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BEFORE THE  
BOARD OF MEDICAL EXAMINERS  
STATE OF OREGON

COPY

In the matter of )  
 )  
WENDY JANE LINKER, M.D. )  
\_\_\_\_\_ )

1.

The Board of Medical Examiners (Board) is the state agency responsible for licensing, regulating and disciplining certain health care providers in the State of Oregon. Wendy Jane Linker, M.D. (Applicant), is an applicant for a medical license in the State of Oregon.

2.

Applicant submitted an application to practice medicine in Oregon dated February 16, 1996. Applicant answered affirmatively to questions 16.5, 16,7 and 16.8, with written explanations indicating that prior to June 9, 1994, she had both used controlled substances for other than legitimate medical purposes and used alcohol in an excessive or habitual manner. Applicant's history regarding these conditions was the basis for her entering into a stipulated order with the Idaho State Board of Medicine dated November 3, 1995, which placed restrictions on Applicant's medical practice. From June 9, 1994 to October 19, 1994, Applicant

1 underwent treatment for chemical dependency at Springbrook  
2 Northwest in Newberg, Oregon.

3 3.

4 Applicant understands that the Board's statutory mandate is to  
5 protect the public and, consequently agrees to the entry of this  
6 Stipulated Limitation permitting her to practice medicine in the  
7 State of Oregon with the following conditions:

8 3.1 - Applicant shall affiliate with, participate in and  
9 maintain compliance with the recommendations of a recovery program  
10 under the auspices of the Diversion Program Supervisory Council  
11 established pursuant to ORS 677.615, and shall sign and maintain in  
12 full force and effect the program's terms of participation and  
13 consent to full disclosure of alcohol and drug treatment records  
14 and progress reports between the BME and the Diversion Program for  
15 the duration of this order.

16 3.2 - Applicant shall not possess and shall completely abstain  
17 from the use of alcohol, marijuana, cocaine, narcotics, sedatives,  
18 stimulants, tranquilizers, and all other mind-altering and/or  
19 potentially addicting substances. Applicant shall also abstain  
20 from the use of over-the-counter medications containing alcohol  
21 and from food items containing poppy seeds or alcohol which may  
22 produce a positive test result for drugs and alcohol. In the event  
23 Applicant is prescribed or administered any substances containing  
24 alcohol or drugs as part of a legitimate medical care regimen,  
25 Applicant immediately shall notify the Board in writing and the  
26 Diversion Program Applicant's treatment program.

1           3.3 - Whenever requested by a representative of the Diversion  
2 Program or a representative of the Board, Applicant shall submit a  
3 bodily specimen (e.g., urine, breath, blood, saliva, etc.) for  
4 analysis by a Board-approved laboratory to determine if Applicant  
5 has used any chemical substance in violation of Applicant's  
6 agreement with the Diversion Program or in violation of Applicant's  
7 stipulated limitation. Applicant shall pay the costs of collection  
8 and testing specimens, whether done routinely or randomly as part  
9 of a recovery program, or on an individual request.

10           3.4 - Applicant shall provide reports to the Board for any  
11 psychiatric and/or psychological findings and continuing treatment  
12 recommendations made by any treating facility, treatment program,  
13 or therapist concerning Applicant. If such testing and evaluation  
14 has not been performed, and the Board deems it appropriate to be  
15 performed, the Board may order Applicant to undergo such testing.  
16 Testing shall be performed at the Applicant's expense.

17           3.5 - Applicant shall provide a copy of this order to any  
18 entity with whom Applicant proposes to associate before practicing  
19 under the auspices of or in conjunction with that entity. The  
20 chief administrator shall report in writing to the Board by the  
21 last day of the month before each quarterly Board meeting. The  
22 report shall describe (to the best of the reporter's knowledge)  
23 Applicant's compliance with the terms of this order and comment on  
24 Applicant's ability to safely practice. Applicant shall also send  
25 a copy of this order to Applicant's therapist(s) and treating  
26 physician(s).

1 3.6 - Applicant shall report in person to the Board at each of  
2 its quarterly meetings at a prescheduled time, unless otherwise  
3 ordered by the Board.

4 3.7 - Applicant shall at all times be supervised pursuant o  
5 the Guidelines for Supervision of Psychiatric Practice, a copy of  
6 which is incorporated in this order as Attachment 1.

7 3.8 - Evidence of any violation of the terms of this  
8 Stipulated Limitation shall give the Board cause to invoke  
9 suspension or revocation of Applicant's license or to take further  
10 disciplinary action under ORS 677.190(18).

11 4.

12 Applicant and the Board understand that by issuing a license  
13 pursuant to the terms of this Stipulated Limitation, Applicant  
14 waives her right to any contested case hearing under the Oregon  
15 Administrative Procedures Act and waives her right to any appeal  
16 from an adverse decision thereunder. Applicant and the Board also  
17 understand that this is a final order under Oregon law and  
18 therefore is a public record. This Stipulated Limitation, however,  
19 is not a disciplinary action and is not reportable as an adverse

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1 action to the National Practitioner Data Bank nor the Federation of  
2 State Medical Boards. This Stipulated Limitation will remain in  
3 effect for a period of five years from the date of this order.

4 IT IS SO STIPULATED this 29<sup>th</sup> day of January, 1997.

5  
6 Wendy Jane Linker  
7 WENDY JANE LINKER, M.D.

8 IT IS SO ORDERED this 30 day of FEBRUARY, 1997.

9  
10 BOARD OF MEDICAL EXAMINERS  
11 State of Oregon  
12 By: James H. Sampson  
13 JAMES H. SAMPSON, M.D.  
14 Chairman of the Board

15 F:\WP51\MAIN\LSL\LINKER\STIPULATION

**OREGON BOARD OF MEDICAL EXAMINERS  
GUIDELINES FOR SUPERVISION OF PSYCHIATRIC PRACTICE**

**I. General**

Supervision of a psychiatrist's practice by another psychiatrist is required by the Oregon Board of Medical Examiners (Board) when the investigation of a complaint to the Board has led to Board concerns regarding the safety of that practice. This set of Guidelines is intended to clarify issues related to required supervision of psychiatric practices.

**II. Purpose of Supervision**

The core purpose of supervision is to protect patients while supporting psychiatrists's actions toward correcting deficiencies identified by the Board. In general, these will be deficiencies of knowledge or skill. Depending upon the nature of the Board's concerns and upon the area of practice of the supervised psychiatrist, other separate safeguards and corrective measures may be required and could include additional educational activities, practice limitations, or indicated treatment of the supervised psychiatrist (substance abuse, psychotherapeutic, or psychiatric treatment).

Supervision is conceptualized as both a remedial education activity and a quality assurance activity. Supervision is not treatment of the supervised psychiatrist, and is not confidential from the Board. Effective supervision should identify and correct potential problems as they arise, or the supervisor should alert the Board to persisting unsafe practice.

**III. Supervision of Psychiatric Practice**

**A. Mechanisms**

The private nature of psychiatric treatment is recognized by the Board as generally precluding direct observation of practice (except in some hospital or clinic based practices). Supervision will usually be indirect. At a minimum, supervision will include frequent and regular case reviews between the supervised psychiatrist and the supervisor of patients currently being evaluated or treated. A balance between cases selected by the supervised psychiatrist and those selected by the supervisor will be achieved.

B. Patient Confidentiality and Consent

Each patient of the supervised psychiatrist must be informed that a supervisory relationship exists, and that the supervisor may review the patient's care or record. Consent to this arrangement should be documented for each patient. Patients who do not consent to the possibility of supervisory review must be referred to another clinician.

C. Supervision Agreements and Boundaries

Early in the supervision relationship a Supervision Agreement between the supervised psychiatrist and the supervisor should be developed. Because supervised psychiatrists may need supervision related to the management of boundaries in their practices, boundaries within the supervision relationship should receive careful attention. The Supervision Agreement should reflect this attention.

The Supervision Agreement should be in writing and include clear statements of the areas of concern for supervision, mechanisms for case review and selecting cases, assuring patient consent, the frequency and location of meetings with the supervisor, the supervisor's reporting responsibility to the Board, and the fee to be charged the supervised psychiatrist.

D. Supervision Reports

Written reports will be made by the supervisor to the Board of Medical Examiners as required in the supervised psychiatrist's agreement with the Board (see below under Responsibilities) Concerns for patient safety should be reported immediately to the Board and need not be in writing.

E. Duration of Supervision

The duration of the supervision requirement will be determined by the Board on a case by case basis.

IV. Responsibilities

A. Supervised Psychiatrist

1. Select a supervisor acceptable to the Board. This should be a psychiatrist with expertise in the area of the Board's concern and should not be a friend or close colleague of the supervised psychiatrist.
2. Provide the supervisor with a copy of these Guidelines and of the agreement made with the Board.
3. Participate with the supervisor in negotiating a written Supervision Agreement and implementing the Agreement.

B. Supervisor

1. Review materials provided by the Board regarding identified concerns for supervision.
2. Negotiate a written Supervision Agreement with the supervised psychiatrist (see above under Supervision Agreement and Boundaries) and implement this Agreement.
3. Make supervision reports to the Board.
  - a. An initial written Supervision Report should include a copy of the Supervision Agreement and outline progress in the initial meetings.
  - b. Subsequent written Supervision Reports should include the following:
    - 1) brief restatement of the purpose of the supervision
    - 2) frequency of supervision meetings
    - 3) quantity of cases reviewed (number and percentage of practice)
    - 4) assessment of the supervised psychiatrist's performance
    - 5) delineation of any areas of concern on the supervisor's part.
  - c. When ongoing issues of patient safety arise, the supervisor should report those issues to the Board immediately.

C. Board of Medial Examiners

1. Provide the supervisor with information sufficient for the supervisor to form a clear understanding of the areas of Board concern.
2. Determine the appropriateness of the supervisor selected and of the developed Supervision Agreement.
3. Review Supervision Reports and require revisions in Supervision Agreements where necessary.

BEFORE THE  
BOARD OF MEDICAL EXAMINERS  
STATE OF OREGON

In the Matter of )  
WENDY JANE LINKER, M.D. ) ORDER RESCINDING  
Applicant. ) ORDER DENYING LICENSE

1.

The Board of Medical Examiners (Board) is the state agency responsible for licensing, regulating and disciplining certain health care providers in the State of Oregon. Wendy Jane Linker, M.D. (Applicant) is a medical doctor who has practiced in California and Idaho.

2.

Applicant submitted an application to practice medicine in Oregon dated February 16, 1996. Applicant stated on the application form on page 5 that a disciplinary action has been entered against her license in another state. Applicant provided legal documents from the State of Idaho Board of Medicine. Applicant submitted those documents under a request for confidentiality on the basis of Idaho law and a claimed exemption from disclosure under Oregon's Public Records Law, ORS 192.502(2) and (3).

3.

The Board considered the application and documents submitted therewith by Applicant. After reviewing these documents and  
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1 deliberating, the Board issued an order denying license which was  
2 sent to Applicant on May 2, 1996.

3 4.

4 Thereafter, Applicant, through her legal counsel, requested a  
5 contested case hearing.

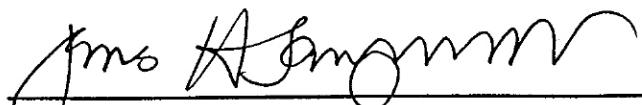
6 5.

7 The Board reconsidered the Order issued on May 2, 1996, at  
8 its quarterly meeting on July 19, 1996. After re-evaluating  
9 Applicant's file, the Board decided that additional investigation  
10 was needed. The Board referred this file to the Board's  
11 Investigative Committee to make a more complete investigation at  
12 its September 5, 1996 meeting. The Board also agreed that,  
13 because of this delay, Applicant would not be required to take the  
14 SPEX examination for the sole reason that she might have been out  
15 of practice for twelve (12) months by the time the Board decides  
16 whether or not to issue a license.

17 ORDER

18 NOW, THEREFORE, the Board of Medical Examiners for the State  
19 of Oregon rescinds its prior Order Denying License, without  
20 prejudice, and refers this matter to its Investigative Committee  
21 for more investigation.

22 IT IS SO ORDERED this 31<sup>st</sup> day of July, 1996.

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25 JAMES H. SAMPSON, M.D., CHAIRMAN  
26 Board of Medical Examiners  
State of Oregon

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The Board considered the application and documents submitted therewith by Applicant. After reviewing these documents and deliberating, the Board made the following:

FINDINGS OF FACT

- 1. Applicant applied for a medical license in the State of Oregon which was received on February 22, 1996.
- 2. Applicant was licensed by the State of Idaho in 1995.
- 3. On November 3, 1995, the Board of Professional Discipline for the State of Idaho entered an order accepting terms and conditions of a stipulation signed by Applicant on October 19, 1995. The above documents constitute a final order of disciplinary action by another state of a license to practice, based upon acts by Licensee similar to acts described in the Oregon Medical Practices Act.

CONCLUSION OF LAW

Applicant was the subject of a disciplinary action by another state based upon actions by Applicant which are similar to acts described in the Oregon Medical Practices Act, which conduct constitutes grounds for refusing to grant a license. ORS


677.190(16).  
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ORDER

The Application to practice medicine in the State of Oregon  
of Wendy Jane Linker is hereby DENIED.

IT IS SO ORDERED this 2 day of May, 1996.

  
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EDWARD A. HEUSCH, D.O., CHAIRMAN  
OREGON BOARD OF MEDICAL EXAMINERS

**NOTICE:** Applicant is entitled to a hearing as provided by the Administrative Procedures Act (Chapter 183), Oregon Revised Statutes. Applicant may be represented by counsel at the hearing. If Applicant desires a hearing, Applicant must request a hearing in writing within sixty (60) days of the mailing of this notice to Applicant. Upon receipt of Applicant's request, the Board will notify Applicant of the time and place of the hearing.

If Applicant requests a hearing, Applicant will be given information on the procedures, right of representation, and other rights of parties relating to the conduct of the hearing as required under ORS 183.413(2) before commencement of the hearing.

Failure to request a hearing or failure to appear at any hearing scheduled by the Board will result in this order becoming a Final Order by operation of law. ORS 183.415(6).

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