## WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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## STATE OF WISCONSIN BEFORE THE MEDICAL EXAMINING BOARD

## IN THE MATTER OF THE DISCIPLINARY PROCEEDINGS AGAINST

O'RELL R. WILLIAMS, M.D., RESPONDENT.

#### FINAL DECISION AND ORDER

ORDER 0000315

[Division of Enforcement Case No. 07 MED 424]

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The parties to this action for the purposes of Wis. Stat. § 227.53 are:

O'Rell R. Williams, M.D. 2124 W. Walnut St. Milwaukee, WI 53205

Division of Enforcement Department of Regulation and Licensing 1400 East Washington Avenue P.O. Box 8935 Madison, WI 53708-8935

Wisconsin Medical Examining Board Department of Regulation and Licensing 1400 East Washington Avenue P.O. Box 8935 Madison, WI 53708-8935

#### PROCEDURAL HISTORY

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final decision of this matter, subject to the approval of the Medical Examining Board. The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board adopts the attached Stipulation and makes the following:

## FINDINGS OF FACT

1. O'Rell R. Williams, M.D. (DOB September 20, 1967) is duly licensed to practice medicine and surgery in the state of Wisconsin pursuant to license No. 45383, which was first granted on March 4, 2003.

2. Respondent's last address reported to the Department of Regulation and Licensing is 2124 W. Walnut St., Milwaukee, WI 53205.

3. Respondent's practice specialty is internal medicine. From September 1, 2004 to September 11, 2007, Respondent was employed as an internist by Ministry Medical Group Northern in Rhinelander, Wisconsin.

4. Ms. A had been employed by Ministry Medical Group Northern in Rhinelander, WI for a number of years when Respondent became employed there on September 1, 2004. They met at work, talked with each other there and developed a casual relationship.

5. On September 7, 2005, Ms. A switched primary providers and became Respondent's patient. On that date he saw her for a scheduled and billed first visit and performed a comprehensive new patient examination, with the exception of a gynecological examination which she received from a nurse practitioner in Women's Health. Respondent listed her problems as hypothyroidism and hypertension and started her on new medications in addition to the ones she was taking. After this initial visit, Respondent saw Ms. A on the following scheduled and billed visits:

- a. November 3, 2005 Two month checkup of blood pressure. Respondent performed an examination and, among other things, noted her history of depression which was under good control with Effexor.
- b. December 20, 2005 Two month checkup of blood pressure. Respondent performed an examination, continued her medications and added pure hypercholesterolem to her problem list.
- c. April 7, 2006 Three month checkup of blood pressure and assessment of neck pain. Respondent performed a full examination and added sleep disturbance as a problem.
- d. January 26, 2007 Three month checkup of blood pressure. She complained of sleep disturbance and Respondent added depression to her problem list.
- e. February 19, 2007 Her main issue was insomnia. Respondent performed an examination and prescribed trazadone which has antidepressant, anxiolytic, and hypnotic effects.

6. In addition to the office visits, the treatment records document a number of phone calls and conversations from November 5, 2005 through January 8, 2007 by Ms. A about medical or medication issues and the responses by Respondent or a nurse practitioner.

7. During the time she was Respondent's patient he hugged Ms. A and made suggestive remarks to her on several occasions. She asserts that at the January 2007 office visit he kissed her passionately. On February 14, 2007, Respondent went to Ms. A's home and they had sexual intercourse.

8. After the sexual intercourse on February 14, 2007, Ms. A had one more appointment with Respondent, which is the February 19, 2007 appointment described above. In March 2007, Ms. A began seeing another primary care provider.

9. In July 12, 2007, Ms. A went to her Employee Assistance Program for an initial assessment. She described herself as overwhelmed and listed her presenting problems as her mother's death on Easter and her past relationship with Respondent. On July 26, 2007 the EAP counselor told Ms. A about her options in reporting Respondent.

10. The EAP counselor helped Ms. A report her relationship with Respondent to Ministry. On August 1, 2007 Ministry suspended Respondent with pay during the investigation

and then terminated his employment effective September 11, 2007 based on Ms. A's complaint. Respondent is currently employed as a hospitalist at St. Joseph's Hospital in Milwaukee, Wisconsin.

11. Since 2007 Dr Williams has been counseling with psychotherapist, Michael Filipiak, LCSW of Malen and Associates who submitted a written report stating in part that Dr Williams "displayed no critical indicators of any significant mental illness as defined by <u>The Diagnostic and Statistical Manual</u>."

12. On December 22, 2009, at the request of the Division of Enforcement, Respondent had a psychological evaluation performed by Gary R. Schoener, a licensed psychologist in Minneapolis who has extensive experience evaluating health care practitioners who have become involved sexually with patients. Mr. Schoener's report concluded and recommended:

a. Respondent does not show evidence of any sexual impulse control disorder, lack of empathy or a psychiatric disorder of any type.

b. Respondent's difficulties managing boundaries was a product, in part, of personal and professional stressors.

c. Respondent was naïve and inexperienced in maintaining a professional demeanor in a clinic and has learned from corrective feedback in the workplace.

d. Respondent lacked appropriate external supports to help with challenges to boundaries and various role conflicts. He inappropriately relied on other staff who were subordinates.

e. Respondent did not clearly recognize that when providing medical services to a colleague the person is a patient.

f. Respondent's life history and personality have led him to be compassionate, but have also led to vulnerability and difficulty in setting limits of his involvement in providing care.

g. Respondent needs to choose roles which have some external structure and also to be sure to maintain balance in his personal life. Respondent's current position as a hospitalist is ideal because it provides helpful structure and supervision.

h. Respondent should maintain a psychotherapeutic relationship with a qualified professional who has reviewed Schoener's report and be seen at least monthly to "check in" and review the various areas of life functioning with the goal of assisting Respondent to keep his personal and professional life in balance. Respondent should be seen more frequently if crises develop.

i. Respondent needs to have a peer or peer consultant, who is not a co-worker, with whom Respondent can discuss professional practice issues. Subordinate workers would be inappropriate in this role.

## CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction over this matter pursuant to Wis. Stat. 448.02(3), and has authority to enter into this stipulated resolution of this matter pursuant to Wis. Stat. 227.44(5).

2. Respondent, by engaging in sexual contact with Ms. A while she was Respondent's patient, engaged in unprofessional conduct as defined by Wis. Admin. Code § Med 10.02(2)(zd) and is subject to discipline pursuant to Wis. Stat. § 448.02(3).

#### <u>ORDER</u>

#### **SUSPENSION**

1. The license of O'Rell R. Williams, M.D., to practice medicine and surgery in the State of Wisconsin is hereby SUSPENDED for a period of twelve (12) months, effective immediately. At the end of the twelve months, the period of suspension shall end without further order of the Board.

#### STAY OF SUSPENSION

2. The suspension of Dr.Williams' license is hereby STAYED immediately and shall remain stayed during the period of suspension as long as he is in compliance with the Terms and Conditions, below.

3. The Board or its designee may, without hearing, remove the stay upon receipt of information that Respondent is in substantial or repeated violation of any term or condition below. Repeated violation is defined as the multiple violation of the same provision or violation of more than one provision.

4. This suspension becomes reinstated immediately upon notice of the removal of the stay being provided to Respondent either by:

a. Mailing to Respondent's last-known address provided to the Department of Regulation and Licensing pursuant to Wis. Stat. § 440.11; or

b. Actual notice to Respondent or Respondent's attorney.

5. The Board or its designee may reinstate the stay, if provided with sufficient information that Respondent is in compliance with the Order and that it is appropriate for the stay to be reinstated. Whether to reinstate the stay shall be wholly in the discretion of the Board or its designee.

6. If Respondent requests a hearing on the removal of the stay, a hearing shall be held using the procedures set forth in Wis. Admin. Code § RL 2. The hearing shall be held in a timely manner with the evidentiary portion of the hearing being completed within 60 days of receipt of Respondent's request, unless waived by Respondent. Requesting a hearing does not stay the suspension during the pendency of the hearing process.

#### CONDITIONS AND LIMITATIONS FOR STAY

7. Respondent shall report any change of employment status, residence, address or telephone number to the Department Monitor within five days of the date of a change.

### Practice Supervisor

8. Within seven days of the date of this Order, Respondent shall provide a copy of this Final Decision and Order to his supervisory authority at St. Joseph's Hospital in Milwaukee. If Respondent changes his practice setting, he shall immediately provide a copy of this Final Decision and Order to his supervisory authority at the new location.

9. Respondent's practice supervisory authority shall submit written reports to the Department Monitor on a quarterly basis, as directed by the Department Monitor. These reports shall assess Respondent's work performance and shall include any complaints made against Respondent by patients or their family. It is Respondent's responsibility to ensure that the reports are submitted when due.

#### **Psychotherapist**

10. Within 30 days of the date of this Order, Respondent shall provide proof to the Department Monitor that he has begun or continued treatment with a psychotherapist approved by the Board or its designee to address the issues identified by Schoener and that the psychotherapist has been provided with a copy of this Final Decision and Order and the report of Mr. Schoener. The frequency of sessions shall be at least monthly and the goal of the therapy is to assist Respondent in keeping his personal and professional life in balance.

11. The psychotherapist shall provide quarterly reports to the Department Monitor, which shall state how many sessions have been held that quarter and whether Respondent has been cooperative with treatment.

#### **Professional Mentor**

12. Within 30 days of the date of this Order, Respondent shall provide proof to the Department Monitor that another physician who has been approved by the Board or its designee has agreed to be his professional mentor to discuss professional practice issues and that the physician has been provided with a copy of this Final Decision and Order and copies of the report of Mr. Schoener. Respondent and the physician shall meet for an hour at least monthly and as frequently as the physician believes is appropriate.

13. The professional mentor shall provide quarterly reports to the Department Monitor, which shall state the dates of their meetings and whether they have discussed professional practice issues.

#### **Professional Boundaries Education**

14. Respondent shall successfully complete one of the following programs and within 30 days of completion provide proof sufficient to the Board, or its designee, of satisfactory completion:

a. Intensive Course in Medical Ethics, Boundaries and Professionalism (including the reflective essay and post-reflective essay) offered by Case Western Reserve University School of Medicine, a 20.5 category 1 credit program being offered September 2-3, 2010.

b. Maintaining Proper Boundaries offered by Vanderbilt University School of Medicine, a 22.25 category 1 credit program being offered August 11-13, 2010 and October 20-22, 2010.

15. If Respondent is unable to complete any of the courses described in paragraph 14 because of illness or other circumstance found to be acceptable by the Board or its designee, Respondent shall, prior to the required completion date, petition for a reasonable extension of time within which to take and complete the course or an equivalent course.

16. Respondent is responsible for paying the full cost of attending the course. Respondent is prohibited from applying any of the hours of education completed to satisfy the terms of this Order toward satisfaction of the continuing education required during the November 1, 2009 through October 31, 2011 registration biennium.

#### **MISCELLANEOUS**

17. Pursuant to Wis. Stat. 440.22(2), within six months of the date of this Order, Respondent shall pay to the Department of Regulation and Licensing the costs of this proceeding in the amount of \$1,800.00.

18. All requests, notices, reports and payments required by this Order shall be provided to:

Department Monitor Department of Regulation and Licensing Division of Enforcement 1400 East Washington Avenue P.O. Box 8935 Madison, WI 53708-8935 Fax (608) 266-2264 Telephone (608) 267-3817

19. In the event Respondent fails to timely pay costs as ordered, Respondent's license SHALL BE SUSPENDED, without further notice or hearing, until Respondent has complied with the terms of this Order.

20. This Order is effective on the date of its signing.

Wisconsin Medical Examining Board

By: A Member of the Board

7/2/10

Date

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