

Wow, there are so many things about this case to discuss. Was a 'cluster' from moment one - a patient with something real, who was not welcome in the ED. We have all seen them and had the same feelings - but here is one thing no one would disagree with; everyone dies. No matter how many tattoos, how few teeth, how addicted to narcotics, or how fat... everyone dies. For all of us, it is hard to get past our biases.

Reading Crystal's testimony, around 100 pages long, was difficult. Many of the questions had to be asked repeatedly, and the court reporter had trouble understanding her answers, due to her difficulty with speaking. Was her ultimate outcome preventable? Probably not, but the lawsuit was. If she had been admitted, we wouldn't be discussing this case...

We were fortunate to be able to speak with the plaintiff expert who shed light on the case as well as his experiences with other legal actions. Speaking with Jerry Hoffman was an inspiration. The conversation occurred in December 2010, with my 3 year old watching Caillou on the couch, I recorded the call then transcribed it later. Whereas the medical aspect and discussion of the case and controversy around TPA was enlightening, the philosophy of practicing medicine was inspirational.

The case was the focus of a Risk Management Monthly program in Xxmonthxx 2011 with Rick Bukata, Greg Henry, Jennifer L'Hommedieu Stankus, MD, JD, and John Rockwood, PA-C. Check it out at: www.ccme.org (subscription required)

1 Q. MR. DAVIDSON, GOOD MORNING.
2 A. GOOD MORNING, SIR.
3 Q. TELL ME YOUR FULL NAME, IF YOU WOULD,
4 PLEASE, FOR THE RECORD.
5 A. DAVIDSON.
6 Q. AND WILL YOU GAVE YOUR DATE OF BIRTH,
7 PLEASE, MR. DAVIDSON?
8 A. XX/XX/XXXX.
9 Q. MR. DAVIDSON, HAVE YOU EVER A DEPOSITION TAKEN
10 BEFORE?
11 A. NO, SIR.
12 Q. ALL RIGHT, SIR. HAVE YOU EVER HAD OCCASION
13 TO SERVE AS A WITNESS IN ANY TYPE OF PROCEEDING BEING A
14 CRIMINAL PROCEEDING OR A CIVIL PROCEEDING?
15 A. NO, SIR.
16 Q. I'M SURE THAT YOUR ATTORNEY HAS GONE THROUGH
17 WITH YOU SORT OF WHAT A DEPOSITION IS ALL ABOUT.
18 THROUGHOUT THE COURSE OF YOUR DEPOSITION, I MAY BE ASKING
19 YOU TO REFER TO ONE OR MORE OF THE EXHIBITS THAT ARE IN
20 FRONT OF YOU.
21 SO WHAT I WANT TO DO IS TO GO THROUGH THESE
22 SO THAT YOU UNDERSTAND WHAT THEY ARE SO THAT IF THERE'S
23 ANY INFORMATION CONTAINED WITHIN ANY OF THESE EXHIBITS
24 THAT WOULD BE OF ASSISTANCE TO YOU IN ANSWERING THE
25 QUESTION, I WANT YOU TO FEEL FREE TO REFER TO ANY OF THESE
1 EXHIBITS. OKAY?
2 A. YES, SIR.
3 (PLAINTIFF'S EXHIBITS 1 THROUGH 7 WERE
4 PREVIOUSLY MARKED)
5 Q. THE FIRST IS YOUR RESPONSES TO THE
6 INTERROGATORIES THAT WERE SUBMITTED TO YOU. DO YOU RECALL
7 HAVING SEEN THESE BEFORE, SIR?
8 A. YES, SIR.
9 Q. ALL RIGHT. EXHIBIT 2 ARE THE--ARE YOUR
10 RESPONSES TO OUR REQUEST THAT YOU PRODUCE CERTAIN
11 DOCUMENTS, AND ATTACH THERETO TO THOSE RESPONSES ARE SOME
12 OF THE EXHIBITS THAT YOU PROVIDED US IN RESPONSE TO THE
13 REQUEST FOR PRODUCTION OF DOCUMENTS, SPECIFICALLY, YOUR
14 RESUME/C.V., INFORMATION FROM THE NATIONAL COMMISSION ON
15 CERTIFICATION OF PHYSICIAN ASSISTANTS, THE PAGES THAT ARE

16 EXHIBITS ARE NUMBERED AT THE BACK BEGINNING WITH 348. AND
17 I MAY BE REFERRING TO BATES NUMBERS ON THE BOTTOMS OF
18 THESE PAGES. ALL RIGHT?

19 A. YES, SIR.

20 Q. THE NEXT EXHIBIT, EXHIBIT 3, ARE CERTAIN
21 REQUEST FOR ADMISSIONS THAT WE SUBMITTED TO YOU. DO YOU
22 RECALL HAVING SEEN THESE REQUESTS THAT WERE SUBMITTED TO
23 YOU?

24 A. I'M GOING TO HAVE TO REVIEW THIS.

25 Q. SURE.

1 (BRIEF PAUSE ON THE RECORD)

2 A. THE QUESTIONS ARE NOT THERE, ONLY THE
3 RESPONSES.

4 Q. YES, SIR. BUT THE NEXT EXHIBIT IS ACTUALLY
5 YOUR RESPONSES, BUT THIS PARTICULAR EXHIBIT, EXHIBIT 3,
6 WAS THE REQUEST THAT WAS SUBMITTED AND THEN THE NEXT
7 EXHIBIT, EXHIBIT 4, IS YOUR RESPONSES--ARE YOUR RESPONSES.

8 A. OKAY.

9 Q. DO YOU RECALL HAVING SEEN EXHIBIT 4?

10 A. YES, SIR.

11 Q. EXHIBIT 6--EXCUSE ME--EXHIBIT 5 ARE CERTAIN
12 RESPONSES THAT YOU GAVE US TO A SECOND REQUEST FOR
13 PRODUCTION OF DOCUMENTS. AND WE HAVE ATTACHED SOME OF THE
14 EXHIBITS THAT YOU PROVIDED IN RESPONSE TO THAT REQUEST,
15 SPECIFICALLY, EXHIBIT 5, WHICH IS YOUR PHYSICIAN ASSISTANT
16 DELINEATION OF PRIVILEGES DATED OCTOBER 4TH, 20xx, AND THE
17 FORM ENTITLED "BACKUP SUPERVISING PHYSICIAN FORM" DATED--
18 EXCUSE ME--AUGUST xx, 20xx, AND THEN A LETTER FROM THE
19 NORTH CAROLINA MEDICAL BOARD TO DR. xxxx DATED, LOOKS
20 LIKE, NOVEMBER 18, xxxx.

21 THE NEXT EXHIBIT, EXHIBIT 6, IS THE HOSPITAL
22 AND YOUR ANSWER AND DR. XXXXXXXXXXXX'S ANSWER TO THE COMPLAINT.
23 DO YOU RECALL IF YOU'VE EVER SEEN THAT BEFORE?

24 A. I DON'T BELIEVE SO.

25 Q. ALL RIGHT. AND FINALLY, EXHIBIT 7 IS WHAT
1 WE BELIEVE TO BE THE CHART FROM xxxxxx HOSPITAL
2 FROM XXMONTHXX xx OF xxxx.

3 THOSE ARE THE EXHIBITS. I'VE JUST TAKEN YOU
4 THROUGH THE EXHIBITS THAT I MAY ASK YOU ABOUT DURING THE
5 COURSE OF YOUR DEPOSITION.

6 A. OKAY.

7 Q. NOW, TELL ME, IF YOU WOULD, MR. DAVIDSON, WHAT
8 HAVE YOU DONE IN PREPARATION FOR TAKING YOUR DEPOSITION
9 TODAY, OTHER THAN SPEAKING WITH YOUR LAWYER?

10 A. I HAVE REVIEWED THE CHART.

11 Q. ALL RIGHT, SIR. OTHER THAN YOUR REVIEW OF
12 THE CHART, HAVE YOU REVIEWED ANYTHING ELSE?

13 A. NO, SIR.

14 Q. ALL RIGHT, SIR. HAVE YOU SPOKEN WITH DR.
15 XXXX ABOUT YOUR TESTIMONY?

16 A. CONCERNING THIS CASE?

17 Q. YES, SIR.

18 A. NO, SIR.

19 Q. HAVE YOU EVER SPOKEN WITH DR. XXXX ABOUT
20 THIS CASE SINCE THE FILING OF THE LAWSUIT?

21 A. NO, SIR.

22 Q. NOW, HAVE YOU REFERRED TO ANY LITERATURE,
23 ANY ARTICLES, ANY RESOURCE INFORMATION IN PREPARATION FOR
24 YOUR DEPOSITION TODAY?

25 A. NO, SIR.

1 Q. NOW, LET ME THEN IF--IF I MIGHT TAKE YOU TO
2 EXHIBIT NUMBER 2, WHICH IS YOUR RESPONSES TO REQUEST FOR
3 PRODUCTION OF DOCUMENTS. AND IF YOU WOULD PAGE ABOUT
4 HALFWAY THROUGH THAT DOCUMENT, YOUR RSUM IS IN THERE.
5 AND I JUST WANTED TO ASK YOU A FEW QUESTIONS ABOUT THAT.

6 A. 349.

7 Q. YES, SIR.
8 A. OKAY. YES, SIR.
9 Q. I KNOW THAT YOU WENT TO xxxxxx HIGH SCHOOL.
10 A. YES, SIR.
11 Q. GRADUATED IN MAY OF 'xx AND THAT YOU GOT
12 YOUR DEGREE IN BIOLOGY FROM xxxxxxx. TELL ME
13 WHAT YOU WERE DOING BETWEEN 19xx AND 19xx.
14 A. I WAS INVOLVED IN A FARMING OPERATION FOR
15 PART OF THE TIME. I HAD--I WAS SORT OF A JACK OF ALL
16 TRADES. I WAS A FARMER. I RAN A SAWMILL FOR A SHORT
17 PERIOD OF TIME.
18 I WAS INVOLVED IN CONSTRUCTION, BOTH HIGHWAY
19 CONSTRUCTION AND PLANT CONSTRUCTION IN VARIOUS PLACES AT
20 VARIOUS TIMES.
21 Q. WERE YOU SELF-EMPLOYED OR DID YOU WORK WITH
22 SOMEONE?
23 A. AT--AT POINTS IN TIME I WAS SELF-EMPLOYED.
24 AT OTHER TIMES I WORKED FOR COMPANIES, OTHER COMPANIES.
25 Q. ALL RIGHT, SIR. AND WHEN YOU WERE SELF-
1 EMPLOYED, WHAT WAS THE NAME OF THE COMPANY OR THE---
2 A. THERE WAS NO NAMES AS SUCH.
3 MR. KRAUSE: EXCUSE ME. IF YOU WILL
4 ALLOW MR. XXXXXX TO COMPLETE HIS QUESTION.
5 A. OH, I'M SORRY.
6 MR. KRAUSE: NO, YOU'RE FINE. YOU'RE
7 FINE. I WAS WANTED TO CATCH EARLY SO WE COULD
8 GET A FULL QUESTION BEFORE YOUR RESPONSE.
9 A. OKAY. I'M SORRY.
10 MR. XXXXXX: THANK YOU, TIM.
11 BY MR. XXXXXX:
12 Q. WHAT WAS--WAS THERE AN ENTITY THAT YOU
13 OPERATED UNDER?
14 A. NO SPECIFIC NAME. IT WAS--MY FATHER AND I
15 WERE PARTNERS IN A FARMING VENTURE.
16 Q. AND WHAT KIND OF FARMING VENTURE WAS IT?
17 A. WE GREW TOBACCO AND ROW CROP, WHICH INCLUDES
18 SOYBEANS AND CORN AND SOME HAY AND A LITTLE BIT OF
19 LIVESTOCK. IT VARIED.
20 Q. AND WHEN WAS THE LAST YEAR THAT YOU WERE
21 INVOLVED IN A FARMING OPERATION?
22 A. THAT WOULD BE THIS YEAR. I ACTUALLY STILL
23 AM PARTIALLY INVOLVED WITH MY DAD AND BROTHER IN
24 PRODUCTION OF HAY.
25 Q. AT SOME POINT IN TIME, THOUGH, DID YOU
1 TRANSITION FROM FARMING INTO--YOU TALKED A LITTLE BIT
2 ABOUT THAT YOU WERE INVOLVED IN THE CONSTRUCTION INDUSTRY
3 FOR A WHILE?
4 A. YES, SIR.
5 Q. AND WHAT KIND OF CONSTRUCTION WERE YOU
6 INVOLVED IN?
7 A. I HAVE IN THE PAST DONE ROAD CONSTRUCTION,
8 OPERATED HEAVY EQUIPMENT. ACTUALLY, WE WORKED ON 95 JUST
9 SOUTH OF TOWN HERE IN THE '70S. DON'T ASK ME EXACTLY WHEN
10 BECAUSE I'M NOT A 100 PERCENT SURE WHAT YEAR IT WAS.
11 I HAVE DONE--WORKED ON VARIOUS PLANTS IN
12 VARIOUS STATES. THEY WERE PRODUCTION PLANTS. ONE WAS--
13 SOME WERE GAS PLANTS, SOME WERE PLASTICS PLANTS, SOME WERE
14 --AS A MATTER OF FACT, DUPONT SOUTH OF TOWN HERE. I.C.I.,
15 WHICH IS ACROSS THE RIVER HERE, WAS A--THEY PRODUCED
16 PLASTICS.
17 I SPENT TIME OUT WEST IN WYOMING, COLORADO
18 AND CALIFORNIA WORKING ON OIL OR RELATED PRODUCTS. THERE
19 WAS OIL--SHELL OIL, NATURAL GAS, THAT SORT OF THING.
20 Q. AND WHAT YEARS WAS THAT?
21 A. ALL OF THE ABOVE ARE FROM '72 UNTIL I WENT
22 BACK TO SCHOOL IN THE '90S. THEY WOULD--IT VARIED. MOST

23 OF THE TIME OUT WEST WAS SPENT FROM '80 TILL ABOUT '84-85.
24 Q. OKAY. WERE YOU--DURING THIS PERIOD OF TIME
25 WERE YOU TAKING COURSES AT xxxxx OR AT SOME POINT IN
1 TIME DID YOU BECOME A FULL-TIME STUDENT THERE?
2 A. I HAD BEEN A STUDENT IMMEDIATELY AFTER
3 GRADUATION FROM HIGH SCHOOL FOR A PERIOD OF ABOUT TWO
4 YEARS. AND THEN I--I WAS UNABLE TO CONTINUE AND WENT HOME
5 TO WORK ON THE FARM.
6 Q. ALL RIGHT, SIR. WHEN DID YOU BECOME--WHEN
7 IN THE 90S DID YOU RESUME SORT OF A FULL-TIME PURSUIT OF
8 YOUR DEGREE?
9 A. IT WAS--WELL, I GRADUATED IN '93, SO IT
10 WOULD HAVE BEEN SOMETIME AROUND THE LATTER PART OF 1990.
11 Q. AND WHAT WAS THE MOTIVATING FACTOR THERE?
12 WHAT MADE YOU DECIDE TO GO BACK TO SCHOOL FULL-TIME TO
13 PURSUE YOUR DEGREE?
14 A. THE--WHAT I PERCEIVED TO BE THE FUTURE OF
15 FARMING AND THE--THE CONSTRUCTION INDUSTRY AS A WHOLE WAS
16 NOT APPEALING TO ME. I FELT THAT I HAD BETTER
17 OPPORTUNITIES IN OTHER FIELDS.
18 Q. ARE YOU MARRIED, SIR?
19 A. YES, SIR.
20 Q. TELL ME YOUR WIFE'S NAME, IF YOU WOULD,
21 PLEASE.
22 A. MARSHA.
23 Q. AND HOW LONG HAVE YOU AND SHE BEEN MARRIED?
24 A. SINCE 2003.
25 Q. ALL RIGHT, SIR. DO YOU HAVE ANY CHILDREN?
1 A. NO, SIR.
2 Q. IS YOUR WIFE EMPLOYED OUTSIDE THE HOME?
3 A. NOT AT THIS TIME.
4 Q. NOW, WHEN YOU WENT BACK TO SCHOOL AT
5 XXXXX, DID YOU HAVE A GOAL IN MIND, AN EDUCATIONAL GOAL
6 IN MIND, A VOCATIONAL GOAL IN MIND AT THE TIME THAT YOU
7 WENT BACK TO SCHOOL?
8 A. I WANTED TO PURSUE A CAREER IN THE HEALTH
9 SERVICES.
10 Q. AND WHY?
11 A. WELL, MY MOTHER WAS A NURSE AND SHE HAD--I
12 APPRECIATE--THROUGH HER I HAD MET SEVERAL PEOPLE IN THE
13 FIELD. I WAS VERY MOTIVATED BY THEIR CONCERN FOR PEOPLE
14 AND THEIR DEDICATION.
15 AND IN SPEAKING WITH HER, I WAS ALSO VERY
16 MOVED BY HER DEDICATION. SHE WAS A REGISTERED NURSE AND
17 SHE WAS VERY, VERY DEDICATED TO HER WORK, AND SO I WAS
18 INSPIRED BY THAT.
19 Q. ALL RIGHT, SIR. AFTER YOU GOT YOUR DEGREE
20 IN BIOLOGY FROM XXXXX, IT APPEARED THAT YOU WENT ON TO
21 GET YOUR ASSOCIATE'S DEGREE IN NURSING FROM XXXXXXXXXXXX
22 COMMUNITY COLLEGE. IS THAT RIGHT, SIR?
23 A. THAT IS CORRECT.
24 Q. WHAT WAS THE DIFFERENCE IN THE COURSE WORK
25 THAT YOU TOOK TO GET YOUR BIOLOGY DEGREE AT XXXXX
1 VERSUS THE COURSE WORK WHEN YOU WENT TO XXXXXXXXXXXX COMMUNITY
2 COLLEGE? DID--WAS THERE ANY OVERLAP THERE? DID YOU GET
3 CREDIT FOR SOME OF THE COURSE WORK THAT YOU HAD TAKEN AT
4 XXXXX?
5 A. I HAD SOME CREDIT, YES, FOR ANATOMY AND
6 PHYSIOLOGY AND SOME OF THE CHEMISTRY COURSES.
7 Q. ALL RIGHT, SIR. YOU GOT YOUR ASSOCIATE'S
8 DEGREE IN MAY OF 1995, AND WHAT THEN DID YOU DO AFTER YOU
9 GOT YOUR--THE ASSOCIATE'S DEGREE IN NURSING?
10 A. I WAS ACTUALLY EMPLOYED BY XXXXXXXXXXXX
11 REGIONAL MEDICAL CENTER AS A REGISTERED NURSE IN THE
12 EMERGENCY DEPARTMENT FROM ABOUT MAY UNTIL I WENT TO P.A.
13 SCHOOL.

14 Q. IT APPEARS ON THE SECOND PAGE ON PAGE 350 OF
15 YOUR RESUME THAT YOU WORKED AS A REGISTERED NURSE AT
16 XXXXXXXXX FROM MAY OF '95 UNTIL JULY OF '97. IS THAT
17 RIGHT?
18 A. YES, SIR.
19 Q. AND I THINK YOU'VE ANSWERED THIS QUESTION.
20 YOU WORKED IN THE EMERGENCY DEPARTMENT DURING THAT PERIOD
21 OF TIME?
22 A. THAT IS CORRECT.
23 Q. BETWEEN 1995 AND 1997, DID YOU PURSUE ANY
24 CONTINUING EDUCATION IN EMERGENCY MEDICINE?
25 A. ONLY THAT WHICH WAS OFFERED BY THE HOSPITAL.
1 Q. ALL RIGHT, SIR. AND WHAT CAN YOU REMEMBER
2 ABOUT ANY EDUCATION THAT WAS OFFERED BY THE HOSPITAL?
3 A. BASICALLY, IT WAS COURSES DESIGNED IN BASIC
4 CARDIAC, LIFE SUPPORT, ADVANCED CARDIAC LIFE SUPPORT,
5 PEDIATRIC ADVANCED LIFE SUPPORT, THOSE SORTS OF THINGS.
6 Q. XXXXXXXXX, DURING THE PERIOD THAT YOU
7 WERE THERE FROM '95 TO '97, WHAT LEVEL OF TRAUMA CENTER
8 WAS THAT? DO YOU KNOW?
9 A. I DON'T THINK WE HAD A RATING AT THAT TIME
10 OR IF--I'M NOT SURE THAT THEY HAVE ONE NOW.
11 Q. ALL RIGHT, SIR. NOW, STARTING IN 1997 YOU
12 BEGIN THE PURSUIT OF YOUR CERTIFICATE TO BE A PHYSICIAN'S
13 ASSISTANT. IS THAT RIGHT?
14 A. YES, SIR.
15 Q. AND THAT WAS AT XXXXXXXXX?
16 A. YES, SIR.
17 Q. DID YOU ACTUALLY MOVE TO WINSTON-SALEM TO
18 ATTEND THAT PROGRAM? TELL ME ABOUT THE EDUCATIONAL
19 PROGRAM AT WAKE.
20 A. I DID MOVE UP THERE AND SPENT APPROXIMATELY
21 A YEAR. THERE WAS A YEAR OF CLASS WORK AND THEN A YEAR
22 BASICALLY OF--THE PRECEDING PAGE LISTS WHAT WE CALLED
23 CLERKSHIPS.
24 THE SECOND YEAR WAS A ROTATION THROUGH THE
25 DIFFERENT DISCIPLINES IN MEDICINE WHERE YOU ACTUALLY DID
1 HANDS ON.
2 Q. ALL RIGHT. DURING YOUR CERTIFICATE PROGRAM
3 AT WAKE, DID YOU EVER UNDERTAKE THE STUDY OF NEUROLOGY IN
4 ANY RESPECT?
5 A. THERE WERE--YES, WE DID. IT WAS PART OF THE
6 COURSE.
7 Q. OKAY. AT THE TIME THAT YOU ENROLLED AT--AT
8 WAKE, AGAIN, DID YOU HAVE A SPECIFIC VOCATIONAL GOAL IN
9 MIND AS TO HOW YOU WANTED TO PRACTICE, HOW YOU WANTED TO
10 USE YOUR DEGREE?
11 A. WELL, I WANTED TO BE A PHYSICIAN ASSISTANT,
12 OBVIOUSLY, AND IT WAS MY DESIRE TO, AGAIN, WORK IN THE
13 EMERGENCY DEPARTMENT.
14 Q. ALL RIGHT, SIR. DID YOU FOCUS OR WERE YOU
15 ABLE THEN TO FOCUS YOUR STUDIES DURING YOUR PROGRAM AT
16 WAKE TO THAT GOAL OR WERE THERE COURSES THAT YOU HAD TO
17 TAKE, IF YOU UNDERSTAND MY QUESTION?
18 A. I THINK I DO. IT WAS A DEPENDANT--
19 INDEPENDENT OF WHAT YOU WANTED TO DO AFTER YOU GRADUATED.
20 BASICALLY, THE COURSE LOAD WAS THE SAME.
21 IN OTHER WORDS, IT WAS A RATHER BROAD-BASED
22 AND YOU STUDIED ALL MEDICINE, NOT--YOU DIDN'T FOCUS ON ONE
23 PARTICULAR FIELD, IF YOU WILL.
24 Q. AND ONE OF THOSE FIELDS THAT YOU STUDIED,
25 WAS THAT--DID THAT INCLUDE NEUROLOGY? DID YOU STUDY THAT?
1 A. THERE WAS A COMPONENT OF NEUROLOGY IN THE
2 BASIC COURSE LOAD, YES, SIR.
3 Q. AND I TAKE IT THAT THERE WAS LIKEWISE A
4 COMPONENT OF EMERGENCY MEDICINE?

5 A. YES, SIR.
6 Q. WAS ANY ONE COMPONENT THAT YOU STUDIED
7 LARGER THAN ANY OTHER?
8 A. I WOULDN'T--NO, SIR.
9 Q. ALL RIGHT, SIR.
10 A. I DON'T KNOW HOW TO ANSWER THAT OTHER THAN
11 TO SAY, NO, THERE WAS NO--WE DID NOT HAVE A DIRECTED
12 COURSE LOAD IN A PARTICULAR AREA. IT WAS MORE BROAD.
13 Q. WHEN I--WHEN I LOOK AT YOUR CLINICAL
14 CLERKSHIPS THAT YOU'VE LISTED, YOU DIDN'T DO ANY KIND OF
15 ROTATION IN NEUROLOGY AT ALL, DID YOU?
16 A. NO, SIR.
17 Q. NOW, IT APPEARS FROM YOUR RSUM THAT
18 STARTING IN 1999, YOU WENT BACK TO XXXXXXXX WHERE YOU
19 SERVED AS A PHYSICIAN'S ASSISTANT FROM THE PERIOD OF
20 NOVEMBER '99 UNTIL JUNE OF '03. IS THAT RIGHT?
21 A. THAT IS CORRECT.
22 Q. TELL ME--YOU WORKED EXCLUSIVELY IN THE
23 EMERGENCY DEPARTMENT DURING THAT PERIOD?
24 A. FOR THE MOST PART, YES, SIR. THERE WERE--
25 THE HOSPITAL OPERATED SOME SATELLITE CLINICS. ON OCCASION
1 THEY WOULD BE SHORT HELPED AND THEY WOULD ASK YOU TO FILL
2 IN. SO YOU WOULD OCCASIONALLY WORK--I DID OCCASIONALLY
3 WORK IN SOME OF THE CLINICS.
4 Q. ALL RIGHT, SIR. NOW, DURING THE PERIOD THAT
5 YOU WERE AT XXXXXXXX FROM NOVEMBER OF '99 UNTIL JUNE
6 OF '03, DO YOU EVER RECALL PROVIDING TREATMENT TO ANY
7 PATIENT WHO PRESENTED WITH THE CLINICAL PICTURE PRESENTED
8 BY CRYSTAL JOHNSON WHEN YOU SAW HER ON XXMONTHXX THE 10TH OF
9 20xx? EXCUSE ME.
10 A. I CANNOT ANSWER THAT, OTHER THAN TO SAY I--
11 I'M NOT SURE. I--I DON'T HAVE--I DON'T KNOW.
12 Q. NONE COME TO MIND.
13 A. NO ONE STANDS OUT.
14 Q. ALL RIGHT, SIR. FOR THAT MATTER, DO YOU
15 EVER RECALL, PRIOR TO XXMONTHXX 10TH OF 20xx, PROVIDING
16 TREATMENT TO A PATIENT WHO PRESENTED WITH A CLINICAL
17 PICTURE PRESENTED BY CRYSTAL JOHNSON WHEN SHE CAME TO
18 XXHOSPITALXX ON XXMONTHXX 10TH OF 20xx?
19 A. NOT SPECIFIC PATIENTS, BUT I HAVE TAKEN CARE
20 OF PATIENTS WITH SIMILAR SYMPTOMS. I COULDN'T GIVE YOU
21 OBVIOUSLY THEIR NAMES OR DISCUSS IT IN DETAIL, BUT, YES, I
22 HAVE.
23 Q. AND THEN WHEN YOU SAY "SIMILAR SYMPTOMS,"
24 WHAT ARE THE SIMILAR SYMPTOMS TO WHICH YOU REFER?
25 A. NUMBNESS, WEAKNESS. I'M ASSUMING THAT'S
1 WHAT YOU'RE TALKING ABOUT SINCE THAT WERE--THOSE WERE HER
2 PRESENTING COMPLAINTS.
3 Q. ALL RIGHT, SIR. DID CRYSTAL JOHNSON PRESENT WITH A
4 HISTORY OF ANY FALLS?
5 A. YES. ACCORDING TO WHAT WAS ON THE CHART,
6 SHE SAID THAT SHE HAD FALLEN TWICE.
7 Q. OKAY. DO YOU INCLUDE THAT--IN TERMS OF THE
8 CLINICAL SYMPTOMS, DO YOU INCLUDE THAT IN EITHER OF
9 NUMBNESS OR WEAKNESS, THE HISTORY OF FALLS?
10 A. HISTORY OF FALLS CAN COME WITH OR WITHOUT
11 Q. ALL RIGHT, SIR.
12 A. I MEAN, PEOPLE TRIP AND SO AND SO FORTH.
13 Q. IS THAT SIGNIFICANT, A HISTORY OF FALLS?
14 A. WELL, YES, SURE IT WOULD BE.
15 Q. ANY--ANYTHING ELSE BY WAY OF SYMPTOMS THAT--
16 THAT--OF PATIENTS THAT PRESENTED WITH A SIMILAR--SIMILAR
17 CLINICAL PICTURE AS PRESENTED BY CRYSTAL JOHNSON?
18 A. I'M NOT SURE I UNDERSTAND YOUR QUESTION.
19 Q. OKAY. YOU INDICATED IN RESPONSE TO MY
20 PREVIOUS QUESTION THAT YOU HAD PROVIDED TREATMENT TO

21 PATIENTS WHO PRESENTED WITH SIMILAR SYMPTOMS. AND I WAS
22 ASKING YOU TO LIST FOR ME THE SIMILAR SYMPTOMS, AND SO FAR
23 YOU'VE TOLD ME ABOUT NUMBNESS AND WEAKNESS.
24 A. NUMBNESS, WEAKNESS. YEAH.
25 Q. AND I ASKED YOU ABOUT---
1 A. AND THERE ARE---
2 Q. ---HISTORY OF FALLS.
3 A. ---MANY--MANY PEOPLE WHO HAVE FALLEN FOR ONE
4 REASON OR ANOTHER. I MEAN, NOT ALL OF THEM WERE NUMB OR
5 WEAK OR PRESENTED WITH THE COMPLAINT OF NUMBNESS OR
6 WEAKNESS. SOME OF THEM JUST FELL.
7 Q. AND--AND I MAY HAVE CONFUSED YOU AND I
8 CERTAINLY DON'T INTEND TO. I'M LOOKING FOR PATIENTS WHO
9 PRESENTED WITH THE SAME OR SIMILAR CLINICAL PICTURE AS
10 PRESENTED BY CRYSTAL JOHNSON, IF YOU CAN RECALL PROVIDING
11 TREATMENT TO PRIOR TO THAT DAY.
12 THAT INCLUDED AS YOU TOLD ME, NUMBNESS,
13 WEAKNESS, HISTORY OF FALLS. AND I UNDERSTAND WHAT YOU'RE
14 SAYING THAT THERE'S A VARIETY OF REASON WHY PEOPLE MAY
15 FALL, BUT I'M LOOKING AT THE SYMPTOMS NOW.
16 HAVE YOU--TO YOUR RECOLLECTION, HAVE YOU
17 PROVIDED TREATMENT TO PATIENTS WHO'VE PRESENTED WITH EACH
18 OF THE FOLLOWING: NUMBNESS, WEAKNESS, HISTORY OF FALLS?
19 A. YES.
20 Q. ALL RIGHT. NOW, ANY OTHER SYMPTOMS THAT YOU
21 BELIEVE THAT CRYSTAL JOHNSON PRESENTED WITH ON XXMONTHXX THE
22 10TH THAT YOU HAVE ALSO PROVIDED TREATMENT TO OTHER
23 PATIENTS WITH THE SAME OR SIMILAR SYMPTOMS?
24 A. THOSE WERE HER PRESENTING SYMPTOMS, SO I
25 CAN'T--I'M NOT SURE I UNDERSTAND WHAT YOU'RE ASKING ME.
1 Q. YOU--I THINK YOU'VE ANSWERED BY QUESTION.
2 ANY OTHER PRESENTING SYMPTOMS BY CRYSTAL JOHNSON, WHICH
3 YOU'VE DESCRIBED AS NUMBNESS, WEAKNESS, YOU TOLD ME ABOUT
4 A HISTORY OF FALLS. YOU TOLD ME THAT YOU BELIEVE THAT IS
5 SIGNIFICANT. CORRECT? THE HISTORY OF FALLS.
6 A. YES, SIR.
7 Q. ANYTHING ELSE THAT YOU CAN REMEMBER ABOUT
8 CRYSTAL JOHNSON'S PRESENTING SYMPTOMS THAT REMIND YOU OF A SIMILAR
9 PATIENT THAT YOU MIGHT HAVE PROVIDED TREATMENT TO?
10 A. THERE WERE MANY PATIENTS. I WOULD NOT BE
11 ABLE TO GIVE YOU ANY FURTHER DETAILS IN THAT REGARD.
12 THERE WERE MANY PATIENTS WHO HAD FALLEN. MANY PATIENTS
13 WITH NUMBNESS AND WEAKNESS. IT WOULD BE DIFFICULT TO
14 RECALL ALL OF THEM OR DISCUSS THEM IN RELATIONSHIP TO HER.
15 Q. ALL RIGHT, SIR. I'M INTERESTED. GIVE--
16 GIVEN YOUR--YOUR MOTHER'S BACKGROUND IN NURSING AND THOSE
17 OTHER PEOPLE THAT YOU'VE MET INVOLVED IN THE HEALTHCARE
18 PROFESSION, WHY NOT PURSUE YOUR DEGREE AS A NURSE
19 PRACTITIONER VERSUS A PHYSICIAN'S ASSISTANT?
20 A. I'VE BEEN ASKED THAT QUESTION MANY TIMES. I
21 REALLY DON'T HAVE A GOOD ANSWER FOR IT. THAT WAS THE
22 ORIGINAL--THAT'S WHAT I WANTED TO DO TO START WITH AND
23 WHEN THE OPPORTUNITY PRESENTED ITSELF, THAT'S WHAT I
24 FOLLOWED.
25 Q. DID IT HAVE ANYTHING TO DO WITH THE FACT
1 THAT IT WOULD TAKE LONGER TO BE CERTIFIED AS A NURSE
2 PRACTITIONER VERSUS A PHYSICIAN'S ASSISTANT?
3 A. NO. NO, SIR.
4 Q. TELL ME WHAT YOUR UNDERSTANDING IS THAT THE-
5 -THE DIFFERENCE IS BETWEEN YOUR EDUCATION AND FOR
6 INSTANCE, DR. XXXX. WHAT'S THE DIFFERENCE? HOW WOULD
7 YOU DESCRIBE IT TO A LAYPERSON?
8 A. THAT'S DIFFICULT. I'D WOULD SAY HE HAS
9 SPENT PROBABLY, OBVIOUSLY ANOTHER TWO YEARS IN SCHOOL. I
10 WOULD ASSUME THAT HIS EDUCATIONAL OR HIS COURSE WORK WAS
11 MUCH MORE INVOLVED, MUCH MORE DETAILED.

12 AND I WOULD ALSO SAY THAT THEY, M.D.'S AND
13 D.O.'S PROBABLY SPEND MORE TIME OR SOME--MORE TIME IN A--
14 FOCUSED IN THEIR AREA OF ENDEAVOR, WHETHER IT BE EMERGENCY
15 MEDICINE OR OB/GYN OR ORTHOPAEDICS OR SURGERY OR WHATEVER,
16 THEY SPEND MORE TIME IN THAT PARTICULAR FIELD.

17 Q. OKAY. AFTER YOU ACTUALLY OBTAINED YOUR
18 DEGREE IN 1999, IT DOESN'T APPEAR TO ME FROM YOUR RSUM
19 THAT YOU DID ANY FURTHER INTERNSHIPS, ROTATIONS, ETC. IS
20 THAT RIGHT, SIR?

21 A. THAT IS CORRECT.

22 Q. IS THERE ANY PARTICULAR REASON FOR THAT?

23 A. IT WAS NO LONGER REQUIRED.

24 Q. ALL RIGHT, SIR. SINCE YOUR GRADUATION IN
25 1999 AND YOUR COMMENCING WORK, TELL ME WHAT KIND OF
1 CONTINUING EDUCATION THAT YOU PARTICIPATED IN.

2 A. YOU HAVE A LIST OF IT. THERE ARE--I HAVE
3 BEEN TO THE SUMMER CONFERENCE WHERE THERE'S A SMORGASBORD,
4 IF YOU WILL, OF DIFFERENT TOPICS THAT--THAT ARE COMMONLY
5 SEEN IN DIFFERENT PRACTICE SETTINGS.

6 THEY'RE LIKE--AGAIN, THEY'RE MORE BROAD. I
7 FORGET WHICH--WHICH ONE ARE YOU IN NOW?

8 Q. I'M ON PAGE 360 OF THIS PARTICULAR--IT'S
9 EXHIBIT 2. IT'S EXHIBIT 2, AND I BELIEVE IT'S BEGINNING
10 WITH PAGE 360 ARE THE CERTIFICATES THAT HAVE BEEN PROVIDED
11 TO US, I BELIEVE, IN RESPONSE.

12 A. YES, SIR.

13 Q. NOW, DO YOU RECALL IN ANY OF YOUR
14 POSTGRADUATE CONTINUING EDUCATION EVER PARTICIPATING IN
15 ANY CONFERENCE, SEMINAR OR PROGRAM IN WHICH TREATMENT OF A
16 PATIENT WHO PRESENTS WITH SYMPTOMS, SAYING THE SAME OR
17 SIMILAR SYMPTOMS THAT'S PRESENTED BY CRYSTAL JOHNSON ON
18 XXMONTHXX 10TH OF 20xx, WAS DISCUSSED?

19 A. NO, SIR, I CAN'T SAY THAT I DID.

20 Q. ALL RIGHT, SIR.

21 A. I CAN'T SAY THAT I DIDN'T EITHER BUT I---

22 Q. SURE. I--YOU DON'T RECALL---

23 A. I DON'T RECALL SPECIFIC--I DO NOT RECALL
24 SPECIFICALLY THAT.

25 Q. YES, SIR. ARE THERE--ARE THERE SPECIALITY
1 BOARDS FOR P.A.'S?

2 A. NOT TO MY KNOWLEDGE. THERE ARE--IF THERE
3 ARE, I'M UNAWARE OF THEM.

4 Q. I BELIEVE THAT SOME OF THE INFORMATION THAT
5 YOU PROVIDED TO US INDICATES THAT YOU WERE FIRST CERTIFIED
6 IN DECEMBER OF 2000--EXCUSE ME--DECEMBER OF 1999. I
7 BELIEVE THAT IS--YES, SIR. YOUR CERTIFICATION ON PAGE
8 350, YOU SAY N.C.C.P.A. CERTIFICATION 1999 TO PRESENT AND
9 THEN IMMEDIATELY BEHIND THAT IS A LETTER FROM N.C.C.P.A.
10 DATED JANUARY 2 OF 20xx. HAVE YOU BEEN CONTINUOUSLY
11 CERTIFIED SINCE 1999?

12 A. THAT IS CORRECT.

13 Q. LET ME TALK WHILE WE'RE ON PAGE 350, IF WE
14 CAN, OF YOUR RSUM. I WANT TO TALK ABOUT YOUR WORK
15 EXPERIENCE IF I MIGHT.

16 FROM NOVEMBER OF '99 TO JUNE OF '03, YOU'VE
17 TOLD ME ABOUT BEING AT XXXXXXXXXX. THEN YOU FROM JUNE
18 OF '03 UNTIL OCTOBER OF '05 YOU WERE AT XXXXXXXXXXXX. WHY THE
19 CHANGE FROM XXXXXXXXXX TO XXXXXXXXXXXX?

20 A. IT WAS A BETTER JOB OPPORTUNITY.

21 Q. IN WHAT RESPECT?

22 A. I HAD MORE RESPONSIBILITY AND THERE WAS A
23 BETTER COMPENSATION.

24 Q. ALL RIGHT, SIR. AND TELL ME ABOUT THE ADDED
25 RESPONSIBILITY. WHAT WAS THE ADDED RESPONSIBILITY?

1 A. I SAW A WIDER ARRAY OF PATIENTS.

2 Q. JUST BECAUSE OF THE DEMOGRAPHICS AT XXXXXXXXXXXX

3 VERSUS THE DEMOGRAPHICS OF XXXXXXXXXXXX? WHY WAS THAT?
4 A. AT XXXXXXXXXXXX I WAS MAINLY EMPLOYED IN THE
5 FAST TRACK.
6 Q. AND TELL ME WHAT YOU DID. I THINK I KNOW,
7 BUT TELL ME WHAT YOU DID IN FAST TRACK.
8 A. FAST TRACK WAS CONSIDERED A LOWER ACUITY, IN
9 OTHER WORDS, PEOPLE WHO HAD MORE COMPLAINTS RELATED TO
10 LESS COMPLICATED CASES ESSENTIALLY.
11 Q. AND WHAT WAS THE DIFFERENCE THEN IN YOUR
12 RESPONSIBILITY IN XXXXXXXXXXXX?
13 A. I SAW THE FULL--I SAW PEOPLE WITH ALL
14 COMPLAINTS.
15 Q. AND FROM 1999 UNTIL OCTOBER OF 20xx, HAD YOU
16 TAKEN ANY KIND OF ADDITIONAL COURSE WORK THAT FROM YOUR
17 PERSPECTIVE QUALIFIED YOU TO SORT OF INCREASE THE
18 TREATMENT OPTIONS OR TREATMENT OR ARRAY OF PEOPLE YOU WERE
19 SEEING IN THE EMERGENCY DEPARTMENT?
20 A. NO, SIR. NOT SPECIFICALLY.
21 Q. ALL RIGHT, SIR. NOW, SO TELL ME THEN
22 GENERALLY WHAT YOUR DUTIES WERE FROM JUNE OF '03 UNTIL
23 OCTOBER OF 20xx.
24 A. EVALUATION AND TREATMENT OF PATIENTS, QUITE
25 SIMPLY.
1 Q. AND DURING THAT PERIOD OF TIME, DID--DID YOU
2 ADVANCE? WERE THERE PROMOTIONS THAT WERE PROVIDED TO YOU?
3 A. I WAS STILL A P.A. I ASSUME NO OTHER
4 TITLES.
5 Q. AND WHO AT XXXXXXXXXXXX WAS YOUR SUPERVISING
6 PHYSICIAN?
7 A. XXXX MEDICAL DIRECTOR. HE WAS THE EMERGENCY
8 DIRECTOR.
9 Q. AND WERE THERE ANY BACKUP PHYSICIANS THAT
10 WERE DESIGNATED BESIDES THAT GENTLEMAN?
11 A. YES, SIR.
12 Q. AND WHO WERE THEY?
13 A. THERE WERE NUMEROUS BACKUP PHYSICIANS.
14 Q. AND WHAT DO YOU UNDERSTAND TO BE THE
15 DIFFERENCE BETWEEN A PRIMARY SUPERVISING PHYSICIAN AND A
16 BACKUP?
17 A. THE ONLY DIFFERENCE AS I SEE IT IS THAT THE
18 PRIMARY IS RECOGNIZED BY THE NORTH CAROLINA MEDICAL BOARD
19 AND YOU MUST HAVE OBVIOUSLY A MORE INTIMATE RELATIONSHIP
20 WITH YOUR PRIMARY AND IT'S REGARDING YOUR PRACTICE.
21 Q. AND WHAT DO YOU UNDERSTAND TO BE THE NATURE
22 OF THE CONTACT AND INTERACTION THAT YOU AS A P.A. ARE
23 REQUIRED TO HAVE WITH THE PRIMARY?
24 A. HE REVIEWS MY WORK. WE DISCUSS ANY PROBLEMS
25 THAT MIGHT ARISE, AND WE COME TO THE NECESSARY CONCLUSION
1 PERTAINING TO SAME.
2 Q. DO YOU KNOW HOW OFTEN THAT YOU'RE REQUIRED
3 TO MEET WITH YOUR PRIMARY?
4 A. AT FIRST, YOU'RE SUPPOSED TO MEET EVERY
5 MONTH FOR A PERIOD OF SIX MONTHS AND THEN IT'S EVERY THREE
6 MONTHS, I BELIEVE.
7 Q. ALL RIGHT, SIR. AND DURING YOUR PERIOD AT
8 XXXXXXXXXXXX, DID YOU, IN FACT, MEET IN ACCORDANCE WITH THOSE
9 TIME PERIODS YOU JUST TOLD ME ABOUT WITH YOUR PRIMARY?
10 A. I WORKED WITH DR. MEDICAL DIRECTOR ON A WEEKLY
11 BASIS.
12 Q. ALL RIGHT, SIR. AND HOW ABOUT DURING YOUR
13 TENURE AT XXHOSPITALXX FROM NOVEMBER OF '05 TILL OCTOBER OF
14 20xx, WHO WAS YOUR PRIMARY PHYSICIAN?
15 A. THAT WOULD HAVE BEEN DR. XXXXXXXXXXXX.
16 Q. ALL RIGHT, SIR. AND WHO WERE THE BACKUPS?
17 A. THERE WERE NUMEROUS, ONE OF WHICH WHO WAS
18 DR. XXXX.

19 Q. AND, AGAIN, TELL ME WHAT YOU UNDERSTAND TO
20 BE THE ROLE OF BACKUP.
21 A. BASICALLY THE SAME AS THE PRIMARY. HE--YOU
22 DISCUSS PATIENTS WITH HIM. THEY REVIEW THE CHART AND
23 DETERMINE IF YOUR TREATMENT OPTIONS AND YOUR DISPOSITION
24 IS CORRECT.
25 Q. AND IS IT YOUR UNDERSTANDING THAT IF A
1 BACKUP PROVIDES SUPERVISION, ARE YOU STILL REQUIRED TO
2 MEET WITH YOUR PRIMARY?
3 A. THAT IS CORRECT.
4 Q. NOW, WHILE YOU WERE AT XXHOSPITALXX FROM
5 NOVEMBER OF '05 TO OCTOBER OF '06, HOW OFTEN DID YOU MEET
6 WITH DR. XXXXXXXXXXXX?
7 A. MONTHLY OR SOMETIMES WEEKLY.
8 Q. AND WHAT WOULD BE THE DIFFERENCE? WHAT--
9 WHAT WOULD DENOTE THE DIFFERENCE?
10 A. WELL, I--ACTUALLY, I GUESS WEEKLY WOULD BE
11 MORE APPROPRIATE BECAUSE I SAW HIM EVERY WEEK. NOW, I
12 WORKED WITH HIM ON NUMEROUS OCCASIONS THROUGH THE MONTH,
13 BUT THAT WOULD VARY.
14 Q. AND WHAT WOULD HAPPEN DURING THE MEETINGS
15 THAT YOU WOULD HAVE WITH DR. XXXXXXXXXXXX?
16 A. WE WOULD DISCUSS PATIENT CASES AND REVIEW
17 LAB WORK AND--AND TREATMENT DECISIONS AND DISPOSITION.
18 Q. AND HOW WOULD IT BE DETERMINED WHAT PATIENTS
19 CHARTS WOULD BE REVIEWED?
20 A. IT WAS RANDOM.
21 Q. AND WHO--WHO CHOSE THEM?
22 A. NO ONE CHOSE THEM. THEY WERE JUST RANDOM.
23 I WOULD SEE HIM LIKE I WOULD A BACKUP WITH A PATIENT THAT
24 I WAS TAKING CARE OF. WE WOULD DISCUSS THEIR CARE, WHAT
25 HAD BEEN DONE, THE RESULTS AND WHAT THE DISPOSITION WOULD
1 BE.
2 Q. LET ME SEE IF I CAN UNDERSTAND WHAT YOU'RE
3 SAYING. YOU'RE SAYING THAT WHILE YOU WERE ACTUALLY
4 PROVIDING TREATMENT TO A PATIENT THAT DR. XXXXXXXXXXXX OR A BACKUP
5 WOULD WALK IN OR PROVIDE CONSULTATION WITH YOU ABOUT THE
6 TREATMENT THAT YOU WERE PROVIDING TO A PATIENT?
7 A. NO, SIR. WHAT I'M SAYING IS THAT EVERY
8 CHART, EVERY PATIENT THAT I SAW HAD WITH IT A DISCUSSION
9 OF THE PATIENT, THE LABS AND THE DISPOSITION PRIOR TO THE
10 DISPOSITION. EVERY CASE WAS DISCUSSED WITH EITHER THE
11 PRIMARY OR A BACKUP SUPERVISING PHYSICIAN.
12 Q. ALL RIGHT, SIR. LET ME MAKE SURE I
13 UNDERSTAND WHAT YOU'RE SAYING. ARE YOU SAYING THAT FOR
14 EVERY PATIENT THAT YOU SAW FROM OCTOBER--EXCUSE ME--FROM
15 NOVEMBER OF 20xx UNTIL OCTOBER OF 20xx AT XXHOSPITALXX, EVERY
16 PATIENT THAT YOU SAW YOU DISCUSSED THAT PATIENT, THE
17 TREATMENT THAT YOU PROVIDED, THE DISPOSITION WITH EITHER
18 DR. XXXXXXXXXXXX OR DR. XXXX?
19 MR. CARRUTHERS: OBJECTION.
20 A. OR SOME OTHER BACKUP PHYSICIAN.
21 Q. ALL RIGHT, SIR. AND WHAT WOULD DETERMINE
22 WHETHER YOU DISCUSSED IT WITH DR. XXXXXXXXXXXX OR YOU DISCUSSED IT
23 WITH A BACKUP PHYSICIAN?
24 A. OBVIOUSLY, THEIR PRESENCE IN THE EMERGENCY
25 DEPARTMENT. DR. XXXXXXXXXXXX WAS NOT ALWAYS THERE. NEITHER WAS
1 DR. XXXX. THERE WERE DIFFERENT PROVIDERS AND IT WAS
2 WHOEVER WAS THERE AT THE TIME.
3 Q. WAS THERE ALWAYS DURING YOUR TENURE AT XXHOSPITALXX
4 FEAR, WAS THERE ALWAYS AN EMERGENCY PHYSICIAN IN THE
5 EMERGENCY DEPARTMENT?
6 A. YES, SIR.
7 Q. ALL RIGHT, SIR. AND DO I UNDERSTAND THAT
8 ALWAYS YOU WOULD DISCUSS THE CARE, THE DISPOSITION,
9 ETCETERA, OF A PATIENT WITH WHOEVER THE EMERGENCY

10 PHYSICIAN WAS THAT WAS ON DUTY PRIOR TO THE PATIENT BEING
11 DISCHARGED?
12 A. EVERY CASE.
13 Q. AND AS IT PERTAINS TO CRYSTAL JOHNSON, WHO
14 DID YOU DISCUSS HER CARE WITH?
15 A. DR. XXXX.
16 Q. AND YOU DISCUSSED HER CARE WITH DR. XXXX
17 BEFORE CRYSTAL JOHNSON WAS DISCHARGED?
18 A. THAT IS CORRECT.
19 Q. ALL RIGHT. NOW, YOU ON YOUR RSUM INDICATE
20 THAT YOU--YOU'VE WORKED AT XXHOSPITALXX UNTIL OCTOBER OF
21 20xx, AND THEN BEGINNING IN NOVEMBER OF 20xx, YOU WENT
22 BACK TO XXXXXXXXXXXX. WHY DID YOU LEAVE XXHOSPITALXX?
23 A. I FELT THAT I HAD A--AGAIN, A BETTER
24 OPPORTUNITY AT XXXXXXXXXXXX. THEY HAD ACQUIRED A NEW PROVIDER
25 FOR THEIR EMERGENCY SERVICES. AND I WAS LED TO BELIEVE
1 THERE WAS ROOM FOR ADVANCEMENT IN THAT POSITION.
2 Q. WHEN DID YOU BEGIN INTERVIEWING FOR A
3 POSITION AT XXXXXXXXXXXX?
4 A. I DID NOT INTERVIEW. DR. MEDICAL DIRECTOR WAS
5 THERE. HE KNEW MY WORK, AND IT WAS BASICALLY CALLING HIM
6 ON THE PHONE AND, YOU KNOW, DISCUSSING--ACTUALLY, HE
7 CALLED ME.
8 Q. ALL RIGHT. WHILE YOU WERE STILL EMPLOYED AT
9 XXHOSPITALXX?
10 A. THAT IS CORRECT.
11 Q. ALL RIGHT, SIR. AND, AGAIN, WHAT WAS THE
12 OPPORTUNITY THAT YOU BELIEVE WAS BETTER AT XXXXXXXXXXXX THAN
13 THE ONE THAT YOU HAD WITH XXHOSPITALXX?
14 A. AGAIN, AN OPPORTUNITY FOR A BETTER
15 COMPENSATION, AND I WAS LED TO BELIEVE THERE WAS SOME ROOM
16 FOR ADVANCEMENT THROUGH THE--THROUGH THE SYSTEM THEY HAD
17 EMPLOYED AT THAT TIME.
18 Q. DID THAT PROVE TO BE THE CASE?
19 A. NO, SIR.
20 Q. WHAT WAS DIFFERENT ABOUT WHAT YOU WERE TOLD
21 VERSUS WHAT YOU EXPERIENCED?
22 A. THERE WERE--IT'S DIFFICULT TO TELL YOU THE
23 DETAILS. THINGS JUST DIDN'T WORK OUT AS--AS PROMISED,
24 BASICALLY.
25 Q. WHAT WAS THE DIFFERENCE IN THE DUTIES THAT
1 YOU HAD AT XXHOSPITALXX WHEN YOU LEFT THERE IN OCTOBER OF '06
2 VERSUS THE DUTIES THAT YOU HAD WHILE YOU WERE AT XXXXXXXXXXXX
3 BEGINNING IN NOVEMBER OF '06?
4 A. NONE.
5 Q. WAS THE DEMOGRAPHIC OR THE TYPICALITY, IF
6 YOU WILL--I TAKE IT WHEN YOU WENT TO XXXXXXXXXXXX YOU WERE
7 PROVIDING A FULL ARRAY OF EMERGENCY MEDICAL SERVICES
8 THROUGH THEIR EMERGENCY DEPARTMENT?
9 A. THAT IS CORRECT.
10 Q. WAS THERE ANY DIFFERENCE IN THE TYPICAL--IF
11 THERE IS SUCH A WORD--TYPICAL PATIENT THAT YOU SAW AT XXHOSPITALXX
12 FEAR VERSUS THE TYPICAL PATIENT THAT YOU WOULD SEE AT
13 XXXXXXXXXXXX?
14 A. THEY WERE ESSENTIALLY THE SAME.
15 Q. ALL RIGHT. THEN IN JANUARY OF '09 YOU LEFT
16 XXXXXXXXXXXX AND YOU WENT BACK TO XXHOSPITALXX. AND, AGAIN, WHY
17 DID YOU LEAVE XXXXXXXXXXXX AND GO BACK TO XXHOSPITALXX?
18 A. I RETURNED TO XXHOSPITALXX BECAUSE IT WAS
19 CLOSER TO HOME. SOME OF THE PROMISES THAT I FELT I HAD
20 BEEN MADE HAD NOT TRANSPIRED. I WAS MUCH CLOSER TO HOME
21 AGAIN AND THEY HAD A--A BRAND NEW FACILITY. IT WAS JUST A
22 BETTER WORK ENVIRONMENT FOR ME.
23 Q. TURN IF YOU WOULD, PLEASE, MR. DAVIDSON, TO
24 PAGE 353. WHAT THIS IS IS YOUR EMPLOYMENT APPLICATION TO
25 XXHOSPITALXX, I BELIEVE, DATED OCTOBER--SIGNED BY YOU ON

1 OCTOBER 4TH OF 20xx. DO YOU SEE THAT, SIR?
2 A. YES, SIR.
3 Q. NOW, ON THIS PARTICULAR PAGE, WHICH BEGINS
4 AT BATES NUMBER 353, I TAKE IT THIS IS NOT YOUR WRITING ON
5 THE LEFT BOTTOM THAT SAYS RECEIVED 10/5/05 NUMBER 10518?
6 A. NO, SIR.
7 Q. THIS IS YOUR--LOOKS LIKE YOUR WRITING WITH
8 THE DATE 10/4/05?
9 A. YES, SIR.
10 Q. DID YOU DELIVER THIS APPLICATION? DID YOU
11 MAIL IT? WHAT DID YOU DO? DO YOU REMEMBER?
12 A. I DELIVERED IT.
13 Q. OKAY. NOW, LET'S GO TO THE NEXT PAGE. BY
14 THE TIME THAT YOU FILLED OUT THIS APPLICATION AT XXHOSPITALXX
15 FEAR, HAD YOU ALREADY LEFT YOUR PREVIOUS EMPLOYMENT?
16 A. NO, SIR. NOT ENTIRELY.
17 Q. ALL RIGHT, SIR. WHAT WERE YOU STILL DOING
18 AT THAT TIME, AT THE TIME THAT YOU SUBMITTED YOUR
19 APPLICATION TO XXHOSPITALXX? YOU SAID NOT ENTIRELY. WHAT---
20 A. NO. I WAS STILL WORKING AT XXXXXXXXXXXX.
21 Q. ALL RIGHT, SIR. WERE YOU OFFERED A POSITION
22 AT XXHOSPITALXX BEFORE YOUR LAST DAY AT XXXXXXXXXXXX?
23 A. YES.
24 Q. WHEN DID YOU BEGIN WORKING AT THEN XXHOSPITALXX
25 FEAR? YOUR APPLICATION IS DATED OCTOBER 4. WHEN DID YOU
1 BEGIN WORKING AT XXHOSPITALXX?
2 A. TO BE HONEST WITH YOU, I'M NOT EXACTLY SURE
3 WHAT WAS THE FIRST WORKDAY WAS.
4 Q. WAS IT SHORTLY AFTER YOU SUBMITTED YOUR
5 APPLICATION?
6 A. IT WAS--I CAN'T BE SURE.
7 Q. ALL RIGHT, SIR. YOUR--YOUR RESUM LIST THAT
8 YOU BEGAN WORKING AT XXHOSPITALXX IN NOVEMBER OF 20xx. DO
9 YOU SEE THAT, SIR?
10 A. YES, SIR.
11 Q. TO THE BEST OF YOUR RECOLLECTION, THEN,
12 WOULD THAT HAVE BEEN THE MONTH THAT YOU BEGAN WORKING?
13 A. YES, SIR.
14 Q. TELL ME WHAT YOU HAD TO DO IN TERMS OF
15 GETTING PRIVILEGES AT XXHOSPITALXX? WHAT DID YOU--WHAT'S THE
16 PROCESSES YOU HAD TO GO THROUGH BEFORE THEY LET YOU START
17 WORK?
18 A. SUBMIT AN APPLICATION.
19 Q. IS THAT IT?
20 A. PROVIDE THE--WHATEVER INFORMATION THEY
21 WANTED.
22 Q. WHEN YOU BEGAN WORKING AT XXHOSPITALXX, WHO WAS
23 YOUR SUPERVISING PHYSICIAN?
24 A. DR. XXXXXXXXXXXX.
25 Q. NOW, LET ME, IF I CAN, ASK YOU TO TURN BACK
1 TO PAGE 374. DO YOU RECOGNIZE THAT DOCUMENT?
2 A. YES, SIR.
3 Q. WHAT IS THAT?
4 A. DELINEATION OF PRIVILEGES.
5 Q. ALL RIGHT, SIR.
6 A. SCOPE OF PRACTICE.
7 Q. WHAT DO YOU UNDERSTAND TO BE THE PURPOSE OF
8 THAT DOCUMENT?
9 A. JUST THAT. IT'S SELF-EXPLANATORY. IT TELLS
10 ME WHAT I CAN, CANNOT DO.
11 Q. ALL RIGHT, SIR. DO YOU UNDERSTAND THAT
12 UNDER THE REGULATIONS THAT YOU OPERATE UNDER AS A
13 PHYSICIAN ASSISTANT, DO YOU UNDERSTAND THAT THERE'S A
14 REQUIREMENT THAT THERE BE A WRITTEN AGREEMENT BETWEEN YOU
15 AND YOUR SUPERVISING PHYSICIAN?
16 A. YES, SIR.

17 Q. IS THERE?
18 A. I ASSUME THIS IS IT.
19 Q. WELL---
20 A. IT'S A DELINEATION OF PRIVILEGES, WHICH HE
21 WAS PRIVILEGED TO, AND IN ACCEPTING ME AS A SUPERVISEE,
22 THEN HE IS AWARE OF THIS AND I ASSUME HE ACCEPTS THIS.
23 THERE IS NO WRITTEN AGREEMENT BETWEEN HE AND I PERSONALLY.
24 Q. ALL RIGHT, SIR. AND IS HIS SIGNATURE
25 ANYWHERE ON THIS DOCUMENT?
1 A. I DO NOT SEE ONE.
2 Q. ALL RIGHT. THE INDIVIDUAL ON THE SECOND
3 PAGE, PAGE 375, DEPARTMENT CHAIRMAN. DO YOU KNOW WHOSE
4 SIGNATURE THAT IS?
5 A. THAT LOOKS LIKE DR. XXXXXXXXXXXX'S.
6 Q. NOW, IS IT YOUR UNDERSTANDING, THEN, THAT
7 THIS IS THE AGREEMENT UNDER THE LAW OF NORTH CAROLINA THAT
8 YOU'RE REQUIRED TO HAVE WITH YOUR SUPERVISING PHYSICIAN?
9 IS THAT YOUR UNDERSTANDING?
10 A. YES, SIR.
11 MR. KRAUSE: OBJECTION. YOU CAN
12 ANSWER.
13 A. YES, SIR.
14 BY MR. XXXXXX:
15 Q. NOW, TURN TO THE--TURN TO THE PAGE 375. IT
16 APPEARS THAT THE CREDENTIALS COMMITTEE APPROVED YOU ON
17 NOVEMBER THE 28TH OF 20xx. IS THAT RIGHT?
18 A. THAT WOULD--THAT'S WHAT I SEE. YES, SIR.
19 Q. THE EXECUTIVE COMMITTEE APPROVED YOU ON
20 DECEMBER 13TH OF 20xx.
21 A. YES, SIR.
22 Q. AND THE BOARD OF TRUSTEES APPROVED YOU ON
23 FEBRUARY 2 OF 20xx. IS THAT RIGHT?
24 A. YES, SIR.
25 Q. SO DO I UNDERSTAND FROM YOUR TESTIMONY THAT
1 YOU BEGAN WORKING AT THE HOSPITAL IN THE EMERGENCY
2 DEPARTMENT BEFORE YOU HAD RECEIVED THE APPROVAL OF THE
3 EXECUTIVE COMMITTEE AND BEFORE YOU RECEIVED THE APPROVAL
4 OF THE BOARD OF TRUSTEES?
5 MR. KRAUSE: OBJECT TO FORM.
6 A. IT WOULD APPEAR SO BY THESE DOCUMENTS.
7 BY MR. XXXXXX:
8 Q. SURE. NOW, TURN BACKWARDS, IF YOU WILL, TO-
9 -TO PAGE 372. THIS IS A LETTER FROM THE MEDICAL BOARD TO
10 DR. XXXXXXXXXXXX INDICATING THAT YOUR--THAT HIS INTENT TO PRACTICE
11 FORM TO USE YOU AS A PHYSICIAN ASSISTANT WAS RECEIVED AND
12 THEREFORE APPROVED AS OF NOVEMBER 18TH OF 20xx.
13 DO YOU KNOW WHETHER OR NOT YOU BEGAN WORKING
14 AT XXHOSPITALXX PRIOR TO NOVEMBER 18TH OF 20xx?
15 A. NO, SIR.
16 Q. IT APPEARS FROM--OBVIOUSLY THIS DOCUMENT
17 372, THAT AS OF NOVEMBER THE 18TH OF 20xx, THAT DR. XXXXXXXXXXXX
18 AGXXXXXXXXXXXXX TO BE YOUR SUPERVISOR. WHO'S BEEN--HAS DR. XXXXXXXXXXXX
19 BEEN YOUR SUPERVISING PHYSICIAN SINCE 20xx?
20 A. HE HAS BEEN ONE OF THEM, YES SIR.
21 Q. ALL RIGHT, SIR. WHEN YOU WENT--AFTER 20xx
22 WHEN YOU WENT BACK TO XXXXXXXXXXXX, WHO WAS YOUR SUPERVISING
23 PHYSICIAN THERE?
24 A. DR. MEDICAL DIRECTOR.
25 Q. ALL RIGHT. AND, TO YOUR KNOWLEDGE, DID YOU
1 NOTIFY THE MEDICAL BOARD OF YOUR CHANGE IN LOCATION?
2 A. I DO NOT RECALL.
3 Q. NOW, DO YOU KNOW--AFTER YOU LEFT XXHOSPITALXX
4 AND WENT BACK TO XXXXXXXXXXXX, DO YOU KNOW IF DR. XXXXXXXXXXXX EVER
5 NOTIFIED THE MEDICAL BOARD THAT HE WAS NO LONGER YOUR
6 SUPERVISING PHYSICIAN?
7 A. I DO NOT KNOW.

8 Q. DO YOU BELIEVE THAT DR. MEDICAL DIRECTOR--AND I
9 HAVE BUTCHERED HIS NAME.
10 A. YOU DID.
11 Q. I'M SORRY. I'M SORRY.
12 A. HE---
13 Q. DOCTOR--GIVE ME THE CORRECT.
14 A. MEDICAL DIRECTOR.
15 Q. MEDICAL DIRECTOR.
16 A. YES, SIR.
17 Q. DO YOU BELIEVE THAT DR. MEDICAL DIRECTOR NOTIFIED
18 THE MEDICAL BOARD THAT HE WAS YOUR PRIMARY SUPERVISING
19 PHYSICIAN?
20 A. HE HAD BEEN AND HAD REMAINED SUCH FROM MY
21 PREVIOUS EMPLOYMENT THERE.
22 Q. ALL RIGHT. WHICH YOU ANTICIPATED NOT
23 KNOWING--ANTICIPATED--BUT THAT WAS MY NEXT QUESTION. WHEN
24 YOU--WHEN YOU LEFT EACH OF THE FACILITIES THAT ARE SHOWN
25 ON YOUR RSUM, DO YOU KNOW WHETHER YOU EVER NOTIFIED THE
1 MEDICAL BOARD OF YOUR CHANGE IN LOCATION? DID YOU EVER
2 NOTIFY THEM?
3 A. I DO NOT RECALL.
4 Q. DO YOU BELIEVE THAT YOU'RE REQUIRED TO?
5 A. YES, SIR, I BELIEVE I AM.
6 Q. LET ME TAKE YOU BACK, IF I CAN, TO YOUR
7 APPLICATION AT XXHOSPITALXX AND LET ME SPECIFICALLY TAKE YOU
8 TO PAGE 358. THE PAGE CONTAINS YOUR SIGNATURE. SIXTH
9 PARAGRAPH DOWN BEGINNING WITH, "I AGREE TO REFRAIN FROM
10 FEE SPLITTING." THAT'S NOT WHAT I WANT TO ASK YOU ABOUT.
11 A. I SORRY. WHERE?
12 Q. IT'S ABOUT THE SIXTH PARAGRAPH DOWN STARTING
13 WITH, "I AGREE TO REFRAIN FROM FEE SPLITTING," THAT'S THE
14 PARAGRAPH. DO YOU SEE WHERE I'M REFERRING TO?
15 A. YES, SIR.
16 Q. ALL RIGHT. NOW---
17 A. I ASSUME IT'S A--I AGREE TO REFRAIN FROM FEE
18 SPLITTING SINCE YOU STARTED WITH THAT.
19 Q. YES. I WAS GOING TO ASK YOU ABOUT THE
20 LATTER PART OF THAT--OF THAT PARAGRAPH. "SEEKING
21 CONSULTATIONS WHEN NECESSARY AND REFRAINING FROM
22 DELEGATING PATIENT CARE RESPONSIBILITY TO NON-QUALIFIED OR
23 INADEQUATE SUPERVISED PRACTITIONER." DO YOU SEE THAT,
24 SIR?
25 A. YES, SIR.
1 Q. TELL ME WHAT YOU UNDERSTAND THAT THAT TO
2 MEAN BEGINNING WITH "RECEIVING CONSULTATIONS WHEN
3 NECESSARY AND REFRAIN FROM DELEGATING PATIENT CARE
4 RESPONSIBILITY TO NON-QUALIFIED OR INADEQUATELY SUPERVISED
5 PRACTITIONERS." WHAT DO YOU UNDERSTAND THAT TO MEAN?
6 A. EXACTLY WHAT IT SAYS.
7 Q. ANYTHING OTHER THAN WHAT IT SAYS THAT IT
8 MEANS TO YOU?
9 A. NO. I THINK IT'S PLAIN.
10 Q. EXHIBIT 2. LET'S GO BACK TO THE FRONT OF
11 EXHIBIT 2. GO TO PAGE 5 OF EXHIBIT 2 AND IN NUMBER 11, WE
12 ASK THAT YOU PROVIDE TO US ALL CONTRACTS AND AGREEMENTS IN
13 EFFECT AT ANYTIME DURING THE PERIOD 20xx TO THE PRESENT
14 BETWEEN YOU AND DR. XXXX. DO YOU SEE THAT, SIR?
15 A. YES, SIR.
16 Q. AND AFTER A SERIES OF OBJECTIONS, YOUR
17 ANSWER WAS WITHOUT WAIVING THESE OBJECTIONS, NONE. DO YOU
18 SEE THAT, SIR?
19 A. YES, SIR.
20 Q. NOW, DO I UNDERSTAND THEN THAT THERE WAS NOT
21 DURING THE PERIOD THAT YOU WERE ON--SPECIFICALLY ON XXMONTHXX
22 10TH OF 20xx THAT THERE WAS NOT A WRITTEN AGREEMENT IN
23 EFFECT BETWEEN YOU AND DR. XXXX AS IT PERTAINS TO HIM

24 BEING A SUPERVISING PHYSICIAN TO YOU?

25 A. OTHER THAN WHAT HE HAD SIGNED AS A BACKUP.

1 THERE WAS NO WRITTEN CONTRACT SEPARATE FROM THAT.

2 Q. ALL RIGHT, SIR. NOW, GO IF YOU THEN WOULD

3 TO EXHIBIT 5. AND IS EXHIBIT 6 ATTACHED TO THAT

4 PARTICULAR EXHIBIT 5, AND WHAT IT IS, IS THE DOCUMENT THAT

5 YOU'VE JUST REFERRED TO, THE BACKUP SUPER--SUPERVISING

6 PHYSICIAN FORM. DO YOU SEE THAT, SIR?

7 A. YES, SIR.

8 Q. TELL ME WHAT THE CIRCUMSTANCES WERE

9 SURROUNDING THE EXECUTION OF THAT DOCUMENT IN 2003.

10 A. DR. XXXX WAS ACTUALLY A BACKUP

11 SUPERVISOR AT XXXXXXXXXXXX. THAT'S WHERE I FIRST WORKED WITH

12 HIM.

13 Q. THAT IS, IN FACT, REFLECTED AT THE BOTTOM OF

14 THIS FORM THAT WAS REDACTED, DIDN'T IT, THE FACT THAT IT

15 WAS A XXXXXXXXXXXX FORM.

16 A. I DON'T UNDERSTAND THE TERM "REDACTED," BUT

17 THAT--IT CAME FROM THERE. I KEEP ON FILE--I KEPT ON FILE

18 HIS SIGNATURE FROM THAT TIME.

19 WHEN I CAME TO XXHOSPITALXX, AS WE BECAME

20 AFFILIATED AGAIN, I SAW NO REASON TO REDO THE DOCUMENT

21 SINCE I ALREADY HAD ONE CONTAINING HIS SIGNATURE. HE WAS

22 AWARE OF THAT.

23 Q. ALL RIGHT, SIR. AT THE TIME THAT YOU BECAME

24 EMPLOYED BY XXHOSPITALXX, DID YOU PROVIDE THIS DOCUMENT--THIS

25 XXXXXXXXXXXX DOCUMENT, AS I'LL REFER TO IT DATED AUGUST 10 OF

1 2003, DID YOU PROVIDE THAT TO XXHOSPITALXX AT THE TIME THAT

2 YOU BECAME EMPLOYED BY THEM?

3 A. NO, SIR.

4 MR. KRAUSE: OBJECTION. GIVE ME JUST

5 A SECOND.

6 A. I'M SORRY.

7 MR. KRAUSE: OBJECTION.

8 A. NO, SIR.

9 BY MR. XXXXXX:

10 Q. WHEN DID YOU PROVIDE THIS DOCUMENT TO XXHOSPITALXX

11 FEAR?

12 A. WHEN IT WAS REQUESTED BY YOUR REQUEST--YOUR

13 REQUEST HERE.

14 Q. ALL RIGHT. AS I UNDERSTAND THEN THE ANSWER

15 TO MY QUESTION, THIS DOCUMENT WAS NEVER PROVIDED TO XXHOSPITALXX

16 FEAR UNTIL AFTER THIS LAWSUIT WAS FILED AND WE ASK FOR IT.

17 CORRECT?

18 MR. KRAUSE: OBJECTION.

19 A. YES, SIR.

20 Q. ALL RIGHT. AND I TAKE IT THEN THAT ON XXMONTHXX

21 THE 10TH OF 20xx WHEN CRYSTAL JOHNSON WAS IN THE

22 EMERGENCY DEPARTMENT, XXHOSPITALXX DID NOT HAVE THIS DOCUMENT

23 IN THEIR FILE, DID THEY?

24 MR. KRAUSE: OBJECT TO FORM.

25 A. NO, SIR. NOT TO MY KNOWLEDGE.

1 BY MR. XXXXXX:

2 Q. AND TO YOUR KNOWLEDGE, OTHER THAN THIS

3 AGREEMENT WITH DR. XXXX THAT WAS EXECUTED WHILE YOU

4 WERE AT XXXXXXXXXXXX, THERE IS NO OTHER AGREEMENT BETWEEN DR.

5 XXXX AND YOU FOR HIM TO ACT AS YOUR BACKUP SUPERVISING

6 PHYSICIAN. IS THAT RIGHT?

7 A. THAT IS CORRECT.

8 Q. NOW, LET ME THEN TALK ABOUT THE SUPERVISION,

9 IF YOU WILL, THAT YOU EXPERIENCED WHILE AT XXXXXXXXXXXX VERSUS

10 THE SUPERVISION THAT YOU EXPERIENCED WHILE YOU WORKED AT

11 XXHOSPITALXX. IS THERE ANY DIFFERENCE IN TERMS OF THE

12 SUPERVISION AT EITHER PLACE?

13 A. OTHER THAN THE PERSONALITY OF THE PROVIDER,

14 NO, SIR.

15 Q. ALL RIGHT, SIR. DURING THE PERIOD THAT YOU
16 WORKED AT XXXXXXXXXXXX IN 2003 WHEN THIS DOCUMENT WAS EXECUTED
17 OR, IN FACT, DURING ANY OF THE PERIODS THAT YOU'VE WORKED
18 WITH XXXXXXXXXXXX---

19 A. YES, SIR.

20 Q. ---DID YOU FOLLOW A SIMILAR PROTOCOL THAT
21 YOU'VE DESCRIBED TO ME WHEREIN EACH PATIENT THAT YOU
22 PROVIDED TREATMENT TO YOU DISCUSSED THAT PATIENTS
23 TREATMENT WITH EITHER YOUR SUPERVISING PHYSICIAN OR THE
24 EMERGENCY PHYSICIAN THAT WAS ON DUTY AT THE TIME IN THE
25 DEPARTMENT PRIOR TO DISCHARGING ANY PATIENT?

1 A. THAT IS CORRECT.

2 Q. I'M INTERESTED. I DON'T READ THE
3 REGULATIONS UNDER WHICH YOU PRACTICE AS REQUIRING THAT YOU
4 DO THAT, MEANING THAT YOU ARE REQUIRED EACH TIME THAT YOU
5 PROVIDE TREATMENT TO A PATIENT TO ACTUALLY TALK TO THE
6 DOCTOR BEFORE YOU DISCHARGE THAT PATIENT.

7 DO YOU UNDERSTAND THAT TO BE ALSO TRUE, THAT
8 YOU'RE NOT REQUIRED TO DO THAT?

9 A. I'M NOT AWARE OF ANY SUCH REQUIREMENT.

10 Q. WHY THEN DO YOU DO THAT?

11 A. THAT'S WHAT I DO. THAT IS THE REQUIREMENT
12 WE HAVE--THAT I HAVE WITH THE SUPERVISING PHYSICIANS. I
13 DISCUSS EVERY PATIENT WITH THEM. THEY ARE IN CHARGE AND,
14 THEREFORE, I DISCUSS ALL PATIENTS WITH THEM.

15 Q. ALL RIGHT. THEN I MAY HAVE CONFUSED YOU
16 AND I DIDN'T INTEND TO, BUT JUST SO THAT I'M CLEAR ABOUT
17 YOUR ANSWER, YOU UNDERSTAND THAT THERE IS NO REQUIREMENT
18 UNDER THE NORTH CAROLINA ADMINISTRATIVE CODE WITH RESPECT
19 TO THE REGULATIONS OF PHYSICIAN'S ASSISTANTS THAT YOU
20 DISCUSS WITH A PHYSICIAN EACH PATIENT THAT YOU PROVIDE
21 TREATMENT TO BEFORE YOU DISCHARGE THEM?

22 A. IF IN FACT THAT EXIST, I'M UNAWARE OF THAT.

23 Q. ALL RIGHT. NOW, WHAT YOU'RE TELLING ME IS
24 THAT YOU UNDERSTAND THAT IN TERMS OF YOUR AGREEMENTS WITH
25 EITHER YOUR SUPERVISING PHYSICIANS OR YOUR BACKUP
1 SUPERVISING PHYSICIANS THAT THAT'S, IN FACT, WHAT REQUIRES
2 THAT YOU DISCUSS TREATMENT THAT YOU PROVIDED TO A PATIENT
3 WITH THOSE EITHER SUPERVISING OR BACKUP PHYSICIAN. IS
4 THAT RIGHT, SIR?

5 A. YES, SIR.

6 Q. AND YOU UNDERSTAND OR AT LEAST YOUR
7 UNDERSTANDING OF YOUR AGREEMENTS WITH EITHER YOUR
8 SUPERVISING OR BACKUP PHYSICIANS THAT YOU DO THAT PRIOR TO
9 THE DISCHARGE OF A PATIENT?

10 A. YES, SIR.

11 Q. AND DO YOU BELIEVE THAT THAT AGREEMENT
12 ARRANGEMENT EXISTED BETWEEN YOU AND EITHER DR. XXXXXXXXXXXX OR DR.
13 XXXX IN XXMONTHXX OF 20xx WHEN YOU PROVIDED TREATMENT TO
14 CRYSTAL JOHNSON?

15 A. YES, SIR.

16 Q. NOW, WHAT IS IT THAT YOU UNDERSTAND HAS TO
17 EXIST BY WAY OF DOCUMENTATION BETWEEN YOU AND YOUR
18 SUPERVISING PHYSICIAN REGARDING THEIR SUPERVISION NOTES?
19 WHAT KIND OF DOCUMENTATION IS THERE?

20 A. I'M NOT SURE WHAT YOU'RE ASKING. THERE--
21 FIRST OF ALL THE DELINEATION OF PRIVILEGES, I MEAN, I'M
22 ASSUMING THAT'S PART OF IT--

23 Q. ANYTHING ELSE IN TERMS OF MEETINGS BETWEEN
24 THE SUPERVISING PHYSICIAN AND A PHYSICIAN'S ASSISTANT?

25 A. NO, SIR.

1 Q. I'M READING FROM THE PROVISIONS OF
2 21NCAC32S.0110B. "THE RECORD OF THESE MEETINGS SHALL BE
3 SIGNED AND DATED BY BOTH THE SUPERVISING PHYSICIAN AND THE
4 PHYSICIAN ASSISTANT AND SHALL BE AVAILABLE FOR INSPECTION
5 UPON REQUEST BY THE BOARDS REPRESENTATIVE," AND I'M JUST

6 READING FROM THAT SECTION.
7 DO YOU KNOW WHETHER THERE HAS EVER BEEN A
8 RECORD OF ANY MEETING BETWEEN YOU AND DR. XXXXXXXXXX OR YOU AND
9 DR. XXXX THAT WAS SIGNED AND DATED BY BOTH YOU AND
10 EITHER OF THOSE PHYSICIANS?
11 A. NO, SIR.
12 Q. DO YOU KNOW WHY?
13 A. BECAUSE I AM DISCUSSING EACH AND EVERY
14 PATIENT WITH THEM. WE HAVE, IN ESSENCE--WE HAVE AN
15 ONGOING PROCESS IN THAT EACH AND EVERY PATIENT SERVES THAT
16 SAME PURPOSE.
17 Q. LET ME SEE IF I UNDERSTAND WHAT YOU SAID. I
18 THINK WHAT YOU'RE TELLING ME IS THAT BECAUSE YOU AND YOUR
19 SUPERVISING PHYSICIAN OR YOUR BACKUP SUPERVISING PHYSICIAN
20 DISCUSS EVERY PATIENT BEFORE THE PATIENT IS DISCHARGED---
21 A. YES, SIR.
22 Q. ---THAT YOU BELIEVE THAT, WHAT, THE
23 PATIENTS' RECORDS ARE, IN FACT, THE RECORD OF THE MEETING
24 BETWEEN YOU AND YOUR SUPERVISING PHYSICIAN?
25 A. THAT RECORD EXISTS, YES.
1 Q. YES. ALL RIGHT. AND IS THAT WHAT YOU
2 BELIEVE TO BE THE RECORD OF THE MEETING BETWEEN YOU AND
3 YOUR SUPERVISING PHYSICIAN, THAT AT LEAST AS I READ THE
4 REGULATIONS REQUIRE THAT BE SIGNED BY BOTH YOU AND YOUR
5 SUPERVISING PHYSICIAN?
6 IS THAT WHAT YOU UNDERSTAND, THE PATIENTS'
7 CHARTS, THAT SUFFICES FOR THAT DOCUMENTATION? IS THAT
8 YOUR UNDERSTANDING?
9 A. I WOULD THINK SO, YES, SIR.
10 Q. NOW, LET ME THEN GO BACK IF I CAN AND I
11 APOLOGIZE FOR HAVING YOU CONTINUE TO GO BACK. GO BACK TO
12 EXHIBIT 2 AND PAGE 374 WHICH IS BEGINNING YOUR SCOPE OF
13 PRACTICE AS YOU REFER TO IT AND IT'S CALLED PHYSICIAN
14 ASSISTANT DELINEATION OF PRIVILEGE.
15 IS THERE ANYTHING WITHIN THESE TWO PAGES, 374
16 AND 375, THAT YOU CAN POINT ME TO THAT REQUIRES THAT YOU
17 DISCUSS EVERY PATIENT THAT YOU PROVIDE TREATMENT TO WITH
18 YOUR SUPERVISING PHYSICIAN OR A BACKUP SUPERVISING
19 PHYSICIAN PRIOR TO THE DISCHARGE OF THE PATIENT?
20 A. WELL, THERE IS A PROVISION UNDER THE CORE
21 PRIVILEGES THAT SAYS--IT'S THE SECOND IN THE SECOND
22 PARAGRAPH , WRITE ORDERS FOR MEDICATIONS, TREATMENTS,
23 TESTS, I.V. FLUIDS, ETCETERA, COUNTERSIGNATURE BY A
24 SUPERVISING PHYSICIAN WITHIN 24 HOURS IS REQUIRED.
25 Q. NOW, BUT THAT IS UNDER THE HEADING OF
1 "PHYSICIANS' ASSISTANTS MAY IMPLEMENT PHYSICIAN DIRECTED
2 TREATMENT PLANS THAT PERMIT THEM TO"--AND THEN UNDER THAT,
3 WRITE ORDER FOR MEDICATION. DO YOU SEE THAT, SIR?
4 A. YES, SIR.
5 Q. NOW, WAS CRYSTAL JOHNSON'S DIRECTED BY YOU
6 OR DIRECTED BY DR. XXXX?
7 A. BY ME, INITIALLY.
8 Q. WHEN YOU SAY "INITIALLY," WHAT DO YOU MEAN
9 BY THAT?
10 A. I TOOK HER HISTORY AND PHYSICAL, DID HER
11 EXAM, ORDERED HER TESTS. AND THEN WHEN THOSE RESULTS--
12 WHEN EVERYTHING WAS ACCUMULATED, I THEN DISCUSSED HER CARE
13 WITH DR. XXXX.
14 Q. SO THEN DID DR. XXXX DIRECT A TREATMENT
15 PLAN FOR CRYSTAL JOHNSON AFTER YOU DISCUSSED HER CARE
16 WITH HIM?
17 MR. CARRUTHERS: OBJECT TO FORM.
18 MR. KRAUSE: GO AHEAD. YOU CAN
19 ANSWER THE QUESTION.
20 A. YEAH. DID HE PROVIDE ANY DIRECT
21 INSTRUCTIONS AS FOR WHAT I SHOULD DO?

22 BY MR. XXXXXX:
23 Q. YES, SIR.
24 A. NO, SIR.
25 Q. DO YOU REMEMBER ANYTHING ABOUT YOUR
1 CONVERSATION WITH DR. XXXX?
2 A. NO, SIR. NOT IN DETAIL. I'M SURE IT WOULD
3 INCLUDE WHAT WAS ON THE CHART.
4 Q. OKAY. BUT DO YOU HAVE AN INDEPENDENT
5 RECOLLECTION OF ANY CONVERSATION THAT YOU HAD WITH DR.
6 XXXX ON XXMONTHXX 10TH OF 20xx REGARDING CRYSTAL JOHNSON?
7 A. NO, SIR.
8 Q. BUT YOU DO HAVE AN INDEPENDENT RECOLLECTION
9 THAT YOU, IN FACT, TALKED TO HIM OR ARE YOU MERELY
10 INDICATING THAT THAT WAS YOUR PROTOCOL YOU WOULD HAVE
11 FOLLOWED?
12 A. I SPOKE WITH HIM AND HE--WE DISCUSSED THE
13 CHART AND HE SIGNED IT AFTER A DISCUSSION BECAUSE WE
14 ALWAYS DO.
15 Q. YES, SIR. I GUESS WHAT I'M TRYING TO
16 DETERMINE BECAUSE YOU ALWAYS DO THAT IS THAT WHY YOU KNOW
17 YOU DID IT THIS TIME, OR DO YOU HAVE A SPECIFIC
18 RECOLLECTION AGAIN OF HAVING A DISCUSSION WITH DR.
19 XXXX?
20 A. I DO NOT REMEMBER HAVING THAT SPECIFIC
21 DISCUSSION WITH HIM, BUT IN REVIEW OF THE CHART WHEN I SEE
22 HIS SIGNATURE ON IT I KNOW THAT I WENT THROUGH THAT
23 PROCESS.
24 Q. AND IS IT YOUR BELIEF, THEN, THAT YOU WENT
25 THROUGH THAT PROCESS BEFORE CRYSTAL JOHNSON WAS DISCHARGED?
1 A. YES, SIR.
2 Q. FIRST, I WANT TO TELL YOU ANYTIME YOU WANT
3 TO TAKE A BREAK, BECAUSE I GET ROLLING AND I FORGET ALL
4 ABOUT TIME.
5 (OFF THE RECORD AT 11:05 A.M.)
6 (ON THE RECORD AT 11:11 A.M.)
7 BY MR. XXXXXX:
8 Q. MR. DAVIDSON, DO YOU--IN 20xx, WHAT EMERGENCY
9 PHYSICIANS IN ADDITION TO DR. XXXXXXXXXXXX OR DR. XXXX HAD YOU
10 WORKED WITH?
11 A. THERE WERE NUMEROUS DOCTORS. I COULD NOT
12 BEGIN TO NAME ALL OF THEM. I COULD ONLY NAME A FEW BUT--
13 Q. TELL ME THE ONES THAT YOU CAN REMEMBER.
14 A. DR. GLATZ, DR. GUPTA.
15 Q. GUPTA?
16 A. GUPTA. G-U-P-T-A (SPELLED). DR. GRELLO.
17 MR. CARRUTHERS: ONE MORE TIME WITH THAT
18 ONE.
19 A. GRELLO. I FORGET SOME OF THE REST OF THEM.
20 THOSE WERE THE MORE PROMINENT OR THE GUYS I REMEMBER RIGHT
21 OFF. THERE--THERE WERE SEVERAL MORE.
22 BY MR. XXXXXX:
23 Q. ALL RIGHT, SIR.
24 A. SOME OF WHO ARE NO LONGER THERE, SOME OF WHO
25 STILL ARE.
1 Q. ALL RIGHT, SIR. BESIDES DR. XXXXXXXXXXXX OR DR.
2 XXXX, IS THERE ANY DOCUMENTATION UNDER WHICH ANY OF
3 THE OTHER PHYSICIANS THAT YOU HAVE NAMED FOR ME OR FOR
4 THAT MATTER ANY OF THOSE WHOSE NAMES YOU CAN'T REMEMBER,
5 IS THERE ANY DOCUMENTATION UNDER WHICH ANY OF THOSE
6 PHYSICIANS AGXXXXXXXXXXXX TO ACT AS YOUR BACKUPS?
7 A. I HAVE SIMILAR TO THE ONE I SUPPLIED WITH
8 YOU WITH DR. XXXX'S NAME, I HAVE SIMILAR PAPERWORK IN
9 THAT REGARD.
10 Q. AND WERE THOSE EXECUTED WHILE YOU WERE AT
11 XXHOSPITALXX OR WHILE YOU WERE AT XXXXXXXXXXXX OR DO YOU
12 REMEMBER?

13 A. WELL, I NEVER--HE WAS THE ONLY PERSON THAT I
14 WORKED WITH AT XXXXXXXXXXXX, SO ALL THE REST OF THEM WOULD
15 HAVE TO HAVE BEEN XXHOSPITALXX.

16 Q. ALL RIGHT. AND IT'S YOUR UNDERSTANDING THAT
17 THERE ARE, IN FACT, SEPARATE WRITTEN AGREEMENTS UNDER
18 WHICH THOSE DOCTORS THAT YOU NAMED AGXXXXXXXXXX TO ACT AS YOUR
19 BACKUPS?

20 A. I'M NOT SURE I UNDERSTAND EXACTLY WHAT
21 YOU'RE SAYING IN THAT REGARD. THEY--THEY AGXXXXXXXXXX TO SERVE
22 AS A BACKUP PHYSICIAN AND THEREFORE I OBTAINED THEIR
23 SIGNATURE AND THAT TO ME---

24 Q. AND WAS MY QUESTION.

25 A. ---IS SUFFICIENT.

1 Q. YES, SIR. AND THAT WAS MY QUESTION.

2 A. OKAY.

3 Q. FOR EACH OF THOSE DOCTORS YOU SECURED A
4 SIGNATURE ON A FORM THAT IS SIMILAR.

5 A. IS SIMILAR TO THAT.

6 Q. OKAY. AND THAT'S THE ONE WITH DR. XXXX.

7 A. YES, SIR.

8 Q. OKAY. WHAT THEN BECAME THE ROLE OF DR.
9 XXXXXXXXXXXX? WHAT WAS THE ROLE OF DR. XXXXXXXXXXXX WHILE YOU WORKED AT
10 XXHOSPITALXX?

11 A. HE WAS STILL MY PRIMARY SUPERVISOR.

12 Q. AND--AND WHAT WAS THE NATURE OF YOUR
13 INTERACTION WITH HIM AS--AS YOUR PRIMARY SUPERVISOR?

14 A. IF I ENCOUNTERED ANY PROBLEMS OR
15 ADMINISTRATIVE ISSUES, I TOOK THEM UP WITH HIM. HE ALSO
16 WORKED IN THE DEPARTMENT AS A PROVIDER, SO I HAD ON
17 OCCASION INTERACTION WITH HIM IN THAT REGARD.

18 Q. ALL RIGHT, SIR. INDEPENDENT OF YOUR
19 INTERACTION WITH HIM WITHIN THE EMERGENCY DEPARTMENT, WERE
20 THERE OTHER OCCASIONS IN WHICH YOU AND DR. XXXXXXXXXXXX DISCUSSED
21 PATIENT CARE THAT YOU PROVIDED?

22 A. I'M SURE THERE WERE.

23 Q. DO YOU REMEMBER ANY CIRCUMSTANCE IN WHICH
24 DR. XXXXXXXXXXXX WOULD PULL ANY CHARTS FOR PATIENTS THAT YOU
25 PROVIDED TREATMENT TO AND REVIEW THE CARE AND TREATMENT
1 THAT YOU PROVIDED TO THE PATIENT?

2 A. I'M NOT AWARE OF ANY, OTHER THAN THE ONES
3 THAT HE SIGNED DIRECTLY.

4 Q. ALL RIGHT. OTHER THAN THE ONES THAT HE
5 SIGNED DIRECTLY, IS THERE ANY OTHER DOCUMENTATION OF ANY
6 MEETINGS BETWEEN YOU AND DR. XXXXXXXXXXXX?

7 A. NOT TO MY KNOWLEDGE.

8 Q. NOW, WHEN YOU WORKED AT XXXXXXXXXXXX, AGAIN, WAS
9 THERE SEPARATE DOCUMENTATION OF ANY MEETINGS THAT YOU HAD
10 WITH EITHER YOUR SUPERVISING PHYSICIAN OR YOUR BACKUP
11 SUPERVISING PHYSICIAN, OTHER THAN THE PATIENT CHART?

12 A. NO, SIR.

13 Q. NOW, TELL ME, GENERALLY SPEAKING, IF YOU
14 WOULD, MR. DAVIDSON, THE CIRCUMSTANCES UNDER WHICH THAT YOU
15 BELIEVE IT NECESSARY FOR YOU AS A P.A. TO GET A
16 CONSULTATION WITH EITHER A PHYSICIAN OR EITHER A
17 SPECIALIST.

18 A. A SPECIALITY CONSULTATION IS REQUIRED WHEN
19 THERE IS NEED OF SPECIALITY TREATMENT. FOR INSTANCE,
20 ALTHOUGH WE CAN TREAT SIMPLE FRACTURES, OPEN FRACTURES OR
21 COMPOUND FRACTURES REQUIRE CONSULTATION WITH AN
22 ORTHOPAEDIC DOCTOR. THE SAME WOULD BE TRUE OF A SURGICAL
23 PATIENT FOR ACUTE APPENDICITIS, FOR INSTANCE.

24 Q. IS THERE AT LEAST MENTALLY IN YOUR MIND A
25 LINE THAT DEPENDING UPON THE COMPLICATIONS PRESENTED BY A
1 PATIENT THAT YOU FEEL THAT BASED UPON YOUR BACKGROUND,
2 TRAINING AND EXPERIENCE YOU NEED TO GET A PHYSICIAN
3 DIRECTLY INVOLVED IN THE PATIENT'S CARE?

4 MR. KRAUSE: OBJECTION. ARE YOU NOW
5 TALKING ABOUT A CONSULTANT?
6 MR. XXXXXX: YES.
7 A. THAT WOULD BE CASE DEPENDANT.
8 BY MR. XXXXXX:
9 Q. YES, SIR. AND THAT'S THE REASON THAT I
10 ASKED THE QUESTION AS HYPOTHETICAL AS IT MAY SOUND. IS
11 THERE MENTALLY IN YOUR MIND A LINE THAT, YOU KNOW, HEY, IF
12 THE PATIENT'S THIS OR SOMETHING ELSE I--I'M HANDING IT
13 OFF--I'M CONSULTING WITH A PHYSICIAN IN YOUR MIND?
14 A. YES, BUT IT WOULD BE CASE DEPENDANT ALSO.
15 Q. IS THERE GENERALLY OR ARE THERE GENERALLY
16 CATEGORIES OF PATIENTS THAT ALWAYS, I'M GOING TO GET A
17 CALL FOR A CONSULTATION?
18 A. CERTAINLY AGAIN, SURGICAL PATIENTS. SOME OF
19 THEM WITH ACUTE APPENDICITIS, YOU'RE GOING TO GET A
20 SURGICAL CONSULT. SOMEONE WITH AN OPEN FRACTURE, YOU WILL
21 CALL ORTHOPAEDICS, FOR EXAMPLE.
22 SOMEONE WHO IS HAVING AN ACUTE M.I. WOULD
23 REQUIRE CONSULTATION WITH AT LEAST MEDICINE, CARDIOLOGY IF
24 THEY'RE AVAILABLE. MANY INTERNAL MEDICINE DOCTORS CAN
25 HANDLE M.I.'S, BUT, YES, THERE ARE. IN MANY CASES YOU
1 WOULD REQUIRE A CONSULTATION.
2 Q. NOW, MR. DAVIDSON, TO YOUR KNOWLEDGE HAS ANY OF
3 THE CARE THAT YOU HAVE EVER PROVIDED TO A PATIENT EVER
4 BEEN SUBJECT MATTER OF A CLAIM--MALPRACTICE CLAIM?
5 MR. KRAUSE: OBJECTION. YOU MAY
6 ANSWER THE QUESTION.
7 A. NO, SIR.
8 BY MR. XXXXXX:
9 Q. HAVE YOU EVER BEEN THE SUBJECT MATTER OF ANY
10 DISCIPLINARY ACTION BY ANY EMPLOYER YOU'VE WORKED FOR?
11 MR. KRAUSE: AGAIN, OBJECTION BUT YOU
12 CAN ANSWER IT.
13 A. NO, SIR.
14 Q. IN 20xx, WAS XXHOSPITALXX A LEVEL ONE, TWO OR
15 THREE FACILITY? DO YOU KNOW?
16 A. I DO NOT KNOW.
17 Q. WAS IT DESIGNATED AS A TRAUMA CENTER IN
18 20xx?
19 A. I DO NOT KNOW.
20 Q. DO YOU KNOW WHETHER IT WAS A PRIMARY OR
21 TERTIARY CARE CENTER?
22 A. I WOULD HAVE TO SAY IT WAS BOTH.
23 Q. DO YOU KNOW HOW MANY PATIENT BEDS WERE IN
24 THE HOSPITAL IN 20xx?
25 A. NO, SIR.
1 Q. DO YOU KNOW HOW MANY E.R. BEDS WERE THERE IN
2 20xx OR ROOMS?
3 A. I'D HAVE TO--I'D HAVE TO FIGURE IT UP IN MY
4 HEAD. I COULDN'T TELL YOU RIGHT OFF THE TOP OF MY HEAD,
5 NO, SIR.
6 Q. HOW DIFFICULT WOULD IT BE FOR YOU TO FIGURE
7 IT UP IN YOUR HEAD?
8 A. WELL, GIVE ME A MINUTE.
9 Q. SURE.
10 (BRIEF PAUSE ON THE RECORD)
11 A. THERE WOULD BE IN EXCESS OF 30, BUT I--TO BE
12 HONEST WITH YOU, I'M NOT--I COULDN'T BE FOR SURE. IT--IT
13 VARIED IN SOME REGARDS BECAUSE THE--THERE WERE CHANGES
14 THAT UNDER--THAT WENT THROUGH WHILE I WAS THERE SO THE--
15 THE COMPOSITION OF THE PLACE CHANGED EVEN WHILE I WAS
16 THERE, SO IN EXCESS OF 30.
17 Q. ALL RIGHT. DO YOU KNOW--DID YOU MONITOR OR
18 HAVE YOU MONITORED PATIENT ACCOUNTS DURING THE TIME THAT
19 YOU'VE WORKED AT XXHOSPITALXX IN TERMS OF HOW MANY PATIENTS

20 ARE SEEN IN THE EMERGENCY DEPARTMENT?
21 A. NO, SIR.
22 Q. LET ME TALK TO YOU A LITTLE BIT ABOUT
23 DEMOGRAPHICS FOR THE PATIENTS. WERE THEY PRINCIPALLY
24 CUMBERLAND COUNTY RESIDENTS OR DID RESIDENTS OUTSIDE OF
25 CUMBERLAND COUNTY COME TO THE EMERGENCY DEPARTMENT?
1 A. I WOULD SAY THAT THE MAJORITY WERE
2 CUMBERLAND RESIDENTS ALTHOUGH I'M SURE THERE WERE PEOPLE
3 FROM OTHER PLACES.
4 Q. IN XXMONTHXX OF 20xx, HOW WAS THE DETERMINATION
5 MADE AS TO WHICH PATIENTS WOULD BE SEEN BY A P.A. VERSUS
6 PATIENTS SEEN BY A DOCTOR?
7 A. I DO NOT KNOW.
8 Q. YOU DON'T KNOW WHAT THE PROTOCOL WAS?
9 A. IF THERE--ONE EXISTED, I WAS UNAWARE OF IT.
10 Q. SO I TAKE IT FROM--FROM THE ANSWER TO THE
11 QUESTION IS THAT THERE WAS NO RULE, REGULATION, PROTOCOL
12 THAT YOU WERE AWARE OF THAT REQUIRED THAT THESE KINDS OF
13 PATIENTS DEPENDING UPON THEIR PRESENTING CONDITION WOULD
14 ALWAYS BE SEEN BY A PHYSICIAN.
15 A. NO, SIR.
16 Q. TO YOUR KNOWLEDGE, WAS THERE ANY DIFFERENCE
17 IN THE STANDARD OF CARE THAT YOU PRACTICED AS A P.A.
18 WORKING FOR XXHOSPITALXX VERSUS THE STANDARD OF CARE THAT YOU
19 PRACTICED WHILE WORKING AT XXXXXXXXXXXX?
20 A. NO, SIR.
21 Q. HOW ABOUT IN TERMS OF THE STANDARD CARE THAT
22 YOU PRACTICED AT XXXXXXXXX, ANY DIFFERENCE?
23 A. NO, SIR.
24 Q. WHAT WERE THE HOSPITALS THAT DURING THE TIME
25 THAT YOU WERE WORKING AT XXHOSPITALXX IN XXMONTHXX OF 20xx THAT A
1 PATIENT COULD HAVE BEEN TRANSFERRED FROM YOUR EMERGENCY
2 DEPARTMENT TO THAT HOSPITAL? WHAT WERE THE TRANSFER
3 ARRANGEMENTS--HOSPITALS THAT YOU HAD TRANSFER ARRANGEMENTS
4 WITH?
5 A. I WAS UNAWARE OF ANY SPECIFIC ARRANGEMENTS.
6 YOU COULD--THERE WERE NUMEROUS HOSPITALS THAT COULD BE
7 CONTACTED FOR TRANSFER.
8 Q. AND WHO ARE THOSE THAT YOU REMEMBER?
9 A. THE PRIMARY ONES WERE DUKE AND U.N.C.
10 Q. ANY OTHERS THAT YOU ARE AWARE OF?
11 A. I NEVER TRANSFERRED ANYONE ANYWHERE ELSE.
12 I'M UNAWARE IF SOMEONE ELSE MOVED PEOPLE TO A DIFFERENT
13 FACILITY.
14 Q. MR. DAVIDSON, DO YOU KNOW WHAT THE TERM
15 "PLATELETPHERESIS" MEANS?
16 A. YES, SIR.
17 Q. WHAT IS THAT?
18 A. IT IS A PROCESS BY WHICH YOU CAN REMOVE
19 PLATELETS FROM THE SERUM, BLOOD SERUM.
20 Q. AND WHAT KIND OF TREAT--WHAT KIND OF
21 CONDITIONS CAN BE TREATED BY PLATELETPHERESIS?
22 A. WELL, NUMEROUS CONDITIONS, I WOULD ASSUME.
23 Q. CAN YOU TELL ME THE CONDITIONS THAT YOU'RE
24 AWARE OF?
25 A. I'M SORRY?
1 Q. TELL ME THE CONDITIONS THAT YOU'RE AWARE OF
2 THAT CAN BE TREATED BY PLATELETPHERESIS.
3 A. PLATELETPHERESIS, AS I'M AWARE OF, WOULD
4 MAINLY BE USED WHEN THE PLATELET COUNT IS ELEVATED TO
5 REMOVE PLATELETS.
6 Q. AND WHAT ARE WE TRYING TO TREAT WITH
7 PLATELETPHERESIS? WHAT ARE TRYING TO DO WHEN WE'RE TRYING
8 TO USE THAT PROCESS?
9 A. YOU WOULD BE TREATING A CONDITION CALLED
10 THROMBOCYTOSIS.

11 Q. WHAT IS THAT?
12 A. INCREASED PLATELETS OR A HIGH LEVEL OF
13 PLATELETS, HOWEVER YOU WISE TO DEFINE IT.
14 Q. WAS PLATELETPHERESIS AVAILABLE AT XXHOSPITALXX
15 IN XXMONTHXX OF 20xx?
16 A. I DO NOT KNOW.
17 Q. IN XXMONTHXX OF 20xx, HOW WOULD YOU HAVE
18 DETERMINED WHETHER IT WAS?
19 A. IF I WOULD HAVE ASKED THE SUPERVISING
20 PHYSICIAN.
21 Q. DO YOU KNOW WHAT A T.I.A. IS?
22 A. YES, SIR.
23 Q. WHAT IS A T.I.A.?
24 A. A TRANSIENT ISCHEMIC ATTACK.
25 Q. AND WHAT ARE THE SIGNS AND SYMPTOMS OF A

1 T.I.A.?
2 A. NEUROLOGICAL DEFICIT FOR A PERIOD OF TIME,
3 WHICH RESOLVES WITHIN 24 HOURS.
4 Q. AND CAN YOU BE MORE SPECIFIC ABOUT THE TERM
5 NEUROLOGICAL DEFICITS?
6 A. THEY CAN BE NUMEROUS. YOU CAN HAVE FACIAL
7 PALSY, FACIAL DROOPING, LOSS OF A FUNCTION OF EXTREMITIES.
8 YOU CAN HAVE NUMBNESS, WEAKNESS TO EXTREMITIES, A CHANGE
9 IN MENTAL STATUS, INABILITY TO FOCUS, INABILITY TO
10 COMMUNICATE. THERE ARE NUMEROUS. THERE WOULD BE A
11 NEUROLOGICAL DEFICIT OF SOME SORT.
12 Q. AND WHAT SIGNS AND SYMPTOMS AS YOU HAVE
13 DESCRIBED FOR ME WOULD CAUSE YOU TO INCLUDE T.I.A. IN YOUR
14 DIFFERENTIAL FOR A PATIENT?
15 A. ALL OF THE ABOVE.
16 Q. DID YOU INCLUDE T.I.A. IN YOUR DIFFERENTIAL
17 FOR CRYSTAL JOHNSON?
18 A. YES, SIR.
19 Q. AND SO HOW WOULD YOU WORK UP A PATIENT IN
20 WHICH YOU WOULD HAVE INCLUDED T.I.A. IN YOUR DIFFERENTIAL?
21 HOW WOULD YOU WORK THEM UP?
22 A. WELL, THE FIRST THING WOULD BE AN EXAM.
23 Q. AND WHAT KIND OF EXAM WOULD YOU DO?
24 A. WELL, BASICALLY, A--IN HER CASE I DID A FULL
25 EXAM. I EXAMINED--AS WELL AS A NEUROLOGICAL EXAM. IT WAS
1 BOTH ORGAN SPECIFIC AND--AND ALSO RELATED TO HER
2 NEUROLOGICAL FUNCTION, AND WE DID LAB WORK AND A C.T.
3 Q. YOU DO AN EXAM.
4 A. YES, SIR.
5 Q. YOU DO A NEUROLOGICAL ASSESSMENT.
6 A. THAT'S CORRECT.
7 Q. YOU INDICATED ORGAN SPECIFIC. WHAT DO YOU
8 MEAN BY THAT AND WHAT WOULD YOU DO AS PART OF THAT?
9 A. LISTEN TO THEIR LUNGS, THEIR HEART. YOU
10 LOOK AT THEIR URINE. YOU--WHEN YOU SAY "ORGAN SPECIFIC,"
11 OBVIOUSLY A NEUROLOGICAL EXAM IS SOMEWHAT ORGAN SPECIFIC
12 IN THAT YOU'RE LOOKING AT THE CENTRAL NERVOUS SYSTEM.
13 SO IT WOULD BE A REVIEW OF SYSTEMS,
14 BASICALLY, AND WITH THE EMPHASIS ON THE NEUROLOGICAL TERM.
15 Q. AND IN YOUR REVIEW OF SYSTEMS AND AGAIN AS
16 PART OF YOUR EXAM, BE IT YOUR NEURO EXAM AND YOUR PHYSICAL
17 EXAM, WALK ME THROUGH SORT OF FROM START TO FINISH WHAT
18 YOU DO.
19 A. THEIR GENERAL APPEARANCE, BASICALLY. AND
20 THEN YOU DO WHAT WE CALL A HEAD TO TOE: EYE, EARS, NOSE
21 AND THROAT, LUNGS, CARDIOVASCULAR, ABDOMINAL, LISTEN FOR
22 BOWEL SOUNDS, THAT SORT OF THING.
23 YOU WOULD CHECK HER PULSES, AND THEN YOU
24 WOULD DO THE NEUROLOGICAL EXAM WHICH IS--HAS MULTIPLE
25 FACETS TO IT.
1 Q. AND CAN YOU TELL ME WHAT THOSE ARE?
2 A. YOU WOULD FIRST CHECK THE CRANIAL NERVES.
3 THERE IS A TEST. YOU GO THROUGH MULTIPLE STEPS WHEREBY
4 YOU CAN CHECK BASICALLY ALL OF THE CRANIAL NERVES.
5 YOU CAN'T--I DID NOT--ON MANY NEUROLOGICAL
6 EXAMS CHECK THE OLFACTORY, WHICH IS THE FIRST CRANIAL
7 NERVE, BECAUSE WE DON'T HAVE THOSE THINGS AVAILABLE. YOU
8 CAN--THERE ARE NUMEROUS OTHER TESTS YOU CAN DO TO TEST THE
9 REMINDER OF IT.
10 OBVIOUSLY, IF YOU HAVE SOMETHING THAT HAS A
11 FAMILIAR SMELL YOU CAN USE THAT, BUT THAT'S THE ONLY WAY
12 TO TEST THE OLFACTORY.
13 THERE IS A SET OF PROCEDURES YOU GO THROUGH
14 TO CHECK THE--THE CRANIAL NERVES. IT'S RELATIVELY
15 STANDARD.
16 Q. ANYTHING ELSE THAT YOU CAN REMEMBER THAT YOU

17 DO EITHER IN YOUR PHYSICAL EXAM OR YOUR NEURO YOU'VE TOLD
18 ME ABOUT? ANYTHING ELSE THAT YOU CAN REMEMBER?

19 A. WELL, THE ONLY OTHER THING WOULD BE IN THE
20 GENERAL APPEARANCE. YOU KNOW, IF SOMEONE RESPONDS TO YOU
21 APPROPRIATELY, THEIR Demeanor, HOW THEY ACT, THAT SORT OF
22 THING.

23 Q. NOW, THE LAB WORK, WHAT ARE YOU LOOKING FOR
24 IN THE LAB WORK?

25 A. ANY ABNORMALITIES WHICH MAY PRE-DEPOSE THEM
1 TO OTHER PROBLEMS. YOU LOOK FOR ELECTROLYTE BALANCE,
2 ABNORMALITIES IN THEIR COMPLETE BLOOD COUNT, URINE TO SEE
3 IF THEY HAVE A--PROBLEMS WITH KIDNEY FUNCTION, INFECTION
4 AND THE--OBVIOUSLY THE C.T. WOULD SHOW MORE TOWARDS A
5 NEUROLOGICAL ASPECT.

6 Q. AND WITH RESPECT TO THE LAB WORK, WHAT'S THE
7 PROTOCOL IF THERE IS SOMETHING ABNORMAL?

8 A. IT WOULD DEPEND ON WHAT IT IS.

9 Q. SPECIFICALLY, THE PLATELET COUNT. AND--AND
10 DO YOU THINK THAT CRYSTAL JOHNSON'S PLATELET COUNT WAS
11 ABNORMAL?

12 A. YES, SIR.

13 Q. ALL RIGHT. SO, AGAIN, WHAT WOULD THE
14 PROTOCOL BE SPECIFICALLY IF THE PLATELET COUNT IS
15 ABNORMAL? IS THERE A PROTOCOL THAT YOU FOLLOW?

16 A. THERE'S NO SPECIFIC PROTOCOL.

17 Q. ALL RIGHT, SIR. WHAT'S THE SIGNIFICANCE OF
18 SOMEONE--AND GIVEN THAT YOU INCLUDED T.I.A. IN YOUR
19 DIFFERENTIAL WITH CRYSTAL JOHNSON--WHAT'S THE SIGNIFICANCE OF
20 SOMEONE EXHIBITING SIGNS OF A T.I.A.? WOULD YOU AGREE
21 WITH ME THAT CRYSTAL JOHNSON EXHIBITED SIGNS OF A T.I.A.--SIGNS
22 AND SYMPTOMS OF T.I.A.?

23 A. SHE HAD SOME SIGNS AND SYMPTOMS, YES.

24 Q. WHAT WAS THE SIGNIFICANCE OF THE ELEVATED
25 PLATELET COUNT GIVEN THE OTHER SIGNS AND SYMPTOMS THAT SHE
1 EXHIBITED? WHAT WAS THE SIGNIFICANCE?

2 A. I DID NOT SEE A CORRELATION AT THAT TIME.

3 Q. WHY NOT?

4 A. HER PLATELET COUNT WAS FELT TO BE A
5 REFLECTION OF HER LONG STANDING ANEMIA.

6 Q. AND YOU'VE LOOKED AT THE CHART, HAVEN'T YOU,
7 IN PREPARATION FOR YOUR DEPOSITION?

8 A. YES, SIR.

9 Q. YOU DIDN'T DOCUMENT THAT, DID YOU, THAT YOU
10 BELIEVE THAT HER PLATELET COUNT WAS AS A RESULT OF HER
11 LONG STANDING ANEMIA.

12 A. I DID NOT MAKE A SPECIFIC ENTRY IN THAT
13 REGARD, NO, SIR.

14 Q. IN FACT, YOU MADE NO ENTRY ABOUT HER
15 PLATELET COUNT. IS THAT RIGHT?

16 A. NO. I--I NOTED IT ON THE CHART, YES, SIR.

17 Q. YES, SIR. I UNDERSTAND YOU--YOU WROTE DOWN
18 THE LAB RESULTS. CORRECT?

19 A. YES, SIR.

20 Q. BUT DID YOU SPECIFICALLY, OTHER THAN WRITING
21 DOWN THE LAB RESULTS, DID YOU NOTE ANY PLACE ELSE IN THE
22 CHART ABOUT HER ABNORMAL PLATELET COUNT BEING ATTRIBUTABLE
23 TO HER ANEMIA?

24 A. NO, SIR.

25 Q. NOW, WHAT ELSE MIGHT IT BE INDICATIVE OF,
1 OTHER THAN ANEMIA, TO A PLATELET COUNT, HIGH PLATELET
2 COUNT?

3 A. INFECTION, INFLAMMATION, INJURY, HEMORRHAGE,
4 TO NAME A FEW. I MEAN, I'M SURE THERE ARE OTHERS. THOSE
5 ARE THE--I WOULD THINK THE MAIN ONES.

6 Q. NOW, DID YOU DO ANYTHING TO RULE THOSE OUT?

7 A. AS FAR AS INFECTION, WE--WE LOOKED AT HER

8 URINE, NUMBER ONE, TO--TO LOOK FOR INFECTION AND TO SEE IF
9 THERE WERE ANY ABNORMALITIES IN HER KIDNEY FUNCTION.
10 SHE WAS NOT BLEEDING AT THE TIME. THERE WAS
11 NO REPORTED. I DID NOT EVALUATE HER GIVEN HER HEMOGLOBIN,
12 WHICH SHE REPORTED, WAS ACTUALLY GIVEN A PRIOR READING,
13 HAD IMPROVED SOMEWHAT.
14 THERE WAS NO COMPLAINT OF BLEEDING, SO I DID
15 NOT EXAM HER IN THAT REGARD. I SAW NO ACTIVE HEMORRHAGE.
16 AND HER HEMORRHAGE, WHICH CAUSED HER ANEMIA, WAS RELATED
17 TO HER GYNECOLOGICAL ISSUES, AND I--THERE WERE NO
18 COMPLAINTS RELATED TO THAT, SO I DID NOT EXAMINE HER AT
19 THAT TIME. SHE HAD BEEN EXAMINED IN THE PAST.
20 Q. HOW DO YOU KNOW THAT THERE WERE RELATED TO
21 HER GYNECOLOGICAL ISSUES?
22 A. BECAUSE SHE GAVE ME A HISTORY OF
23 DYSFUNCTIONAL UTERINE BLEEDING.
24 Q. AND YOU MADE A PREVIOUS STATEMENT ABOUT HER
25 HEMOGLOBIN COUNT HAD IMPROVED. THAT WAS REPORTED TO YOU
1 BY MS. CRYSTAL JOHNSON?
2 A. YES, SIR.
3 Q. AND HOW DO YOU KNOW THAT?
4 A. BECAUSE I WROTE IT ON THE CHART CARD.
5 Q. AND WE'LL GO THROUGH THE CHART IN JUST A FEW
6 MINUTES.
7 A. THAT'S FINE.
8 Q. NOW, HAVE YOU STUDIED OR READ ANY KIND OF
9 INFORMATION, MR. DAVIDSON, ABOUT THE LIKELIHOOD THAT A
10 PATIENT THAT MAY BE HAVING A T.I.A. COULD LATER HAVE A
11 STROKE?
12 A. YES, SIR.
13 Q. AND WHAT DO YOU UNDERSTAND ABOUT THAT?
14 A. THIRTY PERCENT, GIVE OR TAKE, DEPENDING ON
15 WHICH SOURCE YOU READ, WILL PROCEED TO STROKE AT SOME
16 POINT IN TIME.
17 Q. AND DESCRIBE TO ME YOUR UNDERSTANDING OF THE
18 DIFFERENCE BETWEEN A T.I.A. AND A STROKE.
19 A. A T.I.A. IS, AS IT SAYS, TRANSIENT. A
20 C.V.A. IS BASICALLY--THE SYMPTOMS LAST LONGER THAN 24
21 HOURS.
22 Q. IS A T.I.A. A MEDICAL EMERGENCY?
23 A. I WOULD SAY YES.
24 Q. AND WHY IS THAT?
25 A. WELL, FIRST OF ALL, IF SOMEONE IS HAVING A
1 T.I.A. THERE ARE NEUROLOGICAL DEFICITS AND IT WOULD BE
2 WISE TO DETERMINE IF THESE WERE--LET ME PUT THIS A
3 DIFFERENT WAY. IT WOULD BE WISE TO DETERMINE THAT THEY
4 WERE, IN FACT, TRANSIT AND THAT THEY WERE NOT PROCEEDING
5 TO A C.V.A. THEY WOULD REQUIRE EVALUATION.
6 Q. AND WHAT KIND OF EVALUATION WOULD BE
7 REQUIRED?
8 A. AGAIN, THE--THE THINGS THAT I HAVE SET FORTH
9 WITH A C.T., LAB WORK, A GOOD EXAM.
10 Q. NOW, WHAT KIND OF TREATMENT IS PROVIDED TO A
11 PATIENT WHO IS DIAGNOSED AS HAVING A T.I.A.?
12 A. SUPPORTIVE TREATMENT.
13 Q. AND TELL ME WHAT YOU MEAN BY THAT.
14 A. IF THEY HAVE PROBLEMS WITH--IF THEY'RE
15 DEHYDRATED YOU RE-HYDRATE THEM. IF THEY'RE LOW ON OXYGEN,
16 YOU--YOU SUPPLY THEM OXYGEN. BASICALLY, IT'S A SITUATION
17 WHERE YOU OBSERVE. YOU REPLACE ANYTHING THAT NEEDS IT AND
18 OTHERWISE YOU JUST OBSERVE.
19 THERE'S NO SPECIFIC TREATMENT, PER SAY, FOR A
20 T.I.A., OTHER THAN SUPPORTIVE TREATMENT.
21 Q. WOULD AN ELEVATED PLATELET COUNT BE
22 SIGNIFICANT FOR A T.I.A.?
23 A. IT'S DIFFICULT TO SAY. IF THAT WERE THE

24 ONLY ABNORMALITY, POSSIBLY YES.
25 Q. WHAT ABOUT WOULD NUMBNESS, WEAKNESS, HISTORY
1 OF FALLS?
2 A. I CAN'T SAY WITH CERTAINTY. SHE HAD--IN
3 THIS PARTICULAR CASE, THE LADY HAD OTHER ISSUES THAT COULD
4 BE RELATED TO THOSE COMPLAINTS.
5 Q. ALL RIGHT. HOW THEN--HOW DID YOU MAKE THE
6 DETERMINATION, THOUGH, ON XXMONTHXX THE 10TH OF 20xx THAT HER
7 OTHER COMPLAINTS OF NUMBNESS AND WEAKNESS, HISTORY OF
8 FALLS WAS RELATED OR NOT RELATED TO ANEMIA, T.I.A.?
9 HOW DID YOU--HOW DID YOU PUT THE WHOLE
10 PICTURE TOGETHER GIVEN HER ELEVATED PLATELET COUNT, THE
11 NUMBNESS, WEAKNESS, HISTORY OF FALLS, ETCETERA, THAT SHE--
12 -
13 A. HER HISTORY AND HER PRESENTATION WAS NOT
14 CONSISTENT WITH A T.I.A. IN THAT HER SYMPTOMS WERE VERY
15 VAGUE. SHE HAD NO REPORTED NEUROLOGICAL DEFICIT. IT WAS
16 ONLY THE NUMBNESS AND WEAKNESS, WHICH YOU CAN SEE WITH
17 OTHER CONDITIONS THAT ARE NOT SPECIFIC TO A T.I.A., AND
18 SHE HAD NO SYMPTOMS WHEN I SAW HER.
19 SO ALL I HAD WAS THE REPORT OF THE NUMBNESS
20 AND THE WEAKNESS, WHICH AGAIN COULD HAVE BEEN CONTRIBUTED
21 TO OTHER PROCESSES.
22 Q. ARE YOU SAYING THAT WHILE SHE WAS IN THE
23 EMERGENCY DEPARTMENT AT XXHOSPITALXX ON XXMONTHXX THE 10TH OF
24 20xx THAT SHE DIDN'T EXPERIENCE ANY NUMBNESS OR WEAKNESS?
25 A. NO, SIR. SHE DID NOT, TO MY KNOWLEDGE. ALL
1 OF HER SYMPTOMS HAD RESOLVED. I--I HAD SAW NONE OF THAT.
2 Q. NOW, IS IT YOUR TESTIMONY THAT YOU BELIEVE
3 THAT THE--THAT THE SYMPTOMS ASSOCIATED WITH T.I.A. ARE
4 SPECIFIC VERSUS NONSPECIFIC?
5 A. YES, SIR.
6 Q. AND IS IT YOUR TESTIMONY THAT YOU BELIEVE
7 THAT CRYSTAL JOHNSON EXPERIENCED NONSPECIFIC SYMPTOMS WHEN SHE
8 PRESENTED TO THE EMERGENCY DEPARTMENT---
9 A. THEY WERE NOT---
10 Q. ---ON XXMONTHXX 10TH?
11 A. I'M SORRY. THEY WERE NOT SPECIFIC TO A
12 T.I.A. ONLY.
13 Q. MR. DAVIDSON, TO THE BEST OF YOUR KNOWLEDGE, IS
14 THERE ANY RELATIONSHIP OR ANY STUDY YOU READ ABOUT IN
15 RELATIONSHIP BETWEEN SEVERE ANEMIA AND STROKE?
16 A. THERE IS A RELATIONSHIP. IT'S MORE OF A--
17 ONE IN WHICH A BLOOD SUPPLY IS DIMINISHED TO A POINT WHERE
18 A PERSON CAN, IF THEIR BLOOD SUPPLY OR THEIR ANEMIA IS SO
19 SEVERE, CERTAINLY THEY CAN STROKE, YES.
20 Q. TO YOUR KNOWLEDGE, IS THERE ANY RELATIONSHIP
21 BETWEEN AN ELEVATED PLATELET COUNT AND STROKE?
22 A. THERE ARE REFERENCES TO THAT IN THE--IN THE
23 LITERATURE, YES.
24 Q. AND DO YOU BELIEVE THAT A PHYSICIAN--ANY OF
25 THE PHYSICIANS THAT YOU WORKED WITH AT XXHOSPITALXX IN 20xx
1 WOULD BE MORE KNOWLEDGEABLE ABOUT THESE ISSUES THAN YOU
2 WOULD?
3 A. POSSIBLY.
4 Q. ARE THERE PARTICULAR MEDICAL SPECIALISTS
5 THAT YOU BELIEVE HAD MORE KNOWLEDGE ABOUT THIS THAN YOU?
6 A. I'M SURE A HEMATOLOGIST WOULD BE ABLE TO
7 DISCUSS THE DISEASE PROCESSES, OTHER THAN ANEMIA, WHICH
8 MIGHT CAUSE IT.
9 Q. ANYONE ELSE?
10 A. POSSIBLY INTERNAL MEDICINE. THEY WOULD
11 PROBABLY BE--BE MORE WELL VERSED THAN--THAN SOME.
12 Q. NOW, LET'S GO TO 7, WHICH IS THE CHART FROM
13 XXMONTHXX 10TH, 20xx. AND, AGAIN, I THINK I'VE ASKED YOU THIS
14 QUESTION BEFORE AND I DON'T MEAN TO--MY UNDERSTANDING IS

15 YOU DON'T HAVE ANY INDEPENDENT RECOLLECTION AS YOU SIT
16 HERE TODAY ABOUT TREATMENT THAT YOU PROVIDED TO CRYSTAL JOHNSON
17 CRYSTAL JOHNSON, OTHER THAN WHAT YOU'VE BEEN ABLE TO REFRESH YOUR
18 RECOLLECTION WITH BY LOOKING AT THE CHART. DO YOU HAVE
19 ANY OTHER INDEPENDENT RECOLLECTION?

20 A. NO, SIR.

21 Q. DO YOU--OTHER THAN--I KNOW YOU SEEN HER

22 BECAUSE WE WERE HERE AT MEDIATION.

23 A. YES.

24 Q. OTHER THAN THAT, DO YOU THINK YOU WOULD HAVE

25 EVER BEEN ABLE TO PICK HER OUT ON THE STREET IF YOU EVER

1 SEEN HER AGAIN?

2 A. NO, SIR.

3 Q. DO YOU HAVE ANY INDEPENDENT RECOLLECTION OF
4 HOW IT IS THAT YOU CAME TO BE ASSIGNED TO HER THAT DAY
5 VERSUS--MY UNDERSTANDING--WAS DR. XXXX ACTUALLY IN THE

6 DEPARTMENT WHILE CRYSTAL JOHNSON WAS THERE?

7 A. YES, SIR.

8 Q. AND, AGAIN, DO YOU HAVE ANY INDEPENDENT

9 RECOLLECTION ABOUT HOW IT IS THAT YOU GOT ASSIGNED TO SEE

10 HER VERSUS WHY DR. XXXX--

11 A. BASICALLY AT RANDOM.

12 Q. NOW, FROM YOUR REVIEW OF THE RECORDS OR ANY

13 OTHER INDEPENDENT RECOLLECTION THAT YOU'VE GOT, DID YOU

14 TALK WITH THE INTAKE NURSE OR ANY OTHER NURSE BEFORE YOU

15 SAW CRYSTAL JOHNSON?

16 A. NOT TO MY KNOWLEDGE.

17 Q. WOULD THAT HAVE BEEN PROTOCOL THAT YOU WOULD

18 TALK TO AN INTAKE NURSE OR SOME OTHER NURSE WHO MIGHT HAVE

19 SPOKEN WITH THE PATIENT BEFORE YOU SAW THE PATIENT? WOULD

20 THAT BE PROTOCOL?

21 A. NOT TO MY KNOWLEDGE.

22 Q. TELL ME THEN WHAT THE PROTOCOL WOULD BE.

23 WHAT WOULD YOU DO?

24 A. WE WOULD GET BASICALLY A PRINTOUT FOR THEIR

25 COMPLAINT WOULD BE IN THE CHART. THE CHART WAS PUT IN A

1 RACK. THEY WERE PUT IN A RANDOM ORDER AND THEN YOU'D--

2 WE'D PULL FROM ONE END AND THEY GET MOVED DOWN AS THEY GO.

3 IT'S JUST SORT OF A FIRST COME-FIRST SERVE IN SOME REGARDS

4 BUT MORE OF A--AN ACUITY RELATED ISSUE.

5 THOSE WHO HAD THE MORE SEVERE COMPLAINT OR

6 WHO HAD POSSIBLY UNSTABLE VITAL SIGNS WOULD BE TAKEN AHEAD

7 OF SOMEONE WHO APPEARED TO HAVE NO DISTRESS OR MAYBE HAD A

8 JUST A COMPLAINT WHICH--AND APPEARED TO BE STABLE.

9 Q. AND IN THIS PARTICULAR CHART, GIVE ME OR

10 SHOW ME OR TELL ME WHAT THE--THE COMPUTER PRINTOUT IS THAT

11 YOU THEN WOULD HAVE LOOKED AT FOR CRYSTAL JOHNSON.

12 A. THAT WOULD BE--I DON'T HAVE IT IN FRONT OF

13 ME. YOU DON'T HAVE THIS ONE.

14 Q. YEAH.

15 A. IT WOULD LOOK LIKE THIS. I THINK YOU'RE ON

16 IT RIGHT THERE ACTUALLY WHERE--WHERE YOU ARE. WHERE YOUR

17 FINGER IS. THAT WOULD BE THE--WE WOULD GET--THIS SHEET

18 WOULD COME ALONG WITH--HANG ON A SECOND. MY FINGERS DON'T

19 WORK.

20 THIS SHEET WOULD COME ALONG WITH THE ONE,

21 TWO, THE THIRD PAGE BACK. THE THIRD PAGE BACK FROM THAT

22 ONE. THE ONE YOU JUST HAD.

23 Q. OKAY.

24 A. ALL RIGHT. GO BACK THREE PAGES AND IT

25 WOULD BE ONE LIKE THIS.

1 Q. I GOT IT.

2 A. OKAY. AND THEN THERE WOULD BE THE--JUST THE

3 CONSENT FOR TREATMENT WOULD BE A PART OF IT, AND WHICH IS

4 THE PAGE BEFORE LAST, AND THERE MAY BE SOME--AND THAT ONE

5 MAY OR MAY NOT ACCOMPANY IT. I DIDN'T ALWAYS SEE IT, BUT

6 THAT HAD NOTHING TO DO WITH ME.

7 MR. KRAUSE: AND WHEN YOU SAY "THAT
8 ONE," JUST FOR THE RECORD---

9 A. THIS ONE IS A GENERAL CONSENT AND AGREEMENT
10 ENTRY. THERE IS NOTHING SIGNED ON IT. IT JUST SORT OF
11 LAYS OUT GENERAL CONSENT FOR TREATMENT, ASSIGNMENT OF
12 INSURANCE BENEFITS, FINANCIAL AGREEMENT, INDEPENDENT
13 PRACTITIONERS THEY--AND GENERAL DUTY NURSING.
14 IT MAY OR MAY NOT BE A PART. SOMETIMES IT
15 WAS WITH IT. SOMETIMES IT WAS ADDED LATER ON. BUT THIS--
16 THE INSURANCE OR THE GENERAL CONSENT AND AGREEMENT WAS
17 USUALLY WITH IT.

18 BY MR. XXXXXX:

19 Q. OKAY.

20 A. BUT THEN THERE WOULD OFTEN BE OR MOST EVERY
21 TIME THAT I RECALL THE NURSING ASSESSMENT SHEET AND THEN
22 THE GENERAL DEMOGRAPHIC.

23 Q. AND THE GENERAL DEMOGRAPHIC SHEET IS THE ONE
24 YOU GOT. OKAY.

25 A. SO THERE WOULD BE THREE OR FOUR PIECES OF
1 INFORMATION IN THE CHART WHEN YOU FIRST PICK IT UP. IF I
2 REMEMBER CORRECTLY, IT'S--IT SOMEWHAT CHANGES--HAS CHANGED
3 SINCE THEN BECAUSE WE'RE USING MORE OF A COMPUTER-BASED
4 SYSTEM NOW, BUT IF I REMEMBER CORRECTLY THAT'S WHAT--
5 THAT'S HOW--WHAT THAT WOULD HAVE BEEN.

6 Q. OKAY. NOW, SO DESCRIBE TO ME THEN, AS YOU
7 PULL THE CHART OF THIS PARTICULAR PATIENT, WHAT IT IS FROM
8 YOUR REVIEW OF THIS CHART THAT YOU KNEW ABOUT THIS PATIENT
9 BEFORE YOU EVER WALKED IN AND HAD ANY CONVERSATION.

10 A. JUST HER PRESENTING ILLNESS.

11 Q. AND THAT WAS WHAT, SIR?

12 A. WELL, BASICALLY, THERE WOULD BE--WELL, YOU
13 SEE IT. IT HAS A PAST MEDICAL HISTORY, A TETANUS, SOCIAL,
14 LAST MENSTRUAL PERIOD, SUBJECTIVE HISTORY OF PRESENTING
15 ILLNESS.

16 Q. AND SO YOU WOULD HAVE--YOU WOULD HAVE KNOWN
17 BEFORE YOU WALKED INTO TO SEE CRYSTAL JOHNSON THAT THIS PATIENT
18 HAD A HISTORY OF ANEMIA, HER SOCIAL HISTORY, LAST
19 MENSTRUAL PERIOD, AND HER SUBJECTIVE HISTORY AND AGAIN
20 READ THAT FOR ME. PATIENT AMBULATED TO FLOOR---.

21 Q. FRONT--"F.L." STANDS FOR FRONT LINE. THAT'S
22 A--THE TERM THEY USE TO IDENTIFY THE NURSES IN TRIAGE.
23 FRONT LINE IS WHERE PEOPLE COME IN.

24 ONCE THEY COME THROUGH THE DOOR, FRONT LINE
25 IS THE FIRST PLACE THEY GO AND THEY SAY I'M HERE TO BE
1 SEEN FOR, AND THEN THEY TAKE THEIR NAME AND THEN AT THAT
2 POINT THEY--ALL OF THE OTHER PROCESSES START. THEY GET A-
3 -THEY GET A COMPLAINT. A CHIEF COMPLAINT WHICH WAS SAID
4 SHE FELL AND SHE HAD SOME LEFT LEG NUMBNESS.

5 Q. YES, SIR. IT SAYS SHE FELL LAST P.M. I
6 GUESS IS THAT LAST NIGHT?

7 A. THAT WOULD BE MY UNDERSTANDING.

8 Q. AND THIS MORNING. AND MY UNDERSTANDING IS
9 THAT ACCORDING TO THIS FORM, HER ARRIVAL TIME WAS AT 9:58
10 A.M. IS THAT RIGHT, SIR?

11 A. YES. ARRIVAL DATE AND TIME. YES, SIR.

12 Q. AND SO MY UNDERSTANDING IS THAT BEFORE YOU
13 WALKED INTO SEE HER, YOU KNEW YOU HAD A PATIENT THAT HAD
14 REPORTED A HISTORY OF A FALL THE MORNING THAT SHE CAME
15 INTO THE EMERGENCY DEPARTMENT.

16 A. THAT'S CORRECT.

17 Q. AND THEY FALL THE PRECEDING NIGHT.

18 A. THAT'S CORRECT.

19 Q. AND WAS REPORTING LEFT LEG NUMBNESS.

20 A. THAT'S CORRECT.

21 Q. SO BEFORE YOU WALKED INTO THE ROOM, DID YOU

22 ATTRIBUTE ANY SIGNIFICANCE TO HER HISTORY OF A FALL THAT
23 MORNING, HER HISTORY OF A FALL THE PRECEDING NIGHT, AND
24 HER REPORT OF LEFT LEG NUMBNESS? WAS THERE ANY
25 SIGNIFICANCE THAT YOU GAVE TO THAT BEFORE YOU ACTUALLY SAW
1 HER?

2 A. NOT AT THAT TIME. NOT AT THAT TIME.

3 Q. YEAH. LET ME THEN GO BACK THREE PAGES TO
4 THE FORM ENTITLED NEUROSYPMTOM/DEFICIT. DO YOU SEE THAT,
5 SIR?

6 A. YES, SIR.

7 Q. NOW, IS THERE A REASON THAT THIS FORM WAS
8 USED THAT'S ENTITLED NEUROSYPMTOM/DEFICIT?

9 A. IT ADDRESSED HER PRESENTING COMPLAINT, WHICH
10 WAS NUMBNESS---

11 Q. ALL RIGHT, SIR.

12 A. ---WHICH WOULD ON FIRST GLANCE OR ON FIRST
13 INTERPRETATION WOULD BE A NEUROLOGICAL SYMPTOM.

14 Q. ALL RIGHT, SIR. WHAT WERE THE OTHER FORM
15 TITLES THAT YOU COULD HAVE USED BESIDES THIS ONE, THE
16 NEUROSYPMTOM/DEFICIT?

17 A. THERE ARE NUMEROUS ONES. THERE IS ONE THAT
18 STILL EXISTS FOR FALL. THERE IS ONE THAT STILL EXISTS
19 THAT HAS A GENERAL AND THAT'S THE TERMINOLOGY. IT JUST
20 SAYS GENERAL. IT'S NOT SPECIFIC TO A PARTICULAR PROCESS.
21 THERE ARE NUMEROUS OTHER ONES, THOUGH, THAT WOULD RELATE
22 TO THE PRESENTING COMPLAINT.

23 Q. OKAY. NOW, DOES THIS FORM DETAIL, MR.
24 DAVIDSON, THE NATURE AND EXTENT OF THE PHYSICAL EXAM THAT YOU
25 PERFORMED ON CRYSTAL JOHNSON?

1 A. YES, SIR.

2 Q. AND, ACCORDINGLY, CAN YOU DESCRIBE FOR ME
3 THE PHYSICAL EXAM THAT YOU DID--THAT YOU PERFORMED ON
4 CRYSTAL JOHNSON?

5 A. IT IS DOCUMENTED ON THE PAGE AFTER THIS ONE.

6 Q. ALL RIGHT, SIR. DO YOU HAVE--AND, AGAIN, I
7 APOLOGIZE FOR BEING REPETITIVE--DO YOU HAVE ANY
8 INDEPENDENT RECOLLECTION OF THE PHYSICAL EXAM THAT YOU
9 PERFORMED ON CRYSTAL JOHNSON?

10 A. NOT AT THIS TIME.

11 Q. ALL RIGHT, SIR. LET ME ASK YOU, ON THAT
12 FORM, THE PHYSICAL EXAM, THE NECK, WHAT ARE YOU LOOKING
13 FOR WITH THE NECK?

14 A. GIVEN HER COMPLAINT OF--YOU KNOW, WHEN I GO
15 THROUGH THIS THE STANDARD EVALUATION STARTS WITH
16 PRESENTING COMPLAINT, WHAT IS THE HISTORY--THE H.P.I.,
17 HISTORY OF PRESENT ILLNESS. THAT'S THE FIRST PART OF THE
18 INTERVIEW. YOU GO THROUGH AND YOU ASK WHY ARE YOU HERE,
19 WHICH IS THE PAGE PRIOR--THE H.P.I. THAT--THAT'S THE
20 INITIAL PART OF THE INTERVIEW, TO DETERMINE WHY SOMEONE IS
21 THERE.

22 THEN YOU ASK THEM QUESTIONS RELATING TO WHAT
23 HAPPENED, A TIME LINE, AND SO ON AND SO FORTH. YOU DO A
24 REVIEW OF SYSTEMS. I GO--I TRY TO GO THROUGH THIS IN
25 ORDER FOR MOST PATIENTS.

1 IT'S NOT ALWAYS THE CASE, BECAUSE SOME ARE
2 MORE OBVIOUS. I MEAN, IF YOU HAVE A DEFORMITY OF THE
3 FOREARM, I ALREADY KNOW WHY YOU'RE HERE. I CAN SEE IT.

4 BUT THE ISSUE IS, I TRY TO GO THROUGH THESE
5 IN--IN THE--IN A CERTAIN ORDER SO THAT I DON'T LEAVE
6 ANYTHING OUT. SO I WOULD HAVE DONE THE INTERVIEW RELATED
7 TO HER H.P.I., HER REVIEW OF SYSTEMS AND SO ON AND SO
8 FORTH, HER PAST HISTORY. I GO THROUGH THAT, AND THEN I
9 WOULD DO THE EXAM AT THE END OF IT, AND THAT WOULD BE
10 TARGETED MORE TOWARDS THE INFORMATION I HAD ALREADY
11 GAINED.

12 Q. ALL RIGHT, SIR. LET ME THEN TAKE YOU BACK

13 THEN TO THE H.P.I.
14 A. OKAY.
15 Q. IN TERMS OF CHIEF COMPLAINT, YOU--YOU ARE
16 CIRCLING THE THINGS THAT THE PATIENT IS TELLING YOU. IS
17 THAT CORRECT?
18 A. THAT'S CORRECT.
19 Q. YEAH.
20 A. THAT IS--THAT'S THEIR--SO TO SPEAK, THEIR
21 STORY, WHAT THEY'RE TELLING YOU THE PROBLEM IS.
22 Q. AND READ, IF YOU WOULD FOR ME, UNDER
23 DURATION/STARTED, WHAT HAVE YOU--WHAT HAVE YOU WRITTEN
24 THERE?
25 A. THE SYMPTOMS STARTED AT 12--12 HOURS--12
1 HOURS PRIOR.
2 Q. OKAY. AND UNDER THAT?
3 A. RIGHT LEG AND ARM NUMBNESS. NOW, IT WAS
4 GONE AT THAT TIME. IF YOU--UNDER THAT CHECK BOX IS FOR
5 IT'S GONE NOW.
6 Q. WELL, IS GONE NOW AND---
7 A. THAT'S WHAT SHE TOLD ME.
8 Q. ALL RIGHT. BUT YOU ALSO CHECKED "BETTER."
9 A. WELL, THAT WOULD BE BETTER IF THEY WERE
10 GONE.
11 Q. NOW, TIMING. THAT'S SUDDEN ONSET. DO YOU
12 SEE THAT, SIR?
13 A. YES, SIR.
14 Q. AND YOU'VE ALSO CHECKED CONSTANT.
15 A. THAT'S CORRECT.
16 Q. WHAT DOES THAT MEAN?
17 A. IT MEANS THAT SHE DIDN'T BURST. IT CAME
18 SUDDENLY. IT WAS CONSTANT UNTIL IT LEFT.
19 Q. WELL, YOU'VE STRICKEN THROUGH THOUGH
20 "INTERMITTENT."
21 A. RIGHT.
22 Q. WHAT YOU DESCRIBED TO ME---
23 A. THERE WERE TWO EPISODES.
24 Q. OKAY.
25 A. SO THAT--I DID THEM TWO EPISODES, EACH OF
1 WHICH DIDN'T HAVE--IN OTHER WORDS, THEY WERE--AND IF YOU
2 GO ON DOWN, IT SORT OF--YOU HAVE TO TAKE THE WHOLE THING
3 IN A PICTURE, THESE EPISODES--AND I WROTE IT, NUMBNESS
4 TIMES TWO EPISODES. APPROXIMATELY ONE MINUTE EACH.
5 NOW, AND THEN IT SAYS, OF COURSE, THERE'S
6 ALTERED SENSATION, NONE. THERE WAS NONE AT THAT TIME.
7 THAT'S THE WAY I'M READING THIS FROM LOOKING BACK.
8 Q. ALL RIGHT, SIR. NOW, LET ME--LET ME--LET ME
9 STAY UP THERE IN TERMS OF TIMING.
10 A. OKAY.
11 Q. WHY DID YOU STRIKE THROUGH "INTERMITTENT"?
12 A. AT THAT TIME, INTERMITTENT--THERE WERE TWO
13 EPISODES. THEY CAME AND WENT.
14 Q. ISN'T THAT INTERMITTENT?
15 A. WELL, I GUESS IT IS.
16 Q. OKAY. SO DO YOU--AS YOU SIT HERE TODAY, DO
17 YOU KNOW WHY YOU STRUCK THROUGH "INTERMITTENT"?
18 A. I DID NOT FEEL THAT IT APPLIED AT THAT TIME.
19 Q. OKAY.
20 A. THE SYMPTOMS CAME AND WENT. THEY WERE
21 CONSTANT DURING THE TIME OF THERE--OF THERE DURATION. IN
22 OTHER WORDS, THAT WAS THE WAY I LOOKED AT. THE WAY I LOOK
23 AT IT NOW, THEY WERE CONSTANT DURING THE TIMING OF THEIR
24 DURATION.
25 Q. SO TODAY WOULD YOU HAVE NOT STRUCK IT--
1 STRUCK "INTERMITTENT"?
2 A. I CAN'T ANSWER THAT. IT WOULD DEPEND ON
3 THE--OBVIOUSLY THE INTERVIEW. IT MAY BE--HERS OBVIOUSLY

4 LED ME TO DO THIS.
5 Q. UNDER THE CONTEXT, YOU'VE--YOU'VE GOT RIGHT
6 LEG AND ARM NUMBNESS LAST NIGHT AND TODAY. DO YOU SEE
7 THAT, SIR, UNDER THE CONTEXT?
8 A. YES. YES.
9 Q. NOW, DO YOU KNOW WHEN TODAY?
10 A. NO. PRIOR TO--PRIOR TO HER COMING IN. I
11 DIDN'T ASK HER THE SPECIFIC TIME.
12 Q. AND WHY NOT? IS THAT SIGNIFICANT?
13 A. WELL, SHE HAD--AGAIN, AS YOU SAID, SHE HAD
14 BEEN IN THE--I DID NOT--IF I ASKED HER, I DID NOT DOCUMENT
15 IT, SO I CAN'T SAY THAT I DID OR DID NOT ASK HER.
16 Q. ALL RIGHT. BUT I TAKE IT FROM YOUR--YOUR
17 PREVIOUS NOTES, DURATION STARTED, YOU KNEW THAT AS OF THAT
18 MORNING SHE HAD FALLEN TWICE IN THE PRECEDING 12 HOURS.
19 A. THAT'S CORRECT.
20 Q. AND, AGAIN, UNDER CONTEXT THERE, YOU'VE GOT
21 "DENYS PREVIOUS OR CURRENT INJURY"?
22 A. THAT'S CORRECT.
23 Q. ANY SIGNIFICANCE TO THAT?
24 A. IT TELLS ME THAT WHEN SHE--THERE WAS NO
25 INJURY PRIOR TO HER FALL THAT CAUSED HER TO FALL. THERE
1 WAS NO INJURY SUSTAINED DURING THE FALL. AND AT THAT TIME
2 SHE WAS COMPLAINING OF NO INJURY RELATED TO THE FALL.
3 Q. NOW, LET ME--LET ME FOCUS YOU THEN UNDER
4 "QUALITY OF DEFICIT." YOU STRUCK THROUGH "UNKNOWN." WHY
5 DID YOU STRIKE THROUGH THAT?
6 A. BECAUSE SHE KNEW.
7 Q. ALL RIGHT.
8 A. OR SHE SAID SHE KNEW. SHE--SHE COULD TELL
9 ME WHAT IT WAS.
10 Q. NOW, "NEW WEAKNESS." YOU CHECKED THAT AND
11 WHAT IS IN TERMS OF LOCATION, ONE OF THE THINGS THAT YOU--
12 THAT YOU CIRCLED THERE?
13 A. "R.U.E." WOULD APPLY, RIGHT UPPER EXTREMITY.
14 "R.L.E.," RIGHT LOWER EXTREMITY. THOSE ARE ACCEPTED
15 ABBREVIATIONS.
16 Q. AND HOW DID THAT COMPARE WITH WHAT SHE TOLD
17 THE NURSES BACK ON THE FORM THAT YOU LOOKED AT BEFORE YOU
18 WALKED IN THE ROOM WHERE IT SAYS THAT THE PATIENT STATED
19 LEFT LEG NUMBNESS? DID THAT CAUSE YOU CONCERN THAT THERE
20 WAS AN INCONSISTENCY?
21 A. WELL, I'M SURE IT WOULD HAVE AT THAT TIME.
22 YEAH.
23 Q. MEANING---
24 A. AND I--I--THE--IN MANY INSTANCES THE SIDE
25 AFFECTED CAN BE MISINTERPRETED. I HAVE SEEN MANY CASES
1 WHERE PEOPLE COME IN COMPLAINING OF--FOR EXAMPLE, RIGHT
2 SIDED AND AS THE NURSE IS LOOKING AT THEM, THEY'RE SAYING
3 IT HURTS OVER HERE. WELL, IF YOU'RE FACING THEM, THAT'S
4 YOUR LEFT. THAT'S THE ONLY THING I CAN ATTRIBUTE THAT TO.
5 WHEN I TALKED TO HER, IT WAS RIGHT SIDED.
6 Q. AND DID YOU PLACE ANY SIGNIFICANCE THAT AT
7 LEAST IN TERMS OF HOW THE NURSE WROTE IT DOWN THAT THE
8 PATIENT COMPLAINED OF LEFT LEG NUMBNESS? DID YOU--DID YOU
9 ATTRIBUTE ANY SIGNIFICANCE AT THE TIME?
10 A. NO. I'M SURE I--I'M SURE I WOULD HAVE ASKED
11 IS IT YOUR LEFT OR RIGHT, BECAUSE AGAIN I--BECAUSE I'VE
12 THEN NOTED IT WAS RIGHT. I WOULD HAVE CLARIFIED IN A
13 SITUATION LIKE THAT.
14 Q. DO YOU HAVE ANY SPECIFIC RECOLLECTION THAT
15 YOU DID SO HERE?
16 A. NO, SIR, BUT I NORMALLY DO.
17 Q. ALL RIGHT, SIR.
18 A. THAT WOULD BE MY--THAT WOULD BE MY NORMAL
19 PROCESS.

20 Q. SO UNDER THE "LOCATION," READ TO ME WHAT
21 YOU'VE WRITTEN UNDER "LOCATION." NUMBNESS---
22 A. "NUMBNESS TIMES TWO EPISODES APPROXIMATELY
23 ONE MINUTE EACH." SHE COULDN'T BE ANY MORE SPECIFIC. I'M
24 SURE I WOULDN'T HAVE WRITE APPROXIMATELY IF SHE HAD GIVEN
25 ME I WAS--IF SHE HAD SAID I WAS NUMB FOR "X" AMOUNT OF
1 TIME, THAT'S WHAT I WOULD HAVE WRITTEN DOWN.
2 Q. AND ANY SIGNIFICANCE TO THE DESCRIPTION
3 GIVEN BY THE PATIENT THAT THE NUMBNESS TIMES TWO EPISODES
4 WAS APPROXIMATELY ONE MINUTE EACH? ANY SIGNIFICANCE TO
5 THAT?
6 A. IT WAS A VERY BRIEF DURATION.
7 Q. ANY RELATIONSHIP BETWEEN THE DESCRIPTION
8 GIVEN BY THE PATIENT AND THE SYMPTOMS OF A T.I.A.?
9 A. I WOULD--IT WOULD BE MY THOUGHT THAT A
10 T.I.A. WOULD HAVE MORE PROLONGED SYMPTOMS.
11 Q. AND WHAT'S THE BASIS OF THAT?
12 A. THAT'S JUST MY UNDERSTANDING OF T.I.A.
13 APPROXIMATELY ONE MINUTE--THERE--MY UNDERSTANDING OF A
14 T.I.A. IS THEY LAST FROM MULTIPLE MINUTES TO LESS THAN--TO
15 24 HOURS OR LESS. LESS THAN 24. IT RESOLVES WITHIN 24
16 HOURS.
17 Q. SO DO I UNDERSTAND FROM YOUR TESTIMONY THEN
18 THAT YOU BELIEVE THAT A DESCRIPTION BY CRYSTAL JOHNSON OF NUMBNESS
19 APPROXIMATELY ONE MINUTE EACH WAS NOT CONSISTENT WITH
20 T.I.A.?
21 A. I DID NOT THINK SO.
22 Q. ALL RIGHT, SIR. NOW, GOING ON DOWN YOU PUT
23 A CHECK MARK BESIDE "DECREASED ABILITY TO STAND OR WALK."
24 AND WHAT IS THAT WHICH YOU PUT BESIDE THAT?
25 A. "RESOLVED. RESOLVING."
1 Q. "RESOLVING"?
2 A. "RESOLVED."
3 Q. "RESOLVED" OR "RESOLVING"?
4 A. WELL, IT SAYS "RESOLVED."
5 Q. WELL, DOES THAT MEAN IT HAD RESOLVED?
6 A. IT SAYS "RESOLVING." SHE--SHE--IT SAYS
7 "RESOLVING."
8 Q. AND THEN YOU CHECKED "FALLING" AND THAT'S
9 TIMES TWO?
10 A. THAT--THAT WAS THE REPORT.
11 Q. ALL RIGHT. NOW, UNDER "USUALLY" YOU'VE
12 CHECKED---
13 A. SHE'S RIGHT HANDED AND SHE WALKS WITHOUT
14 ASSISTANCE.
15 Q. "ASSOCIATED SYMPTOMS" YOU HAVE "NONE."
16 A. "NONE."
17 Q. "USUALLY ALERT AND ORIENT TIMES THREE."
18 YOU'VE STRICKEN THROUGH "SIMILAR SYMPTOMS PREVIOUSLY."
19 AND WHY WOULD YOU HAVE STRICKEN THROUGH THAT?
20 A. SHE HAD NOT HAD THOSE SYMPTOMS PRIOR TO, OR
21 THAT WAS THE REPORT.
22 Q. NOW, "RECENTLY SEEN/TREATED BY A DOCTOR."
23 WHAT'S THE PURPOSE OF THAT QUESTION?
24 A. IT--IN MOST INSTANCES THIS TREATED BY A
25 DOCTOR--IN THIS CASE DR. HOGUE--IT TELLS ME WHO--IF THEY
1 HAVE A PRIMARY CARE PHYSICIAN OR SOMEONE WHOM THEY HAVE
2 SEEN IN THE RECENT PAST AND ALSO GIVES ME A PERSON TO WHOM
3 I CAN REFER THEM IF NEEDED.
4 Q. ALL RIGHT, SIR. DID SHE REPORT, AT LEAST
5 ACCORDING TO YOUR NOTES, DID SHE REPORT THAT SHE WAS BEING
6 TREATED BY ANY PHYSICIAN FOR ANEMIA?
7 A. NOT AT THAT TIME. IF SHE DID, I DID NOT
8 MAKE A SPECIFIC NAME. I DID NOT PUT A NAME WITH IT. IF--
9 I ASSUMED GIVEN THE FACT THAT SHE REPORTED A HISTORY OF
10 ANEMIA THAT THIS DOCTOR WAS AWARE, BECAUSE AS IT SAYS ON

11 THE NEXT PAGE OVER THERE, SHE--AND SHE TOLD ME SHE WAS
12 TAKING IRON. SO I DIDN'T ASK HER SPECIFICALLY WHO HAD
13 GIVEN HER THE IRON, BUT I MADE AN INFERENCE THAT IT WAS
14 HER PRIMARY CARE.

15 Q. LET'S GO ON THE RIGHT SIDE, "R.O.S." AND
16 WHAT ARE YOU DOING WHEN YOU'RE GOING THROUGH THE R.O.S. OF
17 A PATIENT? WHAT ARE YOU DOING AS YOU'RE CHECKING THROUGH
18 ALL OF THESE?

19 A. I HAVE A STANDARD HEAD TO TOE THING I ASK
20 THEM AND BASICALLY IS THAT. CHANGES IN VISION, RUNNY
21 NOSE, SORE THROAT, COUGH, PAIN IN YOUR EARS. IT'S A
22 LITANY--I CALL IT A LITANY OF COMPLAINTS. DO ANY OF THESE
23 APPLY? HAVE YOU HAD THIS? HAVE YOU HAD THAT? HAVE YOU
24 HAD SO ON AND SO FORTH?

25 Q. ALL RIGHT, SIR. AND WHEN YOU'VE CHECKED
1 THROUGH ALL OF THOSE THINGS, THAT WOULD BE NO THAT THE--
2 A. THAT'S CORRECT.

3 Q. AND THE ONE THERE UNDER "R.O.S. BACK/NECK
4 PAIN," YOU CHECKED THAT AND YOU WROTE DOWN "CHRONIC."
5 A. "CHRONIC."

6 Q. NOW, THEN READ FOR ME IF YOU WOULD WHAT
7 YOU'VE WRITTEN DOWN THERE. "PATIENT PRESENTS"---
8 A. "PATIENT PRESENTS WITH APPROXIMATELY ONE-
9 HALF OF PRESCRIPTION FOR SEPTRA REMAINING," AND THEN I
10 DRAW THE ARROW THAT SHE SAYS--SHE TOLD ME IT MADE HER SICK
11 SO SHE STOPPED TAKING IT. THAT'S WHY SHE HAD THE
12 REMAINDER.

13 AND ALSO I HAD ASKED HER ABOUT HER REPORTED
14 HISTORY OF ANEMIA. AT SOME POINT AND THIS--NOT OF THIS
15 COMES IN THE SAME TIME LINE. SOME OF THESE CAN BE ADDED
16 AT THROUGH THE PROCESS.

17 I'M NOT SURE IF I ASKED HER ABOUT THE
18 HEMOGLOBIN BEFORE OR AFTER I GOT THE LAB RESULTS THAT
19 SHOWED HER 7.6 ON THAT PARTICULAR DAY, BUT AT SOME POINT
20 SHE TOLD ME THAT IT HAD BEEN 6.7 AND THAT SHE WAS,
21 QUOTE/UNQUOTE, TAKING IRON.

22 Q. ALL RIGHT, SIR. NOW, "PAST HISTORY" I SEE
23 WHAT YOU'VE CHECKED THERE. YOU HAVE CHECKED "OTHER,
24 ANEMIA AND D.U.B." WHAT'S "D.U.B."?

25 A. DYSFUNCTIONAL UTERINE BLEEDING.
1 Q. "SURGERIES, CESARIAN SECTION." IS THAT?
2 A. "TIMES THREE." YES, SIR.

3 Q. "MEDICATIONS," THE MEDICATION THAT SHE WAS
4 TAKING AT THAT TIME WAS WHAT?
5 A. THAT WOULD HAVE BEEN--I'VE LISTED ON THIS
6 OTHER SHEET, THE PRIMARY SHEET, THE ONE THAT I WOULD HAVE
7 GOTTEN WITH HER COMPLAINT WHICH SHOWED SEPTRA, ZYRTEC AND
8 FLEXERIL.

9 Q. ARE ANY OF THOSE MEDICATIONS FOR ANEMIA?
10 A. NO, SIR. SHE DIDN'T--THE IRON WAS LISTED.
11 THAT'S--AND THAT'S ANOTHER REASON I WROTE IT DOWN ON THERE
12 BECAUSE SHE SAID SHE WAS TAKING IRON.

13 Q. IRON CAN BE IN A FORM OF JUST AN OVER THE
14 COUNTER SUPPLEMENT, CAN'T IT?
15 A. I'M SURE THERE ARE CERTAIN PREPARATIONS
16 WHICH HAVE IRON.

17 Q. SO WAS IT YOUR BELIEF FROM TALKING TO THE
18 PATIENT OR FROM YOUR REVIEW OF ANY OF THE INFORMATION THAT
19 WAS PROVIDED TO YOU THAT THIS PATIENT WAS BEING ACTIVELY
20 TREATED BY A DOCTOR FOR ANEMIA?
21 A. IT WAS.

22 Q. AND WHO WAS IT THAT YOU BELIEVE WAS ACTIVELY
23 TREATING HER FOR ANEMIA?
24 A. DR. HOGUE.

25 Q. DID YOU ASK HER THAT QUESTION?
1 A. I DON'T RECALL SPECIFICALLY.

2 Q. ANYTHING SIGNIFICANT ABOUT HER SOCIAL
3 HISTORY OR FAMILY HISTORY?
4 A. SHE WAS A SMOKER AND SHE DENIED ANY USE OF
5 DRUGS OR ALCOHOL. SHE TOLD ME SHE LIVED IN A SHELTER. I-
6 -I TOOK HER FAMILY HISTORY OR IF I DID I DID NOT ASK--I
7 DID NOT DOCUMENT IT.
8 Q. YOU DID NOT DOCUMENT WHAT?
9 A. IF I TOOK FAMILY HISTORY, IF I ASKED HER
10 ABOUT THE FAMILY, I DID NOT DOCUMENT IT THERE. ALL OF
11 THOSE ARE OPEN.
12 Q. ALL RIGHT. NOW, THE NEXT PAGE.
13 A. OKAY.
14 Q. THE PHYSICAL.
15 A. RIGHT.
16 Q. YOU HAD PUT CHECK MARKS BESIDE EACH OF THESE
17 ITEMS AND THEN THERE ARE CERTAIN NOTATIONS THAT YOU MADE
18 FOR INSTANCE BEHIND HEART SOUNDS. DO YOU SEE THAT, SIR?
19 A. YES, SIR.
20 Q. NOW, WOULD YOU START SORT OF FROM HEAD TO
21 TOE AND GO THROUGH YOUR PHYSICAL EXAM AND WOULD YOU CHECK
22 THESE BOXES AT THE TIME THAT YOU WERE THERE WITH THE
23 PATIENT?
24 A. NO, SIR.
25 Q. WHEN WOULD YOU DO THAT?
1 A. I WOULD DO THE EXAM AND THEN I BASICALLY GO
2 AND SIT DOWN AND DO THE PAPERWORK.
3 Q. AFTER YOU'VE ACTUALLY DONE THE EXAM.
4 A. AFTER THE EXAM.
5 Q. AND WHEN WOULD YOU THEN HAVE MADE THE
6 NOTATIONS REGARDING THE HEART SOUNDS?
7 A. AFTER THE EXAM AND AFTER I HAD COMPLETED THE
8 EXAM AND I WENT TO--TO FILL THE PAPERWORK OUT.
9 Q. AND WERE WOULD YOU HAVE GOTTEN THAT
10 INFORMATION FROM AT THE TIME THAT YOU FILLED THE PAPERWORK
11 OUT IN TERMS OF WHEN YOU LISTENED TO HER HEART AND YOU
12 MADE THESE NOTATIONS "130 OVER 43."
13 A. OH, NO. THOSE WERE ORDERS FOR--FOR
14 ORTHOSTATIC VITAL SIGNS.
15 Q. OKAY. WHEN WOULD YOU HAVE MADE THOSE NOTES
16 IN THE CHART?
17 A. IF YOU'LL LOOK ON THE--IF YOU'LL LOOK ON THE
18 ORDER SHEET, THERE IS A--UNDER THE ORDER AT 12:15 THERE IS
19 "O.S.V.S."
20 Q. YES, SIR.
21 A. ORTHOSTATIC VITAL SIGNS. THOSE ARE AN
22 INDIRECT DETERMINATION OF A PERSON'S FLUID STATUS, FLUID
23 VOLUME STATUS. AND ONCE THEY WERE PERFORMED, I WOULD HAVE
24 TRANSFERRED THEM TO THE CHART.
25 Q. OKAY. PRIOR TO THE PATIENT'S DISCHARGE?
1 A. OH, YES.
2 Q. NOW, LET ME POINT YOU TO THE NECK. I NOTED
3 THAT THERE WAS A--THERE'S A BOX HERE FOR "CERVICAL
4 LYMPHA"---
5 A. "LYMPHADENOPATHY."
6 Q. "STIFF NECK," MENINGITIS, MEN---
7 A. "MENINGISMUS."
8 Q. "MENINGISMUS."
9 A. WHICH IS A--ANOTHER WORD FOR MENINGITIS.
10 SIGNS OF MENINGITIS.
11 Q. AND "CAROTID"--WHAT'S THAT BESIDE?
12 A. "BRUIT."
13 Q. WHAT IS THAT?
14 A. BRUIT IS AN ABNORMAL SOUND HEARD OVER A
15 VASCULAR STRUCTURE IF THERE IS A--SOME LIMIT TO FLOW.
16 IT'S AKIN TO--AS I TELL PEOPLE, IT'S LIKE STEPPING ON A
17 WATER HOSE. YOU HEAR A SOUND.

18 Q. DO YOU LISTEN TO HER CAROTID?
19 A. IF I DID I DID NOT MAKE A NOTATION OF
20 THEREOF.
21 Q. AND SO YOU DON'T HAVE AN INDEPENDENT
22 RECOLLECTION THAT YOU DID.
23 A. NO, SIR.
24 Q. ARE YOU ONE OF THOSE THAT SUBSCRIBES TO THE
25 THEORY THAT IF IT'S NOT CHARTED, IT'S NOT DONE?
1 A. THAT'S WHAT I LEARNED IN NURSING SCHOOL AND
2 HAVE FOLLOWED TO THIS DAY.
3 Q. SO IT WOULD BE YOUR BELIEF BASED UPON YOUR
4 PRACTICE AND PROTOCOL THAT IF YOU HAD LISTENED TO HER
5 CAROTID ARTERY, YOU WOULD HAVE CHARTED IT. CORRECT?
6 MR. KRAUSE: OBJECTION, GO AHEAD.
7 A. I CAN'T SAY THAT I WOULD OR WOULD NOT. IF I
8 DID NOT CHART IT THEN I CAN TELL YOU THAT I DID NOT CHART
9 IT. WHETHER I LISTENED OR NOT, I DIDN'T CHART IT.
10 BY MR. XXXXXX:
11 Q. ALL RIGHT, SIR.
12 A. AND IF IT'S NOT CHARTED, THEN BY ALL--FOR
13 ALL PURPOSES IT WASN'T DONE.
14 Q. WHAT'S THE SIGNIFICANCE OF ABNORMAL FLOW IN
15 THE CAROTID ARTERY?
16 A. REDUCTION OF THE BLOOD FLOW.
17 Q. AND WHAT'S THE SIGNIFICANCE OF THE REDUCTION
18 OF BLOOD FLOW?
19 A. WELL, A DECREASED SUPPLY OF OXYGEN AND/OR
20 NUTRIENTS. IT WOULD BE NOT ONLY THE CAROTID BUT ANY OTHER
21 VASCULAR STRUCTURE, ANY OTHER ARTERY.
22 Q. IS THERE ANYTHING IN TERMS OF CRYSTAL JOHNSON'S
23 PRESENTING SYMPTOMS THAT, IN YOUR MIND, AS YOU SIT HERE
24 TODAY, THAT WOULD HAVE CAUSED YOU TO LISTEN TO THE CAROTID
25 ARTERY BASED UPON THE PRESENTING SYMPTOMS?
1 A. NOT NECESSARILY, NO.
2 Q. SO EVEN TODAY WITH THESE PRESENTING SYMPTOMS
3 YOU DON'T BELIEVE YOU WOULD HAVE LISTENED TO THE PATIENT'S
4 CAROTID ARTERY.
5 A. NO, SIR. WELL, I MEAN, I--I MAY. I--AND I
6 CAN'T TELL YOU WHETHER I DID OR NOT THEN BECAUSE I DIDN'T
7 CHART IT.
8 Q. WELL, I UNDERSTAND, BUT--BUT I'M--I'M ASKING
9 YOU TODAY. A PATIENT WITH THESE PRESENTING SYMPTOMS,
10 WOULD YOU?
11 A. PROBABLY NOT.
12 Q. YOU WOULD NOT.
13 A. PROBABLY NOT.
14 Q. AND WHY NOT?
15 A. GIVEN HER AGE I WOULD NOT SUSPECT THAT THIS
16 LADY HAD ANY TYPE OF CAROTID ISSUES. THE BRUITS ARE OFTEN
17 HEARD AFTER THERE HAS BEEN DEPOSITS OF--AFTER SOMEONE HAS
18 DEVELOPED ATHEROSCLEROSIS, WHICH ARE PLAQUE DEPOSITS.
19 THAT'S WHEN THEY'RE--THAT'S WHEN THEY'RE SIGNIFICANT,
20 USUALLY. MORE SIGNIFICANT, I'LL PUT IT THAT WAY.
21 Q. OKAY. NOW, LET ME THEN GO TO THE RIGHT
22 SIDE. AND WOULD--I--WOULD YOU HAVE ORDERED THE LABS PRIOR
23 TO THE TIME THAT YOU WOULD HAVE CONDUCTED YOUR PHYSICAL
24 EXAM? I MEAN, DOES IT KIND OF GO ON SIMULTANEOUSLY?
25 A. NO. I WOULD DO THE EXAM. IN MOST EVERY
1 INSTANCE I WOULD DO THE EXAM FIRST. THERE HAVE BEEN
2 INSTANCES WHEN SOME TESTS ARE ORDERED PRIOR TO CARRYING
3 OUT THE EXAM.
4 YOU KNOW, I'VE SEEN PEOPLE ROLLED IN ON A
5 STRETCHER WITH A DEFORMITY OF THE ARM AND I CAN THEREFORE
6 GO AHEAD AND ORDER THE--AN X-RAY WITHOUT DOING THE FULL
7 EXAM. OBVIOUSLY, I'VE ALREADY SEEN THEIR ARM.
8 Q. AT WHAT POINT IN TIME, MR. DAVIDSON, EITHER

9 FROM LOOKING AT THE CHART OR FROM LOOKING AT THE CHART DO
10 YOU HAVE A RECOLLECTION AS TO WHEN YOU WOULD HAVE ORDERED
11 THE C.T.?
12 A. IT WOULD HAVE BEEN ALONG WITH THE ORDERS PUT
13 DOWN ABOUT 12:15. I WOULD HAVE ORDERED ALL OF THAT AT
14 ABOUT THE SAME TIME.
15 Q. AND TELL ME WHAT YOU'RE LOOKING AT WITH
16 RESPECT TO 12:15.
17 A. THIS ORDER SHEET---
18 Q. OKAY.
19 A. ---FOR THE--WHERE I ORDERED THE
20 ORTHOSTATICS. YOU NOTICE THE TIME THERE I WOULD HAVE PUT
21 THE LABS--PUT THE LABS AND THE ORDERS FOR THE LABS ON OR
22 ABOUT THE SAME TIME.
23 Q. ALL RIGHT. NOW, AND WHY IS IT THAT YOU---
24 A. NO. I'M SORRY. I'M SORRY. AT THE TIME
25 SEEN, I SAW HER AT 11:15. THEY WOULD HAVE BEEN ORDERED
1 AFTER THE EXAM, SO I DON'T KNOW EXACTLY WHEN THE--HOW LONG
2 IT TOOK TO DO THE EXAM. SO IT WOULD HAVE BEEN BETWEEN
3 THOSE TWO TIMES. I WOULD ASSUME I HAD ALREADY ORDERED
4 THEM BEFORE 12:15 BECAUSE I SAW HER AT 11:15. IT WOULDN'T
5 HAVE TAKEN ME AN HOUR TO ORDER LABS.
6 Q. AND FROM THIS ORDER SHEET, IT LOOKS LIKE YOU
7 ORDERED A C.T. OF THE HEAD WITHOUT CONTRAST. IS THAT
8 RIGHT?
9 A. THAT IS CORRECT.
10 Q. WHY DID YOU ORDER A C.T.?
11 A. BECAUSE OF HER NEUROLOGICAL COMPLAINTS.
12 Q. AND WHAT SPECIFICALLY OF HER NEUROLOGICAL
13 COMPLAINTS?
14 A. THE NUMBNESS AND WEAKNESS.
15 Q. WERE YOU CONCERNED THAT SHE MAY HAVE
16 SUFFERED ANY KIND OF TRAUMA IN HER FALL?
17 A. SHE HAD ALREADY TOLD ME THAT SHE HADN'T.
18 Q. OKAY. SO WHAT WERE YOU LOOKING FOR IN TERMS
19 OF A C.T.?
20 A. SOME ABNORMALITY IN THE BRAIN.
21 Q. AND IS IT YOUR TESTIMONY THAT YOU WOULD HAVE
22 EXPECTED TO HAVE SEEN ABNORMALITY IN HER BRAIN IF SHE HAD
23 SUFFERED OR WAS SUFFERING A T.I.A.?
24 A. A T.I.A. WOULD NOT SHOW ANYTHING ON A C.T.
25 Q. OKAY. SO WHAT--AGAIN, WHAT ABNORMALITY
1 WOULD YOU--WERE YOU LOOKING FOR? WHAT--WHAT MADE YOU---
2 A. MASS. MASS, MAINLY.
3 Q. ANYTHING ELSE?
4 A. WELL, SOME PEOPLE HAVE A STROKE OR HAVE SOME
5 OTHER UNDERLYING CONDITION OF MALFORMATION THAT WOULD
6 PREDISPOSE THEM TO CERTAIN THINGS.
7 ANY ABNORMALITY WHICH WOULD BE ON THE C.T.
8 WOULD REVEAL THAT MAY HAVE BEEN RELATED TO HER COMPLAINT,
9 WHICH THERE WAS NONE.
10 Q. NOW, GO BACK, IF YOU WILL, TO THE C.T.
11 REPORT. DOWN HERE IT SAYS ORDERING PHYSICIAN IS DR.
12 XXXX. DO YOU SEE THAT, SIR?
13 A. YES, SIR.
14 Q. DID HE ORDER THE C.T.?
15 A. NO, SIR.
16 Q. YOU ORDERED THE C.T.
17 A. YES, SIR.
18 Q. DO YOU KNOW WHY THAT ISN'T REFLECTED ON THE-
19 --
20 A. NO, SIR.
21 Q. ---REPORT?
22 A. NO, SIR.
23 Q. OKAY. NOW, TELL ME WHAT THE PROTOCOL IS IN
24 THE RADIOLOGY DEPARTMENT ABOUT WHEN A C.T. IS ORDERED.

25 HOW ARE THE RESULTS COMMUNICATED BACK TO THE DEPARTMENT?

1 A. IN GENERAL, IF THERE ARE GROSS
2 ABNORMALITIES, THEY WILL CALL. IF NOT, YOU GET A PRINTED
3 REPORT, SUCH AS THIS.

4 Q. ALL RIGHT, SIR. IS IT YOUR RECOLLECTION OR
5 IS IT YOUR BELIEF THAT YOU WOULD HAVE ACTUALLY HAD IN YOUR
6 POSSESSION A COPY OF THE PRINTED REPORT FROM THE RADIOLOGY
7 DEPARTMENT?

8 A. LET ME REFER TO THE CHART HERE. IF YOU--ON
9 THE PAGE WHERE WE SIGN---

10 Q. YES, SIR.

11 A. ---IN THE RESULTS, IT SAYS, "C.T. SCAN HEAD
12 NOT ACUTE."

13 Q. OKAY.

14 A. I WOULD NOT HAVE PUT THAT DOWN THERE HAD I
15 NOT HAD THIS REPORT.

16 Q. ALL RIGHT, SIR. WOULD ANY KIND OF
17 ABNORMALITY ASSOCIATED WITH MS. CRYSTAL JOHNSON'S SINUSES BE
18 DEMONSTRATED ON THE C.T.?

19 A. POSSIBLY.

20 Q. WAS THERE ANY INDICATION FROM THE C.T. THAT
21 CRYSTAL JOHNSON HAD SINUSITIS?

22 A. THE SINUSES WERE NOT ADDRESSED IN THE
23 REPORT.

24 Q. WAS THERE ANY PARTICULAR REASON WHY YOU
25 DIDN'T ASK THAT TO BE READ?

1 A. WELL, GENERALLY SPEAKING, WHEN YOU ASK FOR A
2 HEAD C.T., THEY LOOK AT THE BRAIN. ONLY IN SPECIAL
3 INSTANCES I'M--OF WHICH I'M NOT AWARE WHICH WHERE THOSE
4 WOULD OCCUR, I'M SURE IT WOULD HAVE TO DO WITH THE EAR,
5 NOSE AND THROAT PEOPLE WHEN THEY ORDER A C.T. SPECIFICALLY
6 LOOKING AT THE SINUSES.

7 Q. ALL RIGHT.

8 A. AND THAT WOULD BE IF THERE WAS SOME
9 ABNORMALITY THEY'D ALREADY DETERMINED, I'M SURE. HE MAY
10 NOT SPEAK TO THE SINUSES. HE MAY LOOKING AT NOTHING MORE
11 THAN THE--IT DEPENDS ON THE RADIOLOGIST. SOME ARE VERY
12 VERBOSE AND THEY WILL GO INTO GREAT DETAIL. OTHERS ARE,
13 YOU KNOW, THEY CUT TO THE CHASE AND THEY ASSUME THAT
14 YOU'RE LOOKING FOR THE BRAIN ONLY.

15 Q. IS IT MY UNDERSTANDING, MR. DAVIDSON, THAT--
16 THAT YOU COULD ORDER A DIAGNOSTIC EVALUATION LIKE A C.T.
17 WITHOUT AN EXPRESS ORDER FROM THE PHYSICIAN?

18 A. THAT IS CORRECT.

19 Q. DO YOU KNOW WHETHER OR NOT CHANGES AND I--
20 I'VE ASKED YOU THIS QUESTION IN SOME DETAIL A FEW SECONDS
21 AGO. WHEN WOULD YOU EXPECT A CHANGE IN THE BRAIN FROM A
22 STROKE OR T.I.A. WOULD SHOW UP ON A C.T.?

23 A. THAT'S DIFFICULT TO SAY. IT WOULD DEPEND ON
24 HOW EXTENSIVE THEY WERE.

25 Q. IS IT YOUR UNDERSTANDING THAT IT CAN TAKE UP
1 TO 24 HOURS FOR ANYTHING TO SHOW UP ON A C.T.?

2 A. I WOULD NOT BE ABLE TO ANSWER THAT QUESTION
3 BECAUSE THAT--I'M NOT SURE. AGAIN, IT WOULD DEPEND ON THE
4 DEGREE OF INJURY.

5 Q. BUT WAS IT YOUR BELIEF ON XXMONTHXX 10TH OF 20xx
6 THAT ANYTHING ASSOCIATED WITH THIS PATIENT'S FALLS THAT
7 SHE REPORTED HAVING EXPERIENCED WITHIN A 12-HOUR PERIOD
8 BEFORE SHE CAME TO THE HOSPITAL THAT ANY ABNORMALITY
9 ASSOCIATED WOULD HAVE SHOWN UP ON A C.T.? WAS THAT YOUR
10 ASSUMPTION?

11 A. IF THERE HAD BEEN SOME SORT OF MASS, I WOULD
12 HAVE THOUGHT SO, YES.

13 Q. OTHER THAN A MASS?

14 A. WELL, IF IT HAD BEEN A C.V.A., I WAS UNDER
15 THE IMPRESSION THAT WOULD HAVE BEEN THERE, AS WELL.

16 Q. THE PATIENTS CHART REFLECTS THAT AT SOME
17 POINT IN TIME SHE HAD AN I.V. WHAT THE PURPOSE OF THE
18 I.V.?

19 A. THAT IS A--IN MY PRACTICE, IF I DRAW BLOOD--
20 IF I'M GOING TO DO BLOOD WORK, PARTICULARLY IN A--IN MANY
21 INSTANCES, I PUT AN I.V. IN IN PREPARATION FOR IF THE
22 PERSON NEEDS FLUID.

23 SOMEONE WHO FALLS CAN BE ORTHOSTATIC. THEY
24 CAN BE VOLUME DEPLETED, AND WHEN THEY STAND UP THEY--
25 THEY'RE DEHYDRATED FOR ALL INTENTS AND PURPOSES, WOULD BE
1 A LAYMAN'S TERM, AND THEY WOULD THEREFORE REQUIRE FLUID
2 RESUSCITATION.

3 SO IF THERE'S NO I.V. IN PLACE, THEN I HAVE
4 TO STICK THEM TWICE. PEOPLE OFTEN COMPLAIN ABOUT THAT, SO
5 IF I DRAW BLOOD ALMOST INVARIABLY I'LL PUT IN AN I.V. AND
6 THEREFORE IF I NEED FLUID, IF I NEED TO GIVE MEDICINES,
7 GOD FORBID IF SOMETHING BAD SHOULD HAPPEN, YOU HAVE A LINE
8 WHERE YOU CAN THEN GIVE THOSE FLUIDS OR MEDICINE IF THEY
9 PROGRESS TO A MORE SERIOUS STATE.

10 Q. CRYSTAL JOHNSON AT SOMETIME REMOVED HER I.V.
11 A. THAT WAS MY UNDERSTANDING.

12 Q. DID THAT IMPACT ANY OF THE CARE THAT YOU
13 PROVIDED TO HER?

14 A. NO, SIR. HAD SHE NEEDED FLUID OF MEDICINE
15 AND--AND IT REQUIRED I.V. ADMINISTRATION, WE WOULD HAVE
16 PUT ANOTHER ONE IN.

17 Q. LET ME THEN TAKE YOU BACK TO--THIS IS BACK
18 TO THE PAGE WITH THE LAB WORK AND YOU'VE WRITTEN DOWN THAT
19 HER PLATELET COUNT IS 1342. DO YOU SEE THAT, SIR?

20 A. YES, SIR.

21 Q. DO I UNDERSTAND FROM YOUR TESTIMONY THAT YOU
22 ATTRIBUTED HER PLATELET COUNT ON XXMONTHXX 10TH OF 20xx TO HER
23 ANEMIA?

24 A. YES, SIR.

25 Q. HOW DID YOU REACH THAT CONCLUSION?

1 A. PLATELETS ARE DESIGNED TO OBTAIN HEMOSTASIS.
2 THAT IS A EQUILIBRATION, IF YOU WILL, IN BLOOD AND
3 COMPONENTS THEREOF. PLATELETS ARE USED TO FIGHT
4 HEMORRHAGE. THAT'S THEIR--ONE OF THEIR BASIC PROCESSES IS
5 TO STOP BLEEDING.

6 IF SOMEONE IS BLEEDING AND REPEATED BLEEDING,
7 IT IS THE BODY'S ATTEMPT TO STOP THAT AND TO THEREFORE
8 PROVIDE HEMOSTASIS.

9 Q. DID YOU DISCUSS WITH THIS PATIENT WHAT SHE
10 UNDERSTOOD HER NORMAL BASELINE PLATELET COUNT WAS?

11 A. THERE'S NO RECORD OF THAT.

12 Q. YOU DID, IN FACT, APPARENTLY DISCUSS WITH
13 HER WHAT HER BASELINE HEMOGLOBIN COUNT WAS.

14 A. YES, SIR.

15 Q. WHY DIDN'T YOU ASK HER AT THAT TIME WHAT HER
16 BASELINE PLATELET COUNT?

17 A. I CANNOT ANSWER THAT QUESTION.

18 Q. WOULD YOU ASK HER TODAY?

19 MR. KRAUSE: OBJECTION.

20 A. I DO NOT KNOW.

21 BY MR. XXXXXX:

22 Q. YOU DON'T KNOW TODAY.

23 MR. KRAUSE: OBJECTION. ASKED AND
24 ANSWERED. GO AHEAD.

25 BY MR. XXXXXX:

1 Q. YOU DON'T KNOW WHETHER--YOU DO NOT KNOW
2 TODAY WHETHER YOU WOULD ASK A PATIENT THAT PRESENTED WITH
3 A PLATELET COUNT OF 1342, YOU DON'T KNOW WHETHER YOU WOULD
4 ASK THEM WHAT THEIR BASELINE IS?

5 MR. KRAUSE: OBJECTION. ASKED AND
6 ANSWERED. YOU MAY ANSWER.

7 A. THAT'S CORRECT.
8 BY MR. XXXXXX:
9 Q. WHAT WOULD CAUSE YOU TO ASK?
10 A. I WAS MORE CONCERNED AT THAT POINT IN TIME
11 ABOUT HER HEMOGLOBIN. SOMEONE WITH A HEMOGLOBIN OF 7.6.
12 CAN OFTEN, EVEN IN THE ABSENCE OF VOLUME DEPLETION, CAN
13 HAVE SIMILAR SYMPTOMS OF THESE NUMBNESS AND WEAKNESS,
14 BECAUSE THEIR BODY IS NOT MOVING ENOUGH OXYGEN TO SUPPLY
15 ANYTHING.
16 THE PLATELETS, AGAIN, WERE FELT TO REFLECT
17 HER LONGSTANDING ANEMIA. I--I WOULD THINK SHE WOULD KNOW
18 WHAT HER HEMOGLOBIN WAS, IF I'M NOT MISTAKEN, BUT I DOUBT
19 ANYBODY WOULD HAVE DISCUSSED PLATELETS WITH HER. I DON'T-
20 -I'M SURE SHE WOULD HAVE KNOWN WHAT--SHE KNEW EXACTLY WHAT
21 HEMOGLOBIN WAS, BUT I--I WOULD DOUBT THAT KNEW WHAT
22 PLATELETS WERE.
23 Q. TO YOUR KNOWLEDGE, HAVE YOU EVER TREATED A
24 PATIENT WITH A PLATELET COUNT IN EXCESS OF 1.3 MILLION?
25 A. NOT TO MY KNOWLEDGE.
1 Q. THIS IS WITH, TO YOUR KNOWLEDGE, THIS THEN
2 WOULD HAVE BEEN THE ONLY PATIENT THAT YOU'VE EVER TREATED
3 WITH PLATELET COUNT IN EXCESS OF---
4 A. I REALLY DON'T KNOW.
5 Q. YOU DON'T HAVE ANY RECOLLECTION.
6 A. I DON'T HAVE ANY RECOLLECTION.
7 Q. WHAT DO YOU UNDERSTAND TO BE THE RANGE OF
8 NORMAL FOR A PLATELET COUNT?
9 A. RANGE IS VARIED BY THE INSTITUTION OR
10 PERFORMING THE TEST. THEY ALL HAVE CERTAIN REFERENCE
11 VALUES RELATED TO THE TYPE OF TESTING THEY DO AND THEY CAN
12 VARY. STANDARD IS SOMEWHERE, GIVE OR TAKE FROM 150 TO
13 450.
14 Q. SO THIS WAS, WHAT, MORE THAN THREE TIMES---
15 A. THAT'S CORRECT.
16 Q. ---THE RANGE OF NORMAL?
17 A. THAT'S CORRECT.
18 Q. AND YOU'VE INDICATED TO ME THAT A
19 EXPLANATION FOR A PLATELET COUNT THAT HIGH WOULD BE
20 ANEMIA. WHAT MIGHT BE THE OTHER EXPLANATION FOR IT?
21 A. THERE ARE CERTAIN BLOOD DISORDERS WHICH
22 WOULD CAUSE THAT. IF THERE--IT'S A VERY COMPLEX FIELD AND
23 THAT'S WHEN THE HEMOTOLOGY WOULD BE MOST HELPFUL IN THAT
24 REGARD. THEY CERTAINLY WOULD HAVE--BE MORE WELL-VERSED
25 THAN I ON THOSE SPECIFIC--THERE ARE CERTAIN--AT LEAST TWO
1 DIFFERENT KINDS OF PLATELET--HIGH PLATELETS--THAT I'M
2 AWARE OF. ONE IS THE REACTIVE. THE OTHER IS ESSENTIAL,
3 WHICH WOULD IMPLY--ESSENTIAL IMPLIES SOME SORT OF BONE
4 MARROW OR CELL MAKING CAPABILITY DEFICIENCY OR PROBLEM.
5 THE OTHER IS IN REACTION TO SOME INSULT: HEMORRHAGE,
6 INFECTION, INFLAMATION.
7 Q. AND SO HOW DID YOU RULE OUT, IN THIS
8 PARTICULAR INSTANCES, WHAT THE REASONS OR CAUSES WERE FOR
9 HER ELEVATED PLATELET COUNT?
10 A. IT APPEARED TO BE VERY OBVIOUS THAT HERS WAS
11 RELATED TO HER LONGSTANDING ANEMIA.
12 Q. AND "LONGSTANDING," WHAT DO YOU MEAN BY
13 THAT?
14 A. WELL, SHE HAD GAVE A HISTORY OF
15 DYSFUNCTIONAL UTERINE BLEEDING AND--AND TOLD ME THAT SHE
16 HAD A HEMOGLOBIN MUCH LOWER IN THE PAST. SO SHE HAD BEEN
17 EVALUATED PRIOR TO THAT.
18 AND WHEN I SAY "LONGSTANDING," I MEAN, IT
19 WASN'T SOMETHING THAT WAS ACUTE TO THAT PARTICULAR VISIT.
20 SHE HAD ALREADY BEEN EVALUATED IN SOME FASHION BECAUSE SHE
21 HAD--SHE CARRIED WITH HER THAT DIAGNOSIS.
22 Q. AS SHE REPORTED TO YOU.

23 A. YES, SIR.
24 Q. SO, AGAIN, WHAT DID YOU DO TO RULE OUT THE
25 OTHER POSSIBLE CAUSES? YOU TOLD ME THAT YOU--YOU BELIEVED
1 BASED UPON HER LONGSTANDING HISTORY OF ANEMIA THAT THE
2 PLATELET COUNT WAS ASSOCIATED WITH THAT. DID YOU DO
3 ANYTHING TO RULE OUT WHAT THE CAUSES MAY BE?
4 A. NO, SIR. THOSE WOULD BE VERY COMPLICATED
5 TESTS THAT COULD BE DONE AS AN OUTPATIENT, CERTAINLY NOT
6 A--WE'RE NOT REQUIRED ON--ON AN EMERGENT BASIS.
7 Q. NOW, BASED UPON YOUR TESTIMONY, THEN, THIS
8 WAS AN UNUSUAL PATIENT, WASN'T IT?
9 A. IN SOME--IN SOME REGARDS, YES.
10 Q. AND SPECIFICALLY AS IT PERTAINED TO THE
11 PLATELET COUNT.
12 A. YES, SIR.
13 Q. DO YOU HAVE A RECOLLECTION OF GOING THEN AND
14 CONSULTING WITH DR. XXXX ABOUT THE UNUSUAL NATURE OF
15 THIS PATIENT'S PLATELET COUNT?
16 MR. CARRUTHERS: OBJECTION.
17 A. I CAN'T--I CAN'T RECALL IF WE HAD A SPECIFIC
18 DISCUSSION REGARDING PLATELETS. CERTAINLY PRIOR TO HER
19 DISPOSITION WE DISCUSSED THEM IN TERMS OF THE REMAINDER OF
20 HER RESULTS.
21 IF WE HAD A SPECIFIC DISCUSSION REGARDING
22 PLATELETS AND THEIR FUNCTION AND HER LEVEL, I DO NOT
23 RECALL THAT.
24 BY MR. XXXXXX:
25 Q. AND I TAKE IT THEN YOU WOULD NOT RECALL IF
1 THERE WAS ANY DISCUSSION IN WHICH YOU AND DR. XXXX
2 AGXXXXXXXXXXXX THAT HER PLATELET COUNT WAS ATTRIBUTABLE TO HER
3 LONGSTANDING ANEMIA, AS YOU'VE DESCRIBED?
4 A. I CAN'T SAY THAT WE STOOD THERE AND CAME TO
5 THAT CONCLUSION TOGETHER, BUT WE DID DISCUSS THE LAB
6 RESULTS AS THEY EXIST ON THIS CHART.
7 VIDEOGRAPHER: EXCUSE ME. TAKE A SHORT
8 BREAK.
9 (OFF THE RECORD AT 12:32 P.M.)
10 (ON THE RECORD AT 12:37 P.M.)
11 BY MR. XXXXXX:
12 Q. MR. DAVIDSON, TO YOUR KNOWLEDGE, WHAT WAS DR.
13 XXXX'S ROLE IN CRYSTAL JOHNSON'S CARE?
14 A. AS A SUPERVISOR.
15 Q. ANYTHING ELSE?
16 A. HE--HE MADE NO DIRECT ORDERS.
17 Q. DID HE EXAMINE HER OR HAVE ANY CONTACT WITH
18 HER AT ALL?
19 A. NOT TO MY KNOWLEDGE. I COULDN'T--I DON'T
20 KNOW, BUT NOT TO MY KNOWLEDGE.
21 Q. AND IT'S--IF I UNDERSTAND YOUR TESTIMONY IT
22 IS YOUR BELIEF THAT BASED UPON YOUR PROTOCOL THAT YOU
23 FOLLOWED IN THE EMERGENCY DEPARTMENT AT XXHOSPITALXX THAT
24 PRIOR TO CRYSTAL JOHNSON'S DISCHARGE YOU WOULD HAVE SPOKEN WITH
25 DR. XXXX ABOUT HER.
1 A. ABSOLUTELY. YES, SIR, I WOULD HAVE SPOKEN
2 WITH HIM.
3 Q. AND IT'S YOUR BELIEF THAT BASED UPON THE
4 PROTOCOL THAT YOU WOULD HAVE SPECIFICALLY DISCUSSED WITH
5 DR. XXXX THIS PATIENT'S HISTORY OF RIGHT-SIDED LEG,
6 ARM NUMBNESS, FALLING TWICE WITHIN THE PREVIOUS 12 HOURS
7 AND HER ELEVATED PLATELET COUNT---
8 MR. CARRUTHERS: OBJECTION.
9 BY MR. XXXXXX:
10 Q. ---YOU WOULD HAVE DISCUSSED THAT WITH HIM.
11 A. YES, SIR.
12 Q. WERE THE SYMPTOMS THAT, INCLUDING THE--THE
13 LAB RESULTS, WERE THE SYMPTOMS THAT CRYSTAL JOHNSON PRESENTED WITH

14 CONSISTENT WITH A T.I.A.?
15 A. THEY COULD HAVE BEEN.
16 Q. AND IS THAT BECAUSE OF THE REPORT OF
17 NUMBNESS, WEAKNESS AND HISTORY OF FALL?
18 A. MORE THE NUMBNESS AND THE WEAKNESS.
19 Q. WHEN YOU ADD THE PLATELET RESULTS, IS THAT
20 CONSISTENT--COULD THAT BE CONSISTENT WITH A T.I.A.?
21 A. I DID NOT SEE A RELATIONSHIP AT THAT TIME.
22 Q. DO YOU BELIEVE THERE IS TODAY?
23 A. I DO NOT SEE THAT TODAY.
24 Q. YOU DESCRIBED THE--THE ESSENTIAL--THE
25 DIFFERENCE BETWEEN ESSENTIAL AND SECONDARY. DO YOU
1 BELIEVE THAT CRYSTAL JOHNSON HAD THROMBOCYTOSIS?
2 A. YES, SIR.
3 Q. WHY WAS THAT NOT INCLUDED IN YOUR
4 DIFFERENTIAL OR IN YOUR DIAGNOSIS?
5 A. IT WAS A SUBSET OF THE ANEMIA. ANEMIA, NO
6 UNLIKE DYSFUNCTIONAL UTERINE BLEEDING, IS AN UMBRELLA
7 TERM. THERE ARE MULTIPLE ENTITIES UNDER THAT RELATED TO
8 DIFFERENT DYSFUNCTION, BUT ANEMIA WOULD HAVE ADDRESSED
9 THAT.
10 Q. WHAT TREATMENT WAS SHE RECEIVING FOR HER
11 THROMBOCYTOSIS AT THE TIME OF HER DISCHARGE?
12 A. NONE.
13 Q. DID SHE NEED TREATMENT?
14 A. NOT TO MY DETERMINATION.
15 Q. WHY?
16 A. SHE WAS ASYMPTOMATIC.
17 Q. NOW, THE--THE--WHERE ARE THE--IN THE CHART
18 THE NURSE'S HANDWRITTEN NOTES? THOSE LOOK LIKE--THOSE
19 ARE---
20 A. GIVE ME A SECOND. YES, SIR. THEY ARE FIVE
21 OR SIX PAGES BACK. THEY WOULD LOOK LIKE THIS
22 (INDICATING).
23 Q. THE NURSE'S HANDWRITTEN NOTES LOOKS LIKE
24 THAT YOU SAW THE PATIENT AT SOMETIME BETWEEN 12:15 AND
25 1:00 O'CLOCK, IF YOU LOOK AT THE NOTE AT 12:15.
1 A. YES, SIR.
2 Q. ARE THOSE YOUR HANDWRITTEN NOTES?
3 A. NO, SIR.
4 Q. THEN WHY IS YOUR NAME THERE?
5 A. BECAUSE AS IT STATES, IT SAYS, PATIENT
6 REFUSED THE TYLENOL AND STATED THAT SHE HAD ALREADY TRIED
7 AND THAT I HAD BEEN INFORMED OF SAME.
8 Q. ALL RIGHT, SIR. ANY SIGNIFICANCE TO THE
9 FACT THAT THE PATIENT REFUSED TYLENOL SAYING SHE HAD
10 ALREADY TRIED TYLENOL AND MOTRIN?
11 A. NO, SIR.
12 Q. DO YOU REMEMBER OR CAN YOU TELL FROM LOOKING
13 AT THIS CHART HOW MANY TIMES YOU ACTUALLY SAW CRYSTAL JOHNSON
14 BEFORE SHE WAS DISCHARGED?
15 A. NO, SIR.
16 Q. NOW, GO BACK, IF YOU WOULD, TO THESE PAGES
17 THAT LOOK LIKE THIS (INDICATING).
18 A. OKAY. THOSE ARE THE COMPUTER-GENERATED
19 CHART.
20 Q. ON THE RIGHT-HAND SIDE OF THAT PAGE
21 BEGINNING AT 11:35, IT SAYS "CHANGE PHYSICIAN." TELL ME
22 THE SIGNIFICANCE OF THAT NOTATION. WHAT DOES THAT MEAN?
23 A. AT THAT PARTICULAR TIME, IF I REMEMBER IN
24 STAT, THEY WOULD PUT THE NAME OF THE PROVIDER IN NEXT TO
25 THE PATIENT. IN OTHER WORDS, IF THE PATIENT CAME IN THEY
1 WOULD--THEY WOULD HAVE--THEY WOULD OCCUPY A LINE, IF YOU
2 WILL, IN THE IN STAT. IT WOULD GIVE SOME PATIENT NAME AND
3 SOME OTHER BRIEF INFORMATION.
4 THERE IS A SPOT THAT FOR PROVIDER. THERE'S A

5 SPOT ALSO FOR NURSE. OTHER THINGS. I CAN'T RECALL THEM
6 ALL AT THE MOMENT, BUT I'M ASSUMING THAT AT THAT POINT IN
7 TIME SOMEBODY CHANGED HER OVER TO--PUT MY NAME IN AND IT
8 SAYS THAT THE UNIT SECRETARY DID THAT.

9 Q. ALL RIGHT, SIR. NOW, THERE AT 11:35 PRIMARY
10 CARE PROVIDER, IT'S GOT UNASSIGNED. DO YOU SEE THAT?

11 A. YES.

12 Q. AND THEN IT SAYS RESPONSIBLE PHYSICIAN AND
13 IT'S GOT YOUR NAME THERE. IS THAT RIGHT?

14 A. YES, SIR.

15 Q. IS THAT TYPICAL OR SHOULD DR. XXXX'S
16 NAME BE IN?

17 MR. CARRUTHERS: OBJECT TO THE FORM.

18 A. ON THIS SYSTEM, IT WOULD PRINT JUST LIKE
19 THAT.

20 BY MR. XXXXXX:

21 Q. NOW, THE NEXT NOTATION THERE AT 11:55--AND I
22 THINK WE HAVE CLARIFIED THIS THAT THE NOTATIONS THERE AT
23 11:55 GOING ON TO THE NEXT PAGE AT 12:05, THOSE DON'T HAVE
24 ANYTHING TO DO WITH CRYSTAL JOHNSON, DO THEY? WHERE IT
25 SAYS THERE AT 11:55 DISCHARGE DIAGNOSIS, REASON WHY YOU--
1 PRIMARY CHEST PAIN, CARDIAC.

2 A. I WOULD ASSUME NOT---

3 Q. AND THEN THERE---

4 A. ---BECAUSE THERE WAS NEVER--NEVER ANY REPORT
5 OF CHEST PAIN.

6 Q. OKAY. AND THEN THERE'S ANOTHER ENTRY THERE.
7 BED ASSIGNED TO MAURICE LANE, R.N. FLOOR, CATH LAB AND
8 THEN ANOTHER ENTRY BY MARIE SWAIN, PAIN ASSESSMENT.
9 SEVERITIES, FOUR, QUALITY FREQUENCY, PAIN LOCATION, PAIN
10 RADIATE. DO YOU SEE THAT, SIR?

11 A. WHERE ARE YOU NOW?

12 Q. ON THE FIRST PAGE. WE--UNDER THE NOTE THAT
13 WE LOOKED AT AT 11:35.

14 A. AT 11:55 PAIN ASSESSMENT?

15 Q. YES.

16 A. OKAY. YEAH.

17 Q. DO THOSE HAVE ANYTHING TO DO WITH--WITH
18 CRYSTAL JOHNSON?

19 A. NOT TO MY KNOWLEDGE.

20 Q. HOW DID THEY GET IN HER CHART?

21 A. I CAN'T ANSWER THAT. I HAVE--I HAVE NOTHING
22 TO DO WITH THIS PART. THAT IS ON THE COMPUTER AND THEY
23 WERE ENTERED BY MS. SWAIN, ACCORDING TO THIS. I CANNOT
24 ANSWER THAT QUESTION FOR YOU. I DO NOT KNOW HOW THEY GOT
25 IN THERE.

1 SOMETIMES--I WILL SAY, THOUGH, SOMETIMES ON
2 THAT SYSTEM, IF YOU GO IN TO DO CERTAIN THINGS IT HAS A
3 TENDENCY IF THEY--IF PEOPLE ARE DISCHARGED--YOU'VE SEEN
4 EVEN ON THE SCREENS--I'M SURE YOU'VE WORKED ON, THE SCREEN
5 TENDS TO ROLL--SOMETIMES WHEN YOU'RE CLICKING ON A
6 PARTICULAR PATIENT, THE--EITHER THE SCREEN ROLLS OR YOU
7 MAY HAVE YOUR MOUSE MADE--ROLLING IT AND YOU END UP
8 CLICKING INTO SOMEONE ELSE AND SO YOU CAN--IT'S NOT
9 IMPOSSIBLE TO CLICK INTO ANOTHER PATIENT THINKING YOU'RE
10 IN A DIFFERENT ONE.

11 I DON'T KNOW HOW THAT HAPPENED. I AM--YOU
12 ASKED ME FOR AN EXPLANATION. THAT'S THE ONLY--I WOULD
13 SUBMIT TO YOU THAT COULD HAVE HAPPENED. I DO NOT KNOW.

14 Q. FROM YOUR REVIEW OF THIS CHART, WAS MS. SWAIN
15 INVOLVED IN THE CARE AND TREATMENT OF MS. CRYSTAL JOHNSON?

16 A. I WOULD BE UNABLE TO TELL YOU THAT, AND I DO
17 NOT RECOGNIZE THE SIGNATURES OF THE NURSES INVOLVED ON THE
18 NURSE SHEET. I WOULD BE MORE THAN HAPPY TO GO BACK AND
19 LOOK. THERE WAS ONE MORE BACK HERE RELATED TO AN
20 A.M.A. FORM THAT I SAW EARLIER, AND I CAN'T TELL YOU THAT

21 EITHER. OF COURSE, YOU--THERE WAS SOMETHING ABOUT SHE
22 PULLED OUT HER I.V. AND I--BUT I DON'T KNOW WHO THAT--I
23 DON'T KNOW WHO THAT IS. THAT SIGNATURE IS FOREIGN TO ME.
24 DO YOU NOTICE HOW NICE MINE IS, THOUGH.
25 MINE'S EASY TO READ. WOULDN'T YOU AGREE?
1 Q. I DID NOTICE THAT. YOU ALMOST LOOK LIKE AN
2 ARCHITECT.
3 A. THANK YOU. I WORK HARD AT THAT.
4 Q. I'M SURE. I WISH YOUR COLLEAGUES WOULD.
5 A. I HATE FOR THERE TO BE ANY CONFUSION.
6 Q. I UNDERSTAND. MR. DAVIDSON, BEFORE MS.
7 CRYSTAL JOHNSON'S DISCHARGE, DID YOU HAVE THE LAB RESULTS THAT--
8 THAT SHOWED POSITIVE FOR MARIJUANA?
9 A. YES, SIR.
10 Q. WHAT SIGNS AND SYMPTOMS OF DISEASE CAN
11 MARIJUANA MASK?
12 A. I HAVE NOT STUDIED THE EFFECTS OF MARIJUANA.
13 I COULD NOT ANSWER THAT QUESTION FOR YOU. I KNOW--
14 BRIEFLY, I KNOW THAT IT WORKS ON THE CENTRAL NERVOUS
15 SYSTEM, SO I'M ASSUMING IT COULD CAUSE NEUROLOGICAL ISSUES
16 SUCH AS NUMBNESS AND WEAKNESS, BUT I--I DON'T KNOW.
17 Q. DID--DID HER HAVING TESTED POSITIVE FOR
18 MARIJUANA FIGURE INTO YOUR DIAGNOSIS AT ALL?
19 A. NO, ONLY IN THAT I HAD ASKED HER ABOUT IT
20 AND SHE TOLD ME NO, BECAUSE I MADE NO OTHER NOTE OF IT
21 THAN THAT.
22 Q. SO IT PLAYED NO ROLE IN YOUR DIAGNOSIS.
23 A. WELL, I COULD NOT, IN TRUE, IN GOOD
24 CONSCIOUS, SAY THAT IT WAS THE CAUSE OF HER SYMPTOMS. IT
25 WAS A PLAUSIBLE CAUSE. YOU COULD INFER THAT IF IT WORKS
1 ON THE CENTRAL NERVOUS SYSTEM, IT COULD IN FACT CAUSE
2 SIMILAR PROBLEMS. I DID NOT MAKE A DETERMINATION THAT IT
3 DID OR DID NOT.
4 Q. ALL RIGHT, SIR.
5 A. I WAS SAYING THAT POSSIBILITY EXISTED,
6 CERTAINLY.
7 Q. SO WHAT DID YOU DETERMINE TO BE THE CAUSES
8 OF HER HAVING FALLEN ON TWO SEPARATE OCCASIONS, 12 HOURS
9 BEFORE SHE CAME INTO THE HOSPITAL?
10 A. I ATTRIBUTED THAT TO HER CHRONIC ISSUE WITH
11 BACK AND NECK PAIN. I FELT THAT THERE WAS A CERTAIN
12 WEAKNESS INVOLVED WITH THAT. AND NOT HAVING A CLEAR
13 PICTURE OF THE EVENTS IMMEDIATELY PRIOR TO HER FALL, IT
14 WOULD BE DIFFICULT TO SAY EXACTLY WHY, BUT GIVEN THE FACT
15 THAT SHE HAD CHRONIC NECK AND BACK PAIN, CERTAINLY THAT
16 COULD CAUSE--MANY PEOPLE HAVE--AND IN THE PAST HAVE
17 REPORTED TO ME THAT THEIR LEG GAVE OUT, THEIR BACK GAVE
18 OUT.
19 THEY MAKE THOSE STATEMENTS AND THEY SAY THEY
20 FALL WHEN, IN FACT, IT'S NOT BECAUSE THEY HAVE A
21 NEUROLOGICAL DEFICIT, IT'S BECAUSE THAT A CERTAIN MOVEMENT
22 OR SOMETHING THEY DO PUTS PAIN--THE PAIN BECOMES SO
23 INTENSE THAT THEY GIVE WAY TO IT AND THEN THEY WILL FALL.
24 THESE HAVE HAPPENED.
25 IN HER CASE, I FELT THAT WAS A MORE PLAUSIBLE
1 REASON FOR HER FALL AND FOR HER NUMBNESS AND HER REPORTED
2 WEAKNESS, WHICH IS ONE IN THE SAME IN SOME REGARDS.
3 Q. ALL RIGHT. SO LET ME UNDERSTAND WHAT I
4 THINK YOU JUST SAID. ON XXMONTHXX 10TH OF 20xx YOU ATTRIBUTED
5 HER HISTORY OF NUMBNESS AND THE TWO FALLS THAT SHE HAD
6 EXPERIENCED IN THE 12-HOUR PERIOD BEFORE SHE CAME TO THE
7 EMERGENCY ROOM, YOU ATTRIBUTED THOSE TO HER HISTORY OF
8 NECK AND BACK ISSUES.
9 A. I FELT THAT WAS THE PRIMARY CAUSE--COULD
10 HAVE BEEN A PRIMARY CAUSE, YES.
11 Q. AND WHERE DID YOU DOCUMENT THAT?

12 A. I MADE NO DOCUMENTATION AS SUCH.
13 Q. WHY NOT?
14 A. IT WAS MORE OF A CLINICAL DECISION. I
15 DON'T--AGAIN, I DON'T WRITE EVERYTHING ON THE CHART.
16 Q. I UNDERSTAND.
17 A. NOT EVERY--NOT EVERY THOUGHT THAT GOES ON IN
18 MY HEAD IS REFLECTED ON THE CHART. MANY OF THE--AND I'LL
19 LEAVE IT AT THAT. NOT EVERYTHING THAT GOES THROUGH MY
20 HEAD AND NOT ALL MY THOUGHTS ARE REFLECTED ON THE CHART.
21 Q. BUT THIS WAS THE PRIMARY REASON SHE CAME TO
22 THE HOSPITAL.
23 A. THAT'S CORRECT.
24 Q. AND SO DO I UNDERSTAND YOU'RE TELLING ME YOU
25 DIDN'T DETERMINE WHAT THE CAUSE WAS OF THE PRIMARY REASON
1 SHE CAME TO THE HOSPITAL?
2 A. I FELT THAT IT WAS BECAUSE OF--IT WOULD
3 APPEAR SO AT THIS POINT.
4 Q. WELL, DID YOU DETERMINE THE CAUSE OF THE
5 PRIMARY REASON---
6 A. I FELT---
7 Q. ---SHE CAME TO THE---
8 A. ---I FELT THAT IT WAS ATTRIBUTED TO HER
9 CHRONIC BACK AND NECK PAIN.
10 Q. BUT YOU DIDN'T DOCUMENT IT.
11 A. THAT'S CORRECT.
12 Q. WHY?
13 A. I DID NOT DOCUMENT IT ON HERE. I CAN'T
14 ANSWER THAT FOR YOU NOW.
15 Q. WOULD IT BE TYPICAL THAT YOU WOULD CHART THE
16 REASON FOR THE PATIENT'S PRESENTING SYMPTOMS AT LEAST IF
17 THAT'S WHAT YOU WERE ABLE TO DETERMINE?
18 A. ON OCCASION, YES. PART OF THE DIAGNOSIS WAS
19 THIS ISSUE OF PARESTHESIAS, SO THAT IN A SENSE COULD BE A
20 REASON FOR HER REPORTED NUMBNESS AND WEAKNESS.
21 Q. WELL, FROM MY REVIEW OF THIS CHART, IT
22 DOESN'T APPEAR THAT, OTHER THAN THE 12 HOURS BEFORE THIS
23 PATIENT PRESENTED TO THE EMERGENCY DEPARTMENT, THAT SHE
24 HAD ANY OTHER HISTORY OF FALLS. CORRECT?
25 A. I HAD NONE REPORTED.
1 Q. YES, SIR.
2 A. I DID NOT KNOW. THAT--THOSE ARE THE ONLY
3 ONES SHE REPORTED TO ME.
4 Q. SO THIS WAS A NEW THING FOR HER.
5 A. APPARENTLY.
6 Q. AND YET GIVEN THAT IT WAS A NEW THING FOR
7 HER THAT SHE REPORTED, YOU ATTRIBUTED HER FALLS TO HER
8 NECK AND BACK PAIN?
9 MR. KRAUSE: OBJECTION. ASKED AND
10 ANSWERED. GO AHEAD.
11 A. YES.
12 BY MR. XXXXXX:
13 Q. AND DID YOU RECOMMEND THAT SHE SEEK ANY
14 ACTIVE TREATMENT FOR THAT?
15 A. SHE WAS ALREADY RECEIVING TREATMENT.
16 Q. FROM WHO?
17 A. I DON'T KNOW. SHE WAS TAKING FLEXERIL. I--
18 AGAIN, SHE GAVE ME DR. HOGUE AND TOLD ME SHE WAS TAKING
19 THIS MEDICATION AND IT WAS A MUSCLE RELAXER.
20 Q. YES, SIR, WHICH SHE REPORTED FOR HER NECK.
21 A. RIGHT.
22 Q. AND SO, IN YOUR MIND, YOU'RE THINKING THAT
23 THE PROBLEMS THAT SHE HAS WITH HER NECK HAS CAUSED HER TO
24 FALL.
25 A. NECK AND BACK.
1 Q. BUT SHE--AT LEAST THAT SHE REPORTED TO YOU.
2 A. SHE SAID FOR HER NECK, BUT SHE ALSO REPORTED

3 A HISTORY OF BACK AND NECK PAIN AS I NOTED IN THE REVIEW
4 OF SYSTEMS.
5 Q. OKAY. SO YOU EXTRAPOLATED, AS I UNDERSTAND
6 WHAT YOU'RE TELLING ME NOW---
7 A. YES, SIR.
8 Q. ---YOU EXTRAPOLATED THE FACT THAT SHE
9 REPORTED A HISTORY OF BACK AND NECK PAIN.
10 A. UH-HUH.
11 Q. YOU EXTRAPOLATED THAT INTO YOUR BELIEF THAT
12 THE REASON FOR HER FALL WAS HER BACK PAIN.
13 A. YES, SIR.
14 Q. DID SHE REPORT IN THE 12 HOURS BEFORE SHE
15 PRESENTED TO THE EMERGENCY DEPARTMENT SHE HAD ANY BACK
16 PAIN?
17 A. NO, SIR.
18 Q. SO HELP ME UNDERSTAND, THEN, HOW IT IS THAT
19 YOU'RE ATTRIBUTING---
20 A. WELL, HER---
21 Q. LET ME FINISH MY QUESTION.
22 A. I'M SORRY.
23 Q. HOW IT IS THAT YOU'RE ATTRIBUTING THAT HER
24 BACK AND HER PROBLEMS ASSOCIATED WITH NECK AND BACK PAIN
25 IS WHAT CAUSED HER TO FALL IF SHE HADN'T REPORTED TO YOU
1 ANY PROBLEMS WITH HER BACK IN HER--IN--IN THE PERIOD
2 BEFORE SHE PRESENTED TO THE EMERGENCY DEPARTMENT?
3 MR. KRAUSE: GO AHEAD.
4 A. COULD BE NUMBNESS AND WEAKNESS WERE THE
5 SYMPTOMS WERE THE SYMPTOMS SHE REPORTED AS INTERPRETED BY
6 HER.
7 BY MR. XXXXXX:
8 Q. AND--AND FALLS TWICE IN 12 HOURS.
9 A. CORRECT. AND THAT WAS I FELT WAS RELATED TO
10 HER CHRONIC NECK AND BACK PAIN. HER INTERPRETATION WAS
11 NUMBNESS AND WEAKNESS. I SAW IT AS BEING A--USING YOUR
12 TERM, AN EXTRAPOLATION OF HER CHRONIC NECK AND BACK PAIN.
13 Q. THAT CAUSED HER TO FALL.
14 A. YES, SIR.
15 Q. THAT YOU DIDN'T DOCUMENT.
16 A. THAT'S CORRECT.
17 Q. AND THAT YOU DIDN'T RECOMMEND THAT SHE SEEK
18 ANY TREATMENT FOR.
19 A. SHE WAS ALREADY UNDER TREATMENT. AND TO
20 FURTHER ANSWER THAT, ON HER DISCHARGE INSTRUCTIONS, I
21 RECOMMENDED THAT SHE FOLLOW UP WITH HER PRIMARY CARE
22 PHYSICIAN AS SOON AS POSSIBLE FOR A RECHECK AND FURTHER
23 TREATMENT AS DEEMED NECESSARY BY HIM. THAT LAST PART I
24 ADDED, BUT THAT WOULD--FOR A RECHECK AND FURTHER
25 TREATMENT. IT'S ON HER--THIS PARTICULAR SHEET RIGHT HERE
1 (INDICATING).
2 Q. AND TELL ME WHAT YOUR--WHAT YOUR REFERRING
3 TO IN TERMS OF YOUR--IN TERMS OF YOUR DISCHARGE.
4 A. IF YOU LOOK ON THE SHEET WHERE--THE ORDER
5 SHEET AT THE BOTTOM THERE BESIDES GETTING WHATEVER OTHER
6 DISCHARGE INSTRUCTIONS THERE WHERE, THESE ARE MY SPECIFIC
7 INSTRUCTIONS.
8 I ALWAYS ADD SOME IN REGARDING THE PATIENT
9 CARE AND THEIR--THEIR JOB--SUPPOSEDLY THEIR JOB AFTERWARDS
10 IN FACILITATING THEIR CARE.
11 Q. AND READ THERE THAT NUMBER FOUR FOR ME. IN
12 FOLLOW UP WITH---
13 A. P.C.P., PRIMARY CARE PHYSICIAN AS SOON AS
14 POSSIBLE FOR RECHECK AND FURTHER TREATMENT.
15 Q. OKAY.
16 A. AND THAT--THAT WOULD IMPLY, YOU KNOW, ALSO
17 ADDRESSING HER ANEMIA, HER CHRONIC NECK AND BACK PAIN.
18 Q. AND DO YOU REMEMBER--AND, AGAIN, I DON'T

19 MEAN TO BE REPETITIVE. DID YOU HAVE A SPECIFIC
20 CONVERSATION WITH CRYSTAL JOHNSON ABOUT YOUR FINDINGS AND WHAT
21 YOUR CONCERNS WERE?

22 A. TRADITIONALLY, I DISCUSS FINDINGS WITH
23 PATIENTS. I MAY NOT BE SPECIFIC TO EVERY INDIVIDUAL
24 FINDING, BUT I WILL OFTEN IN ALMOST EVERY CASE DISCUSS MY
25 RECOMMENDATIONS FOR THEM. I WILL TELL THEM WHAT MY PLAN
1 IS. WE'RE GOING TO DO THIS. I'M GOING TO DO THIS. I'M
2 GOING TO GIVE YOU PRESCRIPTIONS FOR THIS AND THIS. THIS
3 IS WHAT WE FOUND TODAY. THIS IS THE--THE REASON I THINK
4 YOU HAVE THESE SYMPTOMS, AND--AND I WOULD HAVE TOLD HER I
5 WANT YOU TO FOLLOWUP WITH YOUR DOCTOR AS SOON AS YOU CAN
6 SO HE CAN GIVE YOU A RECHECK AND DO WHATEVER ELSE HE FEELS
7 HE NEEDS TO DO TO FOLLOW THROUGH ON THESE DIAGNOSES.

8 AND AT THE END OF THAT, I EVEN TOLD HER IF
9 YOU HAVE INCREASED SYMPTOMS OR OTHER PROBLEMS, COME BACK.

10 Q. AND YOUR DIAGNOSES, AS I UNDERSTAND THEM,
11 WAS SINUSITIS.

12 A. YES, SIR.

13 Q. AND WHAT WAS THE BASIS OF YOUR DIAGNOSIS OF
14 SINUSITIS?

15 A. SHE HAD PRESENTED WITH, AGAIN, I HAVE THE
16 PRESCRIPTION FOR--WHICH SHE'D ONLY TAKEN HALF OF. EVEN
17 THOUGH THERE WAS NO MENTION OF IT ON THE C.T., AND IF YOU
18 LOOK AT THE P.E. OR PHYSICAL EXAM, THERE'S NO NOTICE OF
19 PURULENT NASAL DISCHARGE, PEOPLE CAN OFTEN HAVE LAYTON
20 SINUS INFECTIONS. A PARTIALLY TREATED INFECTIOUS PROCESS
21 IN THE HEAD CAN BE POTENTIALLY DANGEROUS.

22 SO I GAVE HER THE DOXYCYCLINE IN THE HOPES
23 THAT IF SHE HAD SOME LATENT THE PROCESS THAT WAS--THAT I
24 COULDN'T CLEARLY SEE ON HER EXAM, THAT IT WOULD TAKE CARE
25 OF THAT, GIVEN THE FACT THAT SHE ONLY HAD A PARTIALLY
1 TREATED ONE TO START WITH.

2 Q. OTHER THAN THE FACT THAT SHE CAME INTO THE
3 EMERGENCY DEPARTMENT WITH A PRESCRIPTION FOR SEPTRA, WHAT
4 WERE THE OTHER SYMPTOMS THAT SHE EXHIBITED OR ANY OF THE
5 OTHER RESULTS OF YOUR PHYSICAL EXAM OR ANY DIAGNOSTICS
6 THAT WERE PERFORMED THAT WERE CONSISTENT WITH SINUSITIS?

7 A. AGAIN, NOTHING ON THE PHYSICAL EXAM SPEAKS
8 TO A SINUS INFECTION. THE C.T. DID NOT SPEAK TO IT. I--
9 IF YOU NOTICE THE NURSE SOUNDED--I NOTICE THAT THE NURSE
10 MADE A NOTE THAT SHE SOUNDED CONGESTED. OBVIOUSLY, I FELT
11 THAT SHE WAS AT THAT TIME, EVEN THOUGH I COULD SEE NO
12 CLINICAL PRESENTATION AS SUCH AS FAR AS DOCUMENTING
13 PURULENT NASAL DISCHARGE. I HAD CLINICAL SUSPICION THAT
14 SHE STILL HAD SOME SINUS ISSUES.

15 Q. AND WHERE DO YOU INDICATE THAT THE NURSE
16 NOTED THAT CRYSTAL JOHNSON WAS CONGESTED?

17 A. ON THIS PAGE HERE (INDICATING). ON HER
18 SUBJECTIVE. STATING "LEFT LEG NUMBNESS, PATIENT SOUNDS
19 CONGESTED." "SOUNDS CONGESTED."

20 Q. YOU DIDN'T NOTE THAT SHE SOUNDED CONGESTED,
21 DID YOU?

22 A. NO, SIR.

23 Q. AND WHEN YOU SAY PATIENT--WHEN THE NOTE HERE
24 SAYS "PATIENT SOUNDS CONGESTED," DO YOU KNOW WHETHER THAT
25 IS NASAL? DO YOU KNOW WHETHER THAT IS CHEST?

1 A. IT WAS NOT HER--NOT HER CHEST, BECAUSE ON MY
2 EXAM I REPORT THAT SHE HAD CLEAR BREATH SOUNDS. I FOUND
3 NOTHING IN THE CHEST. THE DOXYCYCLINE WOULD HAVE BEEN FOR
4 A POSSIBLE LATENT SINUS INFECTION.

5 Q. AND SHE DIDN'T COMPLAIN OF ANY CONGESTION,
6 DID SHE?

7 A. IT'S NOT LISTED AS SUCH ON THERE.

8 Q. THE BASIS OF THEN THE DIAGNOSIS--LET ME GET-
9 -GO BACK TO THE QUESTION. THE BASIS OF THE DIAGNOSIS WAS

10 SINUSITIS THEN WAS THE FACT THAT THE PATIENT CAME INTO THE
11 EMERGENCY DEPARTMENT WITH A PRESCRIPTION FOR THE SEPTRA?
12 A. YES. THAT WAS PART OF IT. I'M SURE I HAD A
13 CLINICAL SUSPICION SHE STILL HAD SOME SINUS INVOLVEMENT,
14 ALTHOUGH ON MY EXAM I DID NOT SEE THAT.
15 Q. ALL RIGHT, SIR. SO YOU DID NOT
16 INDEPENDENTLY DIAGNOSE SINUSITIS, DID YOU?
17 A. YES, I PUT IT ON MY--RIGHT THERE
18 (INDICATING).
19 Q. YES, SIR. BUT I GUESS WHAT I'M ASKING IS
20 WHAT THE BASIS WAS?
21 A. MY CLINICAL SUSPICION WOULD HAVE BEEN
22 POSITIVE IN THAT REGARD.
23 Q. SO A SUSPICION IS WHAT CAUSED YOU TO WRITE
24 DOWN SINUSITIS AS A DIAGNOSIS?
25 A. YES.
1 Q. SUBSTANCE ABUSE. THE BASIS OF THAT WAS HER
2 HAVING REPORTED POSITIVE FOR MARIJUANA?
3 A. THAT IS CORRECT.
4 MR. KRAUSE: OBJECTION.
5 BY MR. XXXXXX:
6 Q. ANYTHING ELSE BEYOND THAT?
7 A. I'M SORRY?
8 Q. ANYTHING ELSE BEYOND THAT IN TERMS OF--
9 ANYTHING OTHER THAN HER HAVING TESTED POSITIVE FOR
10 MARIJUANA THAT WOULD HAVE CAUSED A DIAGNOSIS OF SUBSTANCE
11 ABUSE?
12 A. NO, SIR.
13 Q. THE PARESTHESIAS, THE BASIS OF THAT
14 DIAGNOSIS WAS WHAT, SIR?
15 A. HER CHRONIC NECK AND BACK PAIN.
16 Q. AND THE BASIS OF THE DIAGNOSIS OF ANEMIA WAS
17 WHAT, SIR?
18 A. HER HEMOGLOBIN WAS 7.6. HER PLATELETS WERE
19 1342.
20 Q. NOW, WERE YOU PRESENT IN THE EMERGENCY
21 DEPARTMENT ON XXMONTHXX THE 11TH WHEN CRYSTAL JOHNSON WAS BROUGHT BACK
22 TO THE EMERGENCY DEPARTMENT?
23 A. NO, SIR. I HAVE NO KNOWLEDGE OF THAT VISIT.
24 Q. AFTER SHE CAME INTO THE EMERGENCY DEPARTMENT
25 ON XXMONTHXX THE 11TH, DID--DID ANYONE NOTIFY YOU THAT A
1 PATIENT THAT YOU HAD SEEN ON XXMONTHXX THE 10TH OF 20xx HAD
2 BEEN BROUGHT BACK INTO THE DEPARTMENT ON XXMONTHXX THE 11TH?
3 A. NO, SIR.
4 (BRIEF PAUSE ON THE RECORD)
5 Q. THANK YOU, MR. DAVIDSON. THAT'S ALL THE
6 QUESTIONS I HAVE.
7 A. THANK YOU, SIR. MR. KRAUSE: NO QUESTIONS.
10 (DEPOSITION TESTIMONY CONCLUDED AT 1:05 P.M.)