IN AND BEFORE THE OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION STATE OF OKLAHOMA

FEB - 3 2006

STATE OF OKLAHOMA		
EX REL. THE OKLAHOMA BOARD)	OKLAHOMA STATE BOARD OF
OF MEDICAL LICENSURE	Ĵ	MEDICAL LICENSURE & SUPERVISION
AND SUPERVISION,	Ĵ	
	Ś	
Plaintiff	Ś	
)	
v.)	Case No. 04-10-2890
)	
DAVID LEE TRENT, M.D.,)	
OKLAHOMA MEDICAL LICENSE NO. 10794,)	
)	
Defendant.)	

COMPLAINT

COMES NOW the plaintiff, the State of Oklahoma ex rel. the Oklahoma State Board of Medical Licensure and Supervision (the "Board"), by and through its attorney, Elizabeth A. Scott, Assistant Attorney General, and for its Complaint against the Defendant, David Lee Trent, M.D., Oklahoma medical license no. 10794, alleges and states as follows:

1. The Board is a duly authorized agency of the State of Oklahoma empowered to license and oversee the activities of physicians and surgeons in the State of Oklahoma pursuant to 59 Okla. Stat. §480 *et seq*.

2. Defendant, David Lee Trent, M.D., holds Oklahoma medical license no. 10794.

3. On or about September 9, 1978, the Board placed Defendant on **PROBATION** for a period of two (2) years based upon prescribing violations.

4. On or about January 8, 1993, the Board placed Defendant on **PROBATION** for a period of five (5) years based upon allegations that Defendant prescribed controlled dangerous substances without sufficient examination and without medical need.

5. On or about September 13, 1993, the Oklahoma Bureau of Narcotics and Dangerous Drugs **REVOKED** Defendant's registration to prescribe controlled dangerous drugs.

6. On or about January 20, 1996, the Board **REPRIMANDED** Defendant based upon the fact that after Defendant's OBN registration was revoked, he continued to prescribe controlled dangerous substances for five (5) months.

7. In 2003, Defendant practiced at the Latimer County General Hospital. During this time, the hospital received numerous complaints involving Defendant and his patient care. After investigating the complaints, in September 2003, the Medical Staff requested that Defendant take a three (3) month sabbatical from hospital duties during which time he was to obtain CME in certain areas. After that time, he would be allowed to reapply for hospital privileges. Defendant left the hospital as requested and as of this time, has not reapplied for hospital privileges.

8. Defendant subsequently was employed by Barry Winn, M.D. as an independent contractor for approximately one (1) year. Under this contract, Defendant worked at the Tahlequah Emergency Room and the Okmulgee Emergency Room. During this time, Defendant was the subject of numerous quality of care complaints from patients and other staff, including wrong and missed diagnoses. Due to these patient care issues and complaints, Dr. Winn asked Defendant to leave his employment.

9. Based upon these numerous quality of care complaints, in March 2005, Board staff requested that Defendant obtain an evaluation as to his current competency to safely practice medicine. By letter dated March 28, 2005, Defendant agreed to obtain the competency assessment through the Institute for Physician Evaluation ("IPE") in May 2005. Due to health problems, Defendant had to reschedule the assessment for July 2005. The IPE then rescheduled the assessment until October 2005 due to its own technical difficulties.

10. On October 13-14, 2005, Defendant obtained the competency assessment at the IPE. The IPE concluded that Defendant had <u>less than adequate</u> medical knowledge, <u>less than adequate</u> clinical reasoning and clinical judgment, <u>less than adequate</u> patient management skills, <u>less than adequate</u> knowledge of medical communication skills, and <u>less than adequate</u> gross cognitive function on screening assessment. Based upon these findings, the IPE concluded that Defendant needed to enter a full residency training program or at a minimum, a mini-residency training program. Only after this interval of additional education, training and professional mentoring, as well as a further assessment of his progress, should he be allowed to return to practicing independently.

Defendant is guilty of unprofessional conduct in that he:

A. Violated any provision of the medical practice act or the rules and regulations of the Board or of an action, stipulation, or agreement of the Board in violation of 59 O.S. §509(13) and OAC 435:10-7-4(39).

B. Is unable to practice medicine with reasonable skill and safety to patients by reason of age, illness, drunkenness, excessive

use of drugs, narcotics, chemicals or any other type of material or as a result of any mental or physician condition in violation of 59 O.S. $\S509(15)$ and OAC 435:10-7-4(40).

C. Is physically or mentally unable to practice medicine and surgery with reasonable skill and safety in violation of OAC 435:10-7-4(17).

D. Has engaged in practice or other behavior that demonstrates an incapacity or incompetence to practice medicine and surgery in violation of OAC 435:10-7-4(18).

Conclusion

WHEREFORE, plaintiff requests that the Board conduct a hearing, and upon proof of the allegations contained herein, impose such disciplinary action as authorized by law, up to and including the revocation or suspension of the Defendant's license to practice as a physician and surgeon in the State of Oklahoma, the assessment of costs and fees incurred in this action, and any other appropriate action with respect to Defendant's license to practice as a physician and surgeon in the State of Oklahoma.

Dated this $\frac{34}{2}$ day of February, 2006 at $\frac{123}{2}$ p.m.

Respectfully submitted,

Elizabeth A. Scott, OBA #12470 Assistant Attorney General State of Oklahoma 5104 N. Francis, Suite C Oklahoma City, OK 73118

Attorney for the State of Oklahoma ex rel. Oklahoma State Board of Medical Licensure and Supervision