



## **2010 TMLT Memorial Scholarship** Instructions

The TMLT Memorial Scholarships recognize Texas medical students who are interested in finding creative and effective ways to enhance patient safety. TMLT will award four \$10,000 scholarships in September 2010.

To be eligible for the scholarship, applicants must:

- be entering their second, third, or fourth year at a Texas medical school in the fall of 2010;
- be in good academic standing;
- be able to demonstrate financial need;
- be able to communicate a commitment to patient safety through an essay; and
- be a current student member of, or have a student application pending with, the Texas Medical Association.

Applicants who do not meet these criteria will not be considered. Please review the TMLT Memorial Scholarship Rules and Regulations.

To apply, please submit the following:

- a completed and signed application (incomplete or unsigned applications will not be considered);
- an official medical school transcript; and
- a short essay of no more than 500 words describing the risk management considerations for a closed claim study provided with this application. The essay should be typed (double-spaced) on a separate sheet of paper. Be sure to include your name on your essay. Entries will be judged and winners selected by the TMLT Board of Governors.

Deadline for all materials is June 1, 2010. Materials must be sent via U.S. mail, UPS, or Federal Express. Any entry postmarked after June 1, 2010 will not be considered. We will acknowledge receipt of your application materials by email, if an email address is provided. Winners will be notified no later than August 31.

Please return all application materials to:

TMLT  
Attn: William Malamon  
PO Box 160140  
Austin, TX 78716

Physical address (for applications sent by Federal Express or UPS):

TMLT  
Attn: William Malamon  
901 S. Mopac Expressway, Barton Oaks Plaza, Bldg V, Ste 500  
Austin, TX 78746

Questions? Please contact William Malamon at 800-580-8658 ext. 5898 or [william-malamon@tmlt.org](mailto:william-malamon@tmlt.org).



## **2010 TMLT Memorial Scholarship**

### Rules and regulations

1. Governing board members, employees, and vendors of Texas Medical Liability Trust, its subsidiaries and their immediate families (parents and children) and households (those residing at the same address or dwelling) are not eligible for the scholarship.
2. Entry constitutes permission to use winner's name, essay, and likeness for the purposes of advertising, promotion, and publicity without additional compensation.
3. All entries become the exclusive property of Texas Medical Liability Trust.
4. Entries that do not comply with the rules will not be considered.
5. All sections of the application must be completed. Incomplete applications will not be considered.
6. All federal, state, and local laws apply.
7. Taxes are the responsibility of the winner.
8. Scholarship winners will receive scholarship funds upon confirmation of enrollment. Payment will be made through the university/college financial aid office.
9. No prize substitutes, no cash in lieu of scholarships. The scholarship is non-transferable.
10. Winners will be chosen in a competitive process based on a point system that weighs each student's financial need and essay. Judges' decisions are final.



**2010 TMLT Memorial Scholarship  
Application**

*This application is formatted as a fillable PDF file. You may type your information directly into the PDF, but then you must print and sign the application. Please complete the entire application. Incomplete or unsigned applications will not be considered.*

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

1. In the fall of 2010, I will be a

second-year     third-year     fourth-year student at: (check one)

- Baylor College of Medicine
- Texas A&M Health Science Center College of Medicine
- Texas Tech University Health Sciences Center School of Medicine
- University of North Texas Health Science Center's Texas College of Osteopathic Medicine
- University of Texas Medical School at San Antonio
- University of Texas Medical Branch at Galveston
- University of Texas Medical School at Houston
- University of Texas Southwestern Medical School
- Texas Tech University Health Sciences Center School of Medicine Paul L. Foster School of Medicine

2. Where did you complete your undergraduate education?

\_\_\_\_\_  
\_\_\_\_\_

3. Degree(s) received

\_\_\_\_\_

4. How have you paid for medical school (list percentages totaling 100 percent)?

\_\_\_\_\_ self-employment  
\_\_\_\_\_ family  
\_\_\_\_\_ spouse  
\_\_\_\_\_ scholarships or grants  
\_\_\_\_\_ student loans  
\_\_\_\_\_ other (please specify)

5. Are you a student member of the Texas Medical Association (TMA)?  Yes  No

6. If no, since membership in TMA is a requirement for eligibility, is your membership pending?

Yes  No

(There is no charge to become a student member of TMA. You can apply online at [www.texmed.org](http://www.texmed.org).)

By my signature below I certify that all the information I have provided on this application is true and correct. I further certify that I have read and will comply with the scholarship rules and regulations. This section ***must*** be completed.

\_\_\_\_\_ signature \_\_\_\_\_ date

**Statement of financial need**

Discuss any factors that affect your financial aid or ability to pay for medical school. Consider including the following information in this statement: number of dependents, anticipated debt level upon graduation, and employment history (if any) while attending medical school. This section *must* be completed.

## **Essay**

Please read the following TMLT closed claim study. In 500 words or less, discuss the “risk management considerations” of this case. Specifically, what actions or inactions of the physician or physicians led to the allegations of medical malpractice, and what techniques may have either prevented the outcome or increased defensibility. Essentially — if you were a physician in this case, what would you have done differently and why?

Please keep in mind that this closed claim is based on an actual malpractice claim filed against a physician covered by TMLT. The identifying information has been changed, but the clinical details of the case have not.

Please print out your essay and submit it with your application.

## **Failure to properly monitor patient**

### **Presentation and physician action**

A 20-year-old man was taken to the emergency department (ED) of a local hospital after he began to have difficulty walking. The patient was also foaming at the mouth. The patient reported that he had no history of seizures. The ED physician’s work up did not reveal any abnormalities. The ED physician admitted him with a diagnosis of new onset seizure disorder.

While in the hospital, the patient experienced a seizure and a neurologist provided care. The results from a CT scan were normal and an EEG showed no seizure activity. The neurologist suspected genetic or idiopathic epilepsy. He prescribed phenytoin sodium with a plan to maintain the medication “over next day or so,” and change to an oral anticonvulsant, possibly topiramate. The patient was discharged one day after admission.

Two weeks later, the patient visited the neurologist’s office. The patient had been experiencing drowsiness and headaches since his hospital stay. The headaches were associated with photophobia and phonophobia. His phenytoin serum level was 20.9 with a reference range of 10–20. The neurologist ordered: phenytoin sodium 100 mg once in morning; 200 mg phenytoin sodium at night; and topiramate 25 mg at night. He also asked the patient to keep a headache diary, and to return to the office in two weeks.

One week later, the neurologist received an after-hours phone call from the patient’s mother. She reported that the patient had a “red rash that developed all over his body that itched somewhat.” The neurologist told the mother to take the patient to a dermatologist. The neurologist did not order tests or see the patient at this time.

Four days later, the patient saw the neurologist in his office. The patient’s mother reported that she did not take the patient to a dermatologist, and instead took the patient to see a pharmacist. The pharmacist suggested the patient treat the rash with calamine lotion. The neurologist made no medication changes.

The patient returned with his mother to the neurologist days later and reported that he was not eating, was vomiting, and was excreting dark yellow urine. He was also jaundiced. The neurologist discontinued the patient’s phenytoin and increased topiramate to 50 mg at night.

The neurologist referred the patient to a family physician, who prescribed metronidazole and cefdinir. The family physician ordered a blood test that revealed extremely elevated bilirubin, drastically high aspartate transaminase and alanine transaminase, and high phenytoin. The family physician told the mother to take the patient to the ED.

The patient was admitted at a local hospital after evaluation in the ED. The ED records reported that the rash was gone, but the patient was very weak, lethargic, and nauseated. The patient reported using acetaminophen for headache for the past two weeks. The results of a test for illicit drugs were negative.

The family physician found that the patient's liver panel values were trending downward. Phenytoin sodium level was at 24.9 (normal 10-20) and acetaminophen was less than 10 (normal 10-30). He ordered a liver transplant work up. The patient was found to be a candidate for a liver transplant, and he was placed on the transplant list two days later.

The next day, the patient's temperature increased to 103 degrees, and he became increasingly agitated and lethargic. It was determined that he had stage III encephalopathy. He became unresponsive. Four days later, the patient went into renal failure and developed acute respiratory distress syndrome. Due to his multi-organ failure, he was no longer a candidate for a liver transplant. The family implemented a "do not resuscitate" order and the patient died.

According to the autopsy report, the liver exhibited signs of severe autolysis. The pathologist was unable to determine the cause of the liver failure.

### **Allegations**

A lawsuit was filed against the neurologist, alleging failure to properly monitor and timely discontinue the patient's phenytoin sodium therapy. This led to liver failure and the patient's death.

### **Legal implications**

The plaintiff's expert stated that the neurologist should have discontinued phenytoin sodium therapy as soon as the patient's rash appeared. Failure to do so was a deviation of the standard of care. According to the plaintiff's expert, the *Physician's Desk Reference* and the FDA-approved packaging for phenytoin sodium state that the medication should be discontinued if a rash occurs.

The plaintiffs were also critical that the neurologist's notes never indicated a plan to take the patient off phenytoin sodium. He was also criticized for failure to see the patient to determine what type of rash he had. It was also noted that the neurologist's documentation was difficult to read.

Defense consultants were not supportive of the neurologist's actions. One consultant said that, "there's no question that as soon as the rash occurred, phenytoin sodium should have been discontinued. To do otherwise is a deviation of the standard of care." Another consultant was critical that the neurologist did not see the patient in his office to determine the type of rash.

The defense was able to locate experts supportive of the neurologist based on causation. These experts questioned whether it was the phenytoin sodium or the acetaminophen that damaged the patient's liver. Reviewers also commented that if the patient's mother had taken him to a dermatologist as instructed, the dermatologist may have spotted the phenytoin sodium reaction. Finally, the defense argued that the

standard of care did not require taking the patient off phenytoin sodium therapy, but required the physician to watch the rash and stop phenytoin sodium therapy only if he felt it was necessary.

**Disposition**

This case was settled on behalf of the neurologist.

***Risk management considerations***

(Please print out your essay and submit it with your application)