enter into an Agreed Order of Surrender, which he did and which was filed on June 9, 2000. He has not practiced medicine in the Commonwealth since that time.
7. At its July 2002 meeting, the Panel considered the licensee's request to resume the active practice of medicine. The Panel deferred any action until the licensee completed a clinical skills assessment at the Center for Personalized Education for Physicians (CPEP).
8. The licensee completed that assessment January 27-28, 2003. The Assessment Report included the following findings:

    A. Medical Knowledge

During this Assessment, Dr. Patel's medical knowledge was fairly broad but it lacked depth and was not current. He was aware of the general initial psychiatric assessment process including the mental status examination. However, he omitted important historical areas and lacked necessary details and clarity on the mental status exam. He was knowledgeable about substance abuse issues as well as pain management and psychiatric treatment in workman's compensation patients. He accurately assessed suicidal and homicidal risk. His level of knowledge of the civil commitment process was adequate, although it lacked detail. He demonstrated a general knowledge of anxiety, psychotic, and personality disorders but it lacked depth. Dr. Patel's diagnosis of mood disorders was unacceptable. His knowledge of psychotropic medications including antidepressants, antipsychotics, and mood stabilizers was incomplete and not current. His differential diagnosis did not always reflect the most likely possibilities. Dr. Patel was not well-versed in the DSM IV-R categories of the mood disorders. Dr. Patel's diagnostic and assessment skills lacked sufficient detail and completeness.

B. Clinical Reasoning

Overall, Dr. Patel's clinical reasoning was inconsistent. One consultant thought that, based on the few charts reviewed, Dr. Patel's clinical decision-making was adequate. Another consultant noted that Dr. Patel provided an adequate account of the issues from a drug overdose patient and a workman's compensation injury. Dr. Patel demonstrated flexibility in his ability to modify his management strategies based on changes in the patient's clinical course; however, his approach to pharmacology was more rigid.
Many of Dr. Patel's stated management strategies were reasonable; he did not apply these principles to the actual patient cases reviewed. This included use of mood stabilization in bipolar disorder and use of informed consent. He ordered laboratory tests and developed treatment plans that were not supported by the diagnostic possibilities. Dr. Patel's differential diagnosis did not always reflect the facts of the case. He occasionally assigned a diagnosis without sufficient clinical data, in contrary to the patient's clinical presentation, or without integrating important social issues. His follow-up recommendations did not always correlate with the clinical status and needs of the patient. Dr. Patel did not have an organized theory of psychopathology upon which to guide his prescription for non-pharmacologic-psychiatric treatments.

C. Communication

Dr. Patel's communication skills with the Simulated Patients were adequate but his skills were weak due to the time since he left practice. He demonstrated the core skills needed to be an effective communicator. He asked open-ended questions, listened without interruption, made effective use of summary statements, and had good eye contact. With practice his interactions became more conversational. His initial attempts at rapport were difficult but these improved over the course of the interview. He sometimes confused the patients by changing his line of questioning too quickly and without the use of transition statements. He did not provide patient education. His interactions with the peer consultants were acceptable.

D. Documentation

Dr. Patel's documentation skills were inadequate. His intake assessments were organized. His documentation of the mental status exams was acceptable. He provided a reasonable accounting of the patient's clinical progress. However, there was no documentation of medication side effects, reasons for psychotherapy or cognitive behavior therapy, or explanations for changes in medications. Dr. Patel did not document all patient encounters with an appropriate note. His management strategies were not consistently reflected in the chart. He did not record a formal diagnosis of PTSD in a patient he was treating for this disorder. He did not enumerate manic or depressive symptoms in a bipolar patient. He did not provide a clear plan of action in some cases. Comments about psychosocial issues were brief and general. The notes generated during the CPEP Assessment were unorganized and lacked any detail about his clinical thought processes. His treatment plans were vague.

CPEP recommended that Dr. Patel participate in structured, individualized Education Intervention to address the identified areas of need, and noted that such an intervention would likely require significant time and effort.

9. After reviewing the report, the Panel voted to defer action until Dr. Patel had obtained an Educational Plan from CPEP and presented it to the Panel for review. The licensee obtained an Educational Intervention Education Plan from CPEP in July 2006 and it was considered by the Panel at its October 19, 2006 meeting.

10. The parties entered into an Agreed Order of Indefinite Restriction on November 7, 2006. Conditions 2d and 2e of that Agreed Order provided,

> d. The licensee SHALL FULLY comply with the directives of Phase I of CPEP's Education Plan, which is attached and incorporated in full, by reference, into this Agreed Order of Indefinite Restriction. Even under the direct supervision of the Supervising Physician, the licensee may only perform those acts and procedures specifically detailed in Phase I of the Education Plan;
> e. The licensee SHALL NOT proceed to or perform any act under Phase II of the CPEP Education Plan, unless and until approved to do so by the Panel by Amended Agreed Order of Indefinite Restriction.

11. Both the licensee and CPEP have advised the Panel that, due to circumstances beyond the licensee's control, he has been unable to complete Phase I of the Education Plan, because of CPEP's lack of ability to properly evaluate the licensee's completion of that Phase. CPEP and the licensee have tried to develop an alternative means of evaluating the licensee's completion of Phase I. However, to date, they have been unable to implement an evaluation process which would provide CPEP with the level of assurance necessary to recommend his transition to Phase II of the Education Plan. Part of the difficulty in formulating and implementing an alternative evaluation process has been the perceived requirement to obtain the Panel's approval of a specific alternative Phase I evaluation process before it is implemented. In order to facilitate this process, the Panel has determined to delegate the authority to CPEP to develop and implement an alternative evaluation process for Phase I.

12. In their Point of Care Education and Evaluation Report for July 2009, CPEP reported,

Dr. Patel successfully completed this simulated patient exercise. CPEP recommends that he progress to Phase II of his Education Plan. Dr. Patel should notify CPEP of his intent to reactivate his Education Plan and engage in educational activities, starting with Phase II.
Dr. Patel will need to identify a qualified preceptor to work with him for the duration of Phase II. Because there has been a lengthy delay for Dr. Patel to begin Phase II of his Plan, it will be important that he participate in the educational activities in a timely manner. Therefore, if he has not already begun a preceptor search, Dr. Patel is encouraged to do so immediately. CPEP recommends that he submit the preceptor candidate's curriculum vitae within 15 days of reactivating his Plan (date to be determined). CPEP also recommends that Dr. Patel carefully review his Plan prior to initiating Phase II.

13. At the Panel's October 15, 2009 meeting, when they took up the licensee's request to modify his Amended Agreed Order of Indefinite Restriction, James. T. Jennings, M.D., Medical Director, Kentucky Physicians' Health Foundation, asked the Panel to consider terminating Condition 2h, based upon the length of the licensee's involvement with the Foundation and the primary focus of the present Amended Agreed Order.

14. Following his statement to CPEP staff that he would also like to pursue the possibility of practicing in an in-patient setting, CPEP conducted an Addendum Assessment on April 8-9, 2010. In their report, CPEP made the following findings and recommendations:

Medical Knowledge:

- Psychopharmacology: especially newer agents:
  - Available does forms and typical dosing of Depakote;
  - Dosing of Risperdal and Risperdal Consta;
  - Atypical antipsychotics:
    - Blackbox warning: risk of death in elderly patients treated with antipsychotics;
  - Familiarity with the use of drugs used to treat Alzheimer's dementia, such as acetylcholinesterase inhibitors;
  - Drug interactions: Depakote and Lamictal;
  - Risk of polycystic ovarian syndrome with Depakote;
  - Pregnancy categories: nomenclature;
- Bipolar disorder:

    - Treatment of psychotic mania;
    - Treatment of bipolar depression, including:
        - Treatment of refractory bipolar depression;
        - Knowledge of drugs to be avoided because they can destabilize the patient and lead to mania or a mixed state (stimulants, antidepressants);
- Full understanding of the risk factors for completed suicide;
- Obsessive-compulsive disorder:
    - Pharmacologic management: lack of effectiveness of benzodiazepines; options to augment SSRIs in treating OCD;
- Substance abuse:
    - Alcoholism:
        - Role of Antabuse;
        - Current perspectives on controlled drinking;
        - Disadvantages of benzodiazepines in the rehabilitating alcoholic (as opposed to in acute withdrawal);
    - Opioid abuse: advantages and disadvantages of the three main treatment options of Suboxone, methadone, and abstinence;
- Personality disorders:
    - General knowledge;
    - Narcissistic personality D/O: psychodynamic explanation;
    - Sociopathic personality disorder: psychodynamic underpinnings;
    - Borderline personality disorder: see psychotherapy, below;
- Psychotherapy:
    - OCD: fuller understanding of important components of the therapy;
    - Dialectical behavioral therapy for borderline personality disorder and chronic self-harm/mutilation;
- Reasons for self-mutilation in psychiatric patients;
- Procedures for administering involuntary medications;
- Electroconvulsive therapy: body of evidence indicating that ECT can lead to long-term retrograde memory loss;
- Obstructive sleep apnea: as a comorbidity, medical complications and risks.

Clinical Judgment and Reasoning:

- Balance between the role of testing (laboratory and psychological) and clinical assessment and judgment;
- Awareness and recognition of one's idiosyncratic approaches that are not supported by literature, with a goal to examine the evidence in those instances.

III. Implications for Education and Other Interventions

Based on the findings of the Second Assessment Addendum, the following educational recommendations should be completed if Dr. Patel includes inpatient care in his scope of practice:

- Point of Care Experience: Dr. Patel should participate in an inpatient clinical experience to provide the necessary supervision required as he addresses the areas of demonstrated need in inpatient psychiatry. The experience would be designed to allow appropriately graduated levels of independence.
  - Dr. Patel should initially have all cases reviewed with a preceptor prior to initiation of treatment;
  - He should practice in a setting where he would have the availability of immediate consultation with another attending on the inpatient psychiatric ward.

- Educational Preceptor: Dr. Patel should establish a relationship with an experienced educational preceptor in psychiatry, with experience in inpatient care. This involves regularly scheduled meetings to review cases and documentation, discuss decisions related to those cases, review specific topics, and make plans for future learning.

- Continuing Medical Education and Self-Study: Dr. Patel should engage in continuing medical education courses and self-study which include, but are not limited to, the topics indicated in areas of demonstrated need.

15. At the Board's request, CPEP staff also identified the following learning objectives of Phase II of the original Education Plan that still need to be addressed by the licensee:

LEARNING OBJECTIVES III – IV: INCOMPLETE ("I")

III. To improve clinical decision-making in the following areas:	I
1. Consistent application of medical knowledge;	I
2. Organized, detailed, comprehensive, and integrated approach to diagnostic evaluation that includes differential diagnoses;	I
3. Development of comprehensive and integrative treatment plans for an adequately wide range of psychiatric diagnoses; these plans should include documentation of the patient's progress;	I
4. Consideration of medication management options;	I

5. Application of psychopathology.	I

Preceptor Meetings and Chart Reviews – Not Initiated
For more information, see Education Plan.

IV: To improve patient care documentation, specifically:	I
1. Organized and complete chart components, including flow sheets;	I
2. Consistently organized, detailed and complete notes, that include but not limited to the following elements:	I
a. Presenting complaint;	I
b. Psychiatric history;	I
c. Family and social history;	I
d. Mental status exam;	I
e. Differential and final diagnoses;	I
f. Detailed treatment plans;	I
g. Patient/family education;	I
h. Consultant reports/communications;	I
i. Testing;	I
j. Detailed clinical reasoning;	I
3. Consistent documentation of all patient encounters.	I

Dr. Patel attended the *Patient Care Documentation Seminar (Seminar)* in December 2006, the AMD will monitor Dr. Patel's documentation to determine if he should attend the *Seminar* again, or if his educational needs would be sufficiently addressed if he enrolled in the follow-up component to the December 2006 *Seminar.*

V. To monitor physician-patient communications:	I
1. Effective core communication skills.	I

Dr. Patel completed reading The Medical Interview as recommended in his Education Plan. This objective should be addressed with the Preceptor during Phase II.

VI. To determine a plan to maintain current standards within the field of psychiatry.	I

STIPULATED CONCLUSIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal bases for this Fourth Amended Agreed Order:

1. The licensee's Kentucky medical license is subject to regulation and discipline by the Board.
2. Based upon the Stipulations of Fact, there were legal grounds for the Board to impose disciplinary sanctions against his license pursuant to KRS 311.595(13).

The Board did so by requiring the licensee to enter into the Agreed Order of Surrender. The legal grounds supporting the Agreed Order of Surrender extend to this Fourth Amended Agreed Order. Accordingly, there is a legal basis for this Fourth Amended Agreed Order.

3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully address legal issues, such as the licensee's return to active practice following a period of surrender, by entering into an agreed resolution such as this Fourth Amended Agreed Order.

FOURTH AMENDED AGREED ORDER

Based upon the Stipulations of Fact and Stipulated Conclusions of Law, and, based upon the Panel's vote to grant the licensee's request to permit him to complete the objectives of the CPEP Education Plan independently, the parties hereby ENTER INTO the following **FOURTH AMENDED AGREED ORDER:**

1. The license to practice medicine in the Commonwealth of Kentucky held by Sharad C. Patel, M.D., remains RESTRICTED/LIMITED FOR AN INDEFINITE PERIOD OF TIME, with that period continuing immediately upon the filing of this Fourth Amended Agreed Order and continuing until further Order of the Panel;
2. During the effective period of this Fourth Amended Agreed Order, the licensee's Kentucky medical license SHALL BE RESTRICTED/LIMITED by the following terms and conditions:
    a. The licensee may resume the practice of medicine, but only as specified in the following terms and conditions;

b. The licensee SHALL NOT perform any act which would constitute the "practice of medicine," as that term is defined in KRS 311.550(10) – the diagnosis, treatment, or correction of any and all human conditions, ailments, diseases, injuries, or infirmities by any and all means, methods, devices, or instrumentalities – unless and until the Panel or its Chair has approved, in writing, a preceptor to work with the licensee in fulfilling the objectives of the CPEP Education Plan. The decision whether to approve a particular preceptor lies in the sole discretion of the Panel or its Chair. The Panel has approved Stephen B. Lamb, M.D., Lexington, Kentucky, as the licensee's preceptor.

c. The licensee shall not change preceptors without first obtaining written approval by the Panel or its Chair for such change. The parties agree that the Panel or its Chair may require additional conditions and/or restrictions as a condition of it granting approval for a new preceptor.

d. The licensee SHALL provide any approved Preceptor with a copy of this Fourth Amended Agreed Order before beginning a professional relationship with the Preceptor.

e. If the licensee does not identify a preceptor that is approved by the Panel Chair within three (3) months of the date of filing of this Fourth Amended Agreed Order, this case will be re-presented to the Panel for further action and direction.

f. During the periods that the licensee is practicing with an approved preceptor, the licensee SHALL meet with the approved preceptor at least

once every two weeks to address his completion of the objectives of the CPEP Education Plan. The licensee SHALL take all necessary steps to ensure that the approved preceptor provides the Board's staff with written reports, once every three months, detailing the licensee's completion of the objectives of the CPEP Education Plan and his competence to practice his specialty safely and competently.

g. The licensee SHALL SUCCESSFULLY become re-certified by the American Board of Psychiatry and Neurology within two calendar years of the date of filing of this Fourth Amended Agreed Order.

h. The licensee shall completely abstain from the consumption of mood-altering substances, including alcohol, except as prescribed by a duly licensed practitioner for a documented legitimate medical purpose. Any such medical treatment and prescribing shall be reported directly to the Board in writing by the treating physician within ten (10) days after the date of treatment. The licensee must inform the treating physician of this responsibility and ensure timely compliance. Failure to inform the treating physician of this responsibility shall be considered a violation of this Fourth Amended Agreed Order;

i. The licensee shall be subject to periodic, unannounced breathalyzer, blood and urine alcohol and/or drug analysis as desired by the Board, the purpose being to ensure that the licensee remains drug and/or alcohol-free. The cost of such breathalyzer, blood and urine alcohol and/or drug analyses and reports will be borne by licensee, which costs shall be paid

under the terms fixed by the Board's agent for testing. Failure to make timely payment of such costs, to provide a specimen upon request, or to remain alcohol and/or drug-free shall be considered a violation of this Fourth Amended Agreed Order;

j. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.

3. The licensee expressly agrees that if he should violate any term or condition of this Fourth Amended Agreed Order, the licensee's practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that if the Board should receive information that he has violated any term or condition of this Fourth Amended Agreed Order, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an *ex parte* presentation of the relevant facts by the Board's General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the parties agree and stipulate that a violation of any term or condition of this Fourth Amended Agreed Order would render the licensee's practice an immediate danger to the health, welfare and safety of patients and the general public, pursuant to KRS 311.592 and 13B.125; accordingly, the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Fourth Amended Agreed Order.

4. The licensee understands and agrees that any violation of the terms of this Fourth Amended Agreed Order would provide a legal basis for additional disciplinary action, including revocation, pursuant to KRS 311.595(13).

SO AGREED on this 26 day of April, 2010.

FOR THE LICENSEE:

SHARAD C. PATEL, M.D.

COUNSEL FOR THE LICENSEE
(IF APPLICABLE)

FOR THE BOARD:

RANDEL C. GIBSON, D.O.
CHAIR, INQUIRY PANEL B

C. LLOYD VEST II
General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
(502) 429-7150

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THIRD AMENDED AGREED ORDER

Come now the Kentucky Board of Medical Licensure (hereafter "the Board"), acting by and through its Inquiry Panel B, and Sharad C. Patel, M.D., and, in order to clarify that the licensee is not required to have complete supervision during Phase II of his Education Plan, hereby ENTER INTO the following **THIRD AMENDED AGREED ORDER:**

STIPULATIONS OF FACT

The parties stipulate the following facts, which serve as the factual bases for this Third Amended Agreed Order:

1. At all relevant times, Sharad C. Patel, M.D., was licensed by the Board to practice medicine within the Commonwealth of Kentucky.
2. The licensee's medical specialty is Psychiatry.
3. On March 8, 1999, the licensee filed with the Board an Amended Letter of Agreement, which he executed on March 5, 1999. Condition 1 of the Amended Letter of Agreement specified: "Physician shall fully maintain a contractual relationship with the Impaired Physician Committee and abide by all conditions placed upon him by the Impaired Physician Committee."
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relationship with the Kentucky Physicians Health Foundation ("the Foundation"). In a Memorandum to the Board's Inquiry Panel B, dated March 22, 2000, the investigator notified the Board of this information.

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6. Given these circumstances, the Panel required the licensee to enter into an Agreed Order of Surrender, which he did and which was filed on June 9, 2000. He has not practiced medicine in the Commonwealth since that time.
7. At its July 2002 meeting, the Panel considered the licensee's request to resume the active practice of medicine. The Panel deferred any action until the licensee completed a clinical skills assessment at the Center for Personalized Education for Physicians (CPEP).
8. The licensee completed that assessment January 27-28, 2003. The Assessment Report included the following findings:

    A. Medical Knowledge

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Many of Dr. Patel's stated management strategies were reasonable; he did not apply these principles to the actual patient cases reviewed. This included use of mood stabilization in bipolar disorder and use of informed consent. He ordered laboratory tests and developed treatment plans that were not supported by the diagnostic possibilities. Dr. Patel's differential diagnosis did not always reflect the facts of the case. He occasionally assigned a diagnosis without sufficient clinical data, in contrary to the patient's clinical presentation, or without integrating important social issues. His follow-up recommendations did not always correlate with the clinical status and needs of the patient. Dr. Patel did not have an organized theory of psychopathology upon which to guide his prescription for non-pharmacologic-psychiatric treatments.

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CPEP recommended that Dr. Patel participate in structured, individualized Education Intervention to address the identified areas of need, and noted that such an intervention would likely require significant time and effort.

9. After reviewing the report, the Panel voted to defer action until Dr. Patel had obtained an Educational Plan from CPEP and presented it to the Panel for review. The licensee obtained an Educational Intervention Education Plan from CPEP in July 2006 and it was considered by the Panel at its October 19, 2006 meeting.

10. The parties entered into an Agreed Order of Indefinite Restriction on November 7, 2006. Conditions 2d and 2e of that Agreed Order provided,

> d. The licensee SHALL FULLY comply with the directives of Phase I of CPEP's Education Plan, which is attached and incorporated in full, by reference, into this Agreed Order of Indefinite Restriction. Even under the direct supervision of the Supervising Physician, the licensee may only perform those acts and procedures specifically detailed in Phase I of the Education Plan;
> e. The licensee SHALL NOT proceed to or perform any act under Phase II of the CPEP Education Plan, unless and until approved to do so by the Panel by Amended Agreed Order of Indefinite Restriction.

11. Both the licensee and CPEP have advised the Panel that, due to circumstances beyond the licensee's control, he has been unable to complete Phase I of the Education Plan, because of CPEP's lack of ability to properly evaluate the licensee's completion of that Phase. CPEP and the licensee have tried to develop an alternative means of evaluating the licensee's completion of Phase I. However, to date, they have been unable to implement an evaluation process which would provide CPEP with the level of assurance necessary to recommend his transition to Phase II of the Education Plan. Part of the difficulty in formulating and implementing an alternative evaluation process has been the perceived requirement to obtain the Panel's approval of a specific alternative Phase I evaluation process before it is implemented. In order to facilitate this process, the Panel has determined to delegate the authority to CPEP to develop and implement an alternative evaluation process for Phase I.

12. In their Point of Care Education and Evaluation Report for July 2009, CPEP reported,

Dr. Patel successfully completed this simulated patient exercise. CPEP recommends that he progress to Phase II of his Education Plan. Dr. Patel should notify CPEP of his intent to reactivate his Education Plan and engage in educational activities, starting with Phase II.
Dr. Patel will need to identify a qualified preceptor to work with him for the duration of Phase II. Because there has been a lengthy delay for Dr. Patel to begin Phase II of his Plan, it will be important that he participate in the educational activities in a timely manner. Therefore, if he has not already begun a preceptor search, Dr. Patel is encouraged to do so immediately. CPEP recommends that he submit the preceptor candidate's curriculum vitae within 15 days of reactivating his Plan (date to be determined). CPEP also recommends that Dr. Patel carefully review his Plan prior to initiating Phase II.

13. At the Panel's October 15, 2009 meeting, when they took up the licensee's request to modify his Amended Agreed Order of Indefinite Restriction, James. T. Jennings, M.D., Medical Director, Kentucky Physicians' Health Foundation, asked the Panel to consider terminating Condition 2h, based upon the length of the licensee's involvement with the Foundation and the primary focus of the present Amended Agreed Order.

STIPULATED CONCLUSIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal bases for this Third Amended Agreed Order:

1. The licensee's Kentucky medical license is subject to regulation and discipline by the Board.
2. Based upon the Stipulations of Fact, there were legal grounds for the Board to impose disciplinary sanctions against his license pursuant to KRS 311.595(13). The Board did so by requiring the licensee to enter into the Agreed Order of Surrender. The legal grounds supporting the Agreed Order of Surrender extend to this Third Amended Agreed Order. Accordingly, there is a legal basis for this Third Amended Agreed Order.

3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully address legal issues, such as the licensee's return to active practice following a period of surrender, by entering into an agreed resolution such as this Third Amended Agreed Order.

THIRD AMENDED AGREED ORDER

Based upon the Stipulations of Fact and Stipulated Conclusions of Law, and, based upon the Panel's vote to grant the licensee's request to modify the Amended Agreed Order of Indefinite Restriction the parties hereby ENTER INTO the following **THIRD AMENDED AGREED ORDER:**

1. The license to practice medicine in the Commonwealth of Kentucky held by Sharad C. Patel, M.D., remains SUBJECT TO THE FOLLOWING CONDITIONS FOR AN INDEFINITE PERIOD OF TIME, with that period continuing immediately upon the filing of this Third Amended Agreed Order and continuing until further Order of the Panel;
2. During the effective period of this Agreed Order, the licensee's Kentucky medical license SHALL BE SUBJECT TO the following terms and conditions:
    a. The licensee may resume the practice of medicine, but only as specified in the following terms and conditions;
    b. The licensee MAY PROCEED WITH AND SHALL FULLY comply with the directives of Phase II of CPEP's Education Plan, which is attached and incorporated in full, by reference, into this Second Amended Agreed Order. The licensee may only perform those acts and procedures specifically detailed in Phase II of the Education Plan;

c. The licensee SHALL successfully complete Phase II of the CPEP Education Plan, at his expense and at the direction of CPEP staff;

d. The licensee shall completely abstain from the consumption of mood-altering substances, including alcohol, except as prescribed by a duly licensed practitioner for a documented legitimate medical purpose. Any such medical treatment and prescribing shall be reported directly to the Board in writing by the treating physician within ten (10) days after the date of treatment. The licensee must inform the treating physician of this responsibility and ensure timely compliance. Failure to inform the treating physician of this responsibility shall be considered a violation of this Third Amended Agreed Order;

e. The licensee shall be subject to periodic, unannounced breathalyzer, blood and urine alcohol and/or drug analysis as desired by the Board, the purpose being to ensure that the licensee remains drug and/or alcohol-free. The cost of such breathalyzer, blood and urine alcohol and/or drug analyses and reports will be borne by licensee, which costs shall be paid under the terms fixed by the Board's agent for testing. Failure to make timely payment of such costs, to provide a specimen upon request, or to remain alcohol and/or drug-free shall be considered a violation of this Third Amended Agreed Order;

f. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.

3. The licensee expressly agrees that if he should violate any term or condition of this Third Amended Agreed Order, the licensee's practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that if the Board should receive information that he has violated any term or condition of this Third Amended Agreed Order, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an *ex parte* presentation of the relevant facts by the Board's General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the parties agree and stipulate that a violation of any term or condition of this Third Amended Agreed Order would render the licensee's practice an immediate danger to the health, welfare and safety of patients and the general public, pursuant to KRS 311.592 and 13B.125; accordingly, the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Third Amended Agreed Order.

4. The licensee understands and agrees that any violation of the terms of this Third Amended Agreed Order would provide a legal basis for additional disciplinary action, including revocation, pursuant to KRS 311.595(13).

SO AGREED on this 10 day of December, 2009.

FOR THE LICENSEE:

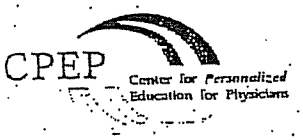
SHARAD C. PATEL, M.D.

COUNSEL FOR THE LICENSEE
(IF APPLICABLE)

FOR THE BOARD:

RANDEL C. GIBSON, D.O.
CHAIR, INQUIRY B

C. LLOYD VEST II
General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
(502) 429-7150



EDUCATIONAL INTERVENTION

EDUCATION PLAN

Developed July 2006

for

Shared Patel , M.D.

I. INTRODUCTION

This Education Plan was developed based upon areas of need identified in CPEP's Assessment of Shared Patel, M.D., conducted in January 2003 and Assessment Addendum (Addendum) in March 2006, data gathered by CPEP and information obtained from the Kentucky Board of Medical Licensure (Board). The areas of educational need identified in the Assessment and the Addendum have been addressed in the objectives of this Education Plan (Plan). Progress Reports will be generated approximately every trimester and provided to the participant and to other entities for which we have authorization.

PURPOSE

The purpose of this Education Plan is to provide a framework in which Dr. Patel can address educational needs that will ultimately improve his delivery of patient care. Plans are created with the understanding that as the physician's capabilities and/or needs change within the parameters of the practice for which this Plan was developed, the educational focus areas may change accordingly.

The goal of CPEP and this Plan is to provide the participant with the tools and support for a meaningful educational experience that includes:

- Addressing individual, identified educational needs;
- Encouraging life-long, independent learning;
- Providing long-term educational benefits that will enhance quality patient care;
- Achieving successful completion of the Plan and the Post-Education Evaluation within the estimated timeframes defined in the Plan.

Participant strategies to support successful completion of the Educational Intervention include the following:

- Being an active partner in learning;
- Actively integrating feedback and new knowledge into daily practice;
- Submitting educational materials and charts as requested in the Plan;
- Adhering to timeframes and due dates as outlined in the Plan;
- Participating in regularly scheduled communications with CPEP.

PHYSICIAN BACKGROUND

Dr. Patel ceased practicing psychiatric medicine in March 2000. He participated in the Assessment process in January 2003. In December 2005, Dr. Patel contacted CPEP to enroll in an Educational Intervention. Since it had been three years since Dr. Patel 's initial CPEP Assessment, CPEP required Dr. Patel to undergo an Assessment Addendum in order to evaluate his current educational needs. The findings of this Addendum were considered in conjunction with the findings of the January 2003 Assessment in the development of this Plan.

II. PRACTICE PROFILE

Dr. Patel provided the following practice profile information to CPEP in July 2006. His perspective practice is yet to be determined, however he reported to CPEP that he will practice adult outpatient psychiatry only. Updates will be obtained from Dr. Patel and reflected in each Progress Report.

Specialty

Psychiatry

Licensure

Licensing State	Status
Kentucky	Inactive

Practice

Years/Description/Location

1980-85; Clinical Director, Comp Care Center; Elizabethtown, KY
1980-1994; 1995-2000 Private practice; Elizabethtown, KY

Active Hospital Privileges

Name/Location	# of Beds	Trauma Level	ICU
TBD			

Current Practice Profile

Volume of patients per day: TBD
Number of days worked per week: TBD
Number of patients admitted per month: TBD
Census of inpatients maintained per month: TBD
Number of days on-call per month: TBD

Commonly Encountered Diagnoses

TBD

Continuing Education

Dr. Patel has not participated in formal continuing medical education in the last five years.

III. REQUIREMENTS

PRACTICE SUPERVISOR AND EDUCATIONAL PRECEPTOR

To participate in the Educational Intervention, Dr. Patel will need to identify a board-certified psychiatrist for the roles of the Supervisor and Preceptor. The Supervisor and Preceptor can be the same individual. The Supervisor should ensure that current evidence-based medical knowledge, skills, and information are addressed. Dr. Patel will provide a copy of the Plan to the proposed Supervisor and/or Preceptor and submit the proposed Supervisor/Preceptor name(s) and resume(s) to CPEP for approval no later than

30 days following the implementation of this Plan. The complete Supervisor and Preceptor Job Descriptions are included with this Plan.

Note:

- CPEP must approve the Supervisor prior to initiating Phase I.
- The Preceptor must be approved prior to initiating Preceptor meetings to ensure that the meetings are applicable to the Plan.

MEDICAL LICENSE

Dr. Patel will need a medical license in order to participate in and complete this Plan. Some educational activities may be completed without a license.

IV. EDUCATIONAL INTERVENTION

This Plan was designed to address adult psychiatric outpatient care. If Dr. Patel 's goals for his anticipated practice change, CPEP may not be able to provide a learning experience to address such changes within the framework of this Plan. Should Dr. Patel independently address issues outside of the Plan, CPEP would be unable to monitor or comment on the experience. It may be possible for CPEP to provide additional assessment that would serve as a foundation for a Supplemental Education Plan.

PHASE I

Phase I is estimated to last between one and two months.

Because of a six-year absence, CPEP recommends that Dr. Patel only see patients with 100% supervision during Phase I. The Supervisor will be present for the entirety of all patient encounters during this period. The volume of daily patient encounters should be restricted so that appropriate and thorough discussion and review occurs immediately after each patient encounter. CPEP recommends a maximum daily patient volume of four.

PERFORMANCE OBJECTIVES

A. Observation of Patient Encounters.

During this experience, Dr. Patel will:

1) Observe the Supervisor for a minimum of 35 encounters in the outpatient setting. For each of the following presenting complaints, he will observe a minimum of two patients: dementia; anxiety; mood disorder; and psychotic and personality disorders. Other patients observed should comprise a variety of diagnoses similar to those Dr. Patel anticipates encountering in his practice. *At the discretion of his Supervisor and the CPEP Associate Medical Director, Dr. Patel may be required to observe more than 35 patient encounters;*

2) Review each case with the Supervisor after each patient encounter. As much as patient diagnoses permit, discussions should focus on content areas identified in Objective I below;
3) Using the Supervised Experience Education Log provided by CPEP, document the diagnosis, treatment, plan, and date of each case, and submit the log to CPEP. The Supervisor will sign the log prior to submission;

B. Supervised Patient Encounters

With the Supervisor in attendance and with direct Supervisor oversight, Dr. Patel will:

1) Interview and examine no fewer than 40 patients in the outpatient setting. For each of the following presenting complaints, he will see a minimum of two patients: dementia; anxiety; mood disorder; and psychotic and personality disorders. Other patients observed should comprise a variety of diagnoses similar to those Dr. Patel anticipates encountering in his practice. *At the discretion of his Supervisor and the CPEP Associate Medical Director, Dr. Patel may be required to see more than 40 patient encounters;*
2) Review his evaluation and plan for patients with the Supervisor prior to completing the patient encounter. As much as patient diagnoses permit, discussions should focus on content areas identified in Objective II below;
3) Write or dictate a simulated note as if he were the primary physician;
4) Have each simulated note reviewed for completeness and overall quality by the Supervisor after each patient encounter. As indicated, discussion regarding documentation should focus on content areas identified in Objective III below;
5) Using the Supervised Experience Log provided by CPEP, document the diagnosis, treatment, plan, and date of each case, and submit the log to CPEP. The Supervisor will sign the log prior to submission.

EVALUATION METHODS

1) As Dr. Patel nears completion of Part A of Phase I, he or his Supervisor should contact CPEP to schedule a telephone conference between the Supervisor and the Associate Medical Director;
2) Upon completion of all Parts of Phase I, the Supervisor and the Associate Medical Director will determine Dr. Patel 's readiness to advance to Phase II. He or his Supervisor should contact CPEP to schedule a telephone conference between the Supervisor and the Associate Medical Director.

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PHASE II

Dr. Patel will transition to a practice-based educational experience after successful completion of Phase I. On-site supervision is no longer required. This experience is estimated to last 10 months. If practicing in Phase I at the Supervisor's practice, Dr. Patel may now transition to independent practice. Dr. Patel will work with the Preceptor to continue addressing the needs identified in the Learning Objectives listed below. If the Preceptor candidate has not been approved at the completion of Phase I, Dr. Patel should continue with self-study activities. Preceptor meetings should be scheduled once CPEP has notified Dr. Patel that the Preceptor candidate has been approved.

LEARNING OBJECTIVES

I. **To improve psychiatric evidence-based medical knowledge, including but not limited to the following:**
   1) Elements of a comprehensive and detailed initial psychiatric assessment, including but not limited to, patient history, family history, and mental status exam;
   2) Algorithms for formulating differential diagnoses;
   3) Symptoms associated with and current management approaches for common psychiatric disorders, including but not limited to the following disorders:
      a) anxiety;
      b) mood (including bipolar disorder);
      c) psychotic;
      d) personality;
      e) post-traumatic stress;
      f) obsessive-compulsive;
      g) dementia;
   4) Non-pharmacologic therapy, including but not limited to, cognitive behavioral therapy;
   5) Legal dimensions of psychiatric practice;
   6) Indicators of substance abuse;
   7) Ability to discern the severity of disorders for appropriate management;
   8) Appropriate testing that is consistent with and supported by the patient's symptoms;
   9) Ability to identify changes in patient behavior and manage accordingly.

II. **To improve knowledge of current pharmacologic therapy that includes but is not limited to the following, especially as related to the disorders identified above:**
   1) Side effects;
   2) Drug-drug interactions;
   3) Dosing.

III. **To improve clinical decision-making in the following areas:**
1) Consistent application of medical knowledge;
2) Organized, detailed, comprehensive, and integrated approach to diagnostic evaluation that includes differential diagnoses;
3) Development of comprehensive and integrative treatment plans for an adequately wide range of psychiatric diagnoses; these plans should include documentation of the patient's progress;
4) Consideration of medication management options;
5) Application of psychopathology.

IV. **To improve patient care documentation, specifically:**
1) Organized and complete chart components, including flow sheets;
2) Consistently organized, detailed and complete notes, that include but not limited to the following elements:
   a) Presenting complaint;
   b) Psychiatric history;
   c) Family and social history;
   d) Mental status exam;
   e) Differential and final diagnoses;
   f) Detailed treatment plans;
   g) Patient/family education;
   h) Consultant reports/communications;
   i) Testing;
   j) Detailed clinical reasoning;
3) Consistent documentation of all patient encounters.

V. **To monitor physician-patient communication:**
1) Effective core communication skills.

VI. **To determine a plan to maintain current standards within the field of psychiatry.**

VI. PERFORMANCE OBJECTIVES and EVALUATION METHODS

Refer to Appendix A for further directions.

PERFORMANCE OBJECTIVES

Dr. Patel will complete the following specified Objectives:

A. Knowledge (Learning Objective I)
1) For each Objective I content area, including subtopics:
   a) Review two current, reputable medical references explicitly relevant to the content area. If assigned a specific guideline for a content area (see below), it can be utilized as one of the references;

b) Submit a brief paragraph, outline or algorithm explaining the applicability of knowledge gained from his reading to his current practice, including how he will utilize the learned information in his practice. If the information is not applicable to his practice, he should explain his rationale. Include reference titles and dates of publication;

2) Subscribe to *Focus: The Journal of Lifelong Learning in Psychiatry and the Focus Self Assessment Examination*. The subscription should include the "Influential Papers." Dr. Patel should participate in ongoing reading and assessment. More information can be found at the following web site: http://www.psych.org/edu/cme/selfassess_exam/saexam.cfm. If Dr. Patel identifies an alternative course, the Associate Medical Director must approve the course;

3) Review guidelines/references relevant to diagnosis and treatment of common psychiatric disorders. CPEP recommends the following Internet sites as resources: http://www.guideline.gov and http://www.psych.org;

4) Dr. Patel will participate in Grand Rounds as scheduled at a nearby facility if available.

B. Clinical Decision Making

1) Obtain and utilize the most current publication of the DSM IV-R to assist in developing a more structured and comprehensive approach to the differential diagnosis of patient complaints.

C. Communication

1) Read The Medical Interview by John L., M.D. Coulehan, Marian R., M.D. Block;

2) CPEP will determine if Dr. Patel would benefit from further educational intervention;

3) Discuss with the Supervisor and Preceptor during Phase I and II.

D. Documentation

1) Independently review documentation and medical record keeping;

2) Attend a documentation seminar, with a follow-up component. The follow-up component must consist of at least two chart reviews, preferably three. A course brochure should be submitted for the Associate Medical Director's approval within 30 days of signing the Plan. A certificate of attendance should be submitted to CPEP upon completion;

3) Integrate feedback from the CPEP Associate Medical Director and the Preceptor promptly.

E. Preceptor Meetings and Chart Reviews

1) Address the Objective I content areas with the Preceptor through didactic exercises, as well as case-based and hypothetical discussions;

2) Meet with the Preceptor weekly for a period of time to be determined by the Associate Medical Director and then twice monthly for the duration of the Plan;
3) Provide 16 redacted charts per month (four charts per weekly session and eight charts per twice monthly sessions), for the duration of Phase II for review with the Preceptor. Dr. Patel will submit these charts to the Preceptor prior to their scheduled meeting to allow the Preceptor time for review. As much as possible, the charts selected should be relevant to the content areas of the Plan;
4) Charts should generate discussions addressing medical knowledge, application of medical knowledge to patient care, clinical judgment, and documentation;
5) Submit to CPEP, every other month, four of the 16 redacted charts used in the Preceptor meetings for review by the Associate Medical Director;
6) Discuss his plan for ongoing professional development with the Preceptor.

F. Submission Requirements:
See Appendix A for timelines.
1) Maintain an Education and/or Supervisor Log, documenting all educational activities, including topics discussed with the Preceptor, and submit to CPEP;
2) Submit practice application materials for Objective I to CPEP;
3) Submit title, resource and date of publication, or first page of article, for all assigned guidelines for Objective I to CPEP;
4) Submit a certificate of completion and/or monthly participation in *Focus: The Journal of Lifelong Learning in Psychiatry and the Focus Self Assessment Examination*, or other approved course;
5) Develop a plan for ongoing professional development in psychiatry and submit it to CPEP.

EVALUATION METHODS

A. The Preceptor will:
1) Provide feedback to Dr. Patel on medical knowledge, application of knowledge, clinical judgment, communication and documentation at the time of their meetings;
2) Provide monthly written and scheduled verbal feedback on Dr. Patel 's progress for the duration of the Plan, or as applicable.

B. The Associate Medical Director will:
1) Review and approve the required submissions to CPEP, and provide feedback to Dr. Patel , with regard to medical knowledge, application of medical knowledge, clinical judgment, documentation, and other identified areas, during regularly scheduled telephone conversations;
2) Monitor Dr. Patel 's documentation and overall progress;

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3) Review and approve Dr. Patel 's plan for ongoing professional development;
4) Provide a written progress report approximately every trimester.

ESTIMATED DURATION

The duration of the Education Plan can only be estimated. CPEP anticipates that this Educational Intervention will last approximately 12 months. It may be extended or shortened at the discretion of CPEP depending on progress towards meeting the stated educational goals. If new education needs are uncovered during the course of this Plan, these will be addressed accordingly.

REASSESSMENT

Dr. Patel will return to CPEP within two to six months following the completion of the Education Plan for a Post-Education Evaluation that addresses the content of the Plan.

DISCLAIMER

CPEP reserves the right to change the content and/or duration of the Education Plan.

SIGNATURES

Shared Patel , M.D. — Date: 8/13/06

Nancy Wilson-Ashbach, M.D.
Associate Medical Director — Date

Return the signed original Education Plan to CPEP. Keep copies of the Plan for your reference and to forward to Supervisor/Preceptor candidates.

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 741

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY SHARAD C. PATEL, M.D., LICENSE NO. 20851, 1506 BRISTOL COURT, ELIZABETHTOWN, KENTUCKY 42701

SECOND AMENDED AGREED ORDER

Come now the Kentucky Board of Medical Licensure (hereafter "the Board"), acting by and through its Inquiry Panel B, and Sharad C. Patel, M.D., and, based upon the Panel's vote to grant the licensee's request to modify his Amended Agreed Order of Indefinite Restriction, hereby ENTER INTO the following **SECOND AMENDED AGREED ORDER:**

STIPULATIONS OF FACT

The parties stipulate the following facts, which serve as the factual bases for this Second Amended Agreed Order:

1. At all relevant times, Sharad C. Patel, M.D., was licensed by the Board to practice medicine within the Commonwealth of Kentucky.
2. The licensee's medical specialty is Psychiatry.
3. On March 8, 1999, the licensee filed with the Board an Amended Letter of Agreement, which he executed on March 5, 1999. Condition 1 of the Amended Letter of Agreement specified: "Physician shall fully maintain a contractual relationship with the Impaired Physician Committee and abide by all conditions placed upon him by the Impaired Physician Committee."
4. On March 16, the licensee verbally notified a Board Investigator that he desired to convert his license to inactive status and that he intended to discontinue his

relationship with the Kentucky Physicians Health Foundation ("the Foundation"). In a Memorandum to the Board's Inquiry Panel B, dated March 22, 2000, the investigator notified the Board of this information.

5. In a letter, dated March 17, 2000, Burns M. Brady, M.D., Foundation Medical Director, confirmed a telephone conversation he had with the licensee. In his letter, a copy of which was received by the Board on March 21, 2000, Dr. Brady stated, "As I understand it, you [the licensee] are not going to renew your Kentucky medical license at this time and would like to discontinue your relationship with [the Foundation]." Seeking confirmation of his understanding, Dr. Brady further stated in same: "I look forward to your response and if I have not heard from you within 14 days of your receipt of this letter, then I will assume this establishes for our records and for the Kentucky Board of Medical Licensure that you are discontinuing your relationship with this organization."
6. Given these circumstances, the Panel required the licensee to enter into an Agreed Order of Surrender, which he did and which was filed on June 9, 2000. He has not practiced medicine in the Commonwealth since that time.
7. At its July 2002 meeting, the Panel considered the licensee's request to resume the active practice of medicine. The Panel deferred any action until the licensee completed a clinical skills assessment at the Center for Personalized Education for Physicians (CPEP).
8. The licensee completed that assessment January 27-28, 2003. The Assessment Report included the following findings:

    A. Medical Knowledge

During this Assessment, Dr. Patel's medical knowledge was fairly broad but it lacked depth and was not current. He was aware of the general initial psychiatric assessment process including the mental status examination. However, he omitted important historical areas and lacked necessary details and clarity on the mental status exam. He was knowledgeable about substance abuse issues as well as pain management and psychiatric treatment in workman's compensation patients. He accurately assessed suicidal and homicidal risk. His level of knowledge of the civil commitment process was adequate, although it lacked detail. He demonstrated a general knowledge of anxiety, psychotic, and personality disorders but it lacked depth. Dr. Patel's diagnosis of mood disorders was unacceptable. His knowledge of psychotropic medications including antidepressants, antipsychotics, and mood stabilizers was incomplete and not current. His differential diagnosis did not always reflect the most likely possibilities. Dr. Patel was not well-versed in the DSM IV-R categories of the mood disorders. Dr. Patel's diagnostic and assessment skills lacked sufficient detail and completeness.

B. Clinical Reasoning

Overall, Dr. Patel's clinical reasoning was inconsistent. One consultant thought that, based on the few charts reviewed, Dr. Patel's clinical decision-making was adequate. Another consultant noted that Dr. Patel provided an adequate account of the issues from a drug overdose patient and a workman's compensation injury. Dr. Patel demonstrated flexibility in his ability to modify his management strategies based on changes in the patient's clinical course; however, his approach to pharmacology was more rigid.
Many of Dr. Patel's stated management strategies were reasonable; he did not apply these principles to the actual patient cases reviewed. This included use of mood stabilization in bipolar disorder and use of informed consent. He ordered laboratory tests and developed treatment plans that were not supported by the diagnostic possibilities. Dr. Patel's differential diagnosis did not always reflect the facts of the case. He occasionally assigned a diagnosis without sufficient clinical data, in contrary to the patient's clinical presentation, or without integrating important social issues. His follow-up recommendations did not always correlate with the clinical status and needs of the patient. Dr. Patel did not have an organized theory of psychopathology upon which to guide his prescription for non-pharmacologic-psychiatric treatments.

C. Communication

Dr. Patel's communication skills with the Simulated Patients were adequate but his skills were weak due to the time since he left practice. He demonstrated the core skills needed to be an effective communicator. He asked open-ended questions, listened without interruption, made effective use of summary statements, and had good eye contact. With practice his interactions became more conversational. His initial attempts at rapport were difficult but these improved over the course of the interview. He sometimes confused the patients by changing his line of questioning too quickly and without the use of transition statements. He did not provide patient education. His interactions with the peer consultants were acceptable.

D. Documentation

Dr. Patel's documentation skills were inadequate. His intake assessments were organized. His documentation of the mental status exams was acceptable. He provided a reasonable accounting of the patient's clinical progress. However, there was no documentation of medication side effects, reasons for psychotherapy or cognitive behavior therapy, or explanations for changes in medications. Dr. Patel did not document all patient encounters with an appropriate note. His management strategies were not consistently reflected in the chart. He did not record a formal diagnosis of PTSD in a patient he was treating for this disorder. He did not enumerate manic or depressive symptoms in a bipolar patient. He did not provide a clear plan of action in some cases. Comments about psychosocial issues were brief and general. The notes generated during the CPEP Assessment were unorganized and lacked any detail about his clinical thought processes. His treatment plans were vague.

CPEP recommended that Dr. Patel participate in structured, individualized Education Intervention to address the identified areas of need, and noted that such an intervention would likely require significant time and effort.

9. After reviewing the report, the Panel voted to defer action until Dr. Patel had obtained an Educational Plan from CPEP and presented it to the Panel for review. The licensee obtained an Educational Intervention Education Plan from CPEP in July 2006 and it was considered by the Panel at its October 19, 2006 meeting.

10. The parties entered into an Agreed Order of Indefinite Restriction on November 7, 2006. Conditions 2d and 2e of that Agreed Order provided,

> d. The licensee SHALL FULLY comply with the directives of Phase I of CPEP's Education Plan, which is attached and incorporated in full, by reference, into this Agreed Order of Indefinite Restriction. Even under the direct supervision of the Supervising Physician, the licensee may only perform those acts and procedures specifically detailed in Phase I of the Education Plan;
> e. The licensee SHALL NOT proceed to or perform any act under Phase II of the CPEP Education Plan, unless and until approved to do so by the Panel by Amended Agreed Order of Indefinite Restriction.

11. Both the licensee and CPEP have advised the Panel that, due to circumstances beyond the licensee's control, he has been unable to complete Phase I of the Education Plan, because of CPEP's lack of ability to properly evaluate the licensee's completion of that Phase. CPEP and the licensee have tried to develop an alternative means of evaluating the licensee's completion of Phase I. However, to date, they have been unable to implement an evaluation process which would provide CPEP with the level of assurance necessary to recommend his transition to Phase II of the Education Plan. Part of the difficulty in formulating and implementing an alternative evaluation process has been the perceived requirement to obtain the Panel's approval of a specific alternative Phase I evaluation process before it is implemented. In order to facilitate this process, the Panel has determined to delegate the authority to CPEP to develop and implement an alternative evaluation process for Phase I.

12. In their Point of Care Education and Evaluation Report for July 2009, CPEP reported,

Dr. Patel successfully completed this simulated patient exercise. CPEP recommends that he progress to Phase II of his Education Plan. Dr. Patel should notify CPEP of his intent to reactivate his Education Plan and engage in educational activities, starting with Phase II.
Dr. Patel will need to identify a qualified preceptor to work with him for the duration of Phase II. Because there has been a lengthy delay for Dr. Patel to begin Phase II of his Plan, it will be important that he participate in the educational activities in a timely manner. Therefore, if he has not already begun a preceptor search, Dr. Patel is encouraged to do so immediately. CPEP recommends that he submit the preceptor candidate's curriculum vitae within 15 days of reactivating his Plan (date to be determined). CPEP also recommends that Dr. Patel carefully review his Plan prior to initiating Phase II.

13. At the Panel's October 15, 2009 meeting, when they took up the licensee's request to modify his Amended Agreed Order of Indefinite Restriction, James. T. Jennings, M.D., Medical Director, Kentucky Physicians' Health Foundation, asked the Panel to consider terminating Condition 2h, based upon the length of the licensee's involvement with the Foundation and the primary focus of the present Amended Agreed Order.

STIPULATED CONCLUSIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal bases for this Second Amended Agreed Order:

1. The licensee's Kentucky medical license is subject to regulation and discipline by the Board.
2. Based upon the Stipulations of Fact, there were legal grounds for the Board to impose disciplinary sanctions against his license pursuant to KRS 311.595(13). The Board did so by requiring the licensee to enter into the Agreed Order of Surrender. The legal grounds supporting the Agreed Order of Surrender extend to this Second Amended Agreed Order. Accordingly, there is a legal basis for this Second Amended Agreed Order.

3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully address legal issues, such as the licensee's return to active practice following a period of surrender, by entering into an agreed resolution such as this Second Amended Agreed Order.

SECOND AMENDED AGREED ORDER

Based upon the Stipulations of Fact and Stipulated Conclusions of Law, and, based upon the Panel's vote to grant the licensee's request to modify the Amended Agreed Order of Indefinite Restriction the parties hereby ENTER INTO the following **SECOND AMENDED AGREED ORDER:**

1. The license to practice medicine in the Commonwealth of Kentucky held by Sharad C. Patel, M.D., remains RESTRICTED/LIMITED FOR AN INDEFINITE PERIOD OF TIME, with that period continuing immediately upon the filing of this Second Amended Agreed Order and continuing until further Order of the Panel;
2. During the effective period of this Agreed Order, the licensee's Kentucky medical license SHALL BE RESTRICTED/LIMITED by the following terms and conditions:
    a. The licensee may resume the practice of medicine, but only as specified in the following terms and conditions;
    b. The licensee SHALL ONLY see and treat patients while under the complete and direct supervision and direction of a Board-certified Supervising Physician, who has been approved in advance and in writing by CPEP's Medical Director;

c. The licensee SHALL NOT see patients or provide medical or psychiatric treatment to any individual outside of the direct supervision and direction of the approved Supervising Physician, unless and until approved to do so by the Panel;

d. The licensee MAY PROCEED WITH AND SHALL FULLY comply with the directives of Phase II of CPEP's Education Plan, which is attached and incorporated in full, by reference, into this Second Amended Agreed Order. Even under the direct supervision of the Supervising Physician, the licensee may only perform those acts and procedures specifically detailed in Phase II of the Education Plan;

e. The licensee shall completely abstain from the consumption of mood-altering substances, including alcohol, except as prescribed by a duly licensed practitioner for a documented legitimate medical purpose. Any such medical treatment and prescribing shall be reported directly to the Board in writing by the treating physician within ten (10) days after the date of treatment. The licensee must inform the treating physician of this responsibility and ensure timely compliance. Failure to inform the treating physician of this responsibility shall be considered a violation of this Second Amended Agreed Order;

f. The licensee shall be subject to periodic, unannounced breathalyzer, blood and urine alcohol and/or drug analysis as desired by the Board, the purpose being to ensure that the licensee remains drug and/or alcohol-free. The cost of such breathalyzer, blood and urine alcohol and/or drug

analyses and reports will be borne by licensee, which costs shall be paid under the terms fixed by the Board's agent for testing. Failure to make timely payment of such costs, to provide a specimen upon request, or to remain alcohol and/or drug-free shall be considered a violation of this Second Amended Agreed Order;

g. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.

3. The licensee expressly agrees that if he should violate any term or condition of this Second Amended Agreed Order, the licensee's practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that if the Board should receive information that he has violated any term or condition of this Second Amended Agreed Order, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an *ex parte* presentation of the relevant facts by the Board's General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the parties agree and stipulate that a violation of any term or condition of this Second Amended Agreed Order would render the licensee's practice an immediate danger to the health, welfare and safety of patients and the general public, pursuant to KRS 311.592 and 13B.125; accordingly, the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Second Amended Agreed Order.

4. The licensee understands and agrees that any violation of the terms of this Second Amended Agreed Order would provide a legal basis for additional disciplinary action, including revocation, pursuant to KRS 311.595(13).

SO AGREED on this 22nd day of November, 2009.

FOR THE LICENSEE:

SHARAD C. PATEL, M.D.

COUNSEL FOR THE LICENSEE
(IF APPLICABLE)

FOR THE BOARD:

RANDEL C. GIBSON, D.O.
CHAIR, INQUIRY B

C. LLOYD VEST II
General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
(502) 429-7150

CPEP Center for Personalized Education for Physicians

EDUCATIONAL INTERVENTION

EDUCATION PLAN

Developed July 2006

for

Shared Patel , M.D.

I. INTRODUCTION

This Education Plan was developed based upon areas of need identified in CPEP's Assessment of Shared Patel, M.D., conducted in January 2003 and Assessment Addendum (Addendum) in March 2006, data gathered by CPEP and information obtained from the Kentucky Board of Medical Licensure (Board). The areas of educational need identified in the Assessment and the Addendum have been addressed in the objectives of this Education Plan (Plan). Progress Reports will be generated approximately every trimester and provided to the participant and to other entities for which we have authorization.

PURPOSE

The purpose of this Education Plan is to provide a framework in which Dr. Patel can address educational needs that will ultimately improve his delivery of patient care. Plans are created with the understanding that as the physician's capabilities and/or needs change within the parameters of the practice for which this Plan was developed, the educational focus areas may change accordingly.

The goal of CPEP and this Plan is to provide the participant with the tools and support for a meaningful educational experience that includes:

- Addressing individual, identified educational needs;
- Encouraging life-long, independent learning;
- Providing long-term educational benefits that will enhance quality patient care;
- Achieving successful completion of the Plan and the Post-Education Evaluation within the estimated timeframes defined in the Plan.

Participant strategies to support successful completion of the Educational Intervention include the following:

- Being an active partner in learning;
- Actively integrating feedback and new knowledge into daily practice;
- Submitting educational materials and charts as requested in the Plan;
- Adhering to timeframes and due dates as outlined in the Plan;
- Participating in regularly scheduled communications with CPEP.

PHYSICIAN BACKGROUND

Dr. Patel ceased practicing psychiatric medicine in March 2000. He participated in the Assessment process in January 2003. In December 2005, Dr. Patel contacted CPEP to enroll in an Educational Intervention. Since it had been three years since Dr. Patel 's initial CPEP Assessment, CPEP required Dr. Patel to undergo an Assessment Addendum in order to evaluate his current educational needs. The findings of this Addendum were considered in conjunction with the findings of the January 2003 Assessment in the development of this Plan.

II. PRACTICE PROFILE

Dr. Patel provided the following practice profile information to CPEP in July 2006. His perspective practice is yet to be determined, however he reported to CPEP that he will practice adult outpatient psychiatry only. Updates will be obtained from Dr. Patel and reflected in each Progress Report.

Specialty

Psychiatry

Licensure

Licensing State	Status
Kentucky	Inactive

Practice

Years/Description/Location

1980-85; Clinical Director, Comp Care Center; Elizabethtown, KY
1980-1994; 1995-2000 Private practice; Elizabethtown, KY

Active Hospital Privileges

Name/Location	# of Beds	Trauma Level	ICU
TBD			

Current Practice Profile

Volume of patients per day: TBD
Number of days worked per week: TBD
Number of patients admitted per month: TBD
Census of inpatients maintained per month: TBD
Number of days on-call per month: TBD

Commonly Encountered Diagnoses

TBD

Continuing Education

Dr. Patel has not participated in formal continuing medical education in the last five years.

III. REQUIREMENTS

PRACTICE SUPERVISOR AND EDUCATIONAL PRECEPTOR

To participate in the Educational Intervention, Dr. Patel will need to identify a board-certified psychiatrist for the roles of the Supervisor and Preceptor. The Supervisor and Preceptor can be the same individual. The Supervisor should ensure that current evidence-based medical knowledge, skills, and information are addressed. Dr. Patel will provide a copy of the Plan to the proposed Supervisor and/or Preceptor and submit the proposed Supervisor/Preceptor name(s) and resume(s) to CPEP for approval no later than

30 days following the implementation of this Plan. The complete Supervisor and Preceptor Job Descriptions are included with this Plan.

Note:

- CPEP must approve the Supervisor prior to initiating Phase I.
- The Preceptor must be approved prior to initiating Preceptor meetings to ensure that the meetings are applicable to the Plan.

MEDICAL LICENSE

Dr. Patel will need a medical license in order to participate in and complete this Plan. Some educational activities may be completed without a license.

IV. EDUCATIONAL INTERVENTION

This Plan was designed to address adult psychiatric outpatient care. If Dr. Patel 's goals for his anticipated practice change, CPEP may not be able to provide a learning experience to address such changes within the framework of this Plan. Should Dr. Patel independently address issues outside of the Plan, CPEP would be unable to monitor or comment on the experience. It may be possible for CPEP to provide additional assessment that would serve as a foundation for a Supplemental Education Plan.

PHASE I

Phase I is estimated to last between one and two months.

Because of a six-year absence, CPEP recommends that Dr. Patel only see patients with 100% supervision during Phase I. The Supervisor will be present for the entirety of all patient encounters during this period. The volume of daily patient encounters should be restricted so that appropriate and thorough discussion and review occurs immediately after each patient encounter. CPEP recommends a maximum daily patient volume of four.

PERFORMANCE OBJECTIVES

A. Observation of Patient Encounters.

During this experience, Dr. Patel will:

1) Observe the Supervisor for a minimum of 35 encounters in the outpatient setting. For each of the following presenting complaints, he will observe a minimum of two patients: dementia; anxiety; mood disorder; and psychotic and personality disorders. Other patients observed should comprise a variety of diagnoses similar to those Dr. Patel anticipates encountering in his practice. *At the discretion of his Supervisor and the CPEP Associate Medical Director, Dr. Patel may be required to observe more than 35 patient encounters;*

2) Review each case with the Supervisor after each patient encounter. As much as patient diagnoses permit, discussions should focus on content areas identified in Objective I below;
3) Using the Supervised Experience Education Log provided by CPEP, document the diagnosis, treatment, plan, and date of each case, and submit the log to CPEP. The Supervisor will sign the log prior to submission;

B. Supervised Patient Encounters

*With the Supervisor in attendance and with **direct** Supervisor oversight, Dr. Patel will:*

1) Interview and examine no fewer than 40 patients in the outpatient setting. For each of the following presenting complaints, he will see a minimum of two patients: dementia; anxiety; mood disorder; and psychotic and personality disorders. Other patients observed should comprise a variety of diagnoses similar to those Dr. Patel anticipates encountering in his practice. *At the discretion of his Supervisor and the CPEP Associate Medical Director, Dr. Patel may be required to see more than 40 patient encounters;*
2) Review his evaluation and plan for patients with the Supervisor prior to completing the patient encounter. As much as patient diagnoses permit, discussions should focus on content areas identified in Objective II below;
3) Write or dictate a simulated note as if he were the primary physician;
4) Have each simulated note reviewed for completeness and overall quality by the Supervisor after each patient encounter. As indicated, discussion regarding documentation should focus on content areas identified in Objective III below;
5) Using the Supervised Experience Log provided by CPEP, document the diagnosis, treatment, plan, and date of each case, and submit the log to CPEP. The Supervisor will sign the log prior to submission.

EVALUATION METHODS

1) As Dr. Patel nears completion of Part A of Phase I, he or his Supervisor should contact CPEP to schedule a telephone conference between the Supervisor and the Associate Medical Director;
2) Upon completion of all Parts of Phase I, the Supervisor and the Associate Medical Director will determine Dr. Patel 's readiness to advance to Phase II. He or his Supervisor should contact CPEP to schedule a telephone conference between the Supervisor and the Associate Medical Director.

PHASE II

Dr. Patel will transition to a practice-based educational experience after successful completion of Phase I. On-site supervision is no longer required. This experience is estimated to last 10 months. If practicing in Phase I at the Supervisor's practice, Dr. Patel may now transition to independent practice. Dr. Patel will work with the Preceptor to continue addressing the needs identified in the Learning Objectives listed below. If the Preceptor candidate has not been approved at the completion of Phase I, Dr. Patel should continue with self-study activities. Preceptor meetings should be scheduled once CPEP has notified Dr. Patel that the Preceptor candidate has been approved.

LEARNING OBJECTIVES

I. **To improve psychiatric evidence-based medical knowledge, including but not limited to the following:**
   1) Elements of a comprehensive and detailed initial psychiatric assessment, including but not limited to, patient history, family history, and mental status exam;
   2) Algorithms for formulating differential diagnoses;
   3) Symptoms associated with and current management approaches for common psychiatric disorders, including but not limited to the following disorders:
      a) anxiety;
      b) mood (including bipolar disorder);
      c) psychotic;
      d) personality;
      e) post-traumatic stress;
      f) obsessive-compulsive;
      g) dementia;
   4) Non-pharmacologic therapy, including but not limited to, cognitive behavioral therapy;
   5) Legal dimensions of psychiatric practice;
   6) Indicators of substance abuse;
   7) Ability to discern the severity of disorders for appropriate management;
   8) Appropriate testing that is consistent with and supported by the patient's symptoms;
   9) Ability to identify changes in patient behavior and manage accordingly.

II. **To improve knowledge of current pharmacologic therapy that includes but is not limited to the following, especially as related to the disorders identified above:**
   1) Side effects;
   2) Drug-drug interactions;
   3) Dosing.

III. **To improve clinical decision-making in the following areas:**
1) Consistent application of medical knowledge;
2) Organized, detailed, comprehensive, and integrated approach to diagnostic evaluation that includes differential diagnoses;
3) Development of comprehensive and integrative treatment plans for an adequately wide range of psychiatric diagnoses; these plans should include documentation of the patient's progress;
4) Consideration of medication management options;
5) Application of psychopathology.

IV. **To improve patient care documentation, specifically:**
1) Organized and complete chart components, including flow sheets;
2) Consistently organized, detailed and complete notes, that include but not limited to the following elements:
   a) Presenting complaint;
   b) Psychiatric history;
   c) Family and social history;
   d) Mental status exam;
   e) Differential and final diagnoses;
   f) Detailed treatment plans;
   g) Patient/family education;
   h) Consultant reports/communications;
   i) Testing;
   j) Detailed clinical reasoning;
3) Consistent documentation of all patient encounters.

V. **To monitor physician-patient communication:**
1) Effective core communication skills.

VI. **To determine a plan to maintain current standards within the field of psychiatry.**

VI. PERFORMANCE OBJECTIVES and EVALUATION METHODS

Refer to Appendix A for further directions.

PERFORMANCE OBJECTIVES

Dr. Patel will complete the following specified Objectives:

A. Knowledge (Learning Objective I)
1) For each Objective I content area, including subtopics:
   a) Review two current, reputable medical references explicitly relevant to the content area. If assigned a specific guideline for a content area (see below), it can be utilized as one of the references;

b) Submit a brief paragraph, outline or algorithm explaining the applicability of knowledge gained from his reading to his current practice, including how he will utilize the learned information in his practice. If the information is not applicable to his practice, he should explain his rationale. Include reference titles and dates of publication;

2) Subscribe to *Focus: The Journal of Lifelong Learning in Psychiatry and the Focus Self Assessment Examination*. The subscription should include the "Influential Papers." Dr. Patel should participate in ongoing reading and assessment. More information can be found at the following web site: http://www.psych.org/edu/cme/selfassess_exam/saexam.cfm. If Dr. Patel identifies an alternative course, the Associate Medical Director must approve the course;

3) Review guidelines/references relevant to diagnosis and treatment of common psychiatric disorders. CPEP recommends the following Internet sites as resources: http://www.guideline.gov and http://www.psych.org;

4) Dr. Patel will participate in Grand Rounds as scheduled at a nearby facility if available.

B. Clinical Decision Making

1). Obtain and utilize the most current publication of the DSM IV-R to assist in developing a more structured and comprehensive approach to the differential diagnosis of patient complaints.

C. Communication

1). Read The Medical Interview by John L., M.D. Coulehan, Marian R., M.D. Block;

2) CPEP will determine if Dr. Patel would benefit from further educational intervention;

3) Discuss with the Supervisor and Preceptor during Phase I and II.

D. Documentation

1) Independently review documentation and medical record keeping;

2) Attend a documentation seminar, with a follow-up component. The follow-up component must consist of at least two chart reviews, preferably three. A course brochure should be submitted for the Associate Medical Director's approval within 30 days of signing the Plan. A certificate of attendance should be submitted to CPEP upon completion;

3) Integrate feedback from the CPEP Associate Medical Director and the Preceptor promptly.

E. Preceptor Meetings and Chart Reviews

1) Address the Objective I content areas with the Preceptor through didactic exercises, as well as case-based and hypothetical discussions;

2) Meet with the Preceptor weekly for a period of time to be determined by the Associate Medical Director and then twice monthly for the duration of the Plan;
3) Provide 16 redacted charts per month (four charts per weekly session and eight charts per twice monthly sessions), for the duration of Phase II for review with the Preceptor. Dr. Patel will submit these charts to the Preceptor prior to their scheduled meeting to allow the Preceptor time for review. As much as possible, the charts selected should be relevant to the content areas of the Plan;
4) Charts should generate discussions addressing medical knowledge, application of medical knowledge to patient care, clinical judgment, and documentation;
5) Submit to CPEP, every other month, four of the 16 redacted charts used in the Preceptor meetings for review by the Associate Medical Director;
6) Discuss his plan for ongoing professional development with the Preceptor.

F. Submission Requirements:
See Appendix A for timelines.
1) Maintain an Education and/or Supervisor Log, documenting all educational activities, including topics discussed with the Preceptor, and submit to CPEP;
2) Submit practice application materials for Objective I to CPEP;
3) Submit title, resource and date of publication, or first page of article, for all assigned guidelines for Objective I to CPEP;
4) Submit a certificate of completion and/or monthly participation in *Focus: The Journal of Lifelong Learning in Psychiatry and the Focus Self Assessment Examination,* or other approved course;
5) Develop a plan for ongoing professional development in psychiatry and submit it to CPEP.

EVALUATION METHODS

A. The Preceptor will:
1) Provide feedback to Dr. Patel on medical knowledge, application of knowledge, clinical judgment, communication and documentation at the time of their meetings;
2) Provide monthly written and scheduled verbal feedback on Dr. Patel 's progress for the duration of the Plan, or as applicable.

B. The Associate Medical Director will:
1) Review and approve the required submissions to CPEP, and provide feedback to Dr. Patel , with regard to medical knowledge, application of medical knowledge, clinical judgment, documentation, and other identified areas, during regularly scheduled telephone conversations;
2) Monitor Dr. Patel 's documentation and overall progress;

Educational Intervention
Education Plan
Shared Patel, M.D.

3) Review and approve Dr. Patel 's plan for ongoing professional development;
4) Provide a written progress report approximately every trimester.

ESTIMATED DURATION

The duration of the Education Plan can only be estimated. CPEP anticipates that this Educational Intervention will last approximately 12 months. It may be extended or shortened at the discretion of CPEP depending on progress towards meeting the stated educational goals. If new education needs are uncovered during the course of this Plan, these will be addressed accordingly.

REASSESSMENT

Dr. Patel will return to CPEP within two to six months following the completion of the Education Plan for a Post-Education Evaluation that addresses the content of the Plan.

DISCLAIMER

CPEP reserves the right to change the content and/or duration of the Education Plan.

SIGNATURES

Shared Patel , M.D.

8/3/06
Date

Nancy Wilson-Ashbach, M.D.
Associate Medical Director

Date

Return the signed original Education Plan to CPEP. Keep copies of the Plan for your reference and to forward to Supervisor/Preceptor candidates.

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 741

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY SHARAD C. PATEL, M.D., LICENSE NO. 20851, 1506 BRISTOL COURT, ELIZABETHTOWN, KENTUCKY 42701

AMENDED AGREED ORDER OF INDEFINITE RESTRICTION

Come now the Kentucky Board of Medical Licensure (hereafter "the Board"), acting by and through its Inquiry Panel B, and Sharad C. Patel, M.D., and, based upon the Panel's vote to authorize CPEP to develop and implement an alternative evaluation process for Phase I of the Educational Intervention without further Panel approval, hereby ENTER INTO the following **AMENDED AGREED ORDER OF INDEFINITE RESTRICTION:**

STIPULATIONS OF FACT

The parties stipulate the following facts, which serve as the factual bases for this Amended Agreed Order of Indefinite Restriction:

1. At all relevant times, Sharad C. Patel, M.D., was licensed by the Board to practice medicine within the Commonwealth of Kentucky.
2. The licensee's medical specialty is Psychiatry.
3. On March 8, 1999, the licensee filed with the Board an Amended Letter of Agreement, which he executed on March 5, 1999. Condition 1 of the Amended Letter of Agreement specified: "Physician shall fully maintain a contractual relationship with the Impaired Physician Committee and abide by all conditions placed upon him by the Impaired Physician Committee."

4. On March 16, the licensee verbally notified a Board Investigator that he desired to convert his license to inactive status and that he intended to discontinue his relationship with the Kentucky Physicians Health Foundation ("the Foundation"). In a Memorandum to the Board's Inquiry Panel B, dated March 22, 2000, the investigator notified the Board of this information.

5. In a letter, dated March 17, 2000, Burns M. Brady, M.D., Foundation Medical Director, confirmed a telephone conversation he had with the licensee. In his letter, a copy of which was received by the Board on March 21, 2000, Dr. Brady stated, "As I understand it, you [the licensee] are not going to renew your Kentucky medical license at this time and would like to discontinue your relationship with [the Foundation]." Seeking confirmation of his understanding, Dr. Brady further stated in same: "I look forward to your response and if I have not heard from you within 14 days of your receipt of this letter, then I will assume this establishes for our records and for the Kentucky Board of Medical Licensure that you are discontinuing your relationship with this organization."

6. Given these circumstances, the Panel required the licensee to enter into an Agreed Order of Surrender, which he did and which was filed on June 9, 2000. He has not practiced medicine in the Commonwealth since that time.

7. At its July 2002 meeting, the Panel considered the licensee's request to resume the active practice of medicine. The Panel deferred any action until the licensee completed a clinical skills assessment at the Center for Personalized Education for Physicians (CPEP).

8. The licensee completed that assessment January 27-28, 2003. The Assessment Report included the following findings:

A. Medical Knowledge

During this Assessment, Dr. Patel's medical knowledge was fairly broad but it lacked depth and was not current. He was aware of the general initial psychiatric assessment process including the mental status examination. However, he omitted important historical areas and lacked necessary details and clarity on the mental status exam. He was knowledgeable about substance abuse issues as well as pain management and psychiatric treatment in workman's compensation patients. He accurately assessed suicidal and homicidal risk. His level of knowledge of the civil commitment process was adequate, although it lacked detail. He demonstrated a general knowledge of anxiety, psychotic, and personality disorders but it lacked depth. Dr. Patel's diagnosis of mood disorders was unacceptable. His knowledge of psychotropic medications including antidepressants, antipsychotics, and mood stabilizers was incomplete and not current. His differential diagnosis did not always reflect the most likely possibilities. Dr. Patel was not well-versed in the DSM IV-R categories of the mood disorders. Dr. Patel's diagnostic and assessment skills lacked sufficient detail and completeness.

B. Clinical Reasoning

Overall, Dr. Patel's clinical reasoning was inconsistent. One consultant thought that, based on the few charts reviewed, Dr. Patel's clinical decision-making was adequate. Another consultant noted that Dr. Patel provided an adequate account of the issues from a drug overdose patient and a workman's compensation injury. Dr. Patel demonstrated flexibility in his ability to modify his management strategies based on changes in the patient's clinical course; however, his approach to pharmacology was more rigid.
Many of Dr. Patel's stated management strategies were reasonable; he did not apply these principles to the actual patient cases reviewed. This included use of mood stabilization in bipolar disorder and use of informed consent. He ordered laboratory tests and developed treatment plans that were not supported by the diagnostic possibilities. Dr. Patel's differential diagnosis did not always reflect the facts of the case. He occasionally assigned a diagnosis without sufficient clinical data, in contrary to the patient's clinical presentation, or without integrating important social issues. His follow-up recommendations did not always correlate with the clinical status and needs of the patient. Dr. Patel did not have an organized theory of psychopathology upon which to guide his prescription for non-pharmacologic-psychiatric treatments.

C. Communication

Dr. Patel's communication skills with the Simulated Patients were adequate but his skills were weak due to the time since he left practice. He demonstrated the core skills needed to be an effective communicator. He asked open-ended questions, listened without interruption, made effective use of summary statements, and had good eye contact. With practice his interactions became more conversational. His initial attempts at rapport were difficult but these improved over the course of the interview. He sometimes confused the patients by changing his line of questioning too quickly and without the use of transition statements. He did not provide patient education. His interactions with the peer consultants were acceptable.

D. Documentation

Dr. Patel's documentation skills were inadequate. His intake assessments were organized. His documentation of the mental status exams was acceptable. He provided a reasonable accounting of the patient's clinical progress. However, there was no documentation of medication side effects, reasons for psychotherapy or cognitive behavior therapy, or explanations for changes in medications. Dr. Patel did not document all patient encounters with an appropriate note. His management strategies were not consistently reflected in the chart. He did not record a formal diagnosis of PTSD in a patient he was treating for this disorder. He did not enumerate manic or depressive symptoms in a bipolar patient. He did not provide a clear plan of action in some cases. Comments about psychosocial issues were brief and general. The notes generated during the CPEP Assessment were unorganized and lacked any detail about his clinical thought processes. His treatment plans were vague.

CPEP recommended that Dr. Patel participate in structured, individualized Education Intervention to address the identified areas of need, and noted that such an intervention would likely require significant time and effort.

9. After reviewing the report, the Panel voted to defer action until Dr. Patel had obtained an Educational Plan from CPEP and presented it to the Panel for review. The licensee obtained an Educational Intervention Education Plan from CPEP in July 2006 and it was considered by the Panel at its October 19, 2006 meeting.

10. The parties entered into an Agreed Order of Indefinite Restriction on November 7, 2006. Conditions 2d and 2e of that Agreed Order provided,

    d. The licensee SHALL FULLY comply with the directives of Phase I of CPEP's Education Plan, which is attached and incorporated in full, by reference, into this Agreed Order of Indefinite Restriction. Even under the direct supervision of the Supervising Physician, the licensee may only perform those acts and procedures specifically detailed in Phase I of the Education Plan;
    e. The licensee SHALL NOT proceed to or perform any act under Phase II of the CPEP Education Plan, unless and until approved to do so by the Panel by Amended Agreed Order of Indefinite Restriction.

11. Both the licensee and CPEP have advised the Panel that, due to circumstances beyond the licensee's control, he has been unable to complete Phase I of the Education Plan, because of CPEP's lack of ability to properly evaluate the licensee's completion of that Phase. CPEP and the licensee have tried to develop an alternative means of evaluating the licensee's completion of Phase I. However, to date, they have been unable to implement an evaluation process which would provide CPEP with the level of assurance necessary to recommend his transition to Phase II of the Education Plan. Part of the difficulty in formulating and implementing an alternative evaluation process has been the perceived requirement to obtain the Panel's approval of a specific alternative Phase I evaluation process before it is implemented. In order to facilitate this process, the Panel has determined to delegate the authority to CPEP to develop and implement an alternative evaluation process for Phase I.

STIPULATED CONCLUSIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal bases for this Amended Agreed Order of Indefinite Restriction:

1. The licensee's Kentucky medical license is subject to regulation and discipline by the Board.
2. Based upon the Stipulations of Fact, there were legal grounds for the Board to impose disciplinary sanctions against his license pursuant to KRS 311.595(13). The Board did so by requiring the licensee to enter into the Agreed Order of Surrender. The legal grounds supporting the Agreed Order of Surrender extend to this Amended Agreed Order of Indefinite Restriction. Accordingly, there is a legal basis for this Agreed Order.
3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully address legal issues, such as the licensee's return to active practice following a period of surrender, by entering into an agreed resolution such as this Amended Agreed Order of Indefinite Restriction.

AMENDED AGREED ORDER OF INDEFINITE RESTRICTION

Based upon the Stipulations of Fact and Stipulated Conclusions of Law, and, based upon the Panel's vote to authorize CPEP to develop and implement an alternative evaluation process for Phase I of the Education Plan without further Panel approval, the parties hereby ENTER INTO the following **AMENDED AGREED ORDER OF INDEFINITE RESTRICTION:**

1. The license to practice medicine in the Commonwealth of Kentucky held by Sharad C. Patel, M.D., remains RESTRICTED/LIMITED FOR AN INDEFINITE

PERIOD OF TIME, with that period continuing immediately upon the filing of this Amended Agreed Order of Indefinite Restriction and continuing until further Order of the Panel;

2. During the effective period of this Agreed Order, the licensee's Kentucky medical license SHALL BE RESTRICTED/LIMITED by the following terms and conditions:

    a. The licensee may resume the practice of medicine, but only as specified in the following terms and conditions;

    b. The licensee SHALL ONLY see and treat patients while under the complete and direct supervision and direction of a Board-certified Supervising Physician, who has been approved in advance and in writing by CPEP's Medical Director;

    c. The licensee SHALL NOT see patients or provide medical or psychiatric treatment to any individual outside of the direct supervision and direction of the approved Supervising Physician, unless and until approved to do so by the Panel;

    d. The licensee SHALL FULLY comply with the directives of Phase I of CPEP's Education Plan, which is attached and incorporated in full, by reference, into this Amended Agreed Order of Indefinite Restriction. Even under the direct supervision of the Supervising Physician, the licensee may only perform those acts and procedures specifically detailed in Phase I of the Education Plan;

e. CPEP has the full authority, without the requirement of further Panel approval, to formulate and implement an alternative evaluation process for Phase I, which will enable the licensee to successfully complete that Phase in a manner the provides CPEP with sufficient assurance that he is capable to progressing to Phase II of the Education Plan without undue risk to the safety of patients or the public.

f. The licensee SHALL NOT proceed to or perform any act under Phase II of the CPEP Education Plan, unless and until approved to do so by the Panel by Second Amended Agreed Order of Indefinite Restriction;

g. The Panel will only consider a request by the licensee to proceed to Phase II of the Education Plan, by Second Amended Agreed Order, if the request is accompanied by a favorable written recommendation by CPEP's Medical Director, which details the licensee's completion of and compliance with Phase I of the Education Plan;

h. The licensee SHALL maintain his contractual relationship with the Kentucky Physicians Health Foundation and SHALL fully comply with all contractual requirements, until further Order of the Panel;

i. The licensee shall completely abstain from the consumption of mood-altering substances, including alcohol, except as prescribed by a duly licensed practitioner for a documented legitimate medical purpose. Any such medical treatment and prescribing shall be reported directly to the Board in writing by the treating physician within ten (10) days after the date of treatment. The licensee must inform the treating physician of this

responsibility and ensure timely compliance. Failure to inform the treating physician of this responsibility shall be considered a violation of this Amended Agreed Order of Indefinite Restriction;

j. The licensee shall be subject to periodic, unannounced breathalyzer, blood and urine alcohol and/or drug analysis as desired by the Board, the purpose being to ensure that the licensee remains drug and/or alcohol-free. The cost of such breathalyzer, blood and urine alcohol and/or drug analyses and reports will be borne by licensee, which costs shall be paid under the terms fixed by the Board's agent for testing. Failure to make timely payment of such costs, to provide a specimen upon request, or to remain alcohol and/or drug-free shall be considered a violation of this Amended Agreed Order of Indefinite Restriction;

k. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.

3. The licensee expressly agrees that if he should violate any term or condition of this Amended Agreed Order of Indefinite Restriction, the licensee's practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that if the Board should receive information that he has violated any term or condition of this Amended Agreed Order of Indefinite Restriction, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an *ex parte* presentation of the relevant facts by the Board's General Counsel or

Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the parties agree and stipulate that a violation of any term or condition of this Amended Agreed Order of Indefinite Restriction would render the licensee's practice an immediate danger to the health, welfare and safety of patients and the general public, pursuant to KRS 311.592 and 13B.125; accordingly, the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Amended Agreed Order of Indefinite Restriction.

4. The licensee understands and agrees that any violation of the terms of this Amended Agreed Order of Indefinite Restriction would provide a legal basis for additional disciplinary action, including revocation, pursuant to KRS 311.595(13).

SO AGREED on this 21 day of August, 2008.

FOR THE LICENSEE:

SHARAD C. PATEL, M.D.

COUNSEL FOR THE LICENSEE
(IF APPLICABLE)

FOR THE BOARD:

Randel C Gibson DO

RANDEL C. GIBSON, D.O.
CHAIR, INQUIRY B

C. Lloyd Vest II

C. LLOYD VEST II
General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
(502) 429-7150

CPEP Center for Personalized Education for Physicians

EDUCATIONAL INTERVENTION

EDUCATION PLAN

Developed July 2006

for

Shared Patel , M.D.

I. INTRODUCTION

This Education Plan was developed based upon areas of need identified in CPEP's Assessment of Shared Patel, M.D., conducted in January 2003 and Assessment Addendum (Addendum) in March 2006, data gathered by CPEP and information obtained from the Kentucky Board of Medical Licensure (Board). The areas of educational need identified in the Assessment and the Addendum have been addressed in the objectives of this Education Plan (Plan). Progress Reports will be generated approximately every trimester and provided to the participant and to other entities for which we have authorization.

PURPOSE

The purpose of this Education Plan is to provide a framework in which Dr. Patel can address educational needs that will ultimately improve his delivery of patient care. Plans are created with the understanding that as the physician's capabilities and/or needs change within the parameters of the practice for which this Plan was developed, the educational focus areas may change accordingly.

The goal of CPEP and this Plan is to provide the participant with the tools and support for a meaningful educational experience that includes:

- Addressing individual, identified educational needs;
- Encouraging life-long, independent learning;
- Providing long-term educational benefits that will enhance quality patient care;
- Achieving successful completion of the Plan and the Post-Education Evaluation within the estimated timeframes defined in the Plan.

Participant strategies to support successful completion of the Educational Intervention include the following:

- Being an active partner in learning;
- Actively integrating feedback and new knowledge into daily practice;
- Submitting educational materials and charts as requested in the Plan;
- Adhering to timeframes and due dates as outlined in the Plan;
- Participating in regularly scheduled communications with CPEP.

PHYSICIAN BACKGROUND

Dr. Patel ceased practicing psychiatric medicine in March 2000. He participated in the Assessment process in January 2003. In December 2005, Dr. Patel contacted CPEP to enroll in an Educational Intervention. Since it had been three years since Dr. Patel 's initial CPEP Assessment, CPEP required Dr. Patel to undergo an Assessment Addendum in order to evaluate his current educational needs. The findings of this Addendum were considered in conjunction with the findings of the January 2003 Assessment in the development of this Plan.

Educational Intervention
Education Plan
Shared Patel, M.D.

II. PRACTICE PROFILE

Dr. Patel provided the following practice profile information to CPEP in July 2006. His perspective practice is yet to be determined, however he reported to CPEP that he will practice adult outpatient psychiatry only. Updates will be obtained from Dr. Patel and reflected in each Progress Report.

Specialty

Psychiatry

Licensure

Licensing State	Status
Kentucky	Inactive

Practice

Years/Description/Location

1980-85; Clinical Director, Comp Care Center; Elizabethtown, KY
1980-1994; 1995-2000 Private practice; Elizabethtown, KY

Active Hospital Privileges

Name/Location	# of Beds	Trauma Level	ICU
TBD			

Current Practice Profile

Volume of patients per day: TBD
Number of days worked per week: TBD
Number of patients admitted per month: TBD
Census of inpatients maintained per month: TBD
Number of days on-call per month: TBD

Commonly Encountered Diagnoses

TBD

Continuing Education

Dr. Patel has not participated in formal continuing medical education in the last five years.

III. REQUIREMENTS

PRACTICE SUPERVISOR AND EDUCATIONAL PRECEPTOR

To participate in the Educational Intervention, Dr. Patel will need to identify a board-certified psychiatrist for the roles of the Supervisor and Preceptor. The Supervisor and Preceptor can be the same individual. The Supervisor should ensure that current evidence-based medical knowledge, skills, and information are addressed. Dr. Patel will provide a copy of the Plan to the proposed Supervisor and/or Preceptor and submit the proposed Supervisor/Preceptor name(s) and resume(s) to CPEP for approval no later than

30 days following the implementation of this Plan. The complete Supervisor and Preceptor Job Descriptions are included with this Plan.

Note:

- CPEP must approve the Supervisor prior to initiating Phase I.
- The Preceptor must be approved prior to initiating Preceptor meetings to ensure that the meetings are applicable to the Plan.

MEDICAL LICENSE

Dr. Patel will need a medical license in order to participate in and complete this Plan. Some educational activities may be completed without a license.

IV. EDUCATIONAL INTERVENTION

This Plan was designed to address adult psychiatric outpatient care. If Dr. Patel 's goals for his anticipated practice change, CPEP may not be able to provide a learning experience to address such changes within the framework of this Plan. Should Dr. Patel independently address issues outside of the Plan, CPEP would be unable to monitor or comment on the experience. It may be possible for CPEP to provide additional assessment that would serve as a foundation for a Supplemental Education Plan.

PHASE I

Phase I is estimated to last between one and two months.

Because of a six-year absence, CPEP recommends that Dr. Patel only see patients with 100% supervision during Phase I. The Supervisor will be present for the entirety of all patient encounters during this period. The volume of daily patient encounters should be restricted so that appropriate and thorough discussion and review occurs immediately after each patient encounter. CPEP recommends a maximum daily patient volume of four.

PERFORMANCE OBJECTIVES

A. Observation of Patient Encounters.
During this experience, Dr. Patel will:
1) Observe the Supervisor for a minimum of 35 encounters in the outpatient setting. For each of the following presenting complaints, he will observe a minimum of two patients: dementia; anxiety; mood disorder; and psychotic and personality disorders. Other patients observed should comprise a variety of diagnoses similar to those Dr. Patel anticipates encountering in his practice. *At the discretion of his Supervisor and the CPEP Associate Medical Director, Dr. Patel may be required to observe more than 35 patient encounters;*

2) Review each case with the Supervisor after each patient encounter. As much as patient diagnoses permit, discussions should focus on content areas identified in Objective I below;
3) Using the Supervised Experience Education Log provided by CPEP, document the diagnosis, treatment, plan, and date of each case, and submit the log to CPEP. The Supervisor will sign the log prior to submission;

B. Supervised Patient Encounters

*With the Supervisor in attendance and with **direct** Supervisor oversight, Dr. Patel will:*

1) Interview and examine no fewer than 40 patients in the outpatient setting. For each of the following presenting complaints, he will see a minimum of two patients: dementia; anxiety; mood disorder; and psychotic and personality disorders. Other patients observed should comprise a variety of diagnoses similar to those Dr. Patel anticipates encountering in his practice. *At the discretion of his Supervisor and the CPEP Associate Medical Director, Dr. Patel may be required to see more than 40 patient encounters;*
2) Review his evaluation and plan for patients with the Supervisor prior to completing the patient encounter. As much as patient diagnoses permit, discussions should focus on content areas identified in Objective I below;
3) Write or dictate a simulated note as if he were the primary physician;
4) Have each simulated note reviewed for completeness and overall quality by the Supervisor after each patient encounter. As indicated, discussion regarding documentation should focus on content areas identified in Objective III below;
5) Using the Supervised Experience Log provided by CPEP, document the diagnosis, treatment, plan, and date of each case, and submit the log to CPEP. The Supervisor will sign the log prior to submission.

EVALUATION METHODS

1) As Dr. Patel nears completion of Part A of Phase I, he or his Supervisor should contact CPEP to schedule a telephone conference between the Supervisor and the Associate Medical Director;
2) Upon completion of all Parts of Phase I, the Supervisor and the Associate Medical Director will determine Dr. Patel 's readiness to advance to Phase II. He or his Supervisor should contact CPEP to schedule a telephone conference between the Supervisor and the Associate Medical Director.

PHASE II

Dr. Patel will transition to a practice-based educational experience after successful completion of Phase I. On-site supervision is no longer required. This experience is estimated to last 10 months. If practicing in Phase I at the Supervisor's practice, Dr. Patel may now transition to independent practice. Dr. Patel will work with the Preceptor to continue addressing the needs identified in the Learning Objectives listed below. If the Preceptor candidate has not been approved at the completion of Phase I, Dr. Patel should continue with self-study activities. Preceptor meetings should be scheduled once CPEP has notified Dr. Patel that the Preceptor candidate has been approved.

LEARNING OBJECTIVES

I. **To improve psychiatric evidence-based medical knowledge, including but not limited to the following:**
   1) Elements of a comprehensive and detailed initial psychiatric assessment, including but not limited to, patient history, family history, and mental status exam;
   2) Algorithms for formulating differential diagnoses;
   3) Symptoms associated with and current management approaches for common psychiatric disorders, including but not limited to the following disorders:
      a) anxiety;
      b) mood (including bipolar disorder);
      c) psychotic;
      d) personality;
      e) post-traumatic stress;
      f) obsessive-compulsive;
      g) dementia;
   4) Non-pharmacologic therapy, including but not limited to, cognitive behavioral therapy;
   5) Legal dimensions of psychiatric practice;
   6) Indicators of substance abuse;
   7) Ability to discern the severity of disorders for appropriate management;
   8) Appropriate testing that is consistent with and supported by the patient's symptoms;
   9) Ability to identify changes in patient behavior and manage accordingly.

II. **To improve knowledge of current pharmacologic therapy that includes but is not limited to the following, especially as related to the disorders identified above:**
   1) Side effects;
   2) Drug-drug interactions;
   3) Dosing.

III. **To improve clinical decision-making in the following areas:**
1) Consistent application of medical knowledge;
2) Organized, detailed, comprehensive, and integrated approach to diagnostic evaluation that includes differential diagnoses;
3) Development of comprehensive and integrative treatment plans for an adequately wide range of psychiatric diagnoses; these plans should include documentation of the patient's progress;
4) Consideration of medication management options;
5) Application of psychopathology.

IV. **To improve patient care documentation, specifically:**
1) Organized and complete chart components, including flow sheets;
2) Consistently organized, detailed and complete notes, that include but not limited to the following elements:
   a) Presenting complaint;
   b) Psychiatric history;
   c) Family and social history;
   d) Mental status exam;
   e) Differential and final diagnoses;
   f) Detailed treatment plans;
   g) Patient/family education;
   h) Consultant reports/communications;
   i) Testing;
   j) Detailed clinical reasoning;
3) Consistent documentation of all patient encounters.

V. **To monitor physician-patient communication:**
1) Effective core communication skills.

VI. **To determine a plan to maintain current standards within the field of psychiatry.**

VI. PERFORMANCE OBJECTIVES and EVALUATION METHODS

Refer to Appendix A for further directions.

PERFORMANCE OBJECTIVES

Dr. Patel will complete the following specified Objectives:

A. Knowledge (Learning Objective I)
1) For each Objective I content area, including subtopics:
   a) Review two current, reputable medical references explicitly relevant to the content area. If assigned a specific guideline for a content area (see below), it can be utilized as one of the references;

b) Submit a brief paragraph, outline or algorithm explaining the applicability of knowledge gained from his reading to his current practice, including how he will utilize the learned information in his practice. If the information is not applicable to his practice, he should explain his rationale. Include reference titles and dates of publication;

2) Subscribe to *Focus: The Journal of Lifelong Learning in Psychiatry and the Focus Self Assessment Examination*. The subscription should include the "Influential Papers." Dr. Patel should participate in ongoing reading and assessment. More information can be found at the following web site: http://www.psych.org/edu/cme/selfassess_exam/saexam.cfm. If Dr. Patel identifies an alternative course, the Associate Medical Director must approve the course;
3) Review guidelines/references relevant to diagnosis and treatment of common psychiatric disorders. CPEP recommends the following Internet sites as resources: http://www.guideline.gov and http://www.psych.org;
4) Dr. Patel will participate in Grand Rounds as scheduled at a nearby facility if available.

B. Clinical Decision Making
1) Obtain and utilize the most current publication of the DSM IV-R to assist in developing a more structured and comprehensive approach to the differential diagnosis of patient complaints.

C. Communication
1) Read The Medical Interview by John L., M.D. Coulehan, Marian R., M.D. Block;
2) CPEP will determine if Dr. Patel would benefit from further educational intervention;
3) Discuss with the Supervisor and Preceptor during Phase I and II.

D. Documentation
1) Independently review documentation and medical record keeping;
2) Attend a documentation seminar, with a follow-up component. The follow-up component must consist of at least two chart reviews, preferably three. A course brochure should be submitted for the Associate Medical Director's approval within 30 days of signing the Plan. A certificate of attendance should be submitted to CPEP upon completion;
3) Integrate feedback from the CPEP Associate Medical Director and the Preceptor promptly.

E. Preceptor Meetings and Chart Reviews
1) Address the Objective I content areas with the Preceptor through didactic exercises, as well as case-based and hypothetical discussions;

2) Meet with the Preceptor weekly for a period of time to be determined by the Associate Medical Director and then twice monthly for the duration of the Plan;
3) Provide 16 redacted charts per month (four charts per weekly session and eight charts per twice monthly sessions), for the duration of Phase II for review with the Preceptor. Dr. Patel will submit these charts to the Preceptor prior to their scheduled meeting to allow the Preceptor time for review. As much as possible, the charts selected should be relevant to the content areas of the Plan;
4) Charts should generate discussions addressing medical knowledge, application of medical knowledge to patient care, clinical judgment, and documentation;
5) Submit to CPEP, every other month, four of the 16 redacted charts used in the Preceptor meetings for review by the Associate Medical Director;
6) Discuss his plan for ongoing professional development with the Preceptor.

F. Submission Requirements:
See Appendix A for timelines.
1) Maintain an Education and/or Supervisor Log, documenting all educational activities, including topics discussed with the Preceptor, and submit to CPEP;
2) Submit practice application materials for Objective I to CPEP;
3) Submit title, resource and date of publication, or first page of article, for all assigned guidelines for Objective I to CPEP;
4) Submit a certificate of completion and/or monthly participation in *Focus: The Journal of Lifelong Learning in Psychiatry and the Focus Self Assessment Examination,* or other approved course;
5) Develop a plan for ongoing professional development in psychiatry and submit it to CPEP.

EVALUATION METHODS

A. The Preceptor will:
1) Provide feedback to Dr. Patel on medical knowledge, application of knowledge, clinical judgment, communication and documentation at the time of their meetings;
2) Provide monthly written and scheduled verbal feedback on Dr. Patel 's progress for the duration of the Plan, or as applicable.

B. The Associate Medical Director will:
1) Review and approve the required submissions to CPEP, and provide feedback to Dr. Patel , with regard to medical knowledge, application of medical knowledge, clinical judgment, documentation, and other identified areas, during regularly scheduled telephone conversations;
2) Monitor Dr. Patel 's documentation and overall progress;

3) Review and approve Dr. Patel 's plan for ongoing professional development;
4) Provide a written progress report approximately every trimester.

ESTIMATED DURATION

The duration of the Education Plan can only be estimated. CPEP anticipates that this Educational Intervention will last approximately 12 months. It may be extended or shortened at the discretion of CPEP depending on progress towards meeting the stated educational goals. If new education needs are uncovered during the course of this Plan, these will be addressed accordingly.

REASSESSMENT

Dr. Patel will return to CPEP within two to six months following the completion of the Education Plan for a Post-Education Evaluation that addresses the content of the Plan.

DISCLAIMER

CPEP reserves the right to change the content and/or duration of the Education Plan.

SIGNATURES

Shared Patel , M.D.

8/13/06
Date

Nancy Wilson-Ashbach, M.D.
Associate Medical Director

Date

Return the signed original Education Plan to CPEP. Keep copies of the Plan for your reference and to forward to Supervisor/Preceptor candidates.

COMMONWEALTH OF KENTUCKY
BOARD OF MEDICAL LICENSURE
CASE NO. 741

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY SHARAD C. PATEL, M.D., LICENSE NO. 20851, 1506 BRISTOL COURT, ELIZABETHTOWN, KENTUCKY 42701

AGREED ORDER OF INDEFINITE RESTRICTION

Come now the Kentucky Board of Medical Licensure (hereafter "the Board"), acting by and through its Inquiry Panel B, and Sharad C. Patel, M.D., and, based upon the Panel's vote to approve the licensee's return to the active practice of medicine under specified terms and conditions, hereby ENTER INTO the following **AGREED ORDER OF INDEFINITE RESTRICTION:**

STIPULATIONS OF FACT

The parties stipulate the following facts, which serve as the factual bases for this Agreed Order of Indefinite Restriction:

1. At all relevant times, Sharad C. Patel, M.D., was licensed by the Board to practice medicine within the Commonwealth of Kentucky.
2. The licensee's medical specialty is Psychiatry.
3. On March 8, 1999, the licensee filed with the Board an Amended Letter of Agreement, which he executed on March 5, 1999. Condition 1 of the Amended Letter of Agreement specified: "Physician shall fully maintain a contractual relationship with the Impaired Physician Committee and abide by all conditions placed upon him by the Impaired Physician Committee."
4. On March 16, the licensee verbally notified a Board Investigator that he desired to convert his license to inactive status and that he intended to discontinue his

relationship with the Kentucky Physicians Health Foundation ("the Foundation"). In a Memorandum to the Board's Inquiry Panel B, dated March 22, 2000, the investigator notified the Board of this information.

5. In a letter, dated March 17, 2000, Burns M. Brady, M.D., Foundation Medical Director, confirmed a telephone conversation he had with the licensee. In his letter, a copy of which was received by the Board on March 21, 2000, Dr. Brady stated, "As I understand it, you [the licensee] are not going to renew your Kentucky medical license at this time and would like to discontinue your relationship with [the Foundation]." Seeking confirmation of his understanding, Dr. Brady further stated in same: "I look forward to your response and if I have not heard from you within 14 days of your receipt of this letter, then I will assume this establishes for our records and for the Kentucky Board of Medical Licensure that you are discontinuing your relationship with this organization."
6. Given these circumstances, the Panel required the licensee to enter into an Agreed Order of Surrender, which he did and which was filed on June 9, 2000. He has not practiced medicine in the Commonwealth since that time.
7. At its July 2002 meeting, the Panel considered the licensee's request to resume the active practice of medicine. The Panel deferred any action until the licensee completed a clinical skills assessment at the Center for Personalized Education for Physicians (CPEP).
8. The licensee completed that assessment January 27-28, 2003. The Assessment Report included the following findings:

    A. Medical Knowledge

During this Assessment, Dr. Patel's medical knowledge was fairly broad but it lacked depth and was not current. He was aware of the general initial psychiatric assessment process including the mental status examination. However, he omitted important historical areas and lacked necessary details and clarity on the mental status exam. He was knowledgeable about substance abuse issues as well as pain management and psychiatric treatment in workman's compensation patients. He accurately assessed suicidal and homicidal risk. His level of knowledge of the civil commitment process was adequate, although it lacked detail. He demonstrated a general knowledge of anxiety, psychotic, and personality disorders but it lacked depth. Dr. Patel's diagnosis of mood disorders was unacceptable. His knowledge of psychotropic medications including antidepressants, antipsychotics, and mood stabilizers was incomplete and not current. His differential diagnosis did not always reflect the most likely possibilities. Dr. Patel was not well-versed in the DSM IV-R categories of the mood disorders. Dr. Patel's diagnostic and assessment skills lacked sufficient detail and completeness.

B. Clinical Reasoning

Overall, Dr. Patel's clinical reasoning was inconsistent. One consultant thought that, based on the few charts reviewed, Dr. Patel's clinical decision-making was adequate. Another consultant noted that Dr. Patel provided an adequate account of the issues from a drug overdose patient and a workman's compensation injury. Dr. Patel demonstrated flexibility in his ability to modify his management strategies based on changes in the patient's clinical course; however, his approach to pharmacology was more rigid.
Many of Dr. Patel's stated management strategies were reasonable; he did not apply these principles to the actual patient cases reviewed. This included use of mood stabilization in bipolar disorder and use of informed consent. He ordered laboratory tests and developed treatment plans that were not supported by the diagnostic possibilities. Dr. Patel's differential diagnosis did not always reflect the facts of the case. He occasionally assigned a diagnosis without sufficient clinical data, in contrary to the patient's clinical presentation, or without integrating important social issues. His follow-up recommendations did not always correlate with the clinical status and needs of the patient. Dr. Patel did not have an organized theory of psychopathology upon which to guide his prescription for non-pharmacologic-psychiatric treatments.

C. Communication

Dr. Patel's communication skills with the Simulated Patients were adequate but his skills were weak due to the time since he left practice. He demonstrated the core skills needed to be an effective communicator. He asked open-ended questions, listened without interruption, made effective use of summary statements, and had good eye contact. With practice his

interactions became more conversational. His initial attempts at rapport were difficult but these improved over the course of the interview. He sometimes confused the patients by changing his line of questioning too quickly and without the use of transition statements. He did not provide patient education. His interactions with the peer consultants were acceptable.

D. Documentation

Dr. Patel's documentation skills were inadequate. His intake assessments were organized. His documentation of the mental status exams was acceptable. He provided a reasonable accounting of the patient's clinical progress. However, there was no documentation of medication side effects, reasons for psychotherapy or cognitive behavior therapy, or explanations for changes in medications. Dr. Patel did not document all patient encounters with an appropriate note. His management strategies were not consistently reflected in the chart. He did not record a formal diagnosis of PTSD in a patient he was treating for this disorder. He did not enumerate manic or depressive symptoms in a bipolar patient. He did not provide a clear plan of action in some cases. Comments about psychosocial issues were brief and general. The notes generated during the CPEP Assessment were unorganized and lacked any detail about his clinical thought processes. His treatment plans were vague.

CPEP recommended that Dr. Patel participate in structured, individualized Education Intervention to address the identified areas of need, and noted that such an intervention would likely require significant time and effort.

9. After reviewing the report, the Panel voted to defer action until Dr. Patel had obtained an Educational Plan from CPEP and presented it to the Panel for review. The licensee obtained an Educational Intervention Education Plan from CPEP in July 2006 and it was considered by the Panel at its October 19, 2006 meeting.

STIPULATED CONCLUSIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal bases for this Agreed Order of Indefinite Restriction:

1. The licensee's Kentucky medical license is subject to regulation and discipline by the Board.

2. Based upon the Stipulations of Fact, there were legal grounds for the Board to impose disciplinary sanctions against his license pursuant to KRS 311.595(13). The Board did so by requiring the licensee to enter into the Agreed Order of Surrender. The legal grounds supporting the Agreed Order of Surrender extend to this Agreed Order of Indefinite Restriction. Accordingly, there is a legal basis for this Agreed Order.
3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully address legal issues, such as the licensee's return to active practice following a period of surrender, by entering into an agreed resolution such as this Agreed Order of Indefinite Restriction.

AGREED ORDER OF INDEFINITE RESTRICTION

Based upon the Stipulations of Fact and Stipulated Conclusions of Law, and, based upon the Panel's vote to permit the licensee to resume the practice of medicine under specified terms and conditions, the parties hereby ENTER INTO the following

AGREED ORDER OF INDEFINITE RESTRICTION:

1. The license to practice medicine in the Commonwealth of Kentucky held by Sharad C. Patel, M.D., is RESTRICTED/LIMITED FOR AN INDEFINITE PERIOD OF TIME, with that period commencing immediately upon the filing of this Agreed Order of Indefinite Restriction and continuing until further Order of the Panel;
2. During the effective period of this Agreed Order, the licensee's Kentucky medical license SHALL BE RESTRICTED/LIMITED by the following terms and conditions:

a. The licensee may resume the practice of medicine, but only as specified in the following terms and conditions;

b. The licensee SHALL ONLY see and treat patients while under the complete and direct supervision and direction of a Board-certified Supervising Physician, who has been approved in advance and in writing by CPEP's Medical Director;

c. The licensee SHALL NOT see patients or provide medical or psychiatric treatment to any individual outside of the direct supervision and direction of the approved Supervising Physician, unless and until approved to do so by the Panel;

d. The licensee SHALL FULLY comply with the directives of Phase I of CPEP's Education Plan, which is attached and incorporated in full, by reference, into this Agreed Order of Indefinite Restriction. Even under the direct supervision of the Supervising Physician, the licensee may only perform those acts and procedures specifically detailed in Phase I of the Education Plan;

e. The licensee SHALL NOT proceed to or perform any act under Phase II of the CPEP Education Plan, unless and until approved to do so by the Panel by Amended Agreed Order of Indefinite Restriction;

f. The Panel will only consider a request by the licensee to proceed to Phase II of the Education Plan, by Amended Agreed Order, if the request is accompanied by a favorable written recommendation by CPEP's Medical

Director, which details the licensee's completion of and compliance with Phase I of the Education Plan;

g. The licensee SHALL maintain his contractual relationship with the Kentucky Physicians Health Foundation and SHALL fully comply with all contractual requirements, until further Order of the Panel;

h. The licensee shall completely abstain from the consumption of mood-altering substances, including alcohol, except as prescribed by a duly licensed practitioner for a documented legitimate medical purpose. Any such medical treatment and prescribing shall be reported directly to the Board in writing by the treating physician within ten (10) days after the date of treatment. The licensee must inform the treating physician of this responsibility and ensure timely compliance. Failure to inform the treating physician of this responsibility shall be considered a violation of this Agreed Order of Indefinite Restriction;

i. The licensee shall be subject to periodic, unannounced breathalyzer, blood and urine alcohol and/or drug analysis as desired by the Board, the purpose being to ensure that the licensee remains drug and/or alcohol-free. The cost of such breathalyzer, blood and urine alcohol and/or drug analyses and reports will be borne by licensee, which costs shall be paid under the terms fixed by the Board's agent for testing. Failure to make timely payment of such costs, to provide a specimen upon request, or to remain alcohol and/or drug-free shall be considered a violation of this Agreed Order of Indefinite Restriction;

j. The licensee SHALL NOT violate any provision of KRS 311.595 and/or 311.597.

3. The licensee expressly agrees that if he should violate any term or condition of this Agreed Order of Indefinite Restriction, the licensee's practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that if the Board should receive information that he has violated any term or condition of this Agreed Order of Indefinite Restriction, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an *ex parte* presentation of the relevant facts by the Board's General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the parties agree and stipulate that a violation of any term or condition of this Agreed Order of Indefinite Restriction would render the licensee's practice an immediate danger to the health, welfare and safety of patients and the general public, pursuant to KRS 311.592 and 13B.125; accordingly, the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Agreed Order of Indefinite Restriction.

4. The licensee understands and agrees that any violation of the terms of this Agreed Order of Indefinite Restriction would provide a legal basis for additional

disciplinary action, including revocation, pursuant to KRS 311.595(13).

SO AGREED on this 3rd day of November, 2006.

FOR THE LICENSEE:

SHARAD C. PATEL, M.D.

COUNSEL FOR THE LICENSEE
(IF APPLICABLE)

FOR THE BOARD:

PRESTON P. NUNNELLEY, M.D.
CHAIR, INQUIRY B

C. LLOYD VEST II
General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
(502) 429-7150

CPEP Center for *Personalized* Education for Physicians

EDUCATIONAL INTERVENTION

EDUCATION PLAN

Developed July 2006

for

Shared Patel , M.D.

Educational Intervention
Education Plan
Shared Patel, M.D.

I. INTRODUCTION

This Education Plan was developed based upon areas of need identified in CPEP's Assessment of Shared Patel, M.D., conducted in January 2003 and Assessment Addendum (Addendum) in March 2006, data gathered by CPEP and information obtained from the Kentucky Board of Medical Licensure (Board). The areas of educational need identified in the Assessment and the Addendum have been addressed in the objectives of this Education Plan (Plan). Progress Reports will be generated approximately every trimester and provided to the participant and to other entities for which we have authorization.

PURPOSE

The purpose of this Education Plan is to provide a framework in which Dr. Patel can address educational needs that will ultimately improve his delivery of patient care. Plans are created with the understanding that as the physician's capabilities and/or needs change within the parameters of the practice for which this Plan was developed, the educational focus areas may change accordingly.

The goal of CPEP and this Plan is to provide the participant with the tools and support for a meaningful educational experience that includes:

- Addressing individual, identified educational needs;
- Encouraging life-long, independent learning;
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- Achieving successful completion of the Plan and the Post-Education Evaluation within the estimated timeframes defined in the Plan.

Participant strategies to support successful completion of the Educational Intervention include the following:

- Being an active partner in learning;
- Actively integrating feedback and new knowledge into daily practice;
- Submitting educational materials and charts as requested in the Plan;
- Adhering to timeframes and due dates as outlined in the Plan;
- Participating in regularly scheduled communications with CPEP.

PHYSICIAN BACKGROUND

Dr. Patel ceased practicing psychiatric medicine in March 2000. He participated in the Assessment process in January 2003. In December 2005, Dr. Patel contacted CPEP to enroll in an Educational Intervention. Since it had been three years since Dr. Patel 's initial CPEP Assessment, CPEP required Dr. Patel to undergo an Assessment Addendum in order to evaluate his current educational needs. The findings of this Addendum were considered in conjunction with the findings of the January 2003 Assessment in the development of this Plan.

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II. PRACTICE PROFILE

Dr. Patel provided the following practice profile information to CPEP in July 2006. His perspective practice is yet to be determined, however he reported to CPEP that he will practice adult outpatient psychiatry only. Updates will be obtained from Dr. Patel and reflected in each Progress Report.

Specialty

Psychiatry

Licensure

Licensing State	**Status**
Kentucky	Inactive

Practice

Years/Description/Location

1980-85; Clinical Director, Comp Care Center; Elizabethtown, KY
1980-1994; 1995-2000 Private practice; Elizabethtown, KY

Active Hospital Privileges

Name/Location	**# of Beds**	**Trauma Level**	**ICU**
TBD			

Current Practice Profile

Volume of patients per day: TBD
Number of days worked per week: TBD
Number of patients admitted per month: TBD
Census of inpatients maintained per month: TBD
Number of days on-call per month: TBD

Commonly Encountered Diagnoses

TBD

Continuing Education

Dr. Patel has not participated in formal continuing medical education in the last five years.

III. REQUIREMENTS

PRACTICE SUPERVISOR AND EDUCATIONAL PRECEPTOR

To participate in the Educational Intervention, Dr. Patel will need to identify a board-certified psychiatrist for the roles of the Supervisor and Preceptor. The Supervisor and Preceptor can be the same individual. The Supervisor should ensure that current evidence-based medical knowledge, skills, and information are addressed. Dr. Patel will provide a copy of the Plan to the proposed Supervisor and/or Preceptor and submit the proposed Supervisor/Preceptor name(s) and resume(s) to CPEP for approval no later than

30 days following the implementation of this Plan. The complete Supervisor and Preceptor Job Descriptions are included with this Plan.

Note:

- CPEP must approve the Supervisor prior to initiating Phase I.
- The Preceptor must be approved prior to initiating Preceptor meetings to ensure that the meetings are applicable to the Plan.

MEDICAL LICENSE

Dr. Patel will need a medical license in order to participate in and complete this Plan. Some educational activities may be completed without a license.

IV. EDUCATIONAL INTERVENTION

This Plan was designed to address adult psychiatric outpatient care. If Dr. Patel 's goals for his anticipated practice change, CPEP may not be able to provide a learning experience to address such changes within the framework of this Plan. Should Dr. Patel independently address issues outside of the Plan, CPEP would be unable to monitor or comment on the experience. It may be possible for CPEP to provide additional assessment that would serve as a foundation for a Supplemental Education Plan.

PHASE I

Phase I is estimated to last between one and two months.

Because of a six-year absence, CPEP recommends that Dr. Patel only see patients with 100% supervision during Phase I. The Supervisor will be present for the entirety of all patient encounters during this period. The volume of daily patient encounters should be restricted so that appropriate and thorough discussion and review occurs immediately after each patient encounter. CPEP recommends a maximum daily patient volume of four.

PERFORMANCE OBJECTIVES

A. Observation of Patient Encounters.
During this experience, Dr. Patel will:

1) Observe the Supervisor for a minimum of 35 encounters in the outpatient setting. For each of the following presenting complaints, he will observe a minimum of two patients: dementia; anxiety; mood disorder; and psychotic and personality disorders. Other patients observed should comprise a variety of diagnoses similar to those Dr. Patel anticipates encountering in his practice. *At the discretion of his Supervisor and the CPEP Associate Medical Director, Dr. Patel may be required to observe more than 35 patient encounters;*

2) Review each case with the Supervisor after each patient encounter. As much as patient diagnoses permit, discussions should focus on content areas identified in Objective I below;
3) Using the Supervised Experience Education Log provided by CPEP, document the diagnosis, treatment, plan, and date of each case, and submit the log to CPEP. The Supervisor will sign the log prior to submission;

B. Supervised Patient Encounters

*With the Supervisor in attendance and with **direct** Supervisor oversight, Dr. Patel will:*

1) Interview and examine no fewer than 40 patients in the outpatient setting. For each of the following presenting complaints, he will see a minimum of two patients: dementia; anxiety; mood disorder; and psychotic and personality disorders. Other patients observed should comprise a variety of diagnoses similar to those Dr. Patel anticipates encountering in his practice. *At the discretion of his Supervisor and the CPEP Associate Medical Director, Dr. Patel may be required to see more than 40 patient encounters;*
2) Review his evaluation and plan for patients with the Supervisor prior to completing the patient encounter. As much as patient diagnoses permit, discussions should focus on content areas identified in Objective II below;
3) Write or dictate a simulated note as if he were the primary physician;
4) Have each simulated note reviewed for completeness and overall quality by the Supervisor after each patient encounter. As indicated, discussion regarding documentation should focus on content areas identified in Objective III below;
5) Using the Supervised Experience Log provided by CPEP, document the diagnosis, treatment, plan, and date of each case, and submit the log to CPEP. The Supervisor will sign the log prior to submission.

EVALUATION METHODS

1) As Dr. Patel nears completion of Part A of Phase I, he or his Supervisor should contact CPEP to schedule a telephone conference between the Supervisor and the Associate Medical Director;
2) Upon completion of all Parts of Phase I, the Supervisor and the Associate Medical Director will determine Dr. Patel 's readiness to advance to Phase II. He or his Supervisor should contact CPEP to schedule a telephone conference between the Supervisor and the Associate Medical Director.

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PHASE II

Dr. Patel will transition to a practice-based educational experience after successful completion of Phase I. On-site supervision is no longer required. This experience is estimated to last 10 months. If practicing in Phase I at the Supervisor's practice, Dr. Patel may now transition to independent practice. Dr. Patel will work with the Preceptor to continue addressing the needs identified in the Learning Objectives listed below. If the Preceptor candidate has not been approved at the completion of Phase I, Dr. Patel should continue with self-study activities. Preceptor meetings should be scheduled once CPEP has notified Dr. Patel that the Preceptor candidate has been approved.

LEARNING OBJECTIVES

I. **To improve psychiatric evidence-based medical knowledge, including but not limited to the following:**
   1) Elements of a comprehensive and detailed initial psychiatric assessment, including but not limited to, patient history, family history, and mental status exam;
   2) Algorithms for formulating differential diagnoses;
   3) Symptoms associated with and current management approaches for common psychiatric disorders, including but not limited to the following disorders:
      a) anxiety;
      b) mood (including bipolar disorder);
      c) psychotic;
      d) personality;
      e) post-traumatic stress;
      f) obsessive-compulsive;
      g) dementia;
   4) Non-pharmacologic therapy, including but not limited to, cognitive behavioral therapy;
   5) Legal dimensions of psychiatric practice;
   6) Indicators of substance abuse;
   7) Ability to discern the severity of disorders for appropriate management;
   8) Appropriate testing that is consistent with and supported by the patient's symptoms;
   9) Ability to identify changes in patient behavior and manage accordingly.

II. **To improve knowledge of current pharmacologic therapy that includes but is not limited to the following, especially as related to the disorders identified above:**
   1) Side effects;
   2) Drug-drug interactions;
   3) Dosing.

III. **To improve clinical decision-making in the following areas:**
1) Consistent application of medical knowledge;
2) Organized, detailed, comprehensive, and integrated approach to diagnostic evaluation that includes differential diagnoses;
3) Development of comprehensive and integrative treatment plans for an adequately wide range of psychiatric diagnoses; these plans should include documentation of the patient's progress;
4) Consideration of medication management options;
5) Application of psychopathology.

IV. **To improve patient care documentation, specifically:**
1) Organized and complete chart components, including flow sheets;
2) Consistently organized, detailed and complete notes, that include but not limited to the following elements:
   a) Presenting complaint;
   b) Psychiatric history;
   c) Family and social history;
   d) Mental status exam;
   e) Differential and final diagnoses;
   f) Detailed treatment plans;
   g) Patient/family education;
   h) Consultant reports/communications;
   i) Testing;
   j) Detailed clinical reasoning;
3) Consistent documentation of all patient encounters.

V. **To monitor physician-patient communication:**
1) Effective core communication skills.

VI. **To determine a plan to maintain current standards within the field of psychiatry.**

VI. PERFORMANCE OBJECTIVES and EVALUATION METHODS

Refer to Appendix A for further directions.

PERFORMANCE OBJECTIVES

Dr. Patel will complete the following specified Objectives:

A. Knowledge (Learning Objective I)
1) For each Objective I content area, including subtopics:
   a) Review two current, reputable medical references explicitly relevant to the content area. If assigned a specific guideline for a content area (see below), it can be utilized as one of the references;

b) Submit a brief paragraph, outline or algorithm explaining the applicability of knowledge gained from his reading to his current practice, including how he will utilize the learned information in his practice. If the information is not applicable to his practice, he should explain his rationale. Include reference titles and dates of publication;

2) Subscribe to *Focus: The Journal of Lifelong Learning in Psychiatry and the Focus Self Assessment Examination*. The subscription should include the "Influential Papers." Dr. Patel should participate in ongoing reading and assessment. More information can be found at the following web site: http://www.psych.org/edu/cme/selfassess_exam/saexam.cfm. If Dr. Patel identifies an alternative course, the Associate Medical Director must approve the course;
3) Review guidelines/references relevant to diagnosis and treatment of common psychiatric disorders. CPEP recommends the following Internet sites as resources: http://www.guideline.gov and http://www.psych.org;
4) Dr. Patel will participate in Grand Rounds as scheduled at a nearby facility if available.

B. Clinical Decision Making
1) Obtain and utilize the most current publication of the DSM IV-R to assist in developing a more structured and comprehensive approach to the differential diagnosis of patient complaints.

C. Communication
1) Read The Medical Interview by John L., M.D. Coulehan, Marian R., M.D. Block;
2) CPEP will determine if Dr. Patel would benefit from further educational intervention;
3) Discuss with the Supervisor and Preceptor during Phase I and II.

D. Documentation
1) Independently review documentation and medical record keeping;
2) Attend a documentation seminar, with a follow-up component. The follow-up component must consist of at least two chart reviews, preferably three. A course brochure should be submitted for the Associate Medical Director's approval within 30 days of signing the Plan. A certificate of attendance should be submitted to CPEP upon completion;
3) Integrate feedback from the CPEP Associate Medical Director and the Preceptor promptly.

E. Preceptor Meetings and Chart Reviews
1) Address the Objective I content areas with the Preceptor through didactic exercises, as well as case-based and hypothetical discussions;

2) Meet with the Preceptor weekly for a period of time to be determined by the Associate Medical Director and then twice monthly for the duration of the Plan;
3) Provide 16 redacted charts per month (four charts per weekly session and eight charts per twice monthly sessions), for the duration of Phase II for review with the Preceptor. Dr. Patel will submit these charts to the Preceptor prior to their scheduled meeting to allow the Preceptor time for review. As much as possible, the charts selected should be relevant to the content areas of the Plan;
4) Charts should generate discussions addressing medical knowledge, application of medical knowledge to patient care, clinical judgment, and documentation;
5) Submit to CPEP, every other month, four of the 16 redacted charts used in the Preceptor meetings for review by the Associate Medical Director;
6) Discuss his plan for ongoing professional development with the Preceptor.

F. Submission Requirements:
See Appendix A for timelines.
1) Maintain an Education and/or Supervisor Log, documenting all educational activities, including topics discussed with the Preceptor, and submit to CPEP;
2) Submit practice application materials for Objective I to CPEP;
3) Submit title, resource and date of publication, or first page of article, for all assigned guidelines for Objective I to CPEP;
4) Submit a certificate of completion and/or monthly participation in *Focus: The Journal of Lifelong Learning in Psychiatry and the Focus Self Assessment Examination,* or other approved course;
5) Develop a plan for ongoing professional development in psychiatry and submit it to CPEP.

EVALUATION METHODS

A. The Preceptor will:
1) Provide feedback to Dr. Patel on medical knowledge, application of knowledge, clinical judgment, communication and documentation at the time of their meetings;
2) Provide monthly written and scheduled verbal feedback on Dr. Patel 's progress for the duration of the Plan, or as applicable.

B. The Associate Medical Director will:
1) Review and approve the required submissions to CPEP, and provide feedback to Dr. Patel , with regard to medical knowledge, application of medical knowledge, clinical judgment, documentation, and other identified areas, during regularly scheduled telephone conversations;
2) Monitor Dr. Patel 's documentation and overall progress;

3) Review and approve Dr. Patel 's plan for ongoing professional development;
4) Provide a written progress report approximately every trimester.

ESTIMATED DURATION

The duration of the Education Plan can only be estimated. CPEP anticipates that this Educational Intervention will last approximately 12 months. It may be extended or shortened at the discretion of CPEP depending on progress towards meeting the stated educational goals. If new education needs are uncovered during the course of this Plan, these will be addressed accordingly.

REASSESSMENT

Dr. Patel will return to CPEP within two to six months following the completion of the Education Plan for a Post-Education Evaluation that addresses the content of the Plan.

DISCLAIMER

CPEP reserves the right to change the content and/or duration of the Education Plan.

SIGNATURES

Shared Patel , M.D. — Date: 8/13/06

Nancy Wilson-Ashbach, M.D.
Associate Medical Director — Date

Return the signed original Education Plan to CPEP. Keep copies of the Plan for your reference and to forward to Supervisor/Preceptor candidates.

COMMONWEALTH OF KENTUCKY
STATE BOARD OF MEDICAL LICENSURE
CASE NO. 741

IN RE: THE LICENSE TO PRACTICE MEDICINE IN THE COMMONWEALTH OF KENTUCKY HELD BY SHARAD C. PATEL, M.D., LICENSE NO. 20851, ADDRESS OF RECORD: 1230 WOODLAND DR., #210, ELIZABETHTOWN, KENTUCKY 42701

AGREED ORDER OF SURRENDER

Come now the Kentucky Board of Medical Licensure (hereafter "the Board"), acting by and through its Inquiry Panel B, and Sharad C. Patel, M.D., and, based upon their mutual desire to fully and finally resolve the grievance pending in this matter, without formal disciplinary proceedings, hereby ENTER INTO the following AGREED ORDER OF SURRENDER:

STIPULATIONS OF FACT

The parties stipulate the following facts, which serve as the factual bases for this Agreed Order of Surrender:

1. At all relevant times, Sharad C. Patel, M.D., was licensed by the Board to practice medicine within the Commonwealth of Kentucky.
2. The licensee's medical specialty is Psychiatry.
3. On March 8, 1999, the licensee filed with the Board an Amended Letter of Agreement, which he executed on March 5, 1999. Condition 1 of the Amended Letter of Agreement specifies: "Physician shall fully maintain a contractual relationship with the Impaired Physicians Committee and abide by all conditions placed upon him by the Impaired Physicians Committee."

4. On March 16, the licensee verbally notified a Board Investigator that he desired to convert his license to inactive status and that he intended to discontinue his relationship with the Kentucky Physicians Health Foundation—Impaired Physicians Program ("IPP"). In a Memorandum to the Board's Inquiry Panel B, dated March 22, 2000, the investigator notified the Board of same.

5. In a letter, dated March 17, 2000, Burns M. Brady, M.D., IPP's Medical Director, confirmed a telephone conversation he had with the licensee. In his letter, a copy of which was received by the Board on March 21, 2000, Dr. Brady stated: "As I understand it, you [the licensee] are not going to renew your Kentucky medical license at this time and would like to discontinue your relationship with [IPP]." Seeking confirmation of his understanding, Dr. Brady further stated in same: "I look forward to your response and if I have not heard from you within 14 days of your receipt of this letter, then I will assume this establishes for our records and for the Kentucky Board of Medical Licensure that you are discontinuing your relationship with this organization." To date, neither IPP nor the licensee has reported to the Board any additional information concerning the licensee's decision, which the Board treats as a final one.

STIPULATED CONCLUSIONS OF LAW

The parties stipulate the following Conclusions of Law, which serve as the legal bases for this Agreed Order of Surrender:

1. The licensee's Kentucky medical license is subject to regulation and discipline by the Board.

2. Based upon the Stipulations of Fact, there are legal grounds for the Board to impose disciplinary sanctions upon the licensee's Kentucky medical license pursuant to KRS 311.595(13).

3. Pursuant to KRS 311.591(6) and 201 KAR 9:082, the parties may fully and finally resolve the pending grievance without formal disciplinary proceedings by entering into an informal resolution such as this Agreed Order of Surrender.

AGREED ORDER OF SURRENDER

Based upon the foregoing Stipulations of Fact and Stipulated Conclusions of Law, and, based upon their mutual desire to fully and finally resolve the pending grievance without formal disciplinary proceedings, the parties hereby ENTER INTO the following **AGREED ORDER OF SURRENDER**:

1. The licensee shall surrender his Kentucky medical license for an indefinite period, with said surrender becoming effective immediately upon the filing of this Agreed Order of Surrender.

2. During the period in which the licensee's Kentucky medical license is surrendered, he may not perform any act which would constitute the "practice of medicine," as that term is defined in KRS 311.550(10) – the diagnosis, treatment, or correction of any and all human conditions, ailments, diseases, injuries, or infirmities by any and all means, methods, devices, or instrumentalities.

1. The licensee may not petition the Panel for reinstatement of license for a period of two (2) years from the effective date of this Order. If the licensee should petition the Panel for reinstatement of his license, the burden shall be on him to satisfy the Panel that he is presently of good moral character and qualified both physically and

mentally to resume the practice of medicine without undue risk or danger to his patients or the public. The decision whether to grant the petition will be within the sole discretion of the Panel; the Panel may order the licensee to complete appropriate testing and/or evaluations, at his expense, to assist it in its determination. If the Panel should grant the licensee's petition for reinstatement, his license shall be placed on probation for a period of 2-5 years, under terms and conditions deemed appropriate by the Panel at that time.

2. The licensee expressly agrees that, if he should violate any term or condition of this Agreed Order of Surrender, the licensee's practice will constitute an immediate danger to the public health, safety, or welfare, as provided in KRS 311.592 and 13B.125. The parties further agree that, if the Board should receive information that he has violated any term or condition of this Agreed Order of Surrender, the Panel Chair is authorized by law to enter an Emergency Order of Suspension or Restriction immediately upon a finding of probable cause that a violation has occurred, after an *ex parte* presentation of the relevant facts by the Board's General Counsel or Assistant General Counsel. If the Panel Chair should issue such an Emergency Order, the parties agree and stipulate that a violation of any term or condition of this Order would render the licensee's practice an immediate danger to the health, welfare and safety of patients and the general public, pursuant to KRS 311.592 and 13B.125; accordingly, the only relevant question for any emergency hearing conducted pursuant to KRS 13B.125 would be whether the licensee violated a term or condition of this Agreed Order of Surrender.

3. The licensee understands and agrees that any violation of this Agreed Order of Surrender may serve as the basis for additional disciplinary action, pursuant to KRS 311.595(13), including revocation of his Kentucky medical license.

SO AGREED on this 31st day of May, 2000.

FOR DR. PATEL:

SHARAD C. PATEL, M.D.

COUNSEL FOR DR. PATEL
(IF APPLICABLE)

FOR THE BOARD:

PRESTON P. NUNNELLEY, M.D.
CHAIRMAN, INQUIRY PANEL B

Y. DENISE PAYNE WADE
Assistant General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222
(502) 429-8046

ENTERED: 06/09/00