

IN THE MATTER OF  
SHANNON TAI, M.D.

Applicant

\* BEFORE THE  
\* MARYLAND STATE  
\* BOARD OF PHYSICIANS  
\* Case Number: 2223-0053A

\* \* \* \* \*

**FINAL ORDER**

On March 7, 2023, Disciplinary Panel A (“Panel A”) of the Maryland State Board of Physicians (the “Board”) notified **Shannon Tai, M.D.** (the “Applicant”) of its intent to deny her Application for Initial Medical License (the “Application”). The Notice informed the Applicant that unless she requested a hearing in writing within 30 days of the date of mailing of the Notice, Panel A intended to sign this Final Order, a copy of which was enclosed. More than 30 days have elapsed, and the Applicant failed to request a hearing. Therefore, Panel A hereby denies the Applicant’s Application.

The basis for Panel A’s action is pursuant to the Maryland Medical Practice Act (the “Act”), Md. Code Ann., Health Occ. (“Health Occ.”) §§ 14-401 *et seq.* (2021 Repl. Vol.). The pertinent provisions of the Act provide:

**Health Occ. § 14-205. Miscellaneous powers and duties.**

(b) *Additional powers.*

(3) Subject to the Administrative Procedure Act and the hearing provisions of § 14-405 of this title, a disciplinary panel may deny a license to an applicant . . . for:

(i) Any of the reasons that are grounds for action under § 14-404 of this title[.]

**Health Occ. § 14-404. Denials, reprimands, suspensions, and revocations – Grounds.**

(a) *In general.* -- Subject to the hearing provisions of § 14-405 of this subtitle, a disciplinary panel, on the affirmative vote of a majority of the quorum of the disciplinary panel, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee: ...

(4) Is professionally, physically, or mentally incompetent[.]

**INVESTIGATIVE FINDINGS**

Panel A finds:

1. At all times relevant hereto, the Applicant is not and has never been licensed to practice medicine in the State of Maryland. At the time of her Application, the Applicant stated she was unemployed from March 2022 - July 2022.

2. On or about August 10, 2022, the Applicant submitted her Application to the Board. The Application required the Applicant to answer “YES” or “NO” to a series of questions and provide written explanations for all “YES” responses.

3. The Applicant answered “YES” to the following question:

Question 4. During your years of postgraduate training, did you have a break in training?

4. The Applicant provided a written explanation for her affirmative response, stating: “I resigned 2/21/2022 during my second year of residency [at the Applicant’s residency program, hereinafter the “Residency Program”]<sup>1</sup> because I realized Internal

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<sup>1</sup> For confidentiality reasons, the Applicant’s Residency Program will not be identified in this document.

Medicine was not the right field for me. I will be applying to different medical specialties that are better suited for me this upcoming cycle.”

5. After receiving this information, the Board initiated an investigation of the Applicant’s performance in the Residency Program, including obtaining the Residency File of the Applicant from the Residency Program.

6. The Board’s investigation revealed that the Applicant enrolled in the Residency Program on July 1, 2020 after graduating from Medical School in May 2020.

7. The Residency File revealed that from October 20, 2021 – November 5, 2021, the Applicant took a leave of absence from the Residency Program. The Applicant stated she took “personal leave...due to burnout and fatigue.” The Applicant stated she “had begun my first medicine wards rotation as the senior resident physician on 9/28/2021 during the 4<sup>th</sup> COVID wave and battled a high workload with understaffing. I was not accustomed to the call schedule consisting of 28 hour call shifts every 4 days. After 3 weeks of this rigorous schedule, I noticed myself tiring out and needing to take naps to stay awake. I spoke with program leadership and asked to take some time off to recover my sleep debt, recharge, and rest prior to starting the next rotation.”

8. The Residency File also revealed that there were “limitations or special requirements imposed on [the Applicant] because of academic performance, incompetence, disciplinary problems or for any other reason.” The Applicant stated: “I was placed on a remediation plan January – June 2022, but I resigned in February 2022 to take a break from IM residency training during the pandemic to de-stress. I plan to finish my medical training in the next few years near friends and family.”

9. On January 7, 2022, a faculty physician in the Residency Program stated the Applicant “is currently behind the level of her peers with clinical knowledge, diagnostic/clinical reasoning, and applying knowledge to patient care. She scored low on her ITE. We are currently working on a study/remediation plan with [the Applicant] which will involve peer coaching/mentoring, direct observation by chiefs, study/clinical reasoning development. We continue to work with [the Applicant] and gather feedback from faculty she has worked with. [The Applicant] also needs to continue to work on communication and arriving to work on time.”

10. The Residency File further revealed that on March 11, 2022, the Program Director of the Residency Program wrote a letter at the request of the Applicant. The Program Director noted the Applicant “waived her right to review this letter.” The Program Director stated she “will provide an assessment of her skills in the ACGME competencies, based on her time in our program. To prepare this, I reviewed her evaluations between July 1, 2021 and the present.”

11. With respect to “Patient Care,” the Program Director stated the Applicant’s performance “varied between evaluators. In general, she was behind her peers (and our expectations for a PGY2) in many respects.” The Program Director stated the Applicant’s “deficits were particularly pronounced in developing management plans. When she was not leading a team (meaning, when she was working alongside others but not their supervisor), her evaluations were better.”

12. In terms of “Systems-based Practice,” the Program Director stated that “[c]are coordination was an aspect of systems-based practice which was more problematic for her than her peers.”

13. With respect to “Practice-based Learning and Improvement,” the Program Director noted the Applicant “performed adequately. She took seriously suggestions for improvement and made progress in integrating the suggestions into her practice.”

14. In terms of “Medical Knowledge,” the Program Director stated that the Applicant’s “medical knowledge was also generally below her peers. This was especially notable in areas of knowledge of therapeutics and clinical reasoning.” The Program Director did note that the Applicant’s “knowledge of diagnostic testing was generally rated at a higher level than other areas of medical knowledge.”

15. With respect to “Professionalism,” the Program Director stated the Applicant “had a range of scores in the Professionalism competency and was again behind her peers overall. Instances of arriving late are mentioned in some evaluations.”

16. In terms of “Interpersonal/Communication Skills,” the Program Director stated the Applicant “put in a lot of effort to improve in this area, and we did see improvement over the course of her PGY2. In situations in which she was supervising interns, she had more problems than when she was working independently or alongside peers.”

17. In “Summary,” the Program Director stated:

My honest assessment of [the Applicant] is that the patient-facing aspect of Internal Medicine did not bring her joy. In addition, she did not thrive in situations in which she was the person who had to develop the types of

comprehensive plans that are characteristic of Internal Medicine. I believe that the inconsistency in her performance was most likely related to these factors. Indeed, her performance as an intern was much stronger, although even then she did not thrive in her continuity clinic. She identified feeling very uncomfortable with some of the more intense aspects of communication that occur in Internal Medicine practice, such as delivering bad news. Although she did work hard to develop these skills, ultimately, Internal Medicine was not a good match for her.

I believe that [the Applicant] could do well in a narrower specialty that has little direct patient contact. The intensity of the work in our program arose from a combination of factors – hours, patient acuity, information volume and her own discomfort with direct patient care – could be overcome in the right training program/environment. I sincerely hope that [the Applicant] can find that. You will find her earnest and sincere in her desire to succeed.

#### CONCLUSIONS OF LAW

Based on the foregoing Investigative Findings, Panel A concludes as a matter of law that the Applicant is professionally, physically, or mentally incompetent, which constitutes a ground for action under Health Occ. § 14-404(a)(4). This ground for action under Health Occ. § 14-404(a) constitutes a basis for a disciplinary panel of the Board to deny her Application for Initial Medical License under Health Occ. § 14-205(b)(3)(i).

#### ORDER

It is, on the affirmative vote of a majority of the quorum of Panel A, hereby:

**ORDERED** that the Application for Initial Medical License of **Shannon Tai, M.D.**, is **DENIED**; and it is further

**ORDERED** that this Final Order is a public document. *See* Health Occ. §§ 1-607, 14-411.1(b)(2) and Md. Code Ann., Gen. Prov. § 4-333(b)(6) (2021 Repl. Vol.).

04/17/2023  
Date

## *Signature On File*

Christine A. Farrelly  
Executive Director  
Maryland State Board of Physicians

### **NOTICE OF RIGHT TO PETITION FOR JUDICIAL REVIEW**

Pursuant to Health Occ. § 14-408, the Applicant has the right to seek judicial review of this Final Order. Any petition for judicial review shall be filed within thirty (30) days from the date of mailing of this Final Order. The cover letter accompanying this Final Order indicates the date the decision is mailed. Any petition for judicial review shall be made as provided for in the Administrative Procedure Act, Md. Code Ann., State Gov't § 10-222 and Title 7, Chapter 200 of the Maryland Rules of Procedure.

If the Applicant files a petition for judicial review, the Board is a party and should be served with the court's process at the following address:

Christine A. Farrelly  
Executive Director  
Maryland State Board of Physicians  
4201 Patterson Avenue, 4th Floor  
Baltimore, Maryland 21215

Notice of any petition should also be sent to Board Counsel at the following address:

Noreen M. Rubin  
Assistant Attorney General  
Maryland Office of the Attorney General  
Maryland Department of Health  
300 West Preston Street, Suite 302  
Baltimore, Maryland 21201