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National Council of State Boards of Nursing

## **2017 NCSBN Discipline Case Management Conference - The Discipline Experience: Perspective of a Complainant and a Disciplined Licensee Video Transcript**

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### **Event**

2017 NCSBN Discipline Case Management Conference

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### **Presenter**

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The question is why do you do what you do? I'm here to talk to you about the perspective of a complainant and the perspective of a disciplined licensee. But the real question is why do you do it? Why do you get up in the morning? Why do you come to a conference like this? Why do you listen to someone like me? God bless you. And it's discipline case management, that's why you all are here, discipline case management principles. And these are the principles for this conference: systems, policy, purpose, perspective. Each of those words mean different things to different people in the room, but there's also a common perspective of this is the core of what discipline case management is about. Perspective is one of those things and transforming principles into practice is what this conference is all about. One of those things is looking at perspective and examining the view of the complainants and the disciplined licensees. So, when I was working at the Texas Medical Board many years ago, I got to see the perspective of complainants because I worked with complainants and I heard from complainants and I saw the difficulties that they were going through and what their perspective was. And in private practice, I've worked with complainants who are troubled by something and it's not just, you know, I'm going to fire off a complaint to the board, but a thoughtful complaint or dealing with someone who has a complaint and they want to talk to a lawyer to get a perspective of what the agency is about. Again, perspective. And then discipline licensees have been representing folks for a long time and that's a different perspective and those two perspectives, I think, are helpful. When I was at the board, it was one of the hardest things for me to learn was to see things through the eyes of the complainant, see things through the eyes of the disciplined licensee. It's not that hard to appreciate their agenda or what they want because they're calling up, they've got a limited amount of time with you, and they are hammering you really clearly about what they care about, what they want you to do, and what they think the problem is, and what they think the solution is. And it's intense, but that's not always what it's about, and over the years, you get a perspective and you begin to appreciate their perspective more broadly than perhaps they can articulate to. So, that's what I'm going to share with you today. Is the perspective of the... My clicker. Here we go. Talking about perspective, I picked this slide out several weeks ago before our president made his comment about Paris versus Pittsburgh. So before, Pittsburgh was a political football to the extend that Pittsburgh hasn't been a political football before. Please understand this has nothing to do with that, has nothing to do with politics, but this is really a raw shock I have

discovered. This is a raw shock test of how people feel about regulation. And what this is, is this is a picture of Pittsburgh in the early 1920s, '30s on the left. Choke you, dark day, every day, smog, pollution. And this is the Pittsburgh on the right of modern day Pittsburgh and this photograph doesn't do that justice, but it's a gleaming sky and a gleaming skyscraper. Some people in our country look at this and in our communities look at this and see business figuring out what needed to be done in order to move forward and progress and get out of pollution. Other people look at this and say, "This is an example of regulation and regulation working to clean up the air and to clean up the water." As recently as the 1970s, Pittsburgh, the waters were polluted that nothing was growing in them and the air was chokier polluted just as recently as 30 years ago. Something changed and different people look at this and see different things. Some people look at this and think that had nothing to do with regulation and if regulation was in place, that happened despite regulation. That happened because people were smart enough to do the things that needed to be done to clean up their environment. Other people look at this slide and say, "Oh, well, this is an example of regulation working. Over time, people making choices and regulation working." Other people look at this and say, "This is an example of both, of people working together with regulators and a community making decisions and values about what was important and even more nuanced just simply about economics. The economics of the steel industry, the economics of a growing city, economics. Lots of different perspectives and this hope brings you to reality and that is Pittsburgh, this wonderful city that you're in. I've had the opportunity to be here for several days to visit family and I know Pittsburgh well. I've been visiting here for a lot of years and it is an amazing, amazing city and I hope you all get out to see more of it. The museum last night is one of the gems. I'm glad you guys got to see that. So, perspectives. The perspective of the complainant, the perspective of the disciplined licensee, and then let's not forget there are surrogates for these folks. Government agencies filing complaints, doing the reporting they're supposed to do when they find out something about a licensee. Those are the surrogates for our complainants. Attorneys, surrogates for the complainant if they're helping the complainant or even filing the complaint themselves. They're standing in the shoes of the complainant. So surrogates should not be forgotten in this process. I'm going to get rather myopic about complainants and I'm going to get myopic about disciplined licensees, but don't forget there are lots of surrogates for these folks that stand in the shoes. So, another picture of Pittsburgh. This is a mural near the Strip. The Strip District is up the river across from the stadium and up the river a little bit and it's where there are groceries and a lot of history of community, of markets, and of food and diverse cultures. This mural was painted, I believe it was painted about 10 years ago, maybe not that long ago. And for me what this picture says is number one, it's an amazingly beautiful mural, but what it does is it shows community. So, in the Strip District, in this area of markets and where people go to listen to music, and to eat interesting food, and to buy interesting groceries, and to just sustain themselves, there's wonderful churches in this area, this mural is about community and that's what a regulatory body, that's what a nursing board is. It's a community and it's a part of a community. And I think there's something that we forget, that it really is a community and it's an example of everyone coming together with different perspectives. So, let's start with a complainant perspective. The complainant can be an individual healthcare provider, a business regulated entity, a government, quasi-government. A complainant can be lots of different things. They come from different places, they come from different orientations. I want to tell you about a particular complainant and I'm going to adjust the facts to keep this...I'm not going to adjust any of the facts that are real so I want you to understand that this a real story, but I'm going to adjust some facts in order to protect the privacy of both complainant and the target of that complaint. So, a mom in East Texas, I'm from Austin, Texas, a mom from East Texas, rural East Texas, single mother, working, a job that's not quite getting her where she needs to be. She's got two small kids and she's got to be at work and yet one of the kids is sick. Got some strange,

some light symptoms and is hyper during the visit with the provider, with the nurse practitioner. And is sitting there with a sippy cup of Kool-Aid and the nurse practitioner examines the child and has seen the child before, knows the child and the mother well, and mom needs to get back to work, but she's concerned about her child. Can't really explain what's going on with the child rather than the child's been overly energetic and there have been some mood swings, I believe, but nothing remarkable other than the kid has just has this excess energy. Nurse practitioner takes a glucose level and something happens with the immediate tests and that doesn't give results that are particularly meaningful, says the glucose is a little high, but that's not what's going on. But the nurse goes ahead and takes a blood sample and has that tested very quickly. Mom has to get back to work, mom goes home, drops off the kids with grandmother, goes home, gets a call from the clinic, and the clinic says, "Blood glucose is way high, extraordinarily high. You need to come back to the clinic, but in fact, don't even do that. Go to a hospital, go to the emergency room." The kid got better, the kid was feeling better, the behavior was all right, the concerns that the mom had about the kid's health had resolved, left her with mom, with grandmother, everything was good. So, the mother, despite the warning from the nurse and the nurse's team, the mother doesn't take the child into the hospital. This is raging glucose, this is way high, 300 something as I recall. But then the baby, the infant crashes. Mom's at work, gets a call from grandmother, kid's crashed. I believe at that point was unconscious, but in some way had crashed. They then make the decision not to go to the ER associated with the nurse practitioner's office. Instead, they go to the ER in big city Texas, a good children's hospital, God bless them it was the right place to go, it was a good place to go. But the care this child needed could've been provided at a closer nearer ER. By the time the baby gets to the children's hospital in big city Texas, it's 5:00 in the afternoon and the kid is in horrible condition and has raging diabetes. I presume it's...we never got the facts from our perspective. I represented the target nurse. But this mom is sitting in big city children's hospital with her child and all she knows is that this baby was fine, she gets a call from an office, it says, "Yeah, go to the hospital." And she's thinking to herself, how did this happen? How in the world did my kid go from working on a sippy cup and did fine and nothing was found by the nurse that I took her to, to now my baby is risking...I'm looking at the baby dying? Baby ends up not dying, baby ends up being fine after really, really good care. A complaint is filed against the nurse, the nurse practitioner because mom doesn't understand what happened because mom didn't communicate back with the nurse practitioner, nurse practitioner didn't even know this had happened. But mom is so concerned that this was missed and mom interfaces with the nursing board and then ultimately the nursing board looks and sees that everything was supposed to be done including getting digital electronic medical records and looking at log times of the calls, results of the test, and all the different communication, which, by the way, was not easy to get. Turned out the EMR was fractured, but ultimately, a history of what actually happened was able to be provided to the board. But mom never found that out. What mom found out, presumably, if the laws were followed in Texas, was a simple statement or a sentence or two that the case was dismissed or maybe why the case was dismissed. Now, she doesn't understand the system, she doesn't understand how this could happen to her baby. And you can be sure that big city Texas hospital, children's hospital, whoever that was, again, trying not to identify that children's hospital, you can be assured that they got fractured information from mom and they assumed that whoever saw that baby in the morning didn't do what they were supposed to do and so the level of anxiety that the complainant felt when they saw this subsequent treating provider went up, even if that subsequent treating provider didn't say anything at all. And so that's the charge that you all have of a complainant that doesn't have all of the information, a target that doesn't have all of the information, and yet you have to try to resolve what the truth is and somehow work out what the right thing to do is. So, what are the motivations of complainants? Righteous citizen thinking, you know, something bad happened here and the nursing

board needs to take care of it. Safety, genuine concerns for safety. Professionalism, this person just isn't behaving... It is not professional to do this. It could be that they're a friend and the only way that they can connect and solve the problem that they see with this provider is by reporting to the nurse board. Many of them are seeking self-empowerment. They don't have the power to fix the problem themselves, they are looking to you to fix the problem. But they still see it as their problem, as their experience. And so they're looking to you for self-empowerment and that's either an individual or it's an organization that is struggling with a nurse, they've done what they can with the nurse, there needs to be nurse board response, and the employer is looking for self-empowerment because it is useful to have the nurse board engage in disciplinary action and that's the self-empowerment of the organization. It could also be a competitor. It could be someone who's so incredibly biased that really their only motivation is competition. And that bias overrides everything and that's hard to see. That's hard to appreciate if the competitor is wily enough in the way that they approach you. These are the different motivations of complainants. The frustrations. Lack of transparency. The process of confidentiality breeds lack of transparency from both perspectives, but particularly from a complainant's perspective. The complainant doesn't get to be on the inside of the investigation. The complainant doesn't get to enjoy two colleagues going down the hall of the nursing board saying, "Hey, what about this? How do I look at this? Well, let's go get these records and we'll take another look at it." They don't get to see the teamwork and the back and forth and the growth of perspective that happens internally. They don't have that, there's not that transparency. They don't know what's going on. They're going on with their lives, but they don't know what's going on at the board. The perspectives of others. They're having to rely on the perspectives of others. It's out of their hands. Your perspective, the perspective of others is what's going to end up controlling what happens to their complaint. Lack of remedies. In Texas, we don't like lawsuits and we don't like giving people money for getting hurt. It's just who we are in Texas. That's not a political statement, that's... I'm not saying I'm a fan of that or I've got a problem with that. I have an opinion, I'm just going to be polite and not to share it. The fact of the matter is that there are not many remedies in most states. There's not enough remedies to solve what complainants really need because money doesn't solve it. The fact of the matter is that there's precious little that's going to really solve many of the problems that complainants bring to you. Fear of retaliation. This mom had no reason to fear retaliation, this mother I was talking about had no reason to fear retaliation from this nurse practitioner. But this nurse practitioner is the provider in this rural clinic. How does the mom feel now about going back to that clinic even if she found out there wasn't a mistake, even if she found out that the care that was provided was appropriate? She naturally probably has some sense of anxiety about going back and some fear that because she filed a complaint, she's not going to be treated as well as the next family because this nurse must know that she filed a complaint with the nurse board. Scope of the final decisions. That's a frustration because you go through this confidential investigative process and disciplinary process and then, in the end, all the complainant gets is this limited scope of a final decision. They don't get to know the horse trading that happened and the sifting of facts and the sifting of consequences that happened. They don't get to know any of that. They don't get to see that progress. All they see is a cold black and white couple of sentences about what was incredibly important to them. So, that's the complainant's perspective and to be clear on that case, I don't know that the mom complained to the board. It could've been that the big city children's hospital complained to the board, not knowing what the medical record was or what had happened earlier in the day. I don't know, but the perspective is similar. People are concerned about what happened and they don't have all the facts and they want you to figure it out and they want some sense of satisfaction of understanding what happened. The disciplined licensee's perspective. So, who is the disciplined licensee? That can be...they're an individual, they're a family person, they're a father, they're a mother, they're a sibling, they're a husband and wife. They're also an

employee, they're team members, their teams are counting on these people to perform despite the potential mistake that they made. They could be executives in health care organizations who are desperately concerned about their reputation and about how they're going to continue in a leadership role. They're leaders, many of them leaders. Increasingly, the folks we look at are leaders in some capacity. They're either leading small teams, large teams, critical teams, support teams, but generally leaders in some capacity or another. They're business partners. Somebody is relying on them to keep the payer relationships and if this person is disciplined or if something happens this significant, their business partner is out there who care about what those ramifications are going to be. And as a disciplined licensee, there is this great deal of anxiety of how is this going to affect my business? How is this going to affect me as a community member when it comes out publicly that I misdiagnosed an infant child? How is it going to affect me as a community leader when I get tagged for whatever it is that the nurse board needs to tag me for? How do I cope with that? Who am I within the community at that point? And while the investigation is going on, I'm worried about all of these things as a disciplined licensee or to-be disciplined licensee. Professional association member. Am I going to be able to stay in my professional associations or because my license was suspended for a period of time or revoked for a period of time, am I not going to be a part of that professional association anymore? That matters to me because this is my profession. So, the disciplined licensee perspective on the motivations. I'm going to take the same example of that case in East Texas that I shared with you and that is that I got a busy nurse practitioner who was convinced and knew that her team had done everything they were supposed to do and yet she gets this complaint with precious little information to understand what happened and did not know that the child had gone to big city hospital, didn't have any downstream information. It was just, hey, why did you do what you did? And this nurse practitioner went into the health care system medical record and not all of the relevant medical record was readily available. The organization had gone through a transition, was going through a transition and particularly in that clinic where they had an EMR for only a matter of weeks, and this nurse practitioner was not a big fan of that EMR. Shockingly, I haven't yet met anyone that's a big fan of the EMR particularly during a transition. So, the potentially to-be disciplined licensee is deeply frustrated that she can't access the medical records and then frankly, the medical records are fractured. She sees the baby, can't figure out what's going on, has some tests, has her team follow up on those tests, and then she goes on with her day and then at some points speaks with mom, but remembers that phone call, not sure when that happened because she had an incredibly busy clinic and things were really scattered for her that day. But she does remember that she went in and made some notes later in the afternoon because she wanted to make sure she had the facts down and that she got things clear. And she did that after she got blood glucose back that was so incredibly high. So, this is someone who is being diligent, is working on a team that's effective, has a system that's actually working because she was able to enter her medical records, they were able to communicate with each other about getting the test, they were able to communicate with the patient. Everything worked, but behind the scenes, trying to get those records took weeks. Trying to get the log of who entered what took weeks. Trying to get the nurse practitioner past her hostility that someone would have the gal to complain about her when she had done nothing wrong. And then there was the defensiveness, then there was, did I miss something? Well, she wasn't in a real big hurry to think about it or talk about it. She wanted to get back to work, she didn't want to talk to a lawyer about it, she didn't want to write a narrative about it. She was convinced she had done the right thing. She didn't know how that was papered and she didn't know how to write her story, but she's convinced that she's right and this is simply a burden for her. This is simply a burden in her work day. And then there's the perspective that thinks, oh my God, we almost killed this baby. So, she's got all of these things that she's dealing with and the one thing she cannot escape, at some point we find out what happened with the baby. The one

thing she cannot escape is, I must have done something wrong. I'm the only person between the visit in the morning and the trip to the hospital. This is me, I'm the captain of the ship, I was the person that was supposed to be managing all of this. I'm so overwhelmed. And then she goes back to work the next day and each day after that with the investigation pending and her defense team trying to come up with records and help get the story that's accurate and has integrity, but is respectful to how she feels and respectful to the family, but that clarity is not there for this target potentially to-be disciplined licensee. That clarity is not there when she's responding to the board. There's just this underlying grinding fear. And how do you put that away? That something you did was the opposite of what your life's mission is about? Because you're human and she could've made a mistake in this situation. Turns out she didn't, but she could've. Any one of those systems could've failed and this baby could've died. And that reality is something that a licensee has to deal with every day, but when they have a case pending at the board, that's a grinding overwhelming fear and that infects everything and every perspective that they have. And if they're mature and they get an opportunity to reflect and they have the appropriate support from their employer and the appropriate support from their counsel and the board is being respectful and hopefully, there's enough transparency so that there's an understanding of what happened, then there's support and then they can at least set it aside for a while. But make no mistake, that's grinding. When you've been doing this for a long time and something like this happens or you've been doing it for a very short period of time and something like this happens, the existence of the investigation by itself is grinding because you associate everything negative about your fears, your deepest fears, your horrible fears. You're associating with that board, you're associating with that investigation and it's very easy to feel victimized, and targeted, and self-righteous and that gets in the way of figuring out, hey, how much of this was my responsibility and how do I come at this as clean as I can, and how do I deal with this and take the time out of my practice in order to help get to the truth and get things communicated across? That is a very complicated melting pot of emotion and perspective and that is the perspective that has to do with self-preservation, the effort for self-empowerment, the mental health of the provider. I make this suggestion frequently that my clients get counseling. Doesn't happen very often as big a mental health advocate as I am and I've counseled folks for a long time. It's very rare that a client of mine during an investigation will go get support. And whether that's from family, whether that's a mental health provider, it's very rare that they get support because it's just an investigation and they're trying to put it aside and they're not going to take an investigation that's surely going to amount to nothing and go take the time out of their day to go sit down with a psychologist and actually deal with what they're feeling or talk to their spouse about it or anything else. There's a strong sense of repression. Mitigation. How do I fix this? And there's a certain amount of sliding that some people do. Their memory is a little different than what actually happened because they're trying to mitigate it, they're trying to fix it, they're trying to control it. They have this idea that they can control certain things. Education. Disciplined licensees want to learn. They appreciate the opportunity to learn from their mistakes or not their mistakes, from incidents that were problematic. I think that's underestimated how much people really do, professionals who've committed themselves to get the license to begin with and to try to keep it. They want to be educated, they yearn for the education. They appreciate that there's going to be correction if they make mistakes, so the disciplined licensee understands, okay, there's going to be correction. And then what they...the motivation and I've touched on this is their professional success. How is it going to affect their professional success? What happens when you spend your entire career and you've built it and you're proud of it and people around you see you through a certain lens and you are successful by whatever measure that is, what happens when you are going to be facing a public order? What does professional success mean at that point? This is a very complicated perspective that we don't stop and think about very much. We're just going on from one case to the other, answering the call we got to answer, do the

interview we got to do, close the file, move things along. That's what everyone's day is, whether it's your day, whether it's my day, whether it's the complainant's day or the disciplined licensee's day. It's moving things along, moving things along, but when you're the target, it is an incredibly complex emotional situation. Frustrations of a disciplined licensee. Inspections and subpoenas. Subpoenas show up, generally there's not much information about why. Inspections show up, generally there's not much information about why. By design, appreciate that's how the system works. That's scary and that causes people to get myopic, that fear causes them to get myopic and it's hard to get at the truth when you're facing an inspection, a subpoena, or something official. It's a natural human reaction to be anxious when someone is the subject of an investigation, or an inspection, or a subpoena. There's an inherent lack of transparency in an investigation. That right there is a frustration. If you're on the other side of that and you don't know what the nursing board is doing and you don't know what's happening on the other side because you can't, that's frustrating. In Texas, the nurse board has a rule that says, "You don't have to respond until you get our file. We're going to go collect all the records and you don't have to respond until you get all the information." The medical board in Texas does not have that rule and they don't want you to have all the records because they want to get a clean read from you, they want you to be honest with them. It's an incredibly judgemental, an incredibly counter-productive perspective when you want to get somebody when they're at their most vulnerable and get them to give you an answer because that's going to be the most honest answer before they can read the record and actually make up a story about what happened. I was there, I've done your job, and I have felt the feeling of, let's not tell them. As a litigator, I get I don't want to tell the person everything before I answer certain questions because I want to get a clean read. But that litigation tactics, those investigation tactics, those strategies end up frustrating a disciplined licensee and that lack of transparency has consequences. It may be functional, it may be our reality, but it has consequences. Lack of opportunity to review evidence. It's incredibly valuable to see what the evidence is before you haul off and make a statement about what happened because no one's memory is perfect and everyone's memory is going to be biased, inherently biased. So, if a disciplined licensee has the opportunity to review the evidence, it's really, really helpful before they give their response. That transparency, that opportunity to see the evidence, to be able to trigger a memory, to be able to take responsibility for what mistake is clear in the evidence. Lack of respect or clarity of interpretation of laws by the agency. I'm not going to ask for a show of hands on this, but I'm going to ask the question. Fight the impulse to raise your hand. How many of you have been in a situation where board members or decision-makers... Again, don't raise your hand. Fight the impulse. How many of you have been in a situation where a decision-maker or board member, senior leader in the organization was going to make a decision that was not in accordance with what the law actually was, but that was the decision, again, don't raise your hand, that was the decision that it was going to be and everybody was going to have to live with because something was motivating that decision-maker? That happens, that's real. We're human beings, the board members and decision-makers are human beings, that happens. And when there's a righteous indignation that, hey, you didn't follow the law and you've violated the law, licensees know that they're humans on the other side, and the idea that we're going to enforce black and white, there's a certain amount of hypocriticalness to that from both sides. That's a reality. There's also a lack of clarity about the interpretation of laws. Some of our regulatory, nursing regulatory laws are so incredibly vague. It's very difficult to understand what it takes to be in compliance. It's difficult to understand whether your actions rise to the level of being a violation of this law that's not particularly clear. Unprofessional conduct, really? What notice is that? What clarity is that? Try being on the butt end of that one. That right there is unprofessional conduct. Well, thank you, I appreciate knowing that now. My sarcasm isn't working this well. I'm convinced it's early. You're all going to get my sarcasm later. The mistake is viewed in a vacuum. I made a mistake as a licensee, I own

up to it. I missed it or I did something wrong, but it was a mistake. It's mine, I own it. Do what you're going to do. The problem is that you're going to look at that mistake in a vacuum because you don't know me, you don't know who I am, you don't know who my boss is, you don't know who my patients are, you don't know what my community thinks. This decision is going to be made in a vacuum based on a single mistake that I made. You shouldn't go out and interview my community and get to know me. You can't know me like my wife knows me. You're inherently making a decision about my mistake in a vacuum and that scares me and that makes me feel like the system is unfair and that makes me feel incredibly vulnerable and makes you very, very powerful. Even in the best of circumstances when I own it. I made a mistake, I'm human, and it's going to be public. I'm going to church on Sunday. If there's any question that people aren't going to know about the fact that the newspaper picked up, that I got disciplined in this vacuum, that I made a mistake. It's going to be in public view, so I have to process all of that reality, but what I needed to resolve with you as a nurse board, is I needed to resolve the mistake in a vacuum even though it was going to be in the public view. So, I think you've seen similarities. What I have put up on here is similarities or the same perspectives. You might actually see as repetitive at this point of my presentation, but that fact of the matter is... Again, sarcasm is not working, I got to get with my writers and get better jokes. Sorry. It really is, in many ways, the same perspective of an agency. It's the same perspective of the disciplinary process. And I use as an example here, Fallingwater. This is Frank Lloyd Wright's famous house that he built for the Kaufmann's just outside of Pittsburgh as their weekend home. In the middle of the depression, he went and built an icon of architecture of a home. If you ever get the opportunity to go out to see Fallingwater, please go do it. It's like walking into a painting, a three dimensional painting people lived and lives were lived. And being able to move around it and see that in nature, it is an amazing experience. And the different perspectives that you have as you walk through it are incredible, but there's a main perspective downstream from Fallingwater that this is the iconic view, this is the iconic perspective. Down water, looking up. And the perspective is that creek is coming right through the house. He designed it so it looks like it comes right through the house. Well, there's actually a bend in the creek right there. It's not coming straight through the house and yet at the same time, there's stairs and I don't think you can see it in this picture, but there's stairs on the far side deep in the dark there. There are stairs with a glass over the top, there are stairs down to the water so the water does come through the house. And it is cantilevered over and that's the main thing I want to share with you about the perspective. Again, house built in the depression that today would be \$2.5 million if you could even buy a work of art like this. A lot of people argue that you can't, that this has never been repeated. Two and a half million dollars in the middle of the depression, the Kaufmann's have the gal to build their weekend home in a community where the rock is quarried nearby. And the Kaufmann's have a reputation to uphold as department store owners during the depression in Pittsburgh. So, they have the gal to hire a fancy architect to build what is an incredibly fancy house that they want it to be organic and part of nature. And that's where the Kaufmann's and the owners, and Frank Lloyd Wright, the architect came together. Is that the idea was it needed to be with nature and organic. And what Frank Lloyd Wright came up with was this idea of cantilevers, that the house comes out over the water and brings you into nature. That you'd go out onto these cantilevers or you looked out over these cantilevers and you're in nature. You're in this refined space, but at the same time, you're in nature. The cantilever was the revolutionary idea that you could push a house out and have it with no support except on the back. It turns out the engineering, the engineer said that those cantilevers weren't going to make it and in the '90s, those cantilevers had to be reworked because they didn't make it. And yet this was still iconic and this was still bold and the most bold getting to really the perspective here is the most...the thing that was so stunning to people architecturally was the fact that that second cantilever overhangs the first one. It comes out so far from the base of the house. It comes out so far that it overreaches the lower cantilever

and reaches out into nature. That's what that looks like to people, that's what people thought was...a lot of people think is the most dramatic part and the genius of Frank Lloyd Wright among many others. But that idea that the second floor, the second cantilever, not only is a cantilever, but it's out further than the first. That only matters to architecture geeks which apparently I'm one. That's one perspective. Another perspective is this one. Standing in the same place, an expanded view of the camera, of the picture, and what you see here is that the lower cantilever is more dominant and it's coming out and it looks longer than the upper cantilever and the reason why he designed it that way was because if you look at this slide, okay, that's the upper cantilever, because if you look at the waterfall, the upper cantilever is literally over the waterfall. But here, that lower cantilever what you didn't see, what your perspective from the previous slide didn't give you is that lower cantilever matches the long rock creek after the waterfall, the long fall after the waterfall. He's mirroring with the lower and the upper he's mirroring the falls. You don't get that from this perspective. You do get that from this perspective. Same thing, standing in the same place. Are we talking about the same perspectives? I think in general, they are the same perspectives. What are the commonalities? Truth. No matter what the fear is, no matter what the level of narcissism is, truth is what is important to everyone, a process that has integrity, has fidelity, and that is going to get at the truth. Privacy. Everybody involved wants discretion and privacy, whether it's the medical records, whether it's what people did or didn't do. Privacy is incredibly important. Respect. Everyone wants to feel respected and honored, whether they're the complainant or they're the disciplined licensee, and it is hard when you're running a lot of investigations and you're moving a lot of cases through, it is hard to help people feel respected. But simply being polite and honoring where they're coming from and pausing and thinking about what their perspective is, it helps get you there. Transparency. Frankly, transparency solves 90% of the frustrations that I've articulated. Everybody cares about transparency, everybody wants to know what happened. Fairness, basic fairness. The complainant wants what's fair in the end. It may not have been what they thought they wanted or what they thought was right, but if they feel like the system was fair, then they can live with it and they can be proud of what work you did. Same thing with the disciplined licensee. They may not like the outcome, they may not like the decision that was made, but if they think that it was fair and that a decision was arrived at in a fair process, that is going to matter to them. Efficiency. Moving it quickly, not getting bogged down. A case that's bogged down is incredibly difficult for everyone and a case that takes too much energy or more energy than it should, both sides, both perspectives want efficiency. Clarity of law and enforcement. We don't have enough of that. The online resource that Cathy talked to you about and the efforts that you all make to educate your licensees and educate the public, that is invaluable, that is invaluable. The business realities. The business reality of a complainant, the business reality of a disciplined licensee. That's not thought of a lot necessarily when you're making a decision in a vacuum, but their business reality...both have business realities. And finality. Bringing something to conclusion is really valuable. There's been psychological studies that when a person files a lawsuit, their grieving process stops at whatever stage they were at until that lawsuit is resolved and I think that's true with complaints. I think complainants and disciplined licensees can't grieve whatever the loss was, whatever they have to work out. They can't do that until things are final and are really final. Not, well, we're going to take this under advisement, but watch yourself. But final, the sense of, okay, we're done, it's over. Okay, we're done, it's over. Thank you all so much for having me, it's great to be here. You've all been terrific.