WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES



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STATE OF WISCONSIN BEFORE THE BOARD OF NURSING

IN THE MATTER OF THE LICENSE OF

FINAL DECISION
AND ORDER

GLORIA EVANS, R.N.

RESPONDENT.

ORDER 0001727

The parties to this action for the purposes of Wis. Stats. sec. 227.16 are:

Gloria Evans 101 Knightbridge Road, Apt. 2 Waunakee, Wisconsin

Board of Nursing
P. O. Box 8936
Madison, Wisconsin 53708-8936

Department of Regulation & Licensing Division of Enforcement P. O. Box 8936 Madison, Wisconsin 53708-8936

A party aggrieved by this decision may petition the Board for rehearing within twenty (20) days after service of this decision pursuant to Wis. Stats. sec. 227.12. The petition in this instance would be captioned with Gloria Evans as the respondent.

A party aggrieved by this decision may also petition for judicial review by filing the petition in the office of the clerk of the circuit court for the county where the judicial review proceedings will be held and serving the Board or other parties with a copy of the petition for judicial review within thirty (30) days after service of this decision pursuant to Wis. Stats. sec. 227.16. The party to be named as respondent in said petition would be the State of Wisconsin Board of Nursing.

The parties in this matter agree to the terms and conditions of the attached stipulation as the final disposition of this matter, subject to the approval of the Board. The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached stipulation and makes the following:

FINDINGS OF FACT

1. Gloria Evans is duly licensed as a registered nurse in the State of Wisconsin (license #54183); this license was issued on September 17, 1971.

- 2. On December 15, 1982, Ms. Evans diverted from her employer, St. Joseph's Hospital in Chippewa Falls, Wisconsin an unknown quantity of Schedule II narcotics, including Morphine, Meperidine hydrochloride, and Mepergan. Ms. Evans tampered with hospital supplies to cover for this diversion.
- 3. Ms. Evans diverted the drugs referred to in paragraph 2, above based on threats of violence she received against her and her children from a person she believed to have underworld connections.
- 4. Ms. Evans was undergoing psychotherapy at that time for personal problems and stress.
- 5. Subsequent to the discovery of the diversions referred to in paragraph 2, above, Ms. Evans has cooperated with federal authorities in pursuing their investigation regarding the trafficking of narcotics.

CONCLUSIONS OF LAW

The conduct of Ms. Evans as described above constitutes a basis for the imposition of disciplinary action against her license as a registered nurse pursuant to Wis. Stats. 441.07(1)(d) and Wis. Adm. Code sec. N 11.04(1) and N 11.03(3)(b).

Therefore, it is hereby ORDERED:

The license of Ms. Evans is limited for a period of one year as follows:

(1) Ms. Evans must participate on a weekly basis in a counseling program acceptable to the Board of Nursing.

To be an acceptable program, the counseling must be supervised by a psychiatrist or psychologist in good standing with the Department of Regulation and Licensing; the supervising psychologist must agree to file quarterly progress reports to the Bureau of Nursing on Ms. Evans, and in addition agree to immediately report any condition which may adversely affect Ms. Evans' ability to competently practice as a registered nurse.

In satisfaction of this requirement, Ms. Evans shall participate on an outpatient basis in the Eating Disorder Treatment Program at Methodist Hospital, Madison, Wisconsin, for a period of at least six (6) to eight (8) weeks after her discharge from the Program in which she has participated as an inpatient.

Ms. Evans shall, in addition, participate in counseling with Dr. Martin D. Fliegel, 4510 Regent Street, Madison, Wisconsin, on a weekly basis unless more or less frequent office visits are ordered by Dr. Fliegel.

Ms. Evans shall provide current releases complying with state and federal laws to the Bureau of Nursing for release of her records and staff evaluation from her counselor.

- (2) Ms. Evans shall be responsible for obtaining an acceptable counseling program, as well as for all costs incurred in conjunction with this program.
- Ms. Evans shall arrange for the submission of written quarterly reports directly from her employer to the Bureau of Nursing, evaluating her work performance.
- (4) Ms. Evans may petition the Board at any time during the limitation period to revise or eliminate any of the above conditions.
- (5) Violation of any of the terms of the limitation may result in summary suspension of Ms. Evans' license, and/or the imposition of additional discipline. Any alleged violation shall be investigated by the Department. Ms. Evans shall have the right to a hearing before the Board of Nursing prior to the imposition of any additional penalties, restrictions or prior to the revocation of her license.

In recognition of Ms. Evans' on-going participation in therapy, this limitation period shall commence retroactively from July 18, 1983, and continue through July 18, 1984.

BOARD OF NURSING

11-28-83 Date

SMG: dms 6745

IN THE MATTER OF THE LICENSE OF

STIPULATION

GLORIA EVANS, R.N.

It is hereby stipulated between Gloria Evans, R.N., personally and by her attorney Greg Paradise and Steven M. Gloe, attorney for the Department of Regulation and Licensing, Division of Enforcement, as follows that:

- 1. This stipulation is entered into as a result of a pending investigation of Ms. Evans' licensure by the Division of Enforcement (case file #82 NURSE 76). Ms. Evans consents to the resolution of this investigation by stipulation and without the issuance of a formal Complaint.
- 2. Ms. Evans understands that by the signing of this stipulation she voluntarily and knowingly waives her rights, including: The right to a hearing on the allegations against her, at which time the State has the burden of proving those allegations by clear, satisfactory and convincing evidence; the right to confront and cross examine the witnesses against her; the right to call witnesses on her behalf and to compel their attendance by subpoena; the right to testify herself; the right to file objections to any proposed decision and to present briefs or oral arguments to the officials who are to render the final decision; the right to petition for rehearing; and all other applicable rights afforded to Ms. Evans under the United States Constitution, the Wisconsin Constitution, the Wisconsin Statutes and the Wisconsin Administrative Code.
- 3. If the terms of the stipulation are not acceptable to the Board of Nursing, the parties shall not be bound by the contents of this stipulation, and the matter shall be returned to the Division of Enforcement for further proceedings.
- 4. If the Board accepts the terms of the stipulation, the parties to this stipulation consent to the entry of the attached Final Decision and Order without further notice, pleading, appearance or consent of the parties.
- 5. Ms. Evans agrees to the adoption of the final decision and order by the Board of Nursing. The Final Decision and Order, as attached, is incorporated as a part of this stipulation. Also incorporated within this stipulation are the attached reports from J.M. Tobin, M.D. on Ms. Evans' psychiatric health.

6. The Division of Enforcement joins Ms. Evans in recommending the Board of Nursing adopt this stipulation and issue the attached final decision and order.

SMG:kh 632-474 CHILD AND ADOLESCENT PSYCHIATRY

October 19, 1983

TELEPHONE: 238-5826

Gregory J. Paradise Attorney at Law 20 N. Carroll Madison, WI 53703

RE: Gloria Evans

Dear Mr. Paradise:

This 35-year-old, divorced woman was referred to me in April 1983. She was at that time unemployed and was caring for her two children, Jeffrey (age 10) and Jennifer (age 6). At that time she had recently moved from the Eau Claire area with the objective of achieving a closer, more supportive relationship with her fmaily of origin through being closer to them geographically. Initially, on moving to our area, she had been referred by Dr. Joseph Tobin of Eau Claire to Dr. Lee Roberts, who in turn referred her to Dr. Fred Fosdal. She originally contacted me to ask my assistance in working with her children.

At that time Jeffrey and Jennifer had both had the benefit of an extensive study by the Waunakee Special Services staff, and were being successfully taught in that school system. Jeffrey had a long-standing, previously diagnosed attention deficit disorder with hyperactivity, which had in the past and continues to be successfully treated with medication. Jennifer was manifesting some developmental delays that were either seen as related to a tense and chaotic family situation (alluded to later) or more primary causes. In any event, she too had been successfully placed in an educational program. I saw the children together with their mother. It soon became apparent that Mrs. Evans continued to manifest significant psychiatric symptomatology that had previously been the focus of therapy.

Mrs. Evans is the oldest of four children and is an only daughter. Her parents are described as successful, but seen by her as somewhat rigid, unempathic, and unaccepting. The other side of that coin appeared to be a long-term pattern of Mrs. Evans of tending to continue to relate pathologically dependently to her parents, seeming continuously (as she saw it) to have to make herself ineffectual to deserve the expected beneficence of being cared for. This struggle, as she identified it in giving history, permeated her life at least from young adulthood onward, through her university years, and most particularly throughout her 10-year marriage which was terminated in 1980. During her college years and the additional years in which she resided in Eau Claire, she was in psychotherapy and was treated with medications -- i.e., Amytriptyline, Ritalin, and Lasix--as well as intensive insight-oriented therapy. However, despite the therapy and her significant gains in being more insightful, an eating disorder pattern established itself. This was a combination of both a very stringent diet as well as binge eating

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followed by self-induced vomiting. This pattern was evident from age 17 on, and was not modified in psychotherapy.

The 10-year marriage, as she sees it now, was marked by mutually ungratifiable dependency needs. The divorce was followed by a protracted custody battle. Over the almost three additional years in which Mrs. Evans resided in Eau Claire, there was exacerbation of depressive symptomatology as well as the bulfrexic pattern referred to earlier. During this time there was episodic abuse of alcohol and some abuse of other chemical substances. During that time too, she involved herself in several unsuccessful relationships with men that were marked by overdependency on her part, and ended in ultimate exploitation and subjective depression.

At the time I saw her first, she was deeply enmeshed in the anorexic-bulcamic pattern, as well as with episodic alcohol abuse, to the end that vital internal chemical imbalances had occurred that greatly affected the quality of her thinking. It was during this period that the offense occurred in the context of one of the pathological relationship in which she involved herself.

On initial interview here, she presented as a highly agitated, clinically depressed, desperately dependent individual who seemed overwhelmed by the tasks of family and autonomous living and consequently was only marginally able to offer her children a stable environment. Following initial assessment, and on her initiative, inpatient treatment in the eating disorder program at Methodist Hospital was explored. She admitted herself to that program at the time that the children were out of school and could be with their biological father in Eau Claire.

She was admitted to the Methodist Hospital program; all medication was discontinued. While on the program, she gradually gained control over her eating disorder with a consequent improvement in her mood and in the quality of her thinking, allowing her to reidentify the previous pathological dependent patterns that she had generally used to cope with life. She has been discharged from the hospital program since 7/18/83, having been hospitalized for one Since that time she has been followed on an outpatient basis in the eating disorder clinic, and I have seen her in weekly supportive psychotherapy sessions. Although financial problems remain, she has been able to live within the constraints of AFDC and has reestablished a warm, supportive, and stable environment for her children. She has been free of major psychiatric symptomatology-that is, crippling anxiety, depression, or the bulirexic pattern. She has successfully established a social network in the community, has been active in volunteer work, and is exploring full-time employment, having been offered some part-time nursing employment She has done very well with the stresses of resuming . recently. responsibility for herself, as well as those stresses secondary to legal proceedings of which she has been a part.

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In my opinion, prognosis for future appropriate functioning is excellent with the help of ongoing supportive psychotherapy. She has dealt forthrightly with the legal difficulty in which she has embroiled herself, and is in my opinion most unlikely to repeat such behavior. In short, I believe that she is now dealing very well with what continues to be a stressful situation. It would be my hope that she will be able to continue with the help of additional support through probation. She is now once again a productive professional, and will continue to make this a contribution to society as well as continuing to be an appropriately warm mother to her children.

Sincerely,

Martin B. Fliegel, M.D.

MBF:gm \