

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation
Against:

Tristan Emily Bickman, M.D.

Physician's & Surgeon's
Certificate No. A 61840

Respondent.

Case No. 800-2017-037828

DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on August 27, 2020.

IT IS SO ORDERED July 28, 2020.

MEDICAL BOARD OF CALIFORNIA



Ronald H. Lewis, M.D., Chair
Panel A

1 XAVIER BECERRA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 REBECCA L. SMITH
Deputy Attorney General
4 State Bar No. 179733
California Department of Justice
5 300 South Spring Street, Suite 1702
Los Angeles, CA 90013
6 Telephone: (213) 269-6475
Facsimile: (916) 731-2117
7 *Attorneys for Complainant*

8
9 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

13 TRISTAN EMILY BICKMAN, M.D.
14 1304 15th Street, Suite 100
Santa Monica, California 90404

15 Physician's and Surgeon's Certificate
16 No. A 61840,

17 Respondent.

Case No. 800-2017-037828

OAH No. 2020010734

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

18
19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
20 entitled proceedings that the following matters are true:

21 **PARTIES**

22 1. Christine J. Lally ("Complainant") is the Interim Executive Director of the Medical
23 Board of California ("Board"). She brought this action solely in her official capacity and is
24 represented in this matter by Xavier Becerra, Attorney General of the State of California, by
25 Rebecca L. Smith, Deputy Attorney General.

26 2. Respondent Tristan Emily Bickman, M.D. ("Respondent") is represented in this
27 proceeding by attorney Kent T. Brandmeyer and Jeannette Van Horst whose address is: 2 North
28 Lake Avenue, Suite 820, Pasadena, California 91101.

1 subdivision (c), in your care and treatment of Patient 1, by failing to obtain written
2 consent for intrauterine insemination (“IUI”) treatments, failing to provided
3 Patient 1 with written information about the risks and benefits of Clomid and
4 document it in her chart; and failing to provide Patient 1 with an established
5 written protocol for scheduling IUI treatments, as set forth in Accusation No. 800-
6 2017-037828.

7 **B. EDUCATION COURSE.** Within sixty (60) calendar days of the effective date of
8 this Decision, Respondent shall submit to the Board or its designee for its prior approval
9 educational program(s) or course(s) which shall not be less than twenty (20) hours. The
10 educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or
11 knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at
12 Respondent’s expense and shall be in addition to the Continuing Medical Education (“CME”)
13 requirements for renewal of licensure. Following the completion of each course, the Board or its
14 designee may administer an examination to test Respondent’s knowledge of the course.
15 Respondent shall provide proof of attendance for twenty (20) hours of CME in satisfaction of this
16 condition.

17 Respondent shall submit a certification of successful completion to the Board or its
18 designee not later than fifteen (15) calendar days after successfully completing the educational
19 program(s) or course(s), or not later than fifteen (15) calendar days after the effective date of the
20 Decision, whichever is later.

21 If Respondent fails to enroll, participate in, or successfully complete the educational
22 program(s) or course(s) within the designated time period, Respondent shall receive a notification
23 from the Board or its designee to cease the practice of medicine within three (3) calendar days
24 after being so notified. Respondent shall not resume the practice of medicine until enrollment or
25 participation in the educational program(s) or course(s) has been completed. Failure to
26 successfully complete the educational program(s) or course(s) outlined above shall constitute
27 unprofessional conduct and is grounds for further disciplinary action.

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1 **C. MEDICAL RECORD KEEPING COURSE.** Within sixty (60) calendar days of the
2 effective date of this Decision, Respondent shall enroll in a course in medical record keeping
3 approved in advance by the Board or its designee. Respondent shall provide the approved course
4 provider with any information and documents that the approved course provider may deem
5 pertinent. Respondent shall participate in and successfully complete the classroom component of
6 the course not later than six (6) months after Respondent's initial enrollment. Respondent shall
7 successfully complete any other component of the course within one (1) year of enrollment. The
8 medical record keeping course shall be at Respondent's expense and shall be in addition to the
9 Continuing Medical Education ("CME") requirements for renewal of licensure.

10 A medical record keeping course taken after the acts that gave rise to the charges in the
11 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
12 or its designee, be accepted towards the fulfillment of this condition if the course would have
13 been approved by the Board or its designee had the course been taken after the effective date of
14 this Decision.

15 Respondent shall submit a certification of successful completion to the Board or its
16 designee not later than fifteen (15) calendar days after successfully completing the course, or not
17 later than fifteen (15) calendar days after the effective date of the Decision, whichever is later.

18 If Respondent fails to enroll, participate in, or successfully complete the medical record
19 keeping course within the designated time period, Respondent shall receive a notification from
20 the Board or its designee to cease the practice of medicine within three (3) calendar days after
21 being so notified. Respondent shall not resume the practice of medicine until enrollment or
22 participation in the medical record keeping course has been completed. Failure to successfully
23 complete the medical record keeping course outlined above shall constitute unprofessional
24 conduct and is grounds for further disciplinary action.

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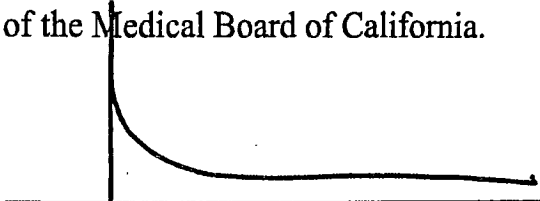
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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorneys, Kent T. Brandmeyer and Jeannette Van Horst. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.


DATED: 5/27/20



TRISTAN EMILY BICKMAN, M.D.
Respondent

I have read and fully discussed with Respondent Tristan Emily Bickman, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 5/28/2020



KENT T. BRANDMEYER
JEANNETTE VAN HORST
Attorneys for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

DATED: 05/28/2020

Respectfully submitted,


XAVIER BECERRA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

REBECCA L. SMITH
Deputy Attorney General
Attorneys for Complainant

Exhibit A

Accusation No. 800-2017-037828

1 XAVIER BECERRA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 REBECCA L. SMITH
Deputy Attorney General
4 State Bar No. 179733
California Department of Justice
5 300 South Spring Street, Suite 1702
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Facsimile: (916) 731-2117
7 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO December 24 2019
BY: *Anna Regan* ANALYST

8
9 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 800-2017-037828

13 TRISTAN EMILY BICKMAN, M.D.
1304 15th Street, Suite 100
14 Santa Monica, California 90404

ACCUSATION

15 Physician's and Surgeon's Certificate
No. A 61840,

16 Respondent.
17

18
19 **PARTIES**

20 1. Christine J. Lally ("Complainant") brings this Accusation solely in her official
21 capacity as the Interim Executive Director of the Medical Board of California, Department of
22 Consumer Affairs ("Board").

23 2. On or about March 21, 1997, the Medical Board issued Physician's and Surgeon's
24 Certificate Number A 61840 to Tristan Emily Bickman, M.D. ("Respondent"). That license was
25 in full force and effect at all times relevant to the charges brought herein and will expire on
26 August 31, 2020, unless renewed.

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JURISDICTION

1
2 3. This Accusation is brought before the Board under the authority of the following
3 provisions of the California Business and Professions Code ("Code") unless otherwise indicated.

4 4. Section 2004 of the Code states:

5 "The board shall have the responsibility for the following:

6 "(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice
7 Act.

8 "(b) The administration and hearing of disciplinary actions.

9 "(c) Carrying out disciplinary actions appropriate to findings made by a panel or an
10 administrative law judge.

11 "(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of
12 disciplinary actions.

13 "(e) Reviewing the quality of medical practice carried out by physician and surgeon
14 certificate holders under the jurisdiction of the board.

15 "..."

16 5. Section 2227 of the Code states:

17 "(a) A licensee whose matter has been heard by an administrative law judge of the Medical
18 Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default
19 has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary
20 action with the board, may, in accordance with the provisions of this chapter:

21 "(1) Have his or her license revoked upon order of the board.

22 "(2) Have his or her right to practice suspended for a period not to exceed one year upon
23 order of the board.

24 "(3) Be placed on probation and be required to pay the costs of probation monitoring upon
25 order of the board.

26 "(4) Be publicly reprimanded by the board. The public reprimand may include a
27 requirement that the licensee complete relevant educational courses approved by the board.

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1 “(5) Have any other action taken in relation to discipline as part of an order of probation, as
2 the board or an administrative law judge may deem proper.

3 “(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical
4 review or advisory conferences, professional competency examinations, continuing education
5 activities, and cost reimbursement associated therewith that are agreed to with the board and
6 successfully completed by the licensee, or other matters made confidential or privileged by
7 existing law, is deemed public, and shall be made available to the public by the board pursuant to
8 Section 803.1.”

9 6. Section 2234 of the Code, states:

10 “The board shall take action against any licensee who is charged with unprofessional
11 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not
12 limited to, the following:

13 “...

14 “(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or
15 omissions. An initial negligent act or omission followed by a separate and distinct departure from
16 the applicable standard of care shall constitute repeated negligent acts.

17 “(1) An initial negligent diagnosis followed by an act or omission medically appropriate for
18 that negligent diagnosis of the patient shall constitute a single negligent act.

19 “(2) When the standard of care requires a change in the diagnosis, act, or omission that
20 constitutes the negligent act described in paragraph (1), including, but not limited to, a
21 reevaluation of the diagnosis or a change in treatment, and the licensee’s conduct departs from the
22 applicable standard of care, each departure constitutes a separate and distinct breach of the
23 standard of care.

24 “...”

25 7. Section 2266 of the Code states:

26 “The failure of a physician and surgeon to maintain adequate and accurate records relating
27 to the provision of services to their patients constitutes unprofessional conduct.”

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FACTUAL SUMMARY

1
2 8. Patient 1,¹ a 39-year old woman, was initially seen by Respondent on July 15, 2015
3 for infertility treatment. In her consultation note, Respondent noted that Patient 1 had been trying
4 to conceive for the last 8 months. Respondent did not document an impression or plan nor did
5 she document that the risks and benefits of intrauterine insemination (“IUI”)² were discussed with
6 Patient 1. Further, no written informed consent was obtained from Patient 1 for IUI.

7 9. On September 25, 2015, Respondent documented that Patient 1 was seen for an
8 ultrasound and that Clomid³ was prescribed. Respondent did not document any discussion
9 regarding the potential side effects of Clomid.

10 10. From October 2015 through March 2016, Patient 1 completed four cycles of IUI with
11 Respondent. Before each cycle of IUI, Respondent used ultrasound monitoring to estimate the
12 IUI timing. She did not perform human chorionic gonadotropin (“hCG”)⁴ injections or have
13 Patient 1 use an at-home ovulation kit test as part of the IUI timing.

14 11. Respondent did not have a written protocol for IUI in her office at the time of Patient
15 1’s treatment nor did she have a written protocol for IUI in her office at the time of her interview
16 with the Board on May 30, 2019.

17 12. On October 2, 2015, Respondent performed an ultrasound and noted that the patient’s
18 IUI would take place in four days. Patient 1’s first cycle of IUI took place on October 6, 2015
19 and October 7, 2015. On October 6, 2015, Respondent noted that the IUI was performed without
20 difficulty and the patient would return on October 7, 2015 for second IUI. On October 7, 2015,

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22 _____
23 ¹ For privacy purposes, the patient in this Accusation is referred to as Patient 1, with the identity of
the patient disclosed to Respondent in discovery.

24 ² IUI is a type of artificial insemination for treating infertility. Sperm that have been washed and
25 concentrated are placed directly into the uterus around the time the patient’s ovary releases one or more
eggs to be fertilized.

26 ³ Clomid is a fertility medication that stimulates ovulation.

27 ⁴ Human chorionic gonadotropin (“hCG”) is a follicle stimulating hormone injected prior to an IUI
28 cycle. Once follicles reach a certain size, hCG is administered to cause ovulation with IUI performed one
or two days after the hCG injection.

1 Respondent noted that the IUI was performed without difficulty and that the patient would follow
2 up as needed.

3 13. On January 19, 2016, Respondent documented that Patient 1 was seen for an
4 ultrasound and that Clomid was prescribed.

5 14. On January 25, 2016, Respondent performed an ultrasound. Patient 1's second cycle
6 of IUI took place on January 27, 2016. Respondent noted that the IUI was performed without
7 difficulty.⁵

8 15. On February 22, 2016, Respondent performed an ultrasound. Clomid was not
9 prescribed because the patient presented to Respondent's office during ovulation. Patient 1's
10 third cycle of IUI took place on February 23, 2016 and February 24, 2016. For both visits,
11 Respondent noted that the IUI was performed without difficulty.⁶

12 16. On March 14, 2016, Respondent performed an ultrasound and prescribed Clomid.

13 17. On March 21, 2016, Respondent performed an ultrasound. Patient 1's fourth cycle of
14 IUI took place on March 22, 2016 and March 23, 2016. For both visits, Respondent noted that
15 the IUI was performed without difficulty.

16 18. Following the fourth cycle of IUI performed by Respondent, Patient 1 sought
17 infertility treatment with another health care provider.

18 STANDARD OF CARE

19 19. When an obstetrician and gynecologist offers a patient IUI treatment, the standard of
20 care requires that the physician discuss the risks and benefits of the treatment with the patient and
21 that the discussion be memorialized with a written informed consent for IUI treatment signed by
22 the patient.

23 20. When an obstetrician and gynecologist recommends the use of Clomid in conjunction
24 with IUI treatment, the standard of care requires that the physician discuss the potential side

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26 ⁵ At the time of her interview with the Board, Respondent stated that she also performed IUI on
27 January 26, 2016.

28 ⁶ Respondent did not produce the chart entry for February 24, 2016; however, Patient 1 provided
the Board with a copy of the February 24, 2016 chart entry.

1 effects of the medication with the patient and memorialize that discussion as part of the written
2 informed consent for IUI treatment.

3 21. When an obstetrician and gynecologist offers a patient IUI treatment, the standard of
4 care requires that the physician provide the patient with an established written protocol for
5 scheduling IUI so that the patient understands the details of the treatment in advance.

6 22. IUI treatment requires timing in order to optimize the effectiveness of insemination.
7 Timing can be performed by home ovulation kit test or the use of hCG injection.

8 a. In the case of ovulation kit testing, the patient is instructed to check home
9 urinary ovulation predictor kit testing until there is a change in color indicating impending
10 ovulation and the IUI is to be scheduled within 24-hours of a positive kit change.

11 b. In the case of hCG injection for timing, ultrasound tracking is performed every
12 2-3 days to define a window for mature follicles and hCG subcutaneous injection is administered
13 approximately 2 days prior to IUI.

14 23. While it is reasonable to offer a patient a second IUI in a treatment cycle, there is no
15 clear benefit of a second IUI in a treatment cycle and the patient should be informed that there is
16 no clear benefit of a second IUI in a treatment cycle.

17 **FIRST CAUSE FOR DISCIPLINE**

18 **(Repeated Negligent Acts)**

19 24. Respondent is subject to disciplinary action under section 2234, subdivision (c), of
20 the Code, in that she engaged in repeated acts of negligence in the care and treatment of Patient 1.
21 Complainant refers to and, by this reference, incorporates herein, paragraphs 8 through 23, above,
22 as though fully set forth herein. The circumstances are as follows:

23 25. Respondent failed to document that she discussed the risks and benefits of IUI
24 treatment with Patient 1 and failed to obtain Patient 1's written informed consent for IUI
25 treatment.

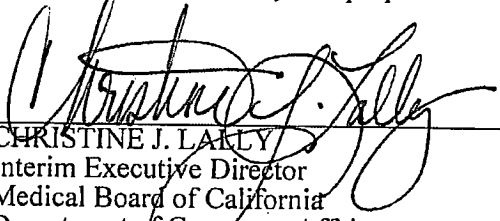
26 26. Respondent failed to document that she discussed the potential side effects of Clomid
27 with Patient 1.

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4. Taking such other and further action as deemed necessary and proper.

DATED: December 24, 2019



CHRISTINE J. LALLY
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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