Primum Non Nocere

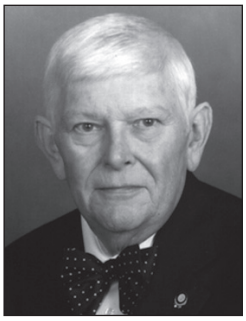
No. 1, 2005

forum
NC MEDICAL BOARD

¡A su salud! Spanish for Health Professionals Page 6

President's Message

Congratulations to the *Forum* on Its Tenth Anniversary



Charles L. Garrett, Jr, MD

If you are like me and licensed in states other than North Carolina, you probably receive a quarterly, or less frequent, "bulletin" from the medical boards in those states listing their disciplinary actions, usually "sanitized" and in only generic terms, and maybe a note about some new rule. But, since you are licensed in North Carolina, you also receive a quarterly copy of the NCMB's *Forum*. What a contrast!

Did you know that the NCMB is the only medical licensing/disciplinary board in the United States that publishes a real journal? It was news to me. As I was preparing this column, I asked Dale Breaden, the editor of the *Forum*, if it had won any awards and he said no, because there really was no competition.

Mr Breaden tells me that in mid-1995, the Board accepted his proposal to create a unique quarterly publication to replace the Board's previous, and occasional, newsletters. It was decided that no advertising would be carried in order to preserve and illustrate the publication's integrity. It was also felt that it would be inappropriate for an agency such as ours to carry commercial announcements. That policy remains in effect today.

The Board decided that it was not to be the usual "board" newsletter consisting of notes on in-house developments, new staff and membership, and administrative details, but a broad-based and eclectic publication designed to offer something of interest to almost all licensees in each number. It was intended that readership would rise dramatically simply by enhancing the quality and diversity of the material. Effectiveness, in other words, would be far greater than could ever be achieved with the usual newsletter, however colorfully designed.

The goals of the new publication were to inform and educate the regulated community and, hopefully, prevent problems and behaviors in that community that might lead to disciplinary action. I submit that Dale Breaden and the NCMB have been very successful and that their goals have been achieved. On behalf of all of the members of the NCMB, I want to extend to Dale, our staff, and our predecessors on this Board our sincerest thanks for a job well done and thank them for the insight and courage to undertake this very large task. Dale tells me that in the early days of the publication several Board members questioned if there would ever be enough material to put out four numbers every year, year after year. Year ten answers that question in spades.

Comments over the years indicate that readership is well beyond that found for most regulatory "newsletters." Numerous requests are received for reprint rights and a number of state agencies and other "worthy" groups have asked permission to publish useful articles in the *Forum* because of its wide distribution (now 39,000) and readership. To help meet the demand for the *Forum*, it was placed on the Board's Web site several years

In This Issue of the FORUM

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NC MEDICAL BOARD

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North Carolina Medical Board

Publisher
NC Medical Board

Editor
Dale G Breaden

Assistant Editor
Dena M. Marshall

Street Address
1203 Front Street
Raleigh, NC 27609

Mailing Address
PO Box 20007
Raleigh, NC 27619

Telephone
(919) 326-1100
(800) 253-9653

Fax
(919) 326-0036

Web Site:
www.ncmedboard.org

E-Mail:
info@ncmedboard.org

ago and now the full file, from 1996 forward, is permanently available on the Web.

I recently scanned through all of the numbers of the *Forum* on the Web. The main thing that struck me is that most things never change. Managed care was the hot topic in 1996. Professional liability issues have taken up many inches, as have topics such as treating family members, legal and legible prescriptions, disruptive licensees, impaired licensees, use of chaperones, medical ethics, and pre-op ID of the correct site for surgery. HIPAA is a "Johnny-come-lately."

There have been several notable articles, such as the award winning one by Elizabeth Kanof, MD, on recognizing when it's time to retire, and the "Letters to a Young Physician" by Carolyn Hart, MD. Why not do as I did, take a trip down memory lane and scan the past ten years of the absolutely best state medical board publication in the country.

As promised in Dr Garrett's President's Message, ("Physical Health of Our Licensees") from *Forum* No. 4, 2004, we have printed here a Body Mass Index Calculator. To use the table, find the appropriate height in the left-hand column labeled "Height." Move across to a given weight (in pounds). The number at the top of the column is the BMI at that height and weight. Pounds have been rounded off.

BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35
Height (inches)	Body Weight (pounds)																
58	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167
59	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173
60	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179
61	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185
62	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191
63	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197
64	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204
65	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210
66	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216
67	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223
68	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230
69	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236
70	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243
71	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250
72	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	258
73	144	151	159	166	174	182	189	197	204	212	219	227	235	242	250	257	265
74	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272
75	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279
76	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287

BMI Categories:

- Underweight = <18.5
- Normal Weight = 18.5-24.9
- Overweight = 25-29.9
- Obesity = BMI of 30 or greater

The Required Supervision of CRNAs

Thomas W. Mansfield, JD
Director, NCMB Legal Department

Members of the General Assembly recently informed the North Carolina Medical Board (Board) that surgeons have been making calls and sending letters to legislators that reveal a level of confusion over the requirement that surgeons performing procedures in their offices using the services of certified registered nurse anesthetists (CRNAs) supervise those CRNAs.

The Nursing Practice Act states the practice of nursing by a registered nurse includes "[c]ollaborating with other health care providers in determining the appropriate health care for a patient but. . .not prescribing a medical treatment regimen or making a medical diagnosis, except under supervision of a licensed physician," and "[i]mplementing the treatment and pharmaceutical regimen prescribed by any person authorized by State law to prescribe the regimen."[1] The Administrative Code, 21 N.C.A.C. 36.0226(b)(1), under the title "Nurse Anesthesia Practice," states "[t]he registered nurse who completes [certain training and certification requirements] may perform nurse anesthesia activities in collaboration with a physician. . .but may not prescribe a medical treatment regimen or make a medical diagnosis except under the supervision of a licensed physician."

The Board issued a Declaratory Ruling in November 1993 that concluded most of the activities contemplated in subsection (c) of 21 N.C.A.C. 36.0226 ("Rule 226") can only be performed lawfully by a CRNA if supervised by a physician. A partial list of these activities includes: recommending, requesting, and evaluating pertinent diagnostic studies; selecting and administering pre-anesthetic medications; selecting, implementing, and managing general anesthesia; performing tracheal intubation, extubation, and providing mechanical ventilation; providing perianesthetic invasive and noninvasive monitoring; recognizing abnormal findings and implementing corrective action; evaluating the patient during emergence from anesthesia; and releasing clients from the post-anesthesia care in the surgical setting.

In December 1998, the North Carolina attorney general issued an Advisory Opinion[2] in response to an inquiry from a physician member of the General Assembly that asked "whether it is lawful for certified registered nurse anesthetists. . .to provide anesthesia care without physician supervision." The Opinion stated "[a]nesthesia care largely constitutes diagnosis of, or prescription of medical treatment for a human ailment, thus constituting the practice of medicine under the Medical Practice Act." The Opinion goes on to say "[t]he statutory scope of practice for nurses, including CRNAs, specifically prohibits 'prescribing a medical treatment regimen or making a medical diagnosis, except under supervision of a licensed physician.'" The Opinion concluded "[t]he CRNA rules. . .do not eliminate the requirement that the anesthesia care of a patient be under the supervision of a physician."

In response to concerns about safety in office-based surgery, the Board adopted a Position Statement in January 2003 titled Office-Based Procedures, which provided guidelines for surgery in the office. The Position Statement says "it is expected that the licensee who follows the guidelines. . .will avoid disciplinary action by the Board." With regard to Level III procedures (defined as including those procedures that require a major conduction blockade, deep sedation, or general anesthesia), the Position Statement provides that "[a]nesthesia should be administered by an anesthesiologist or a CRNA supervised by a physician."

The Board of Nursing (BoN) challenged the Position Statement in court in 2003. The BoN filed a motion asking the trial court to either force the Board to withdraw the Position Statement or remove the references to "supervision" of CRNAs. The BoN's motion was denied by the Wake County Superior Court in such a fashion as to reject every basis of the BoN's claim. The BoN appealed that decision to the Court of Appeals, which ruled decisively on March 5, 2005, in favor of the Board.[3] The Court upheld the Board's authority to issue the Position Statement, saying that the Board "cannot be forbidden from advising its licensees on the standard of care. . .in order to protect the public interest." Judge Bryant wrote for the Court that "[p]hysician supervision of nurse anesthetists providing anesthesia care, when that care includes prescribing medical treatment regimens and making medical diagnoses, is a fundamental patient safety standard required by North Carolina law."

"Thus, the supervision of CRNAs is the law and will be enforced by the Board"

To determine what activities include "prescribing medical treatment regimens and making medical diagnoses," one must look to the Declaratory Ruling of the Board and the Advisory Opinion of the attorney general.

Of course, the Board speaks most loudly through its disciplinary actions. In November 2003, the Board issued a one-year suspension, stayed on certain conditions, to a plastic surgeon that failed to adequately supervise his CRNA, who (among other things) administered fentanyl to a patient following a mini-face lift despite a lack of permission from the surgeon.

Thus, the supervision of CRNAs is the law and will be enforced by the Board.

1. N.C. Gen. Stat. § 90-171.20(7)(e) and (f)
2. Advisory Opinion: Certified Registered Nurse Anesthetists, Nursing Practice Act, Article 9A, Chapter 90 of the N.C. General Statutes
3. The BoN has filed a petition for discretionary review by the North Carolina Supreme Court, meaning the final word in the case should come with a denial of the petition or a decision affirming the Court of Appeals.

Reentering the Practice of Medicine

E.K. Fretwell, Jr, PhD, and Michael E. Norins, MD
Members, NCMB

Dr Fretwell

Resuming the practice of medicine or surgery after an extended period of time is termed "reentry." Reentry into practice via licensure or reinstatement of the license has gone from being a rare event to an increasingly more common occurrence. With a projected shortage of medical care professionals, it is imperative the reentry of trained physicians and physician assistants to active practice be facilitated while preserving high standards of competency.

In this century, all professionals, physicians among them, seek a better balance in the way they live. Personal development, maintaining a high level of health and physical fitness, "being there" during the formative years of their children's lives are common lifestyle goals, not the rare exception. As a consequence, we face several new questions about professional careers.

"Any applicant for a North Carolina license who has been out of practice for more than two years is viewed as raising reentry issues"

For physicians or physician assistants, these lifestyle goals, plus working in medical administration or having illness and personal problems, sometimes result in their being out of clinical practice for an extended period of time. In medicine, one of the more important career questions is what happens to clinical competence? What happens to these complex skill sets, both intellectual and physical, when not utilized for a prolonged period of time? Studies that address this issue are scarce. There is a shortage of sound data to inform us as to how rapidly various skills degrade. Methods for assessing the overall competence of physicians are available, but they are frequently time intensive, costly, and often unproven in regard to real-time clinical practice.

The North Carolina Medical Board is charged with the responsibility to protect the people of North Carolina. In order to ensure that all who are granted a license to practice medicine meet high standards of training and competence, the North Carolina Medical Board is taking steps now to develop a variety of mechanisms that satisfy this charge in regard to the physician or physician assistant who has been out of practice for two or more years.

A special committee of the Board has been formed to oversee the development of standards and processes for reentry. An active review of legislation, actions, and procedures in use by sister boards throughout the country is being conducted. Recommendations and policy information coordinated by the Federation of State Medical Boards (FSMB) is included in the work of the committee. Having recognized that there are many stakeholders involved in the reentry issue, we have actively encouraged the FSMB in its efforts in bringing together representatives of the educational, certifying, insurance, and regulatory communities to begin working together on possible solutions. Reentry is clearly a regulatory challenge of national scope. As these efforts move forward, we will bring our experience to the table as part of the national discussion on the reentry phenomenon.

Dr Norins

With the licensing of physicians and physician assistants being a continuing activity, we struggle with the question of assuring medical competency in the setting where either professional has been out of training for several years and then is out of active practice for several years. Continuing medical education (CME) credits can address the knowledge-base aspect of competency but are not adequate to ensure all-round clinical competence. Many desirable solutions, such as "mini-residencies," are very complex to organize and make available to license applicants.

At this time, any applicant for a North Carolina license who has been out of practice for more than two years is viewed as raising reentry issues. Our initial focus is on applicants who have been out of practice for reasons other than disciplinary action by a state medical board; however, the same criteria regarding time away from clinical practice will apply. Each application is carefully reviewed with particular attention to potential competency deficiencies. In addition, the immediate plans for practice are taken into consideration with an eye as to how the work situation itself may facilitate a "reentry program."

Presently, we have identified several possible tracks for demonstrating competency: peer review by way of a "letter of agreement and order" during an initial period of time, working under a full and unrestricted license; use of limited license categories, eg, resident training license, faculty limited license, or geographically limited license; a time-limited license by way of a "consent order" that will require personal follow-up by the Board; and clinical competency assessment at an approved center prior to obtaining a license. Several of these remedies have been successfully utilized in the licensing process with the cooperation of applicants. We strive to the maximum degree possible, given the unique circumstance of each applicant and the variety of remedies, for consistency in our actions. As our explorations for other potential remedies progress, we will incorporate options that meet the goal of assuring competency without being unduly punitive toward the applicant while fulfilling our statutory obligations.

The profession of medicine is evolving rapidly in many ways that affect the regulatory areas for which we are responsible. Our primary task continues to be the protection of the citizens of North Carolina through high standards for licensure so that the public may have confidence that a physician or physician assistant who holds a North Carolina license to practice is well trained and competent.

We would be glad to consider suggestions from the Board's current license holders on any of these issues.

Use of Controlled Medication for Recovering Persons

Philip L. Hillsman, MD

Dr Hillsman

As physicians, we have a duty to treat our patients' medical disorders and relieve suffering when possible. We also have a duty to avoid harm when possible. Individuals who have become addicted to alcohol or other drugs (AOD) are often seen in office settings. Many of these individuals are attempting to maintain abstinence, a very difficult task due to the nature of addiction disease. Addiction is an illness deriving from disordered reward pathways in the brain, which leads to compulsive use of AOD and consequences of alcohol and drug use. A useful definition of alcoholism was formulated by the American Society of Addiction Medicine in 1990:

> A primary, chronic disease with genetic, psychosocial and environmental factors influencing its development and manifestations. The disease is often progressive and fatal. It is characterized by continuous or periodic: impaired control over drinking, preoccupation with the drug alcohol, use of alcohol despite adverse consequences, and distortions in thinking, most notably denial.

This definition can be adapted to any other drug addiction by inserting the drug in question in place of "alcohol." In truth, there is little to distinguish between alcoholism and drug addiction in practice; the distinction is an artificial one.

Addiction Treatment

A key concept in addiction treatment is that of "cross-addiction." Addicts and alcoholics have permanently lost control over use of AOD. Many of them believe otherwise, but total abstinence (along with lifestyle and psychological changes), leading to remission of disease, is essential. The belief on the part of addicts or alcoholics that they can use in a controlled manner is a form of denial. Cross-addiction means that not only has the addict/alcoholic lost control over his drug of choice, he has also lost control over all addicting drugs. Exactly which drugs are addicting can be open to debate, but a simple construct would include alcohol and all substances controlled by the DEA, including Schedule I. (There are a few others, notably inhalants: glue, nitrous oxide, etc). Many addicts/alcoholics believe that they can successfully use a drug other than their drug of choice. Bitter experience shows otherwise. It is relapse behavior for the cocaine addict to drink alcohol, for the marijuana addict to use illicit opiates, for the alcoholic to use benzodiazepines. The twelve-step fellowship of Narcotics Anonymous recognizes this with the common slogan, "A drug is a drug is a drug." Beyond clinical experience, there is research evidence to show that polydrug use is common among addicts/alcoholics. Co-existing alcohol abuse ranges from 65% to 87% among drug addicts, and co-existing drug abuse ranges from 46% to 76% among alcoholics.

Preventing Relapse

Preventing relapse is the goal of addiction treatment. Addiction disorders are fatal illnesses. Addicted individuals are overrepresented among those who die by accident, suicide, murder, trauma, and many medical conditions. To help our patients who are addicted, we must work with them to avoid relapse. As physicians, we seek to compassionately treat symptoms. Many addicts/alcoholics will present to physicians complaining of symptoms that we would reflexively treat with controlled medications. These notably include anxiety and pain. These symptoms are especially frequent early in recovery. Much of the distress experienced by addicts/alcoholics at this time will diminish as the recovery process progresses. We can assist this natural healing process by refraining from prescribing controlled medications when possible. There is evidence that alcoholics who use benzodiazepines relapse at twice the rate of those not given benzodiazepines. Few individuals will die of anxiety, but many die in relapse. Sometimes it is difficult for physicians to say "no," but here is a time when we can help our patients by doing so.

"Sometimes it is difficult for physicians to say 'no,' but here is a time when we can help our patients by doing so"

There are clinical means of treating the recovering patient without controlled medications. For anxiety, options include SSRI antidepressants, tricyclic antidepressants, and buspirone. Cognitive-behavioral psychotherapy is also an effective treatment of anxiety. Treatment of acute pain could mean using NSAID medication as a first option. If opiates are necessary, then a few days supply held by a friend or spouse is often sufficient. There are also a number of addicts/alcoholics who complain of attention deficit symptoms. Stimulants should not be used ordinarily; Tenex® and Strattera® have been effective for recovering persons.

Conclusion

A sensitivity to the special needs of individuals in recovery regarding controlled medications will pay off in higher abstinence rates. It will also be greatly appreciated by those individuals making a genuine effort to stay abstinent.

Philip L. Hillsman, MD, is a psychiatrist and addictionologist in private practice in Raleigh.

¡A su salud!
Spanish for Health Professionals

Claire Lorch, MSW
Salud Program Director, UNC-CH

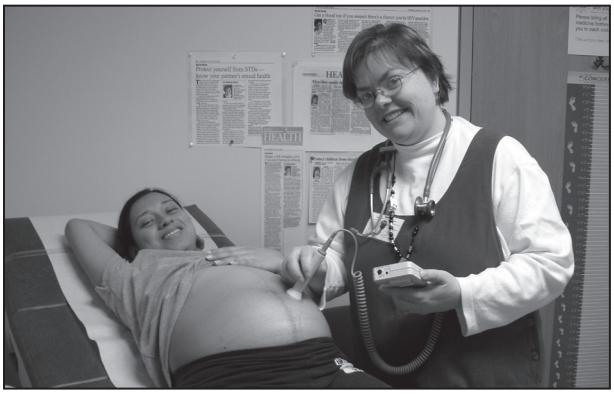
Ms Lorch

In 2003, 34% of the babies born at UNC Hospitals were born to Latina women. Requests for Spanish interpreters grew from 7,000 in 2000 to over 35, 000 in 2003. The number of bilingual professionals has clearly not kept pace with the rapid increase of Latinos needing health care services. The need at UNC Hospitals is indicative of the general need of hospitals and other health care agencies across the state and nation.

"What's most innovative—and most effective—about* ¡A su salud! *is the flexibility it gives participants to control how, when, and where they learn"

Facing the Need

This urgent need led to the creation of *¡A su salud!,* an innovative intermediate Spanish program designed specifically to fit the needs—and the hectic schedules—of physicians, nurses, social workers, pharmacists, physician assistants, and other health professionals. The spark that inspired the program was provided by a 1999 bus tour that UNC-Chapel Hill administrators and faculty members took to public health facilities in the state. That field trip prompted the University to examine how well it was preparing its health profession and social work participants to work with the increasing number of Latino immigrants in North Carolina.

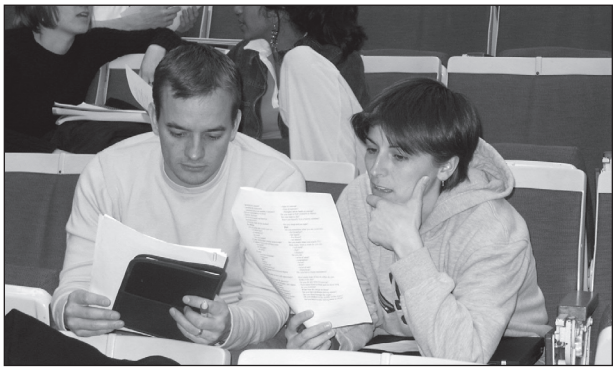


Shannon Dowler, MD, uses the language skills she learned through ¡A su salud! *with her patients in Buncombe County.*

"In an emergency, you can't stand there looking up words in a dictionary," said Judith Tintinalli, MD, professor and chair at UNC Hospitals' Department of Emergency Medicine. "There has to be a bright light that goes off, and the correct word just pops into your head."

Dr Tintinalli was among the first practitioners to discover *¡A su salud!*. A subsequent incident brought its benefits home for her.

"A middle-aged, Spanish-speaking woman and her Spanish-speaking daughter ran into the ED," she said. "The mother was vomiting blood and in severe abdominal pain. The materials provided by *¡A su salud!* enabled the words 'How many times did you vomit today?' and 'When did your stomach start hurting?' and 'Do you take any medicines?' to just fly out of my mouth.



*First-year medical students take a residential version of ¡*A su salud! *through the CAMPOS program at UNC-Chapel Hill's School of Medicine before community placements in clinics with large Latino populations.*

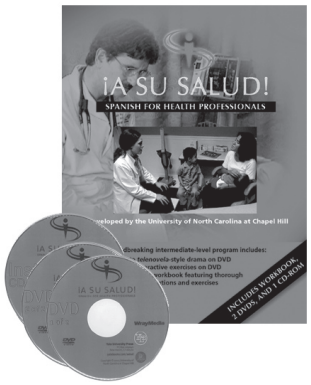
"After a few questions, it was clear that these were totally new symptoms in an otherwise healthy woman. The interpreter came as quickly as she could, but by then we were well on our way to establishing the diagnosis and had already begun treatment."

¡A su salud! resulted from five years of work by the "Salud Team" at the University of North Carolina at Chapel Hill. As program director of that team, I was part of an interdisciplinary group of health professionals and Spanish-language educators dedicated to creating a language program centered on realistic health care situations. I came to the project after 17 years at UNC-Chapel Hill's School of Medicine, where an ever-increasing number of medical students clamored for opportunities to learn Spanish.

What's most innovative—and most effective—about *¡A su salud!* is the flexibility it gives participants to control how, when, and where they learn. The program melds technology—DVDs and a Web site—with video, audio, and print components to accommodate multiple learning styles. The "anytime, anywhere" design works equally well as a distance education or classroom program. Although designed for an instructor-led class, program materials are also available to individuals, and a guide for independent learners is in the works.

Making It Work

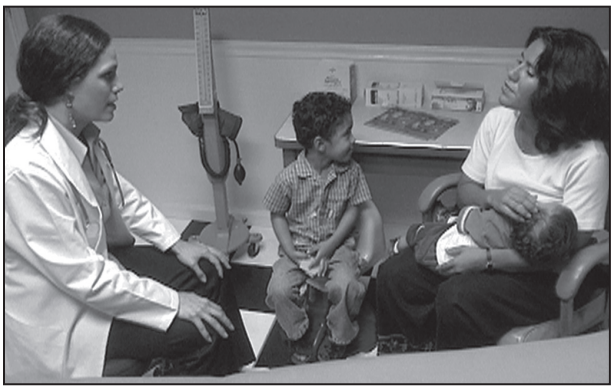
The materials revolve around a *telenovela*, a professionally produced, broadcast-quality film in the style of the hugely popular Spanish-language soap operas. Created by health care professionals for health care professionals, the scenarios are both authentic and compelling. Program participants follow the daily struggles and triumphs at the fictional Hispanic community health center, *La Comunidad*, engaging with the characters' situations and speculating on, for instance, who is stealing narcotics from the pharmacy. Participants especially respond to Carmina, a young Spanish-speaking physician at the health center, and almost everyone identifies with Ashleigh, a nurse who makes grammatical mistakes but still manages to make herself understood.



The ¡A su salud! *program materials include DVDs, a Web site, and video, audio, and print components.*

By design, the episodes portray Hispanics as a diverse group of people and expose participants to a wide range of accents. Spanish subtitles are available, although we encourage participants to watch first without them, and students keep track of their progress by taking self-assessment tests that provide immediate feedback. The program also features an interactive glossary and a 392-page workbook that provides thorough grammatical explanations and language exercises.

All the program materials move participants toward fluency by exciting their imaginations and stimulating their desire not only to help their patients but also to know them as people. Each unit includes an interview with an American health care professional who tells about a moment of cultural misunderstanding. In one, a nurse describes working with an 18-year-old Hispanic woman who had had several miscarriages and really wanted a child. The nurse felt she had developed good rapport with the woman and as a way of showing support said, "You still have lots of time to have children. I was 32 when I had my first baby." The young woman was horrified because, to her, 32 was almost old enough to be a grandmother. At that moment, the nurse realized, all rapport had disappeared.



Carmina, a young physician, talks with community clinic patients in an episode of the telenovela.

Each of the *telenovela* episodes centers on real world examples that health practitioners are likely to encounter. A family physician questions a patient about herbal remedies he is taking for hypertension, and an obstetrician discusses prenatal care with a diabetic patient who both smokes and drinks. The drama features the Latino immigrant population living in the United States, because that is the population most program participants interact with in the work force and in their daily lives.

Other Benefits

Besides improving communication between health care providers and their patients, *¡A su salud!* can help those who receive federal funds to meet Title VI requirements to provide appropriate access to health care services. The program can help hospitals improve efficiency and build a strong base of paying patients by preparing frontline health care professionals to communicate more effectively with Latino patients. And *¡A su salud!* can help improve health outcomes by enhancing health care professionals' ability to give culturally appropriate care.

"I am a family doctor," said Shannon Dowler, MD, a Buncombe County Health Department physician who completed *¡A su salud!* in 2004. "To treat the whole family and understand its dynamics requires a deeper understanding of its cultural values. And that is one of the great things about *¡A su salud!*. It really delves into the cultural aspects of disease. It doesn't just focus on the vocabulary and learning how to speak the language."

Philip McKinley, MD, an ophthalmologist in Winston-Salem, echoed Dowler's view. "In my office, I see about two people a day who are primarily Spanish speaking. I also work at night in a free clinic which is primarily Hispanic. These patients tend to want to please the doctor and may answer 'yes' when in reality it's not quite true. They very much respect the doctor, so they may fudge a little. They may have trouble discussing sexual abuse and domestic abuse if not approached the right way.

"It's nice to be really aware how to approach people in a culturally friendly manner so they feel comfortable. What these patients call *confianza* is particularly important. You need to establish comfort, rapport, and trust. You need to have a meaningful relationship so they can use the information you give them and go home and carry out what you've asked them to do."

Kim Christopher, a nurse practitioner at Piedmont

"All the program materials move participants toward fluency by exciting their imaginations and stimulating their desire not only to help their patients but also to know them as people"

Health Services' Carrboro Community Clinic and another early program participant, said *¡A su salud!* gave her a unique chance to network with other health professionals across North Carolina who faced some of the same challenges. "I spoke Spanish weekly with another nurse practitioner in the western part of the state as part of the course," she said. "And there was also the opportunity to do some on-line networking."

Funding and the Future

Funded initially by University funds and later by a significant grant from the Fund for the Improvement of Postsecondary Education in the U.S. Department of Education, the project brought together health professionals, a linguist who is also a native speaker, an instructional designer, and a technology expert. One of our language specialists and one of our health care professionals stayed on set throughout filming to ensure that the *telenovela* reflected best practices in both health care and language learning.

"Already, schools across the country are asking for an introductory program for the much larger group of health professionals who are true beginners in Spanish"

UNC-Chapel Hill's School of Public Health now offers *¡A su salud!* nationally as a distance education program for continuing education credit. (Visit *www.sph.unc.edu/oce/spanish/* for details.) Starting next fall, UNC-Chapel Hill will also offer the program through Carolina Courses On-line for elective credit nationwide. (See *www.fridaycenter.unc.edu/cco* for details and to register.) The University is currently working on a version of the program that is accessible for participants with disabilities.

In a scene from the telenovela*, two patients talk in the waiting room of* La Comunidad.

¡A su salud! is also offered for credit to UNC-Chapel Hill students in the health professions and social work. Additionally, schools as diverse as the University of Pennsylvania, Washington State University, the University of Texas-Austin, and Durham Technical Community College are teaching the program. Participants find *¡A su salud!* both enjoyable and effective. In particular, they report that it improves their ability to establish trust, describe pain, and ask about and understand events their Spanish-speaking clients experience.

Our publisher, Yale University Press, released the intermediate *¡A su salud!* nationwide in February 2005. Already, schools across the country are asking for an introductory program for the much larger group of health professionals who are true beginners in Spanish. Acutely aware how badly that introductory program is needed, the Salud Team is well underway with the script and is actively seeking financial support to continue the project.

A family physician who participated in our intermediate program told us how well that program met her needs. Our goal now is to create an introductory program that's just as adaptable, effective, and easy to use. (If you have any suggestions for funding, please contact me at *clorch@email.unc.edu* or 919-962-4011.)

"*¡A su salud!* has been an exciting Spanish language learning tool," said Kathleen Shapley-Quinn, MD, medical director of the Alamance County Health Department. "It has been precisely what I feel I need most—to listen to native speakers discussing issues that arise in medical settings. The story line is interesting and the video clips are challenging without being overwhelming. This video program has been an excellent opportunity to learn Spanish at times that work best for me (6 A.M. most often!) and can be adapted to busy work and family schedules."

¡A su salud! won a 2004 WOW Award from the Western Cooperative for Educational Telecommunications, given in recognition of the program's outstanding contribution to implementing technology in higher education.

To participate: UNC-Chapel Hill School of Public Health offers the intermediate *¡A su salud!* nationally as a distance education program for continuing education credit. *www.sph.unc.edu/oce/spanish/*

Starting next fall, UNC-Chapel Hill will offer the intermediate *¡A su salud!* through Carolina Courses On-line for elective credit nationwide. *www.fridaycenter.unc.edu/cco*

To suggest funding support for development of the introductory program, contact Claire Lorch at *clorch@email.unc.edu* or 919-962-4011.

To order:
¡A su salud!: Spanish for Health Professionals
Set includes 2 DVDs, 1 CD-ROM, and 392-page Workbook
ISBN 0-300-10363-8
$95.00

Published by Yale University Press
Order online at *www.yalebooks.com/salud* or call 800-405-1619

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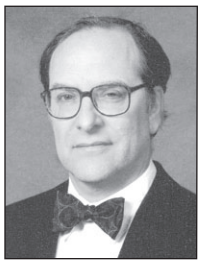
Tim Shea
Yale University Press
tim.shea@yale.edu
203-436-1321

VIEWPOINT

Daily CME Activities: Clinically Useful Learning

Michael E. Norins, MD
Member, NCMB



Dr Norins

There is a hue and cry throughout the land for medical doctors to demonstrate continuing competence in a profession with a very rapidly expanding knowledge base. We expect this of ourselves, our patients expect this of us, and those charged with regulating our profession for the protection of the public expect it as well. To this end, most states now have structured requirements for continuing education as a condition of licensure.

But what constitutes adequate continuing medical education, ie, real, clinically useful learning? As I reflect on my training and my practice experience, I realize that what is easiest to monitor and credit may not really be the best form of CME for me. If I had medical school to do over again (an opportunity I would relish), I would attend many fewer lectures in favor of personal reading time, laboratory work, and computer simulations, although it would mean a lot less sleep! Putting me in a dark room with a droning voice is still likely to elicit the Philadelphia collar syndrome (snapped neck as I jerk awake).

There is a movement afoot that recognizes the existence of multiple effective learning modalities for which continuing medical education credits can and should be awarded. I welcome this expanded approach and there are many activities in my daily practice that may qualify. Let me share some of my favorite daily CME activities for which I hope to get credit. (As a sidebar note, I do enjoy several traditional CME activities, including *The Medical Letter*, attending good meetings, and the joy of recertification.)

Throughout my clinical day, I refer to my trusty PDA-based drug guide, "ePocrates," at least every hour. I look up dosing, drug interactions, adverse side-effects, and prices on a patient-specific basis, usually right there in the exam room. Learning about new drugs, new side effects of old drugs, and searching out cost effective alternatives is a credit-worthy CME activity. It would take only a minimal tweak in the software to build in a clock to track the time spent in this activity.

Whenever I have one of those moments of uncertainty about a disease or treatment or diagnostic plan, moments that never seem to diminish in number, I turn to *UpToDate*, a computer/Internet based textbook available by subscription. The search engine is very fast. The information is well indexed and succinct. Frequently, I will print information for inclusion in the patient's chart and even for the patient. In fact, there are patient information chapters on many disease entities. There is a built in clock for this program so that at the end of the year I can pull up the total number of minutes I spent using this data base and submit the number to the publisher, who, for a fee, will issue a certificate of CME hours.

Another loose-leaf, electronic reference I turn to is *ACP Medicine* (formerly *Scientific American Medicine*). In the office, I use the loose-leaf version, while, in the hospital, I use the on-line version. This is a wonderful textbook, very current, easy to search, and loaded with references. It is definitely worth the subscription price. Hopefully, a little tweaking can be done to include a timekeeping function that will allow me to document my CME credits.

As I work with patients, I try to provide educational materials to reinforce my explanations and instructions. High costs and a definite clutter factor have moved me to the use of an electronic patient education system: "CareNotes," available through my hospital. When I print off material for patients, I also have a chance to read it, and I find I may learn a little something as well. Not quite like the resources noted above, but I wouldn't mind a little credit for this too.

From time to time, I am fortunate in having medical students work with me in the office. This is clearly an educational experience for both of us. Such activity is already recognized as Category II CME, but really should be Category I CME.

Practicing medicine is a continuing educational experience. I am sure there are many, many other forms of effective learning utilized by you and all my colleagues. I applaud the movement to assure the maintenance of competence. And I will clap just as loudly for the effort to credit the continuing education we get every day in the office or hospital as a significant part of that movement.

"I realize that what is easiest to monitor and credit may not really be the best form of CME for me"

You Can and, Under Some Circumstances, Must Help Save an Abandoned Newborn

James A. Wilson, JD

Mr Wilson

Renewed efforts are underway by the North Carolina Bar Association's Health Law Section and others to inform members of the health professions of North Carolina's "Safe Haven Law."

"So, all the North Carolina Medical Board's licensees are required to accept surrendered infants while on duty at hospitals, local or district health departments, or nonprofit community health centers"

The Problem: Abandonment of Healthy Newborns

Studies have reported that there may be as many as 100 or more newborns abandoned each year in the United States. Many of these infants are found dead. In 2001, an infant was found dead in a Macon County, North Carolina, landfill. It was determined this baby had been suffocated, and the mother was convicted of murder. This child's plight led to the enactment of North Carolina's Safe Haven Law, section 291 of the 2001 Session Laws, codified principally at section 7B-500 (b) through (e) of the General Statutes.

The Law

The law's basic purpose is to allow a parent, "who does not express an intent to return for the infant," to leave an unharmed infant under seven days old with another adult. A parent giving up a baby under these circumstances is not required to give any information, including identifying information, and is not subject to criminal prosecution for abandonment.

"Safe Havens"

The following persons are required to serve as safe havens and accept a newborn (under seven days old) from a parent who wants to surrender the child.

- Health Care Providers (broadly defined under the law) on duty at hospitals, local or district health departments, or nonprofit community health centers
- Law Enforcement Officers while on duty, or at police and sheriff's offices
- Social Service Workers while on duty, or at social services departments
- Certified EMS Workers while on duty, or at fire or emergency medical services stations

So, all the North Carolina Medical Board's licensees are required to accept surrendered infants while on duty at hospitals, local or district health departments, or nonprofit community health centers. Any willing adult may also serve as a safe haven.

Responsibilities of Those Accepting an Infant

The first duty is to "perform any act necessary to protect the physical health and well-being of the infant." This likely means performing an examination and providing any required treatment. You must also immediately notify social services or law enforcement. Although only parents may surrender an infant to a safe haven, because the surrendering parents do not have to self-identify, it may be impossible to establish that the infant is being surrendered by a parent.

As long as the person accepting the infant acts in good faith, he or she is immune from any civil or criminal liability regarding actions taken pursuant to the Safe Haven Law. There is no immunity for gross negligence, wanton conduct, or intentional wrongdoing.

The person receiving the infant may, and probably should, ask for relevant medical history and may also ask for the parents' identity; however, the surrendering parents are under no obligation to, and must be told they are not required to, provide any information.

What Happens to the Baby?

Generally, social services will take custody of the infant. The infant may thereafter be placed in foster care and then for adoption.

The Act does not prevent the surrendering parent from changing his or her mind and does not prevent the other parent from asserting his or her rights. However, after 60 days, the parents may lose their parental rights.

The Act does not change the laws on adoption in any way, and parents may give up babies for adoption as before. The Act basically operates as a last resort for parents who panic.

Need to Spread the Word

Shortly after the law's passage, perhaps as a result of the coincident publicity, the first successful use of the new law was reported. A woman surrendered an infant to a Charlotte hospital, explaining that she was fleeing an abusive relationship and could not care for the child under those circumstances. Hospital personnel, having heard of the law, took the infant, who was placed with an adoption agency.

The publicity having died down perhaps contributed to several recent tragedies. Last year, a college student and her boyfriend, both from North Carolina, traveled to Key West, where she apparently gave birth. A hotel security officer later found the baby, dead, in a hotel breezeway. The mother was charged

with manslaughter. Some months later, an infant was found dead in a trailer in Mount Olive. That mother was charged with murder.

Conclusion

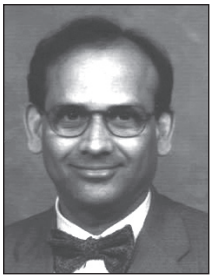
Make sure your practices and institutions are aware of the law and have policies to implement it.

Mr Wilson is a lawyer in private practice in Durham, NC. He has represented physicians in a variety of regulatory matters. This article is provided as general information and should not be taken as legal advice.

Gov Easley Appoints Dr Sathiraju and Mr Walia to the NCMB; Reappoints Dr Moffatt and Dr Norins

R. David Henderson, executive director of the North Carolina Medical Board, has announced that Governor Easley has appointed Sarvesh Sathiraju, MD, of Morganton, and Mr Dicky Walia, of Cary, to the North Carolina Medical Board. He also announced that Governor Easley has reappointed Robert C. Moffatt, MD, of Asheville, and Michael E. Norins, MD, of Greensboro, to the Board. Mr Henderson said: "The members and staff of the Board are pleased by the appointment of these outstanding individuals. Each is fully committed to the work of the Board and to the health and safety of the people of North Carolina. We look forward to working with Dr Sathiraju and Mr Walia and to the continued service of Drs Moffatt and Norins."

Sarvesh Sathiraju, MD, Morganton



Dr Sathiraju

Dr Sarvesh Sathiraju is an internist and director of Medical/Surgical Services at Broughton Hospital in Morganton. He received his medical degree from Osmania University in Hyderabad, India, and did his residency training at Osmania General Hospital and in Australia, Great Britain, and the United States. He is certified by the American Board of Internal Medicine and is a fellow of the American College of Physicians and of the Royal College of Surgeons of Edinburgh.

Dr Sathiraju is involved in administrative activities at Broughton and in teaching physician assistants, residents, interns, and nursing students. He is also very active in professional societies, having served as president of the Burke County Medical Society, as a delegate to the House of Delegates of the North Carolina Medical Society, as a member of the Medical Society's Leadership and Development Committee, and as chair of its International Medical Graduates Section.

Over the years, Dr Sathiraju has had a special interest in atherosclerosis and angioplasty and has given several presentations to professional groups and published several abstracts on the subject.

Mr Dicky Walia, Cary

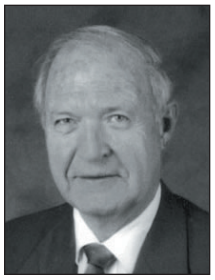
Mr Walia

Mr Dicky Walia grew up in central Texas and earned his BS degree in accounting from the University of North Texas, near Dallas-Fort Worth. He went on to take a JD degree from the Thomas M. Colley School of Law in Lansing, Michigan.

In 1991, Mr Walia moved to North Carolina. Here he began the Walia Law Firm, advising clients in the real estate and hospitality industries on projects ranging from hotel acquisitions and strategic tax planning to single-family residential, multi-family residential, and shopping centers. He is licensed to practice law in North Carolina and holds a North Carolina broker's license.

In 1997, Mr Walia founded Welcome Holdings, a company that partnered and later merged with First American Hotels to form Soleil Group.

Robert C. Moffatt, MD, Asheville



Dr Moffatt

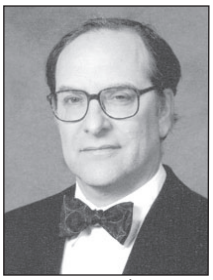
Dr Robert C. Moffatt is a native of Tennessee and took his BA degree from East Tennessee State University. He earned his MD degree at the University of Tennessee Center for Health Sciences, Memphis, and did his internship at Memorial Mission Hospital in Asheville. He completed his residency training in surgery at the University of Georgia College of Medicine and did a surgical oncology fellowship at Memorial Sloan Kettering Cancer Center. He holds certification from the American Board of Surgery, is a fellow of the American College of Surgeons, and is licensed in North Carolina, Georgia, and Mississippi. He was first appointed to the Board in 2001 and has served on the Investigative, Licensing, and Physicians Health Program Committees. He is currently president elect of the Board.

Dr Moffatt holds appointments at Memorial Mission Hospital and St Joseph's Hospital in Asheville. His

practice is focused on surgical oncology. He has served as president of the Buncombe County Medical Society and is a member of the North Carolina Medical Society, the American Medical Association, and numerous other professional organizations. He was also Buncombe County medical examiner for seven years. Active in community affairs, over the years he has been on the Asheville Symphony Society Board, the King College (Bristol, TN) Board of Visitors and Board of Trustees, and the Mountain Ramparts Health Planning Council. He has also served as president of the Asheville Lyric Opera. Among other honors, he was made a member of the Governor's Order of the Long Leaf Pine by Governor James B. Hunt, Jr.

Michael E. Norins, MD, Greensboro

Dr Michael E. Norins, a native of California, received his BS degree from the University of Georgia and his MS degree in chemistry from Western Carolina University. He earned a Master of Public Health-Administration degree at the University of South Carolina and his MD at the University of North Carolina, Chapel Hill. He currently practices primary care and internal medicine in Greensboro and is medical director of LeBauer HealthCare.



Dr Norins

Dr Norins is an adjunct associate professor at the University of North Carolina School of Medicine. He is also an associate of the American College of Physicians and the American Society of Internal Medicine, a member of the American Medical Association, the North Carolina Medical Society, and the Greater Greensboro Society of Medicine, of which he is a past president. Among his many professional activities, he serves or has served on the Professional Advisory Committee of the Hospice of Greensboro, the Medical Peer Review Committee of Wesley Long Hospital, the Medication Assistance Program Professional Advisory Committee, the Board of the PHP-NC, and the Credentials Committee of the UHC-NC HealthCare.

Katherine L. Carpenter, JD, Joins NCMB Legal Staff

R. David Henderson, executive director of the North Carolina Medical Board, and Thomas W. Mansfield, JD, director of the Board's Legal Department, recently announced that Katherine L. Carpenter, JD, has joined the staff of the Board's Legal Department.

A native of Gastonia, Ms Carpenter earned her BA from the University of North Carolina, Charlotte, and her JD from North Carolina Central School of Law. At North Carolina Central, she served as president of the Environmental Law Society and as a member of the National Lawyers Guild. She is a member of the North Carolina State Bar.

On completion of her JD, Ms Carpenter joined Catawba Valley Legal Services as a staff attorney. She represented victims of domestic violence in emergency situations, working to obtain protective orders, custody of children, and possession of real and personal property. She also participated in a local domestic violence prevention task force.

In 2000, she moved on to Land Loss Prevention, where she worked with low-income clients on problems related to real property ownership, including bankruptcy, foreclosure, eminent domain, adverse possession, heir property, and environmental concerns. She also conducted community education seminars.

Immediately prior to coming to the Board, Ms Carpenter was a staff attorney at Legal Aid of North Carolina, Inc. There she represented low-income clients with a wide variety of legal issues and problems: repossessions, unfair trade practices, foreclosures, evictions, unemployment, and public benefits. She also assisted in the drafting of wills and advance directives and provided community education.

In her new role, Ms Carpenter joins Mr Mansfield, Mary B. Wells, JD, Marcus B. Jimison, JD, and Brian L. Blankenship, JD, in the Board's Legal Department.

"We are very pleased to have Ms Carpenter with us. She will contribute significantly to the Board's efforts to serve the people of North Carolina," Mr Henderson said.

USP Patient Safety Resources Available on Internet

Two patient safety resources are available, free of charge, from the United States Pharmacopeia (USP) Center for the Advancement of Patient Safety: *Quality Review No. 78: Too Much Similarity*, and Q*uality Review No. 79: Use Caution—Avoid Confusion*.

The first report is a summary of recent medication errors and recommendations on how to avoid similar mistakes. The second is an updated compendium of similar yet commonly confusing drug brand and generic names. The information for these two resources was obtained from the USP's MEDMARX program, an Internet-based anonymous hospital medication error reporting program, and from the organization's Medication Errors Reporting Program.

The two resources are available on the USP Web site at the following addresses: *http://www.usp.org/patientSafety/briefsArticlesReports/qualityReview/qr782004-02-01.html*; *http://www.usp.org/patientSafety/briefsArticlesReports/qualityReview/qr792004-04-01.html.*

REVIEW

A Journey to Institutional Greatness

George C. Barrett, MD
Former President, NCMB

Dr Barrett

metamorphoses\n, pl: a: changes of physical form, structure, or substance, especially by supernatural means b: striking alterations in appearance, character, or circumstances

In the prologue to his memoirs, *Metamorphoses: Memoirs of a Life in Medicine*, Dr William G. Anlyan states: "under my watch, the [Duke] Medical School and Hospital changed from being a small, relatively unknown regional school to becoming one of the top institutions in the country." He was successful in leading that institution through this seismic change as a result of his skills and vision in guiding people to join him in this journey to Duke Medical School greatness.

It seems that Dr Anlyan was destined to be a "changer." He was the son of wealthy, demanding Armenian parents. Born in Alexandria, Egypt, reared in the English tradition, he followed his older brother, John, to Oxford, Cambridge, and Yale. He was a brilliant undergraduate student and medical student.

One could speculate that some type of intervention occurred when, near the end of his senior year in medical school, a casual conversation with a neurosurgery resident led him to apply to Duke, a school totally unknown to him, for an internship. One cannot help but wonder what led this brilliant, budding physician to choose a little-known school for his postgraduate training. Clearly, our "retrospectroscope" suggests the man and the institution were destined for better times.

His internship and residency years reflect the kind of performance we expect of our future medical stars. During these years, he was given some administrative responsibilities by Dr Deryl Hart. The success with which they were accomplished could be considered the beginning of successfully walking two pathways: academic medicine, leading to a full professorship, and administrative medicine, leading to stunning success in guiding the metamorphosis of the medical school.

When Dr Anlyan was appointed dean of the medical school in 1964, Duke was not yet listed as one of the top 10 academic medical centers in the nation. He set about identifying physicians who could join him in the pursuit of that end. He acknowledges his good fortune in becoming dean at a time when NIH support was plentiful for "those who merited it." He sought "the very best person for a given job." He also acknowledges his own drive to be the best and credits his parents for this trait. His years in building faculty provided considerable experience in being "tough" and cautious.

With a solid faculty, Dr Anlyan was positioned to secure grant funds, and he and his faculty did so. NIH, many foundations, and individuals were approached and were usually persuaded to part with their money. Dr Anlyan was clearly a master in dealing with foundations and wealthy individuals. His comfort with the wealthy in part reflects his exposure to them in childhood. All this provided support for achieving greatness, which was the goal.

With funds and planners who understood the importance of building with quality programs in mind, the medical school and university were positioned to advance. Dr Anlyan, when asked by Duke's president, Terry Sanford, what his greatest fear for the university was, replied it was that the medical school would exceed the university in prominence. With help from many sources, including the city of Durham and some other areas of the state, significant efforts were made to assure the position of the university by focusing on the growth of the Duke University Medical Center. Further, with the help of non-faculty, Durham became known as the City of Medicine rather than a tobacco city.

"His years in building faculty provided considerable experience in being 'tough' and cautious"

Dr Anlyan was keenly aware of the increasing role of medicine in the nation and the world. He worked to assure that he had a place on the national and international scene. This effort included international trips for physicians as well as contributors and further enhanced the reputation of the medical center. He describes many of these trips.

As the title Metamorphoses suggests, this book is about changes, changes in individuals and institutions. One cannot occur without the other, of course, and clearly individuals must change first. This may be the key to the metamorphosis of Duke University Medical Center. Dr Anlyan dealt with the giants of medicine at Duke in a non-destructive manner and the institutional changes followed. There are some

Metamorphoses: Memoirs of a Life in Medicine
William G. Anlyan, MD
Duke University Press, Durham, NC, 2004
248 pages, $29.95 (cloth)
ISBN 0-8223-3378-3
[Includes: 40 photos; no index]

scattered descriptions of occasions when it was necessary for one professor or another to be criticized or fired or demoted. How these difficult situations were managed is not described. His success absent any significant criticism or rebellion is almost surreal. The autobiography would be much more realistic, and perhaps more instructive, had it included more detail regarding working with those who were less than supportive of Dr Anlyan's efforts.

There is a somewhat sad ending to the story of Dr Anlyan's contributions to Duke University School of Medicine and Duke University Medical Center. He frankly admits his investment in the medical school and his determination to bring it to national and international prominence caused him to miss much "prime time" with his family. This sacrifice is not uncommon in families led by such focused and dedicated individuals. One hopes his children and grandchildren do or will appreciate that what they missed in parental relationship is their personal contribution to a better health care delivery system and perhaps a better society.

Recently Revised Position Statements of the North Carolina Medical Board

In January 2005, the North Carolina Medical Board revised two of its Position Statements. The revised versions appear in full below.

THE TREATMENT OF OBESITY

It is the position of the North Carolina Medical Board that the cornerstones of the treatment of obesity are diet (caloric control) and exercise. Medications and surgery should only be used to treat obesity when the benefits outweigh the risks of the chosen modality.

The treatment of obesity should be based on sound scientific evidence and principles. Adequate medical documentation must be kept so that progress as well as the success or failure of any modality is easily ascertained.

(Adopted [as The Use of Anorectics in Treatment of Obesity] October 1987)
(Amended March 1996)
(Amended and retitled January 2005)

HIV/HBV INFECTED HEALTH CARE WORKERS

The North Carolina Medical Board supports and adopts the following rules of the North Carolina Department of Health and Human Services regarding infection control in health care settings and HIV/HBV infected health care workers.

10A NCAC 41A .0206: INFECTION CONTROL—HEALTH CARE SETTINGS

(a) The following definitions shall apply throughout this Rule:
(1) "Health care organization" means hospital; clinic; physician, dentist, podiatrist, optometrist, or chiropractic office; home health agency; nursing home; local health department; community health center; mental health agency; hospice; ambulatory surgical center; urgent care center; emergency room; or any other health care provider that provides clinical care.
(2) "Invasive procedure" means entry into tissues, cavities, or organs or repair of traumatic injuries. The term includes the use of needles to puncture skin, vaginal and cesarean deliveries, surgery, and dental procedures during which bleeding occurs or the potential for bleeding exists.

(b) Health care workers, emergency responders, and funeral service personnel shall follow blood and body fluid precautions with all patients.

(c) Health care workers who have exudative lesions or weeping dermatitis shall refrain from handling patient care equipment and devices used in performing invasive procedures and from all direct patient care that involves the potential for contact of the patient, equipment, or devices with the lesion or dermatitis until the condition resolves.

(d) All equipment used to puncture skin, mucous membranes, or other tissues in medical, dental, or other settings must be disposed of in accordance with 10A NCAC 36B after use or sterilized prior to reuse.

(e) In order to prevent transmission of HIV and hepatitis B from health care workers to patients, each health care organization that performs invasive procedures shall implement a written infection control policy. The health care organization shall ensure that health care workers in its employ or who have staff privileges are trained in the principles of infection control and the practices required by the policy; require and monitor compliance with the policy; and update the policy as needed to prevent transmission of HIV and hepatitis B from health care workers to patients. The health care organization shall designate a staff member to direct these activities. The designated staff member in each health care organization shall complete a course in infection control approved by the Department. The course shall address:
(1) Epidemiologic principles of infectious disease;
(2) Principles and practice of asepsis;
(3) Sterilization, disinfection, and sanitation;
(4) Universal blood and body fluid precautions;
(5) Engineering controls to reduce the risk of sharp injuries;
(6) Disposal of sharps; and
(7) Techniques that reduce the risk of sharp injuries to health care workers.

(f) The infection control policy required by this Rule shall address the following components that are necessary to prevent transmission of HIV and hepatitis B from infected health care workers to patients:
(1) Sterilization and disinfection, including a schedule for maintenance and microbiologic monitoring of equip-

ment; the policy shall require documentation of maintenance and monitoring;
(2) Sanitation of rooms and equipment, including cleaning procedures, agents, and schedules;
(3) Accessibility of infection control devices and supplies;
(4) Procedures to be followed in implementing 10A NCAC 41A .0202(4) and .0203(b)(4)when a health care provider or a patient has an exposure to blood or other body fluids of another person in a manner that poses a significant risk of transmission of HIV or hepatitis B.

History Note: Authority G.S. 130A 144; 130A 145;
Eff. October 1, 1992; Amended Eff. December 1, 2003; July 1, 1994; January 4, 1994.

10A NCAC 41A .0207: HIV AND HEPATITIS B INFECTED HEALTH CARE WORKERS

(a) The following definitions shall apply throughout this Rule:
(1) "Surgical or obstetrical procedures" means vaginal deliveries or surgical entry into tissues, cavities, or organs. The term does not include phlebotomy; administration of intramuscular, intradermal, or subcutaneous injections; needle biopsies; needle aspirations; lumbar punctures; angiographic procedures; endoscopic and bronchoscopic procedures; or placing or maintaining peripheral or central intravascular lines.
(2) "Dental procedure" means any dental procedure involving manipulation, cutting, or removal of oral or perioral tissues, including tooth structure during which bleeding occurs or the potential for bleeding exists. The term does not include the brushing of teeth.

(b) All health care workers who perform surgical or obstetrical procedures or dental procedures and who know themselves to be infected with HIV or hepatitis B shall notify the State Health Director. Health care workers who assist in these procedures in a manner that may result in exposure of patients to their blood and who know themselves to be infected with HIV or hepatitis B shall also notify the State Health Director. The notification shall be made in writing to the Chief, Communicable Disease Control Branch, 1902 Mail Service Center, Raleigh, NC 27699-1902..

(c) The State Health Director shall investigate the practice of any infected health care worker and the risk of transmission to patients. The investigation may include review of medical and work records and consultation with health care professionals who may have information necessary to evaluate the clinical condition or practice of the infected health care worker. The attending physician of the infected health care worker shall be consulted. The State Health Director shall protect the confidentiality of the infected health care worker and may disclose the worker's infection status only when essential to the conduct of the investigation or periodic reviews pursuant to Paragraph (h) of this Rule. When the health care worker's infection status is disclosed, the State Health Director shall give instructions regarding the requirement for protecting confidentiality.

(d) If the State Health Director determines that there may be a significant risk of transmission of HIV or hepatitis B to patients, the State Health Director shall appoint an expert panel to evaluate the risk of transmission to patients, and review the practice, skills, and clinical condition of the infected health care worker, as well as the nature of the surgical or obstetrical procedures or dental procedures performed and operative and infection control techniques used. Each expert panel shall include an infectious disease specialist, an infection control expert, a person who practices the same occupational specialty as the infected health care worker and, if the health care worker is a licensed professional, a representative of the appropriate licensure board. The panel may include other experts. The State Health Director shall consider for appointment recommendations from health care organizations and local societies of health care professionals.

(e) The expert panel shall review information collected by the State Health Director and may request that the State Health Director obtain additional information as needed. The State Health Director shall not reveal to the panel the identity of the infected health care worker. The infected health care worker and the health care worker's attending physician shall be given an opportunity to present information to the panel. The panel shall make recommendations to the State Health Director that address the following:
(1) Restrictions that are necessary to prevent transmission from the infected health care worker to patients;
(2) Identification of patients that have been exposed to a significant risk of transmission of HIV or hepatitis B; and
(3) Periodic review of the clinical condition and practice of the infected health care worker.

(f) If, prior to receipt of the recommendations of the expert panel, the State Health Director determines that immediate practice restrictions are necessary to prevent an imminent threat to the public health, the State Health Director shall issue an isolation order pursuant to G.S. 130A 145. The isolation order shall require cessation or modification of some or all surgical or obstetrical procedures or dental procedures to the extent necessary to prevent an imminent threat to the public health. This isolation order shall remain in effect until an isolation order is issued pursuant to Paragraph (g) of this Rule or until the State Health Director determines the imminent threat to the public health no longer exists.

(g) After consideration of the recommendations of the expert panel, the State Health Director shall issue an isolation order pursuant to G.S. 130A 145. The isolation order shall require any health care worker who is allowed to continue performing surgical or obstetrical procedures or dental procedures to, within a time period specified by the State Health Director, successfully complete a course in infection control procedures approved by the Department of Health and Human Services, General Communicable Disease Control Branch, in accordance with 10A NCAC 41A .0206(e). The isolation order shall require practice restrictions, such as cessation or modification of some or all surgical or obstetrical procedures or dental procedures, to the extent necessary to prevent a significant risk of transmission of HIV or hepatitis B to patients. The isolation order shall prohibit the performance of procedures that cannot be modified to avoid a significant risk of transmission. If the State Health Director determines that there has been a significant risk of transmission of HIV or hepatitis B to a patient, the State Health Director shall notify the patient or assist the health care worker to notify the patient.

(h) The State Health Director shall request the assistance of one or more health care professionals to obtain information needed to periodically review the clinical condition and practice of the infected health care worker who performs or assists in surgical or obstetrical procedures or dental procedures.

(i) An infected health care worker who has been evaluated by the State Health Director shall notify the State Health Director prior to a change in practice involving surgical or obstetrical procedures or dental procedures. The infected health care worker shall not make the proposed change without approval from the State Health Director. If the State Health Director makes a determination in accordance with Paragraph (c) of this Rule that there is a significant risk of transmission of HIV or hepatitis B to patients, the State Health Director shall appoint an expert panel in accordance with Paragraph (d) of this Rule. Otherwise, the State Health Director shall notify the health care worker that he or she may make the proposed change in practice.

(j) If practice restrictions are imposed on a licensed health care worker, a copy of the isolation order shall be provided to the appropriate licensure board. The State Health Director shall report violations of the isolation order to the appropriate licensure board. The licensure board shall report to the State Health Director any information about the infected health care worker that may be relevant to the risk of transmission of HIV or hepatitis B to patients.

History Note:Authority G.S. 130A 144; 130A 145;
Eff. October 1, 1992; Amended Eff. April 1, 2003.

(Adopted November 1992)
(Amended May 1996; January 2005)

NORTH CAROLINA MEDICAL BOARD
Board Orders/Consent Orders/Other Board Actions
November, December 2004 — January 2005

DEFINITIONS

Annulment:
Retrospective and prospective cancellation of the authorization to practice.

Conditions:
A term used for this report to indicate restrictions or requirements placed on the licensee/license.

Consent Order:
An order of the Board and an agreement between the Board and the practitioner regarding the annulment, revocation, or suspension of the authorization to practice or the conditions and/or limitations placed on the authorization to practice. (A method for resolving disputes through informal procedures.)

Denial:
Final decision denying an application for practice authorization or a motion/request for reconsideration/modification of a previous Board action.

NA:
Information not available.

NCPHP:
North Carolina Physicians Health Program.

RTL:
Resident Training License.

Revocation:
Cancellation of the authorization to practice.

Summary Suspension:
Immediate temporary withdrawal of the authorization to practice pending prompt commencement and determination of further proceedings. (Ordered when the Board finds the public health, safety, or welfare requires emergency action.)

Suspension:
Temporary withdrawal of the authorization to practice.

Temporary/Dated License:
License to practice medicine for a specific period of time. Often accompanied by conditions contained in a Consent Order or subsequent to the expiration of a previously issued temporary license.

Voluntary Dismissal:
Board action dismissing a contested case.

Voluntary Surrender:
The practitioner's relinquishing of the authorization to practice pending or during an investigation. Surrender does not preclude the Board from bringing charges against the practitioner.

ANNULMENTS

NONE

REVOCATIONS

ECHOLS, Everett Raphael, II, MD

Location: Rockingham, NC (Richmond Co)
DOB: 6/12/1954
License #: 0095-00562
Specialty: FP/P (as reported by physician)
Medical Ed: Meharry Medical College School of Medicine (1981)
Cause: During 2003 and 2004, Dr Echols was employed by RX Medical, an Internet prescribing company. While so employed, he issued prescriptions via the Internet for individuals requesting prescriptions through the RX Medical Web site without first meeting and/or examining those individuals. Autopsy reports indicate that one person for whom he prescribed amitriptyline committed suicide using that drug, as did her son.
Action: 11/10/2004. Findings of Fact, Conclusions of Law, and Order of Discipline issued following a hearing on 10/20/2004: Dr Echol's North Carolina Medical license is revoked; he may not make application for reinstatement for at least two years; prior to any application for reinstatement, he must participate with the North Carolina Physicians Health Program and comply with any recommendations it may make; the Board is under no obligation to approve any application for reinstatement Dr Echols may make regardless of his status with the NCPHP.

GEE, Steven Hong Nee, MD

Location: San Leandro, CA
DOB: 11/28/1930
License #: 0000-11160
Specialty: GP/A (as reported by physician)
Medical Ed: Bowman Gray School of Medicine (1958)
Cause: In 1998, the California Board and Dr Gee entered an agreement in which Dr Gee admitted to repeated acts of negligence and gross negligence in his treatment of several patients. His California medical license was revoked by California, with the revocation being stayed during a five-year probationary period. In 1999, Dr Gee entered a consent order with the North Carolina Board that mirrored the California agreement. In 2002, Dr Gee entered an agreement with the California Board to surrender his California license to avoid prosecution on charges of repeated acts of negligence and gross negligence in patient care. By surrendering his California license as he did, he violated his consent order with the North Carolina Medical Board and provided grounds for action by the Board.
Action: 11/10/2004. Findings of Fact, Conclusions of Law, and Order of Discipline issued following a hearing on 10/21/2004: Dr Gee's North Carolina medical license is revoked, effective immediately.

JACOBSON, Clifford Robert, MD

Location: Rochester, NY
DOB: 1/05/1950
License #: 0000-22405
Specialty: NA
Medical Ed: University of Pennsylvania (1975)
Cause: Dr Jacobson was convicted of a felony in the U.S. District Court, Western District of New York, for mail fraud involving the obtaining of money and property from Medicare, Medicaid, and private health insurers by means of false pretenses.
Action: 11/05/2004. Entry of Revocation issued: Dr Jacobson's North Carolina medical license was revoked by the operation of law as of 1/25/2004.

WALKUP, Harry Ernst, Jr, MD

Location: Marlinton, WV
DOB: 1/17/1949
License #: 0000-21131
Specialty: FP/GER (as reported by physician)
Medical Ed: West Virginia University (1975)
Cause: Dr Walkup was convicted of arson causing injury, second-degree arson, breaking and entering,, and retaliating against a person participating in an official court proceeding. These were all felony convictions.

Action: 11/22/2004. Entry of Revocation issued: Dr Walkup's North Carolina medical license was revoked by the operation of law as of 3/02/2004.

ZUTTAH, Silas Hamlet, MD
Location: Edison, NJ
DOB: 9/14/1953
License #: 0098-00436
Specialty: GS/ESM (as reported by physician)
Medical Ed: Harvard Medical School (1981)
Cause: In 2003, the New York Board revoked Dr Zuttah's New York medical license on findings he was excluded from the Medicaid program for false billings and that he failed to report the exclusion when he applied for hospital privileges in 1991 and 1999.
Action: 11/09/2004. Findings of Fact, Conclusions of Law, and Order of Discipline issued following a hearing on 10/21/2004: Dr Zuttah's North Carolina medical license is revoked, effective immediately.

SUSPENSIONS

ACKERMAN, Milton John, MD
Location: Honolulu, HI
DOB: 4/18/1947
License #: 0000-17926
Specialty: D (as reported by physician)
Medical Ed: Bowman Gray School of Medicine (1972)
Cause: In May 2001, the Hawaii Board of Medical Examiners suspended Dr Ackerman's Hawaii medical license for two years and fined him $2,000 for engaging in inappropriate sexual behavior with a 19-year-old patient of his.
Action: 11/10/2004. Findings of Fact, Conclusions of Law, and Order of Discipline issued following a hearing on 10/21/2004: Dr Ackerman's North Carolina medical license is suspended indefinitely, effective immediately.

DOERING, Mary Catherine, MD
Location: Smyrna, GA
DOB: 2/26/1950
License #: 0000-25264
Specialty: OBG (as reported by physician)
Medical Ed: University of Oklahoma (1978)
Cause: In 1998, through a consent order with the Georgia Board, Dr Doering's Georgia medical license was placed on indefinite probation for abusing a controlled substance. In 2000, she asked an office employee to obtain a controlled substance for her via a prescription written in the employee's name. Because of this relapse, later that year the Georgia Board placed her on indefinite suspension via consent order.
Action: 11/09/2004. Findings of Fact, Conclusions of Law, and Order of Discipline issued following a hearing on 10/21/2004: Dr Doering's North Carolina medical license is suspended indefinitely, effective immediately.

HAGESITH, Christian Ellis, MD
Location: Cherry Point, NC (Craven Co)
DOB: 2/23/1941
License #: 0000-16280
Specialty: NA
Medical Ed: University of Rochester (1967)
Cause: In 2002, the Colorado Board placed probationary terms and conditions on Dr Hagesith's Colorado medical license for his failing to meet generally accepted standards of practice in treating a patient, engaging in a sexual act with that patient., and having a mental disability rendering him unable to practice with reasonable skill and safety in the absence of treatment and monitoring.
Action: 11/10/2004. Findings of Fact, Conclusions of Law, and Order of Discipline issued following a hearing on 10/21/2004: Dr Hagesith's North Carolina medical license is suspended indefinitely, effective immediately.

PORTER, Dennis Ray, MD
Location: West Palm Beach, FL
DOB: 8/16/1955
License #: 0000-29989
Specialty: P/CHP (as reported by physician)
Medical Ed: University of North Carolina School of Medicine (1982)
Cause: Florida issued an Order of Emergency Suspension against Dr Porter's Florida medical license in March 1997 for writing prescriptions for a fee without having conducted examinations, signing prescriptions presented to him by his office manager without questioning who they were for, giving prescriptions for controlled substances to persons without examinations, issuing prescriptions in the names of persons he never met or examined, and knowingly prescribed drugs for sale on the street. Based on Florida's action, the North Carolina Medical Board summarily suspended Dr Porter's North Carolina license in April 1997 and filed charges against him. In 1998, the North Carolina Board and Dr Porter entered into a Tolling Agreement under which he admitted grounds existed to act against his license and the Board agreed not to conduct further proceedings against him until the Florida Board issued a final decision in its case against him. In February 2001, the Florida Board issued a Final Order accepting a Consent Order with Dr Porter wherein he agreed to an indefinite suspension of his license until he can establish that he can practice medicine with reasonable skill and safety. He agreed to be placed on five-years probation should his Florida license be reinstated, to sign a five year contract with the Florida Physician Recovery Network, and to pay a $5,000 fine. In June 2004, the North Carolina Board ordered Termination of the Tolling Agreement.
Action: 11/10/2004. Findings of Fact, Conclusions of Law, and Order of Discipline issued following a hearing on 10/21/2004: Dr Porter's North Carolina medical license is suspended indefinitely, effective immediately.

RAMADAN, Mohamed Shaher, MD
Location: Princeton, WV
DOB: 4/05/1940
License #: 0000-31362
Specialty: OBG (as reported by physician)
Medical Ed: University Ein Shams, Egypt (1964)
Cause: In June 2003, Dr Ramadan voluntarily surrendered his West Virginia medical license due to allegations he was unable to practice with reasonable skill and safety due to a physical or mental impairment.
Action: 12/17/2004. Findings of Fact, Conclusions of Law, and Order of Discipline issued following a hearing on 10/21/2004: Dr Ramadan's North Carolina medical license is suspended indefinitely.

SCHARSTEIN, Robert, MD
Location: Charlotte, NC (Mecklenburg Co)
DOB: 6/15/1957
License #: 0000-34454
Specialty: DR (as reported by physician)
Medical Ed: Medical University of South Carolina (1984)
Cause: In April 2003, the South Carolina Board summarily suspended Dr Scharstein's South Carolina medical license for addiction to drugs or alcohol.
Action: 11/10/2004. Findings of Fact, Conclusions of Law, and Order of Discipline issued following a hearing on 10/21/2004: Dr Scharstein's North Carolina medical license is suspended indefinitely, effective immediately.

TASHER, Jacob, MD
Location: Amsterdam, NY
DOB: 5/01/1945
License #: 0000-21379
Specialty: OTO (as reported by physician)
Medical Ed: University Tel Aviv, Israel (1972)
Cause: In November 2000, the New York Board placed Dr Tasher's New York medical license on five-years probation and restricted his license based on findings of substandard care involving six

patients. In June 2002, Pennsylvania suspended Dr Tasher's Pennsylvania medical license until he returns to good standing in New York.

Action: 11/10/2004. Findings of Fact, Conclusions of Law, and Order of Discipline issued following a hearing on 10/21/2004: Dr Tasher's North Carolina medical license is suspended indefinitely, effective immediately.

WALTER, Gregory William, MD
Location: Albany, GA
DOB: 12/06/1954
License #: 0000-36286
Specialty: EM (as reported by physician)
Medical Ed: New York Medical College (1981)
Cause: In August 2002, the South Carolina Board issued a Final Order reprimanding Dr Walter and fining him $1,000 for writing prescriptions for controlled substances for his wife without indication or medical justification.
Action: 11/09/2004. Findings of Fact, Conclusions of Law, and Order of Discipline issued following a hearing on 10/21/2004: Dr Walter's North Carolina medical license is suspended for six months, such suspension being stayed on condition he fully comply with the orders of the South Carolina Board.

See Consent Orders:
BOLES, Mark Leonard, MD
BRADLEY, Russell Loyd, MD
BRAY, Anthony David, MD
BRESSLER, Bernard, MD
PURDY, James Scott, MD
RODEZNO, Robert Vincent, Physician Assistant
VAUGHAN, Howell Anderson, Physician Assistant
WEBB, Charles Marshall, MD
WILLIAMS, Dwight M., MD

SUMMARY SUSPENSIONS

BUFFONG, Eric Arnold, MD
Location: Columbus, GA
DOB: 5/11/1951
License #: 0000-27894
Specialty: GN/REN (as reported by physician)
Medical Ed: Howard University (1977)
Cause: Dr Buffong may be unable to practice medi cine with reasonable skill and safety as shown by the Notice of Charges and Allegations filed by the North Carolina Medical Board on 11/29/2004, which is available on the Board's Web site.
Action: 11/29/2004. Order of Summary Suspension of License issued: Dr Buffong's North Carolina Medical license is suspended effective on service of a copy of this Order [12/14/2004].

RODEZNO, Robert Vincent, Physician Assistant
Location: Newport, NC (Carteret Co)
DOB: 7/29/1955
License #: 0001-02233
PA Education: Naval School of Health and Science (1993)
Cause: Mr Rodezno may be unable to practice as a PA with reasonable skill and safety as shown by the Notice of Charges and Allegations filed by the North Carolina Medical Board on 12/15/2004, which is available on the Board's Web site.
Action: 12/16/2004. Order of Summary Suspension of License issued: Mr Rodezno's North Carolina PA license is suspended effective on service of this Order [12/16/2004].

CONSENT ORDERS

ARMISTEAD, Ray Baxter, MD
Location: New Bern, NC (Craven Co)
DOB: 3/27/1948
License #: 0000-24130
Specialty: ORS (as reported by physician)
Medical Ed: Georgetown University (1976)
Cause: Dr Armistead does not admit but does not contest the Board's finding that from May 1998 through August 2002, he allowed a registered nurse in his employ to perform certain procedures that are beyond the scope of practice of a registered nurse.
Action: 12/15/2004. Consent Order executed: Dr Armistead is reprimanded.

BLEVINS, Douglas Dane, MD
Location: Durham, NC (Durham Co)
DOB: 8/31/1950
License #: 2005-00141
Specialty: IM (as reported by physician)
Medical Ed: University of Virginia School of Medicine (1976)
Cause: On the application of Dr Blevins for a North Carolina medical license. In September 2003, Dr Blevins surrendered his Virginia medical license for suspension to the Virginia Board of Medicine to resolve allegations he had inappropriately touched a patient and had inappropriately prescribed for her. He has attended a three-day course at Vanderbilt on "Maintaining Proper Boundaries," has been evaluated by Drs Gullick and Norris, and is receiving counseling about professional boundaries from Dr Norris. In July 2004, Virginia reinstated his license on probation. He now resides in North Carolina and has a contract with the NCPHP. He will continue his counseling with Dr Norris or another NCPHP approved counselor.
Action: 1/25/2005. Consent Order executed: Dr Blevins is issued a license to expire on the date shown on the license [2/06/2006]; he shall maintain and abide by a contract with the NCPHP; he shall continue his counseling and shall comply with all recommendations made by his therapist; he shall direct his therapist to report on his progress to the Board on a quarterly basis; he shall provide a copy of this Consent Order to all prospective employers; he shall ensure a chaperone, who has read this Consent Order, is present when he examines female patients; the chaperone shall document the chaperone's presence during the examination and record if any boundary violations or other misconduct occur; the chaperone's documentation shall be made available to Dr Blevin's therapist on a quarterly basis for inclusion in the therapist's report to the Board; Dr Blevins shall ensure every patient he sees receives a copy of the "Principles of Medical Practice" and that a copy of that statement is posted in his office; every three months, he shall ensure all patients seen in a one-week period are given a "Patient Satisfaction Survey" to complete; the "Survey" shall be provided to his therapist for inclusion in the therapist's quarterly report; each month, Dr Blevins shall ask three of his staff who have read this Consent Order to complete a "Staff Surveillance Form," which shall also be provided to his therapist for inclusion in the therapist's quarterly report; he must have written approval of his practice settings from the Board's president, which approval the president is not required to give; must comply with other requirements.

BOLES, Mark Leonard, MD
Location: Dublin, GA
DOB: 9/16/1967
License #: 0097-00866
Specialty: OPH (as reported by physician)
Medical Ed: University of North Carolina School of Medicine (1993)
Cause: In May 2004, Dr Boles Georgia medical license was suspended for 60 days, all but 14 days of which suspension were stayed on certain conditions. The Georgia Board found he had an affair with a patient from September 2000 to December 2000. It also found Dr Boles had sexual relations with an office assistant and former patient in June and July 2003, and, during the affair, he signed off on lab work for her and gave her advice about medications. Two patients charged he performed pap smears on them without a nurse present. As a result of this behavior, he was evaluated by the Behavioral Institute in Atlanta in December 2003. In late December 2003, he enrolled in a treatment program for physicians involved in professional sexual misconduct.
Action: 11/19/2004. Consent Order executed: Dr Boles North Carolina medical license is suspended for 60 days; suspension is

stayed on condition Dr Boles complies in all respects with the Order of the Georgia Board; he shall meet with the North Carolina Board as requested; must comply with other conditions.

BRADLEY, Russell Loyd, MD
Location: Hartwell, GA
DOB: 2/12/1951
License #: 0094-01138
Specialty: FP (as reported by physician)
Medical Ed: Mercer University (1993)
Cause: In March 2003, Dr Bradley was arrested in Georgia for driving while under the influence, striking a fixed object, criminal trespass, and headlight infraction. In April 2003, he surrendered his North Carolina medical license. In September 2003, he pled guilty to headlight infractions and striking a fixed object. He was sentenced to 12 months confinement; however, the period may be served on probation provided he comply with the terms of probation. Those terms include that he shall not self-prescribe medication and must submit to evaluation for substance abuse. Dr Bradley admits he is presently unable to practice with reasonable skill and safety by reason of illness, drunkenness, excessive use of alcohol, drugs, chemicals, or other materials or by reason of physical or mental abnormality. Further, Dr Bradley, who is also licensed in Missouri, was reprimanded by the Missouri Board in June 2003 for writing a prescription for hydrocodone in 2002 for a person who was not his patient.
Action: 7/23/2004. Consent Order executed: Dr Bradley's North Carolina medical license is suspended indefinitely, effective immediately.

BRAY, Anthony David, MD
Location: Burlington, NC (Alamance Co)
DOB: 11/15/1961
License #: 0094-00023
Specialty: FP (as reported by physician)
Medical Ed: University of North Carolina School Medicine (1992)
Cause: Dr Bray treated Patient A, an employee of his practice, from about January 2001 through June 2003. In January 2002, he began an intimate and sexual relationship with Patient A, lasting until July 2003. In July 2003, he assaulted Patient A in his office and a warrant for his arrest was issued based on that conduct. He was charged with assault on a female and received a prayer for judgment on the charge. Dr Bray treated Patient A's husband, Patient B, from April 2002 through March 2003. In July 2003, Patient B discovered the sexual relationship between his wife and Dr Bray. In August 2003, Dr Bray unlawfully damaged the personal property of Patient B by shooting the tire on Patient B's truck with a rifle. He was arrested for unlawfully discharging a firearm and damaging personal property. He received a prayer for judgment continued on the charge of injury to personal property and the charge of discharging a firearm in city limits was dismissed. In January 2004, the Board ordered Dr Bray to submit to an evaluation by the NCPHP and order that he cooperate fully with all evaluations and submit to further evaluations as deemed necessary by NCPHP. NCPHP previously evaluated Dr Bray and sent him a contract in January 2003 that required he obtain a comprehensive assessment at the Professional Renewal Center or other center approved by the NCPHP. Dr Bray signed that contract and obtained an assessment at the Professional Renewal Center in September 2004. The assessment resulted in a determination that Dr Bray suffers from depression but is not unfit to practice. Dr Bray established a relationship with a physician and is receiving psychiatric care for treatment of major depressive disorder and adult attention deficit disorder.
Action: 11/01/2004. Consent Order executed: Dr Bray's license is suspended for 18 months; suspension is stayed subject to conditions; he shall maintain and abide by a contract with the NCPHP; he shall maintain a relationship with an NCPHP approved therapist; he shall return to the Professional Renewal Center for reevaluation in March 2005; he shall complete a CME course titled "Maintaining Proper Boundaries" at Vanderbilt and provide the Board documentation of his successful completion of the course no later than November 2005; must comply with other conditions.

BRESSLER, Bernard, MD
Location: Richmond, VA
DOB: 5/22/1917
License #: 0000-10021
Specialty: P/PYA (as reported by physician)
Medical Ed: Washington University (1942)
Cause: In November 2003, Dr Bressler and the Virginia Board entered into a Consent Order in which he agreed his Virginia license would be voluntarily and permanently surrendered for revocation. As part of the Consent Order, Dr Bressler admitted that during a therapeutic relationship with a patient he demonstrated gross ignorance or carelessness in treatment and created a danger to her health and welfare.
Action: 12/15/2004. Consent Order executed: Dr Bressler's North Carolina medical license is suspended indefinitely; should he petition for reinstatement, the Board shall decide the issue on the basis of all the facts and circumstances available to it.

CHENEY, David Marshall, MD
Location: Ft. Benning, GA
DOB: 9/13/1953
License #: 0000-36504
Specialty: GS (as reported by physician)
Medical Ed: West Virginia School of Medicine (1982)
Cause: In January 2004, the New Hampshire Board of Medicine, pursuant to a Consent Order, reprimanded Dr Cheney and ordered that he complete a behavioral intervention course within one year and engage in laparoscopic surgical intervention and colonoscopy only under supervision of a board certified surgeon for a period of one year. The New Hampshire Board had learned that, in 2001, Dr Cheney made statements perceived to be threats against a hospital administrator and that, in 1999, he performed a colonoscopy and a laparoscopic procedure in a manner incompatible with basic competence. In April 2004, he successfully completed six lessons in anger management at the Family Center in Columbus, Georgia.
Action: 12/03/2003. Consent Order executed: Dr Cheney is reprimanded; he shall comply in all respects with the New Hampshire Consent Order of January 2004; must comply with other requirements.

DeVIRGILIIS, Juan Carlos, MD
Location: Boone, NC (Watauga Co)
DOB: 8/29/1957
License #: 0000-28719
Specialty: FP/P (as reported by physician)
Medical Ed: Faculty of Medical Sciences, Nation University of La Plata (1982)
Cause: In February 1995, Dr DeVirgiliis began treating Patient A and during their physician-patient relationship he began a sexual relationship with Patient A. He continued to treat Patient A and to write prescriptions for controlled substances for Patient A. [He surrendered his North Carolina medical license in February 2003.] In January 2004, he completed a residential treatment program at the Farley center and he has entered a contract with the NCPHP.
Action: 1/13/2005. Consent Order executed: Dr DeVirgiliis is issued a license to expire on the date shown on the license [5/31/2005]; he shall maintain and abide by his NCPHP contract and comply with all related requirements; he shall meet with the Board as requested; he shall receive written approval of his current and future practice settings from the Board president, which the president is under no obligation to give; he shall work no more than 30 hours a week; he shall continue his therapy and his therapist shall provide quarterly reports of his progress to the Board; a female chaperone shall be present when he examines a female patient; must comply with other conditions.

FOLKERTS, AnnaMaria, Physician Assistant
Location: Elon, NC (Alamance Co)
DOB: 8/24/1961
License #: 0001-02206
PA Education: The College of West Virginia (1996)
Cause: To amend the Consent Order of 5/20/2004 between the Board and Ms Folkerts.
Action: 12/30/2004. Amendment to Consent Order executed: Ms Folkert's Consent Order of 5/20/2004 is amended to require that her supervising physician and practice setting be approved by the Board president, which the Board president is under no obligation to give.

GOLDBERG, Jeffrey Alan, MD
Location: Taylor, Michigan
DOB: 3/07/1951
License #: 0000-35904
Specialty: N/Pharm
Medical Ed: CETEC, Dominican Republic (1982)
Cause: In 2000, Dr Goldberg entered into a Consent Order with the Michigan Board of Medicine in which he was reprimanded for prescribing after he had inadvertently allowed his DEA registration to lapse.
Action: 1/03/2005. Consent Order executed: Dr Goldberg is reprimanded.

LOWE-HOYTE, Charmaine Pamela A., MD
Location: Hendersonville, NC (Henderson Co)
DOB: 7/15/1953
License #: 0000-33392
Specialty: P (as reported by physician)
Medical Ed: University of Birmingham, England (1976)
Cause: In 1997, Dr Lowe-Hoyte hired Ms Nancy Patterson to work at the Center for Change as a nurse practitioner. At that same time, Ms Patterson was notified by the North Carolina Board of Nursing that she was approved as a clinical nurse specialist, not as a nurse practitioner. Dr Lowe-Hoyte incorrectly assumed Ms Patterson was a nurse practitioner based on her education, experience, and background, but she took no steps to ensure Ms Patterson was approved in North Carolina as a nurse practitioner. Dr Lowe-Hoyte allowed Ms Patterson to perform as a nurse practitioner before receiving Medical Board acknowledgment that a Notification of Intent Form had been submitted to the Medical Board as required. By permitting Ms Patterson, a registered nurse, to practice as a nurse practitioner at the Center for Change from 1997 to 2004 in violation of the rules governing nurse practitioners, Dr Lowe-Hoyte committed unprofessional conduct.
Action: 1/04/2005. Consent Order executed: Dr Lowe-Hoyte is reprimanded.

MAJOR, Patricia Tatum, MD
Location: Miami, FL
DOB: 3/15/1944
License #: 2005-00001
Specialty: IM (as reported by physician)
Medical Ed: New York University School of Medicine (1970)
Cause: As a result of continuing problems with substance abuse, Dr Major's Florida medical license was revoked in April 1988. She successfully completed seven years (1992-1999) of active monitoring under contract with Florida's Impaired Practitioners Program in 1999. Her Florida license was reinstated in 1995 and is currently in good standing.
Action: 1/11/2005. Non-Disciplinary Consent Order executed: Dr Major is issued a license to practice medicine and surgery in North Carolina.

NIEMEYER, Meindert Albert, MD
Location: Elon, NC (Alamance Co)
DOB: 6/16/1956
License #: 0000-30440
Specialty: FP (as reported by physician)
Medical Ed: Faculty of Medicine, National University of Utrecht, Netherlands (1981)
Cause: On application for reissuance of Dr Niemeyer's license. On 5/20/2004, he and the Board entered into a Consent Order by which his license was indefinitely suspended based on certain criminal convictions and his sale of goods from his office as outlined in that Consent Order. Dr Niemeyer has entered into a contract with the NCPHP and, at the suggestion of the NCPHP, he has received counseling from Gene G. Abel, MD, at Behavioral Medicine. He will continue receiving counseling from Christopher Norris, PhD, or another NCPHP approved counselor.
Action: 11/19/2004. Consent Order executed: Dr Niemeyer is issued a license to expire on the date shown on the license [5/31/2005]; he shall maintain and abide by a contract with the NCPHP, including compliance with all counseling, report, and meeting requirements; he shall continue counseling with Dr Norris or another licensed counselor approved by the president of the Board and he shall comply with all recommendations of his therapist; he shall direct Dr Norris or his successor to provide the Board quarterly reports of his progress; he shall meet with the Board for informal interview in May 2005 and at such other times as the Board requests; he shall provide a copy of this Consent Order to all current and prospective employers; he shall ensure a female chaperone who has read this Consent Order is present at any time he examines a female patient; the chaperone shall document her presence during the examination and any misconduct that occurs with respect to the patient; on a quarterly basis, the chaperone's records shall be provided to Dr Norris or his successor for inclusion in his reports to the Board; Dr Niemeyer shall ensure all his patients receive the Principles of Medical Practice statement and that a copy be posted clearly in his office; every three months, he shall ensure all patients he sees in a one-week period are given a Patient Satisfaction Survey, and these forms shall be provided directly to Dr Norris from staff so they can be added to his reports to the Board; each month, Dr Niemeyer shall ask three of his staff members who have read this Consent Order to complete a Staff Surveillance Form, which shall also be sent directly to Dr Norris for inclusion in his reports to the Board; Dr Niemeyer shall receive written approval of his current and future practice settings from the president of the Board, which approval the president is under no obligation to provide; he shall not sell Juice Plus+® from his office, suggest any patient use that product, or encourage any patient become a distributor for it; must comply with other conditions.

NUNEZ, Santiago, MD
Location: Williamsburg, VA
DOB: 5/14/1931
License #: 0000-27624
Specialty: P/CHP (as reported by physician)
Medical Ed: University of Havana, Cuba (1956)
Cause: In June 2004, the Virginia Board of Medicine reprimanded Dr Nunez for inappropriately prescribing for and treating family members, co-workers, and himself; and for conviction for reckless driving.
Action: 1/14/2005. Consent Order executed: Dr Nunez is reprimanded.

PURDY, James Scott, MD
Location: Lexington, NC (Davidson Co)
DOB: 1/16/1964
License #: 0000-36807
Specialty: FP (as reported by physician)
Medical Ed: Bowman Gray School of Medicine (1990)
Cause: In May 2004, Dr Purdy entered a treatment center for poly-substance abuse or dependence. He made significant progress during five weeks and two days of treatment; however, the treatment center recommended additional treatment prior to discharge and to his returning to practice. Despite the center's recommendation, he left the center in June 2004. He has not

practiced since he left treatment in June 2004.
Action: 12/15/2004. Consent Order executed: Dr Purdy's North Carolina medical license is suspended indefinitely; he may not petition for reinstatement for at least 12 months; should he seek reinstatement, the Board shall decide the issue based on all the facts and circumstances available to it.

RODEZNO, Robert Vincent, Physician Assistant
Location: Newport, NC (Carteret Co)
DOB: 7/29/1955
License #: 0001-02233
PA Education: Naval School of Health and Science (1993)
Cause: Mr Rodezno has a history of alcoholism and in July 2002 entered into a monitoring contract with the NCPHP. In May 2004, he submitted a urine sample that tested positive for alcohol. He underwent inpatient treatment at Bradford Treatment Center in Alabama in August 2004. He signed a five year contract with the NCPHP in October 2004 and the NCPHP reports he is in compliance with that contract and has not tested positive for alcohol or drugs since his treatment.
Action: 11/24/2004. Consent Order executed: Mr Rodezno's PA license is suspended for six months, that suspension being stayed on conditions; unless lawfully prescribed by someone else, he shall refrain from the use of mind-or mood-altering substances, including alcohol, and he shall inform the Board within 10 days of such use, noting the prescriber and the pharmacy filling the prescription; at the Board's request, he shall supply bodily fluids or tissues to allow screening for use of such substances; he shall maintain and abide by a contract with the NCPHP; must comply with other conditions.

VANDERWERF, Joseph Nelson, MD
Location: Hendersonville, NC (Henderson Co)
DOB: 4/09/1947
License #: 0000-19557
Specialty: FP/EM (as reported by physician)
Medical Ed: George Washington University (1973)
Cause: Dr Vanderwerf was arrested and convicted of driving while under the influence in 1998. In October 2003, he was arrested in Virginia by the U.S. Park Police for DUI, driving while impaired, reckless driving, and failure to stop. As a result of that arrest, in April 2004 he pled guilty to reckless driving. The other charges were dismissed, and he was fined $300 and placed on probation for two years.
Action: 1/14/2005. Consent Order executed: Dr Vanderwerf is reprimanded.

VAUGHAN, Howell Anderson, Physician Assistant
Location: Knightdale, NC (Wake Co)
DOB: 3/31/1958
License #: 0001-01513
PA Education: Wake Forest University (1992)
Cause: In late March, 2004, Mr Vaughan violated his Consent Order of 3/18/2004 when he instructed an employee of Carolina Express Care to call in a prescription for a controlled substance for a patient using another PA's name as authorization. The PA whose name was used had no knowledge his name was being used for the prescription and had not examined the patient. Investigation also showed Mr Vaughan wrote a prescription for another patient and forged the signature of another PA in doing so. He is now under contract with the NCPHP.
Action: 11/08/2004. Consent Order executed: Mr Vaughan's North Carolina PA license is indefinitely suspended; he will not reapply for a license for at least six months; unless lawfully prescribed by someone else, he shall refrain from the use of mind-or mood-altering substances, including alcohol, and he shall inform the Board within two weeks of such use, noting the prescriber and the pharmacy filling the prescription; at the Board's request, he shall supply bodily fluids or tissues to allow screening for use of such substances; he shall maintain and abide by a contract with the NCPHP; he shall surrender any and all controlled substance registrations to the DEA and shall not reapply for them; must comply with other conditions.

WEBB, Charles Marshall, MD
Location: Florence, SC
DOB: 8/05/1952
License #: 2004-01607
Specialty: OBG (as reported by physician)
Medical Ed: Medical University of South Carolina College of Medicine (1981)
Cause: On the application of Dr Webb for a North Carolina medical license. He holds a South Carolina medical license. In August 2003, after a formal hearing, the South Carolina Medical Board found that Dr Webb had sexual relationships with two patients between 1999 and 2001 and that he conducted an inappropriate genital examination on a labor and delivery nurse in 1995 or 1996. As a result of that conduct, he submitted to an inpatient evaluation followed by continuing therapy. As part of its Final Order, the South Carolina Board indefinitely suspended Dr Webb's license, that suspension being stayed provided he comply with certain conditions. In June 2004, he applied for a North Carolina license and disclosed the findings and action of the South Carolina Board. In July 2004, he received an assessment by the NCPHP, which found he did not show any significant psychopathology or other issues that would tend to indicate continuing risk to patients.
Action: 11/23/2004. Consent Order executed: Dr Webb is issued a North Carolina medical license; he is reprimanded for his prior conduct and his license is indefinitely suspended; the suspension is stayed on condition he comply with the South Carolina Final Order of August 2003, which includes all the recommendations of the Behavioral Medicine Institute of Atlanta; he shall provide a copy of this Order to all current and future employers; he shall meet with the Board as requested; must comply with other conditions.

WHITE, Steven William, Physician Assistant
Location: Cameron, NC (Harnett Co)
DOB: 12/19/1962
License #: 0001-02116
PA Education: Midwestern University (1996)
Cause: Amendment to paragraph 1(e) of Consent Order of 12/03/2003 requested.
Action: 12/13/2004. Consent Order executed: Consent Order of 12/03/2003 is amended to allow Mr White to practice with a supervising physician on site no less than 10 days per month; all other provisions of the 12/03/2003 Order remain in effect.

WILLIAMS, Dwight Morrison, MD
Location: Roanoke Rapids, NC (Halifax Co)
DOB: 2/15/1952
License #: 0000-33577
Specialty: OBG (as reported by physician)
Medical Ed: University of North Carolina School of Medicine (1982)
Cause: Dr Williams has a history of substance abuse and substance abuse led him to voluntarily surrender his license in 2003. In closing his practice, he did not give his patients sufficient advance notice of the closing nor did he inform them how to get copies of or request transfer of their medical records.
Action: 1/07/2005. Consent Order executed: Dr Williams' medical license is suspended indefinitely.

MISCELLANEOUS ACTIONS
NONE

DENIALS OF RECONSIDERATION/MODIFICATION
NONE

DENIALS OF LICENSE/APPROVAL
NONE

SURRENDERS

AARONS, Mark Gold, MD
Location: Pinehurst, NC (Moore Co)

DOB: 5/07/1958
License #: 0000-31233
Specialty: NEP/IM (as reported by physician)
Medical Ed: Baylor University (1984)
Action: 12/10/2004. Voluntary surrender of medical license.

FARRELL, Edwin Gayle, MD
Location: Greensboro, NC (Guilford Co)
DOB: 3/13/1945
License #: 0000-17345
Specialty: PD/ADL (as reported by physician)
Medical Ed: University of North Carolina School of Medicine (1971)
Action: 12/07/2004. Voluntary surrender of medical license.

REEVES, Donna Faye, Physician Assistant
Location: Sparta, NC (Alleghany Co)
DOB: 11/28/1955
License #: 0001-01196
PA Education: Bowman Gray (1989)
Action: 1/05/2005. Voluntary surrender of North Carolina PA license.

COURT APPEALS/STAYS
NONE

CONSENT ORDERS LIFTED

BUZZANELL, Charles Anton, MD
Location: Asheville, NC (Buncombe Co)
DOB: 9/23/1956
License #: 0098-00481
Specialty: AN/APM (as reported by physician)
Medical Ed: Georgetown University School of Medicine (1984)
Action: 1/27/2005. Order issued lifting Consent Orders of 9/16/2003, 1/13/2004, and 8/03/2004.

CLARK, Richard Stroebe, MD
Location: West Memphis, AR
DOB: 10/27/1935
License #: 0000-32670
Specialty: GS/NTR (as reported by physician)
Medical Ed: University of Southern California, Los Angeles (1959)
Action: 12/07/2004. Order issued lifting Consent Order of 5/19/1999.

LOVATO, Frank James, Physician Assistant
Location: Fayetteville, NC (Cumberland Co)
DOB: 12/02/1950
License #: 0001-02071
PA Education: Fort Sam Houston (1983)
Action: 12/02/2004. Order issued lifting Consent Order of 4/01/2004.

TEMPORARY/DATED LICENSES:
ISSUED, EXTENDED, EXPIRED, OR REPLACED BY FULL LICENSES

BARBER, Robert Anthony, DO
Location: Morehead City, NC (Carteret Co)
DOB: 9/30/1954
License #: 2003-00222
Specialty: FP (as reported by physician)
Medical Ed: University of Health Sciences College of Osteopathic Medicine (1989)
Action: 1/20/2005. Temporary/dated license extended to expire 5/31/2005.

BREWER, Thomas Edmund, Jr, MD
Location: Denton, NC (Davidson Co)
DOB: 11/04/1956
License #: 0000-28141
Specialty: GP/EM (as reported by physician)
Medical Ed: Wake Forest University School of Medicine (1983)
Action: 1/20/2005. Temporary/dated license extended to expire 7/31/2005.

BUZZANELL, Charles Anton, MD
Location: Asheville, NC (Buncombe Co)
DOB: 9/23/1956
License #: 0098-00481
Specialty: AN/APM (as reported by physician)
Medical Ed: Georgetown University School of Medicine (1984)
Action: 1/20/2005. Full and unrestricted license issued.

CARLSON, James Lennart, MD
Location: Cerro Gordo, NC (Columbus Co)
DOB: 11/20/1959
License #: 2002-00010
Specialty: FP (as reported by physician)
Medical Ed: Medical College of Wisconsin (1991)
Action: 11/18/2004. Temporary/dated license extended to expire 3/31/2005.

CONNINE, Tad Robert, MD
Location: Hawkinsville, GA
DOB: 1/19/1964
License #: 0099-00193
Specialty: RO (as reported by physician)
Medical Ed: University of Southern Florida (1992)
Action: 11/18/2004. Full and unrestricted license issued.

CROSS, Harry Giles, Jr, Physician Assistant
Location: Southern Pines, NC (Moore Co)
DOB: 3/11/1960
License #: 0001-01139
PA Education: Wake Forest University (1989)
Action: 11/18/2004. Temporary/dated license extended to expire 5/31/2005.

FOLKERTS, AnnaMaria, Physician Assistant
Location: Elon, NC (Alamance Co)
DOB: 8/24/1961
License #: 0001-02206
PA Education: The College of West Virginia (1996)
Action: 1/01/2005. Temporary/dated license extended to expire 5/31/2005.

GUALTEROS, Oscar Mauricio, MD
Location: Southern Pines (Moore Co)
DOB: 5/11/1964
License #: 0099-00236
Specialty: IM (as reported by physician)
Medical Ed: University of Navarra, Spain (1991)
Action: 1/20/2005. Temporary/dated license extended to expire 1/31/2006.

HOOPER, Jeffrey Curtis, MD
Location: Greensboro, NC (Guilford Co)
DOB: 9/21/1964
License #: 0097-00286
Specialty: FP (as reported by physician)
Medical Ed: Vanderbilt University School of Medicine (1995)
Action: 1/20/2005. Temporary/dated license extended to expire 7/31/2005.

KEEVER, Richard Alan, MD
Location: Greensboro, NC (Guilford Co)
DOB: 6/11/1941
License #: 0000-16400
Specialty: OTO (as reported by physician)
Medical Ed: University of North Carolina School of Medicine (1969)
Action: 1/20/2005. Full and unrestricted license issued.

LAVINE, Gary Harold, MD
Location: New Bern, NC (Craven Co)
DOB: 11/04/1964

License #: 2001-00403
Specialty: EM (as reported by physician)
Medical Ed: University of South Alabama (1989)
Action: 1/20/2005. Temporary/dated license extended to expire 1/31/2006.

LEMAIRE, Pierre-Arnaud Paul, MD
Location: Wilson, NC (Wilson Co)
DOB: 3/24/1960
License #: 0000-39440
Specialty: GS/VS (as reported by physician)
Medical Ed: U of Medicine and Dentistry of NJ, R.W. Johnson School of Medicine (1985)
Action: 11/18/2004. Full and restricted license issued.

MATTHEWS, Charles Joseph, MD
Location: Raleigh, NC (Wake Co)
DOB: 2/3/1955
License #: 0000-27245
Specialty: N (as reported by physician)
Medical Ed: University of Virginia (1978)
Action: 11/18/2004. Full license issued.

McCLELLAND, Scott Richard, DO
Location: Wilmington, NC (New Hanover Co)
DOB: 7/19/1948
License #: 0000-29064
Specialty: P (as reported by physician)
Medical Ed: Kirksville College of Osteopathic Medicine (1980)
Action: 1/20/2005. Temporary/dated license extended to expire 1/31/2006.

PRESSLY, Margaret Rose, MD
Location: Boone, NC (Watauga Co)
DOB: 5/5/1956
License #: 0000-34548
Specialty: FP (as reported by physician)
Medical Ed: University of North Carolina School of Medicine (1990)
Action: 11/18/2004. Temporary/dated license extended to expire 7/31/2005.

ROSNER, Michael John, MD
Location: Hendersonville, NC (Henderson Co)
DOB: 12/04/1946
License #: 0000-26865
Specialty: NS/NCC (as reported by physician)
Medical Ed: Virginia Commonwealth University School of Medicine (1972)
Action: 1/20/2005. Temporary/dated license extended to expire 9/30/2005.

SEBHAT, Berhan, MD
Location: Durham, NC (Durham Co)
DOB: 10/22/1966
License #: 2001-01395
Specialty: IM (as reported by physician)
Medical Ed: Medical College of Ohio (1998)
Action: 1/20/2005. Full and unrestricted license issued.

SMITH, David Lewis, Physician Assistant
Location: Wilmington (New Hanover Co)
DOB: 9/19/1951
License #: 0001-01503
PA Education: Alderson Broaddus College (1992)
Action: 1/20/2005. Temporary/dated license extended to expire 3/31/2005.

STROUD, Joan Marie, Physician Assistant
Location: Gastonia, NC (Gaston Co)
DOB: 4/24/1956
License #: 0001-01476
PA Education: Pennsylvania State University (1980)
Action: 1/20/2005. Temporary/dated license extended to expire 7/31/2005.

WADDELL, Roger Dale, MD
Location: Aberdeen, NC (Moore Co)
DOB: 11/17/1954
License #: 0000-30105
Specialty: GP (as reported by physician)
Medical Ed: University of Colorado School of Medicine (1981)
Action: 1/20/2005. Temporary/dated license extended to expire 7/31/2005.

WHITE, Steven William, Physician Assistant
Location: Cameron, NC (Moore Co)
DOB: 12/19/1962
License #: 0001-02196
PA Education: Midwestern University (1996)
Action: 1/20/2005. Temporary/dated license extended to expire 5/31/2005.

See Consent Orders:
BLEVINS, Douglas Dane, MD
DeVIRGILIIS, Juan Carlos, MD
NIEMEYER, Meindert Albert, MD

DISMISSALS

DESSAUER, Kati Elizabeth, MD
Location: Cary, NC (Wake Co)
DOB: 5/01/1954
License #: 0000-32201
Specialty: FP (as reported by physician)
Medical Ed: University of North Carolina School of Medicine (1985)
Cause: Based on evidence presented to the Board on 9/23/2004, the Notice of Charges and Allegations of 4/12/2004 should be dismissed.
Action: 10/19/2004. Order issued: Notice of Charges and Allegations of 4/12/2004 is dismissed with prejudice.

SCALLION, Gerald John, MD
Location: Philadelphia, PA
DOB: 9/03/1953
License #: 2000-00163
Specialty: GS (as reported by physician)
Medical Ed: University of Maryland (1979)
Cause: Relating to the Notice of Charges and Allegations against Dr Scallion issued by the Board on 5/19/2004. In October 2002, the Medical Board of California issued a Decision and Order adopting a Stipulated Settlement and Disciplinary Order by which Dr Scallion surrendered his California license in lieu of further action relating to allegations of gross negligence, incompetence, failure to document, and unprofessional conduct. The North Carolina Medical Board considered the principal allegations against Dr Scallion before the California action and issued him a North Carolina license in January 2000. The California Stipulation Settlement contains no findings of fact concerning the allegations made.
Action: 10/25/2004. Consent Order executed: The North Carolina Notice of Charges and Allegations against Dr Scallion dated 5/19/2004 is dismissed without prejudice; Dr Scallion understands the allegations in the 5/19/2004 Notice may be reissued by the Board.

CHANGE OF ADDRESS FORM

Mail Completed form to: North Carolina Medical Board
PO Box 20007, Raleigh, NC 27619

Please print or type: Date:_____

Full Legal name of Licensee:_____

Social Security #:_____License/Approval #:_____

(Check preferred mailing address)

❑ Business:_____

_____

_____

Phone:(_____)_____Fax:(_____)_____

❑ Home:_____

_____

_____

Phone:(_____)_____Fax:(_____)_____

The Board requests all licensees maintain a current address on file with the Board office. Changes of address should be submitted to the Board within 60 days of a move.

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NCMB Nominations /Appointments

The North Carolina Medical Board periodically nominates or appoints physicians to various boards. Positions are now open with the North Carolina Board of Electrolysis Examiners and the Midwifery Joint Subcommittee. Descriptions of both boards appear below. If you are interested in serving in either of these positions, please send your CV and a cover letter by June 1 to: R. David Henderson, Executive Director, PO Box 20007, Raleigh, NC 27619 or *david.henderson@ncmedboard.org*.

North Carolina Board of Electrolysis Examiners. The NCBEE regulates the practice of electrolysis in North Carolina. It has five members: three electrologists, one physician, and one public member. The board meets approximately four times a year, usually on a Monday, in Greensboro. For further information, please see Chapter 88A of the North Carolina General Statutes. Physicians who specialize in dermatology or plastic surgery are particularly encouraged to apply.

Midwifery Joint Subcommittee. The MJS regulates the practice of midwifery in North Carolina. It has ten members: three members of the North Carolina Board of Nursing, three members of the North Carolina Medical Board, two nurse midwives appointed by the NCBON, and two obstetricians appointed by the NCMB. The MJS meets approximately twice a year, usually on a Wednesday, in Raleigh. For further information, please see Article 10A of Chapter 90, North Carolina General Statutes. Only those physicians who specialize in obstetrics and who have had working experience with midwives should apply.

North Carolina Medical Board Meeting Calendar

Meeting Dates: May 18-20, 2005; June 15-16, 2005; July 20-22, 2005; August 17-18, 2005

North Carolina Medical Board
1203 Front Street
Raleigh, NC 27609