

1                   IN THE COURT OF COMMON PLEAS  
2                   LORAIN COUNTY, OHIO  
3  
4       PAUL BOWMAN,  
5                               Plaintiff,           CA No. 96-CV-116363  
6                               vs.  
7       AUDREY GRANT, M.D., ET AL,  
8                               Defendant

9  
10  
11       Deposition of AUDREY GRANT, M.D., held at the  
12       Washington Dulles Airport Marriott Hotel, 13101  
13       World Gate Drive, Chantilly, VA 22021, commencing  
14       at 11:00 a.m., January 7, 1997, before KIMBERLY  
15       GILSON, Court Reporter and Notary Public.

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22

ORIGINAL

1 A P P E A R A N C E S O F C O U N S E L :

2 FOR PAUL BOWMAN, PLAINTIFF:

3 MR. FRANCES SWEENEY, JR., ESQUIRE  
4 425 LAKESIDE AVENUE, N.W. SUITE 100  
5 CLEVELAND, OHIO 44113  
6 (216) 241-0715  
7

8 FOR ELYRIA MEMORIAL HOSPITAL, DEFENDANT:

9 MS. BEVERLY HARRIS, ESQUIRE  
10 100 FRANKLIN'S ROW, 34305 SOLON RD.  
11 CLEVELAND, OH 44139  
12 (216) 248-7906  
13

14 BY: PATTIJO MOONEY, ESQUIRE  
15 THE 113 ST. CLAIR BUILDING  
16 CLEVELAND, OH 44114  
17 (216) 687-1311  
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C O N T E N T S:

WITNESS: AUDREY GRANT M.D.

EXAMINATION BY:	Page
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1	DEPOSITION EXHIBITS	
2	AUDREY GRANT, M.D.	
3	DESCRIPTION	IDENTIFIED
4	Exhibit 1, EMS Report .....	38
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1 P R O C E E D I N G S

2 AUDREY GRANT, M.D. ,

3 having been first duly sworn by

4 KIMBERLY GILSON, a Notary Public

5 within and for the State of Virginia,

6 was examined and testified as follows:

7 - - -

8 EXAMINATION CONDUCTED

9 BY MR. SWEENEY:

10 Q. Good morning. My name is Frances  
11 Sweeney. I will be asking you some questions today  
12 regarding a former, one-time patient of yours,  
13 Paul Bowman. If there is anything I ask you that  
14 you don't understand, let me know. Otherwise, if  
15 there are any other concerns you have, please  
16 voice them and we'll take care of them as they  
17 arise. Fair enough?

18 A. Fair enough.

19 Q. Could you state your full name?

20 A. Audrey Louise Grant.

21 Q. Where is your current address?

22 A. 12332 Quiet Hollow Court, Fairfax,

1 Virginia.

2 Q. Are you married?

3 A. No.

4 Q. Have you ever been?

5 A. No.

6 Q. How long have you lived at that Quiet  
7 Hollow address?

8 A. Since 1989.

9 Q. Have you ever given a deposition before?

10 A. Yes, I have.

11 Q. When was that?

12 A. I can't be certain about the dates, but  
13 I have given a couple depositions throughout my  
14 career.

15 Q. Okay. Are these depositions as an  
16 expert, as a treating physician, as a defendant,  
17 or as a fact witness?

18 A. One was as an expert. No. Yeah.

19 One was as an expert, one was as a  
20 defendant, and the other was as a -- I guess you  
21 could say -- witness.

22 Q. Let's focus on the time or times that

1     you were a defendant in an action.  Wave you ever  
2     given a deposition as a defendant in a claim?

3             A.     Yes, I have.

4             Q.     When was that?

5                    MS. HARRIS:  Objection.  Let me have a  
6     continuing objection to any lawsuits that she may  
7     have been involved in.  That way I don't have to  
8     correct you.  Go ahead.

9                    MR. SWEENEY:  Okay.

10                   THE WITNESS:  Again, I'm not sure of the  
11     exact date.  It was probably about two or three  
12     years ago.  I was involved in a malpractice case  
13     in West Virginia.

14                   BY MR. SWEENEY:

15             Q.     Okay.  What was the nature of that case?

16             A.     It was a patient who I had treated in  
17     the emergency room who subsequently came back and  
18     died within 24 hours of my seeing her.

19             Q.     , and that was in West Virginia?

20             A.     Yes.

21             Q.     About three years ago?

22             A.     Yes.

1 MS. HARRIS: Ask her the outcome.

2 MR. SWEENEY: I assume it was a defense  
3 verdict?

4 MS. HARRIS: You don't think I would say  
5 that otherwise, would you?

6 MR. SWEENEY: Congratulations.

7 THE WITNESS: Thank you.

8 MR. SWEENEY: Did anybody else get off  
9 so easily? Any other defendants?

10 MS. HARRIS: We don't care about that.

11 MR. SWEENEY: Exactly. I agree.

12 BY MR. SWEENEY:

13 Q. Now, Doctor, have you given any other  
14 depositions in any other lawsuits?

15 A. As a defendant, no.

16 Q. Okay. But you have given other  
17 depositions, you said, as a fact witness?

18 A. Yeah.

19 Q. And for any other purpose?

20 A. No. Basically, just as a person  
21 involved. A witness to the facts of the case.

22 Q. Okay. No other depositions?



1           A.    Not that I can recall.

2           Q.    Okay. Have you testified during any  
3 trials for any reason? Any actual trials?

4           A.    The case that I said I took a deposition  
5 as a defendant did go to trial.

6           Q.    Other than that?

7           A.    The other case was as a witness. I was  
8 in a trial of a patient who was in a car accident.

9           Q.    But you weren't a party?

10          A.    No.

11          Q.    Okay. Now, Doctor, have you ever been  
12 named as a defendant in another lawsuit other than  
13 the one in West Virginia? And I'm not talking  
14 about a deposition yet, I'm just talking about  
15 named.

16          A.    Yes. I have been named.

17          Q.    And, where was that?

18          A.    There are two other cases pending right  
19 now, actually, in the Ohio area.

20          Q.    Would that be in the Cleveland area?

21          A.    Yes.

22          Q.    Do those concern your employment through

1 Elyria Memorial Hospital?

2 MS. HARRIS: Objection. You said  
3 "employment through."

4 BY MR. SWEENEY:

5 Q. Okay. Do any of those cases involve  
6 your performing duties at Elyria Memorial  
7 Hospital?

8 A. Yes.

9 Q. Tell me about it.

10 MS. HARRIS: Objection.

11 BY MR. SWEENEY:

12 Q. It or them.

13 A. One involves the case of an infant child  
14 who, subsequently, had to be hospitalized for  
15 meningitis.

16 Q. Okay.

17 A. And the other one involves --

18 Q. What was the disposition of that?

19 A. There is no disposition.

20 Q. It's pending?

21 A. Pending. Yeah.

22 The other involves an adolescent who

1       did, subsequently, die after admission to the  
2       hospital.

3               Q.     When was the latter?

4                     Which came first in time?   Let me ask  
5       you that.

6               MS. HARRIS:   If you know.

7               THE WITNESS:   I really don't. They all  
8       came at the same time.

9               BY MR. SWEENEY:

10              Q.     Before February of '95?

11              A.     You mean, did I get the suit before  
12       February of '95?

13              Q.     When did the facts occur?

14              A.     To be honest with you, I haven't even  
15       looked at these cases.

16              Q.     Okay.

17              A.     They're still pending so I haven't even  
18       bothered to look at that.

19              Q.     That's fine.

20              A.     I can't get into exact dates.

21              Q.     But those are the only others?

22              A.     Yes.

1 Q. And that includes every other state that  
2 you practice in?

3 A. Yes.

4 Q. Okay. Are you currently licensed in the  
5 State of Ohio?

6 A. Yes, I am.

7 Q. I hate to do this to you, but can you  
8 give me a brief educational background?

9 A. I graduated from Agnes Scott in Georgia  
10 in 1977; graduated from the Medical University of  
11 South Carolina with an M.D. degree in 1981; did an  
12 internal medicine residency here at D.C. General  
13 Hospital from '81 to '84; subsequently, started  
14 working the emergency department after that.

15 Q. Where did you go to undergrad?

16 A. Agnes Scott College.

17 Q. Oh, I'm sorry. Where did you do your  
18 internship?

19 A. D.C. General Hospital.

20 Q. And where did you do your residency?

21 A. D.C. General Hospital.

22 Q. Same place. Okay. So you were first

1 licensed to practice medicine in the District of  
2 Columbia?

3 A. Correct.

4 Q. Where did you receive your next license  
5 to practice? What state or area?

6 A. I can't give you the exact state. I'm  
7 licensed in about 15 different states. I'd have  
8 to go back to my records to see.

9 Q. I have the answers in your  
10 interrogatories. You're licensed in D.C.,  
11 Delaware --

12 A. Yes.

13 Q. Georgia, Kentucky, Maryland, North  
14 Carolina, New York, Pennsylvania, South Carolina  
15 Virginia, West Virginia, Illinois and Ohio?

16 A. Yes.

17 Q. Does that sound about right?

18 A. Sounds about right.

19 Q. Okay. And, do you have current licenses  
20 for each of these states?

21 A. All of those are current. I think  
22 Delaware is now -- I have inactive. Georgia, I

1 have inactive.

2 Q. Okay.

3 A. And New York, I believe, is inactive.

4 Q. What do you mean by inactive?

5 A. Just that I did not bother to renew it.

6 Q. Okay. You had to take separate exams  
7 for each state?

8 A. No. All of those states were grant  
9 licenses of reciprocity from D.C.

10 Q. So, you took your initial examination in  
11 the District of Columbia.

12 A. Yes.

13 Q. And then all gave reciprocity.

14 A. Correct.

15 Q. Okay.

16 MR. SWEENEY: How would you like to take  
17 that many bar exams? Well, I almost had. But  
18 that's beside the point.

19 BY MR. SWEENEY:

20 Q. Have you ever been connected in any way  
21 with any other claims in any other states, whether  
22 you've given a deposition, or whether you have

1     been named, or whether it went to trial or  
2     otherwise?

3                   MS. HARRIS:  Objection.

4                   BY MR. SWEENEY:

5           Q.     Or whether it was filed and,  
6     subsequently, dismissed, any involvement  
7     whatsoever?

8           A.     With any type of case?

9           Q.     Any type of case.

10          A.     I was associated with a case brought  
11     against D.C. General Hospital Emergency Department  
12     during my employ there.  You want to know about  
13     that?

14          Q.     No.  What year was that?

15          A.     Oh, let's see.  I left there in around  
16     '85, '86; probably around '85, '86, '84,  
17     somewhere back then.

18          Q.     Okay.  That's it?

19          A.     To my recollection.

20          Q.     As far as you can remember?

21          A.     Yeah.

22          Q.     Ever been in the military?

1           A.    No.

2           Q.    Have you ever violated any state or  
3 federal laws?

4                   MS. HARRIS:  Objection.

5                   BY MR. SWEENEY:

6           Q.    Felonies.  Have you ever been convicted  
7 of a felony?

8           A.    No.

9           Q.    Okay.  In any state, federal or  
10 otherwise?

11          A.    No.

12          Q.    Have you ever been disciplined by a  
13 medical board or peer review committee or by any  
14 state or federal agency?

15                   MS. HARRIS:  I'm going to object.  Part  
16 of the stuff that you're asking is absolutely  
17 prudish in asking, "may or may not be".  I will  
18 let her answer as to whether or not her license to  
19 practice has ever been suspended or restricted,  
20 which is really what you're getting at.

21                   MR. SWEENEY:  Well, I'll get to that.

22                   MS. HARRIS:  But what you're asking



1 her -- I'm instructing her not to answer because  
2 you've got, for example, in there, "have you  
3 ever."

4 MR. SWEENEY: The peer review. Okay.

5 MS. HARRIS: Peer review. That kind of  
6 stuff.

7 BY MR. SWEENEY:

8 Q. All right. Well, let me rephrase the  
9 question. Has your license been suspended or  
10 revoked in any state?

11 MS. HARRIS: Objection. Go ahead.

12 THE WITNESS: NO.

13 BY MR. SWEENEY:

14 Q. Okay. Good enough for me.

15 MS. HARRIS: That's what I figured you  
16 were looking for so that's why I made my speech.

17 MR. SWEENEY: So, you're going to  
18 instruct her not to answer the question if I ask  
19 her has she ever been formally disciplined as a  
20 result of her professional --

21 MS. HARRIS: Any discipline that you're  
22 entitled to get information should be assumed

1 under the licensing about which you have just  
2 asked her.

3 MR. SWEENEY: Okay.

4 MS. HARRIS: Anything else, because it's  
5 such a broad question, would be subject to  
6 privileges and she would not answer.

7 BY MR. SWEENEY:

8 Q. Have you ever been reprimanded?

9 MS. HARRIS: By whom?

10 MR. SWEENEY: Are you going to tell her  
11 not to answer? It is a broad question. I'll move  
12 on. I'll move on.

13 BY MR. SWEENEY:

14 Q. And, you currently live in Virginia and  
15 you have since 1989, correct?

16 A. Correct.

17 Q. Where did you live before that?

18 A. Silver Spring, Maryland.

19 Q. The place where I got lost yesterday.  
20 And how long did you live in Silver Spring?

21 A. Maybe a year, a year and a half.  
22 Something like that.

1 Q. And, where did you live before that?

2 A. Forestville, Maryland,

3 Q. Where were you born?

4 A. Bamberg, South Carolina.

5 Q. And what is your Social Security number?

6 A. 247-08-8651.

7 Q. Okay. What were you originally licensed  
8 in? Internal medicine?

9 A. You're talking about my medical  
10 license?

11 Q. Yes.

12 A. I was -- just a medical licence --

13 Q. Okay.

14 A. -- to practice medicine and surgery.

15 Q. Then you practice under emergency  
16 medicine?

17 MS. HARRIS: That's not clear to me.

18 BY NR. SWEENEY:

19 Q. Are you board certified in emergency  
20 medicine?

21 A. Yes, I am.

22 Q. Are you board certified in any other

1 specialties?

2 A. No, I'm not.

3 Q. And, how long have you been board  
4 certified?

5 A. Since 1991.

6 Q. Okay. Did you fail the exam or did you  
7 pass on the first try?

8 MS. HARRIS: Objection. You can answer  
9 it.

10 THE WITNESS: The emergency medicine  
11 exam is a two-part exam. I did the written exam,  
12 which was the first part, twice.

13 BY MR. SWEENEY:

14 Q. Okay.

15 A. Passed it the second time. The oral  
16 exam, which is the second part, I passed the first  
17 time.

18 Q. Okay.

19 MR. SWEENEY: I took the bar exam more  
20 than once. Oh, strike that.

21 MS. HARRIS: Put that on the record.

22 MR. SWEENEY: Strike that.

1                    1 have to ask these questions.

2 THE WITNESS: I know.

3 MR. SWEENEY: I have to ask them.

4 THE WITNESS: I've been asked them  
5 before.

6 MR. SWEENEY: I'm just glad nobody asked  
7 me.

8 MS. HARRIS: How many times did you take  
9 the bar exam?

10 MR. SWEENEY: Off the record.

11 (Off-the-record discussion.)

12 BY MR. SWEENEY:

13           Q.     Moving on.  Now that I'm completely lost  
14     here.

15           Now, Doctor, you mentioned you were  
16   licensed in all of these states?

17           A.     Correct.

18 Q. Have you actually practiced in each of  
19 these states?

20           A.     Many of them; not all of them.

21 Q. Not all of them? Do you just apply for  
22 a license in each state? Is that it? Is that all

1       you do once you pass your originals?

2           A.     Yes.

3           Q.     Those with reciprocity?

4           A.     Yeah. You can do that.

5           Q.     Why did you want to become licensed in  
6       so many states?

7           A.     My association in emergency medicine has  
8       been involved in the sense that I've participated  
9       as a local attendant's physician. That means that  
10      I do temporary work for emergency medicine groups  
11      and in order to be able to go wherever they need  
12      me, I need to be licensed in those states.

13          Q.     Okay. Fine. Who are you currently  
14      employed by?

15                 MS. HARRIS: Objection.

16                 THE WITNESS: Self-employed.

17                 BY MR. SWEENEY:

18          Q.     What do you mean by that?

19          A.     I'm an independent contractor. I do  
20      work with Acute Care or Infinite, but I have also  
21      worked with other groups.

22          Q.     So Acute Care -- what type of agreement

1 do you have with Acute Care Specialists? Is that  
2 the name of the company?

3 A. When I signed on, it was called Acute  
4 Care Specialists, yes.

5 Q. Did you sign some form of an agreement  
6 with them?

7 A. Yes.

8 Q. Okay.

9 MR. SWEENEY: I would like to, Beverly,  
10 make a request for that agreement at this time.

11 BY MR. SWEENEY:

12 Q. And what's your understanding of that  
13 agreement?

14 A. That agreement states, mainly, that I am  
15 available to function as an emergency physician  
16 for them at times where they need a physician  
17 replacement.

18 Q. Okay. And they direct you in which  
19 areas or hospitals to practice in, correct?

20 MS. HARRIS: Objection.

21 THE WITNESS: They don't really direct.  
22 What it is -- as an independent contractor, my

1 service is available. They manage various  
2 hospital emergency groups. They consult with me  
3 as to their need and I consult back with them as  
4 to my availability and we come to an agreement as  
5 to where I go.

6 BY MR. SWEENEY:

7 Q. And, what was your understanding of  
8 their needs with regard to your working at Elyria  
9 Memorial Hospital?

10 A. They did need physician coverage at  
11 Elyria.

12 Q. When did you become aware of that?

13 A. I cannot give you a specific date.

14 Q. That's fine. A year? Can you give me a  
15 year?

16 A. My residency is -- because I work with  
17 so many different hospitals with these different  
18 companies, they tend to melt from one to another.  
19 Let's see. This is 1997 now and I've been with  
20 them since about '92, '91; '92. Probably around  
21 '93 or '94.

22 Q. Okay. So you've been with Acute Care



1 Specialists since about '92, you said?

2 A. Yes. About '92, '93, something like  
3 that.

4 Q. And that's when you first signed the  
5 original contract?

6 A. Uh-huh.

7 Q. Okay. Have you signed one since then?

8 A. Yes. I have done a revision.

9 Q. Okay.

10 MR. SWEENEY: Beverly, I would like to  
11 request the original and any revisions that have  
12 taken place, at this time.

13 BY MR. SWEENEY:

14 Q. How many revisions have you signed?

15 A. Just the one.

16 Q. So, the original and one revision?

17 A. (Witness nods.)

18 Q. Okay. When was that revision done?

19 A. That was about a year ago.

20 Q. Okay.

21 MS. HARRIS: If it's postdating this  
22 incident, I don't know if they --

1 BY MR. SWEENEY:

2 Q. Okay. That's fine.

3 You first traveled to Cleveland --

4 Loraine -- to practice emergency medicine around

5 '94? Approximately. Whenever it was you did, it

6 was somewhere around that time?

7 A. I guess.

8 Q. And, did Acute Care contact you and say  
9 that we need you to perform services in Loraine at  
10 this hospital?

11 In other words, you didn't go there on  
12 your own, did you?

13 A. No, I didn't.

14 Q. Okay. You didn't think this up on your  
15 own?

16 A. No.

17 Q. Okay. Then you began ER care at Elyria  
18 Memorial around then. Is that the only position  
19 you occupied, was as an ER physician?

20 A. Yes.

21 Q. Has there ever been a period of time  
22 where you were not occupied working at a hospital

1       somewhere in the country?

2           A.     Since when?

3           Q.     Since you began your practice.   Since  
4       you became board certified in emergency medicine.

5           A.     Oh, Since I became board certified?  No.

6           Q.     Okay.  So you have continuously been  
7       employed?

8           A.     Yes.

9           Q.     Do you know where Acute Care Specialists  
10      is based?  Where the company is based?

11          A.     At the time when I, initially, started  
12      my association with them, they were based in  
13      Akron, Ohio.  Since then, they've merged and their  
14      main headquarters are in Fort Lauderdale, Florida.

15          Q.     When you began work at Elyria Memorial,  
16      did you have to sign any agreements or anything  
17      relating to your work at the hospital when you  
18      weren't there?

19                 MS. HARRIS:  Objection.

20                 THE WITNESS:  At the hospital itself?

21                 MR. SWEENEY:  Yes.

22                 MS. HARRIS:  You can answer.

1           THE WITNESS: I had to fill out an  
2 application for privileges. But other than the  
3 application to join the medical staff, there was  
4 no contractual agreement or anything signed.

5           MR. SWEENEY: P.J., can you get a copy  
6 of the application? It's around somewhere **if** you  
7 can find it. I would like to request it.

8           MS. MOONEY: I have to object to that  
9 just because I'm not sure what the procedural  
10 format is for those applications.

11           BY MR. SWEENEY:

12           Q. Okay, Doctor, when you began work at  
13 Elyria Memorial, were you given any written  
14 information regarding the duties or  
15 responsibilities that were expected of you?

16           A. They have medical staff bylaws that are  
17 given to the physicians.

18           Q. Okay. And you received those?

19           A. I believe I did.

20           MR. SWEENEY: P.J., I would also like to  
21 request those. I think I actually have done that  
22 already.

1 MS. MOONEY: The medical staff bylaws?

2 MR. SWEENEY: If we can get them.

3 Sure.

4 BY MR. SWEENEY:

5 Q. Was there any other information given to  
6 you as far as protocol or anything like that?

7 A. Not to my recall, no.

8 Q. Anything told to you?

9 MS. HARRIS: Objection,

10 MS. MOONEY: Objection.

11 THE WITNESS: I don't remember,  
12 specifically. As an emergency physician, my  
13 duties are basically the same no matter where I  
14 go.

15 BY MR. SWEENEY:

16 Q. What are those duties?

17 A. To evaluate and manage acute problems  
18 that present themselves to the emergency  
19 department.

20 Q. Okay. Do you have, in your possession,  
21 any records or notes or dictations or anything  
22 relating to your treatment of my client, Paul

1 Bowman?

2 MS. HARRIS: I'm going to object. Just  
3 before the deposition started I handed you a  
4 booklet which is tabbed with four sets of records  
5 including Dr. Grant's record. That information  
6 was either provided by you or the hospital, but  
7 whoever I got it from, I gave it to Dr. Grant.

8 MR. SWEENEY: Okay.

9 MS. HARRIS: So, the stuff we have  
10 identified prior to the start of the deposition is  
11 stuff that I gave her. Now, if you want to ask in  
12 addition to that, that's okay.

13 BY MR. SWEENEY:

14 Q. In addition to what we have here, do you  
15 have anything?

16 A. No.

17 Q. Okay. Fine. Are you currently under a  
18 term of malpractice insurance -- policy?

19 A. I do have membership insurance.

20 Q. Who is that with?

21 A. It's through Acute Care Specialists.

22 Q. Okay.

1           A.    Or I usually just do it through  
2 whichever group I happen to work with.

3           Q.    So, in other words, they pay for it?

4           A.    Yes.

5           Q.    Do you know the limits of the policy by  
6 any chance?

7           A.    I believe it's one million three  
8 hundred.

9           Q.    One 1 million per current is three  
10 million total aggregate?

11          A.    True.

12          Q.    So, you don't pay for any malpractice  
13 insurance yourself?

14          A.    No, I don't.

15          Q.    Okay. Were you acting in the scope and  
16 the course of your employment on the date that you  
17 treated Paul Bowman? Were you acting --

18               MR. SWEENEY: Let me finish. I know  
19 you're going to object. Let me at least finish  
20 the question.

21               MS. HARRIS: Don't say anything.

22               MR. SWEENEY: I just won't even ask it.

1 MS. HARRIS: I think we went through  
2 this. She's not an employee of anybody.

3 MR. SWEENEY: That's a separate question,  
4 though.

5 BY MR. SWEENEY:

6 Q. Were you acting within the scope of your  
7 employment and/or duties when you examined Paul  
8 Bowman?

9 MS. MOONEY: Objection.

10 MS. HARRIS: Objection. That's a  
11 two-part question.

12 BY MR. SWEENEY:

13 Q. Do you understand the question?

14 A. When you say "employment," I would have  
15 to say no. Because I'm not employed by anybody.

16 Q. All right.

17 A. If you were referring to my function as  
18 an emergency physician --

19 Q. Yes.

20 A. Yes. I can say that I was working.

21 Q. Okay.

22 MR. SWEENEY: And you're right. That



1 was a two-part question. There were two separate  
2 parts. You handled it better than I would have.

3 BY MR. SWEENEY:

4 Q. Okay. You received nothing else as far  
5 as -- either from the State of Ohio Medical Board,  
6 or from Acute Care Specialists, or from Elyria  
7 Memorial as to your duties or responsibility as an  
8 ER physician other than what you've told me?

9 MS. HARRIS: Objection. You can  
10 answer.

11 THE WITNESS: What do you mean?

12 BY MR. SWEENEY:

13 Q. Protocol. Standards of care. Anything  
14 of that nature?

15 MS. HARRIS: Objection. Go ahead.

16 THE WITNESS: No. Not that I recall.

17 BY MR. SWEENEY:

18 Q. Okay. Are you aware that there are  
19 standards under state law in Ohio that controls  
20 the actions of emergency room physicians?

21 MS. HARRIS: Objection.

22 MS. MOONEY: Objection.

1 BY MR. SWEENEY:

2 Q. Are you aware of that?

3 A. I'm aware that in the practice of  
4 medicine, there is such a thing called standards  
5 of care. Now, to say that there is a law book or  
6 written manual, specifically, for the State of  
7 Ohio, no, I can't say that.

8 Q. I'm not talking about generalized  
9 standards of care, I'm talking about specific  
10 requirements.

11 MS. HARRIS: Objection.

12 MS. MOONEY: Objection.

13 BY MR. SWEENEY:

14 Q. Are you aware?

15 A. In a written form? I'm not sure. I  
16 haven't seen anything.

17 Q. Okay. That's fine, that's all I'm  
18 trying to get at.

19 MS. HARRIS: Have you?

20 MR. SWEENEY: I'm not --

21 MS. HARRIS: You piqued my curiosity.

22 MR. SWEENEY: We'll talk about this

1 after. Do you want to swear me in?

2 MS. HARRIS: Let's do so. Does anybody  
3 want anything while I'm up?

4 (Off-the-record discussion.)

5 BY MR. SWEENEY:

6 Q. Okay. Doctor, let's talk about your  
7 care of Mr. Paul Bowman. Do you remember the  
8 first time you saw Mr. Bowman?

9 A. Per the medical record, I apparently saw  
10 him the 26th of February.

11 Q. Okay. Do you have any independent  
12 recollection of your care of him?

13 A. Minimal.

14 Q. All right. In other words, do you  
15 remember what he looks like?

16 A. No.

17 Q. Okay. Do you remember the facts  
18 surrounding your care, independently, without  
19 looking at the records? Do you remember anything  
20 like that?

21 A. I can't say independently without the  
22 record. I know the record has helped jar some

1 stuff, but --

2 Q. What I'm trying to get at here is, I  
3 want to know if your testimony is based upon  
4 what's in the record or what you remember. Okay?

5 A. Uh-huh.

6 Q. And, if it's different, I need to know  
7 that, okay?

8 A. Okay.

9 Q. Because all I'm going by is what's in  
10 the record.

11 A. Right.

12 Q. So, if we can assume that you're doing  
13 the same unless you tell me otherwise?

14 A. Well, like I said, it would be hard for  
15 me to say right now without knowing which of the--

16 Q. If we get there will you tell me?

17 A. Yes.

18 Q. Fair enough. I don't really want to go  
19 through the whole record?

20 By the way, can you get a copy of this  
21 when we're done here? Next week or whenever.

22 MS. HARRIS: The whole volume?

1                   MR. SWEENEY: Yeah. I mean, other than  
2 the privileged stuff. Which I don't assume there's  
3 anything even in there.

4                   MS. HARRIS: There is nothing in here  
5 about medical records.

6                   MR. SWEENEY: I hope not. You let me  
7 look at it.

8                   MS. HARRIS: You should know better.

9                   BY MR. SWEENEY:

10                  Q. Doctor, just for purposes of brevity  
11 here, I'm going to give you records that I'm going  
12 to go over today.

13                  A. Okay.

14                  Q. The rest of his record I'll deal with at  
15 a later time. Let me see.

16                         Can you guys both -- I thought I  
17 made -- I did make two copies, not three. I'm  
18 sorry. Okay, I'm going to be very informal about  
19 this, okay?

20                         Do you recognize that first page?

21                  A. It says "LiveCare Ambulance,  
22 Incorporated Run Report Form."

1                   MR. SWEENEY: Can I have this marked  
2 please. I won't actually go through it page by  
3 page.

4                   (Exhibit Number 1 was marked.)

5                   BY MR. SWEENEY:

6                   Q. Doctor, I've handed you what has been  
7 marked as Plaintiff's Exhibit 1 and that consists  
8 of the cover page, the ENS report, the intake  
9 sheet --

10                  MS. HARRIS: What do you mean by intake  
11 sheet?

12                  MR. SWEENEY: The second page.

13                  MS. HARRIS: Okay.

14                  BY MR. SWEENEY:

15                  Q. The intake sheet dated 2-26-95, of the  
16 care of Mr. Bowman, a continuation of that intake  
17 sheet and time line on the next page.

18                  Then, apparently, a copy of the  
19 discharge orders and instructions. And then the  
20 next page is, apparently, the dictated notes from  
21 your physician's assistant at the time -- if I'm  
22 not incorrect -- those two pages.

And then a follow-up intake sheet from  
2 the emergency room on the following day with the  
3 time line on the next page and, apparently, the  
4 actual physician's notes which were transcribed  
5 from that date of treatment and then a picture of  
6 a surgery.

7 I don't know how that got in here. That  
8 was a subsequent surgery. Okay.

9 MS. HARRIS: Uh-huh. That one's clear  
10 but those are not. There is more that --

11 MR. SWEENEY: Yes. There are more  
12 records of her treatment.

13 MS. HARRIS: In this package, Exhibit 1,  
14 there are records that have nothing to do with her  
15 care.

16 BY MR. SWEENEY:

17 Q. Correct.

18 And if there are any more records that  
19 do have to do with your care, please let me know.

20 A. Okay.

21 Q. Now, the EMS sheet, that's not regarding  
22 your care, correct?

1           A.     Correct.

2           Q.     Okay.  Do you remember the nature of  
3     Mr. Bowman's injuries?

4           A.     For the record, he had a wrist  
5     laceration.

6           Q.     Now, let's go to the intake sheet on the  
7     next page.

8                     MS. HARRIS:  Don't worry.

9                     BY MR. SWEENEY:

10          Q.     Doctor, this is the first page of the  
11     intake sheet dated February 26 of 1995, at  
12     approximately 11:38.  10:38.  Excuse me.  Is this  
13     your writing?

14          A.     Some of it is; not all of this.

15          Q.     Okay.  Which is your writing and which  
16     isn't?

17          A.     Under the diagnosis, "right wrist  
18     laceration" is my writing.  My signature is my  
19     writing.  Under the orders --

20          Q.     I'm sorry.  Where?

21          A.     Down below the diagnosis.

22          Q.     Okay.



1           A.     Physician's signature. That's my  
2     handwriting, and the orders, suture tray setup,  
3     the medication Motrin, pressure dressing, that's  
4     my handwriting.

5           Q.     Okay.

6           A.     Under "disposition" "follow-up with  
7     Kaiser physician", is my handwriting.

8           Q.     Okay.

9           A.     And the time on the left-hand side that  
10    says 2250 p.m., that's my handwriting.

11          Q.     Okay. That's the time you came in?

12          A.     That's the time I actually made contact  
13    with Mr. Bowman.

14          Q.     Okay. Apparently, you're talking about  
15    ten minutes earlier?

16          A.     Correct.

17          Q.     Ten or 12 minutes earlier. Okay. What  
18    would be done, if you know, from the time that he  
19    came in, the time that you saw him?

20                 MS. MOONEY: Objection.

21                 THE WITNESS: Specifically, I would have  
22    to refer to the chart. But usually a patient can

1 be triaged, and if there are any initial  
2 stabilization measures that needed to be made,  
3 they probably would have been made.

4 BY MR. SWEENEY:

5 Q. Is that reflected anywhere or should it  
6 be reflected anywhere?

7 MS. HARRIS: Did you say --

8 MR. SWEENEY: Did I say what?

9 MS. HARRIS: You said reflected anywhere  
10 what?

11 BY MR. SWEENEY:

12 Q. Is what you just spoke of, initial  
13 triage, before you saw the patient, is that  
14 reflected -- should it be reflected somewhere?

15 A. No. If you look at the top of that  
16 sheet, it says 2235.

17 Q. Okay.

18 A. Then you have a number under T 36-9 P  
19 90, R 18, BP 130 over 88, those are --

20 Q. Those are vital signs.

21 A. Vital signs that were taken prior to my  
22 seeing him. Under nursing triage notes, that's

1 the notation made by the nurse who made contact  
2 with the patient at that time.

3 Q. Okay.

4 A. That would be written before I saw the  
5 patient.

6 Q. Let's go through this and see if -- some  
7 of this I can't read. It says here under nursing  
8 triage notes, "patient arrived"?

9 A. via.

10 Q. Via?

11 A. LiveCare.

12 Q. LiveCare. Okay.

13 A. That's a P with a dash over the top of  
14 it, meaning, after.

15 Q. Subsequent to sustaining?

16 A. After sustaining laceration

17 Q. A laceration to the right wrist and  
18 what's that? And right middle finger. And  
19 complains of some numbness and pain.

20 A. Uh-huh.

21 Q. And what is after that?

22 A. PE, I think. No, patient. That's a

PT.

2 Q. Okay.

3 A. Patient with full range of motion, ROM,  
4 of hand and fingers. Patient states he got into  
5 argument with wife and broke glass in hand. Also  
6 consumed one bottle --

7 Q. Of wine and two beers?

8 A. And two beers.

9 Q. We have a four-inch --

10 A. Four-inch laceration.

11 Q. -- laceration.

12 A. From base of thumb to ventral surface of  
13 forearm.

14 Q. Okay.

15 A. Right radial pulse palpable, two plus.

16 Q. What does the two plus mean?

17 A. That's usually referring to the degree  
18 of pulsation that you actually feel. So, in  
19 essence --

20 Q. How high can it go?

21 A. You can go anywhere from one plus to  
22 four plus.

1           Q.     Four plus is a real healthy pulse,  
2     right?   Or a strong pulse?

3           A.     It just means it's --

4           Q.     Prominent.

5           A.     Prominent.   Right.   But doesn't reflect  
6     anything about his health in nature.

7           Q.     And a zero would be what?   No pulse?

8           A.     Absent.

9           Q.     Okay.   Now, Doctor, it states here -- it  
10    says "patient with" -- that's a C with a slash  
11    over it, right?   That's with?

12          A.     Yes.

13          Q.     "Full range of motion."   Okay.   What do  
14    you mean full range of motion?

15                 MS. MOONEY:   Objection.

16                 THE WITNESS:   Range of motion refers to  
17    movement of the hands.   So, the nurse has written  
18    this, or whoever has worked the triage has written  
19    this.   They would have to specify exactly what  
20    they meant.

21                 BY MR. SWEENEY:

22          Q.     Do you know who wrote this?   Is it

1 indicated anywhere?

2 A. I don't see anything up there,  
3 specifically, that says who wrote that.

4 Q. Okay. Could it be the physician's  
5 assistant?

6 MS. HARRIS: Objection.

7 THE WITNESS: It's not my usual practice  
8 to know of the physician assistant doing the  
9 triage.

10 BY MR. SWEENEY:

11 Q. I'm asking you, could the physician's  
12 assistant have written this?

13 A. I guess the problem I'm having with that  
14 is --

15 Q. All I'm asking you is, is it possible?

16 MS. HARRIS: Objection.

17 THE WITNESS: I guess anything's  
18 possible.

19 BY MR. SWEENEY:

20 Q. Okay.

21 A. But not usual.

22 Q. Okay. It's not usual and customary for

1 a PA, a physician's assistant, to write triage  
2 notes. Correct?

3 A. Correct.

4 Q. Okay. It would be, normally, the intake  
5 nurse?

6 A. Correct.

7 Q. Okay. In this case, would it have been  
8 another physician? An MD?

9 A. No.

10 Q. It was or it wasn't?

11 A. In this case, I was the physician in the  
12 ER.

13 Q. So, there was no other--

14 A. That's not my handwriting.

15 Q. Another physician did not write this  
16 then, correct?

17 A. Not to my knowledge.

18 Q. Does it say whether the range of motion  
19 was accompanied by pain or numbness?

20 A. It doesn't say that, specifically.

21 Q. Okay. Let's go down to your orders.  
22 Strike that.

1                   Tell me about your examination on Mr.  
2 Bowman.

3           A.    From the record or from my  
4 recollection?

5           Q.    Either or. Let me know what it's from.  
6 In other words, I want to know when you first saw  
7 this patient and what you did after you saw him.

8           A.    I can't give you specifics as to exactly  
9 what I did and in the exact time frame that I did  
10 it because I don't remember that, exactly.

11          Q.    That's fine.

12          A.    When I spoke to him, I would have  
13 acquired a history as to what was going on. I  
14 would have then, subsequently, began my  
15 examination of his injury and then, if it had  
16 been -- in this case, I did not. But then, it  
17 would be repaired. But I did not actually do the  
18 repair of his laceration.

19          Q.    What do you mean by "repair"?

20          A.    The actual suturing. The closure of the  
21 laceration.

22          Q.    Let's talk about lacerations for a



1       little bit. What is the normal examining  
2       procedure for a laceration?

3             A.     Depends on where it is.

4             Q.     Okay. Let's say to a wrist or a  
5       forearm?

6             A.     You look at it.

7             Q.     Okay.

8             A.     You estimate the size of it. Depending,  
9       like, on the forearm, you want to look at the  
10      function involved with that particular body part.  
11      You check the sensation of that particular body  
12      part and then, basically, you make a determination  
13      as to how best to repair that.

14            Q.     Okay. Is this a visual examination?

15            A.     Yes. Well, part of it is visual.

16            Q.     Do you also ask the patient what he or  
17      she is feeling?

18            A.     Yes.

19            Q.     Okay. Do you remember asking Mr. Bowman  
20      what he felt while you were examining him?

21            A.     I don't, specifically, recall asking him  
22      that. But I'm sure that was part of my

1 examination.

2 Q. Okay. Is it reflected anywhere in the  
3 records that there was an indication from him, to  
4 either yourself or someone else, that there was  
5 numbness and tingling of his fingers and parts of  
6 his hand?

7 A. Subjectively, he told the nurse in the  
8 triage that he had some numbness and pain --

9 Q. What does that mean to you?

10 A. -- meaning, that's what he felt. He  
11 felt some numbness and pain.

12 Q. What causes numbness and pain?

13 A. Well, it depends.

14 Q. In the fingers like that?

15 A. It depends. People have various degrees  
16 of pain thresholds and so, naturally, if you have  
17 some type of injury, what you would describe as  
18 pain that could be what caused; but to say,  
19 specifically what causes pain, I can't give you an  
20 exact answer.

21 Q. What would cause numbness and tingling  
22 of the fingers of a person who is lacerated?

1 MS. HARRIS: Are you asking numbness and  
2 tingling or are you asking them interchangeably?  
3 Define the term.

4 MR. SWEENEY: Let me define the terms.  
5 I'm using terms in the medical records.

6 MS. HARRIS: How are you coming up with  
7 tingling?

8 MR. SWEENEY: In the emergency report,  
9 there is an indication that the patient claims  
10 of -- about six lines down under the narrative,  
11 patient claims of tingling to fingers on  
12 right-hand. Do you see that.

13 MS. HARRIS: Just hold it up.

14 MR. SWEENEY: I have it highlighted  
15 there.

16 BY MR. SWEENEY:

17 Q. What does, can you read what is right  
18 after it, MSP intact?

19 A. That's what it looks like.

20 Q. What does that mean?

21 A. I'm not sure.

22 Q. Would it be important to understand what

1       that meant?

2             A.     Depends on what it is.

3             Q.     Okay. Do you normally look at the EMS  
4       reports before you treat a patient?

5             A.     Yes.

6             Q.     Do you remember doing that in this case?

7             A.     I don't specifically recall, but I'm  
8       sure I probably did.

9             Q.     It would be customary though?

10            A.     Yes.

11            Q.     Okay. If you look at the ER intake  
12       sheet it says, "patient claims of some numbness  
13       and pain." And I assume that would be of the  
14       right wrist and or middle finger because that  
15       comes right after it. Okay.

16                   Now, what would cause numbness or  
17       tingling? How do you know how else to define it?  
18       I'm using their terms, okay, what would cause that  
19       in a patient who has lacerated his wrist?

20            A.     I guess the difficulty I'm having with  
21       that is "numbness" and "pain" are subjective  
22       terms.

1 Q. Okay.

2 A. They're not objective terms where they  
3 point to a specific cause. So, it's hard for me  
4 to say what caused that without inflicting an  
5 examination of a patient.

6 Q. Okay.

7 A. Numbness can be due to hyperventilation,  
8 due to nerve injury, numbness can be due to  
9 anything, but to specifically state what caused  
10 it, based on that statement, I can't do that.

11 Q. As one of the potential causes one of  
12 the possibilities is a damaged nerve resulting  
13 from a laceration to the wrist?

14 MS. HARRIS: Objection.

15 BY MR. SWEENEY:

16 Q. Is it possible?

17 A. That is possible.

18 Q. Did you do a differential diagnosis on  
19 Mr. Bowman?

20 A. Differential diagnoses --

21 Q. In other words, you just explained to me  
22 that numbness can be caused by hyperventilation.

1 Can you rule that out or in? Wouldn't it be  
2 important to know whether numbness was caused by  
3 hyperventilation or a damaged nerve?

4 MS. HARRIS: Or any other reason?

5 THE WITNESS: It would be important to  
6 know what it would be due to. As an emergency  
7 physician, my primary concern would be of a more  
8 serious cause of the numbness. Therefore in my  
9 examination I would be looking to rule in or out  
10 the more serious life threatening or limb  
11 threatening cause of that injury.

12 BY MR. SWEENEY:

13 Q. In this case, what you're the most  
14 serious --

15 A. One of the more serious problems would  
16 be a nerve injury.

17 Q. Okay. Did you examine Mr. Bowman for a  
18 nerve injury?

19 A. Yes, I did.

20 Q. Okay. And what did you find?

21 A. In my examination, based on the record,  
22 he did not.

1 Q. What page are you referring to?

2 A. The HNP that says dated 2/26/95 under  
3 the physical exam, "sensation was intact to each  
4 and every finger."

5 Q. Where are you reading from?

6 A. The last sentence on the physical  
7 examination.

8 Q. To what degree was sensation intact?

9 A. It does not specifically quantitate the  
10 degree of sensation.

11 Q. Are there different degrees of  
12 sensation?

13 A. I guess there could be.

14 Q. Okay. What's a two point discrimination  
15 test?

16 A. When you're checking to see how far  
17 apart on a person's skin where they can  
18 discriminate between points of pain or points of  
19 touch.

20 Q. And, what is the normal two point  
21 discrimination length?

22 A. I'm not sure of the exact number.

1 Q. Is it approximately 2 millimeters?

2 A. Approximately.

3 Q. Did you do a two point discrimination  
4 test on Mr. Bowman?

5 A. I don't recall if I did.

6 Q. Is it in the records?

7 A. No. There does not appear to be a  
8 specific reference to that.

9 Q. Would that be a test that could  
10 customarily be given to someone with a possible  
11 nerve injury?

12 A. Yes. It would be.

13 Q. Okay. Do you know if a physicians  
14 assistant performed a test?

15 A. I can't say specifically whether they  
16 did or didn't.

17 Q. Or anyone else for that matter on that  
18 date?

19 What I'm saying, if somebody else did  
20 it, let me know. That's all I'm trying to get at,  
21 Doctor.

22 How many major arteries are extending



from the wrist into the hands?

2 A. Three.

3 Q. Three. Do those have specific names?

4 A. Yes.

5 Q. What are their names?

6 A. Radial, ulner, median.

7 Q. Okay. And there are a host of other  
8 small vessels?

9 A. Correct.

10 Q. Those are the three main ones?

11 A. Uh-huh.

12 Q. What happens when one of those is cut?

13 A. What do you mean, what happens?

14 Q. Is there a profuse amount of bleeding?

15 A. There can be.

16 Q. Okay. Let me put it this way, if there  
17 is a profuse amount of bleeding from a wound is it  
18 likely that an artery is severed or lacerated?

19 MS. HARRIS: Objection.

20 THE WITNESS: Not necessarily.

21 BY MR. SWEENEY:

22 Q. Is it possible?

1 MS. HARRIS: Objection. Everything is  
2 possible?

3 BY MR. SWEENEY:

4 Q. Is it more than likely?

5 MS. HARRIS: Objection.

6 BY MR. SWEENEY:

7 Q. In other words --

8 A. I can't quantify that I've seen severe  
9 bleeding from venous once.

10 Q. You examined Mr. Bowman for nerve injury  
11 and you didn't find any, correct?

12 A. Correct.

13 Q. Did you exam him for an arterial  
14 laceration?

15 A. I examined him for profusion as far as  
16 having arterial fluid to his hand.

17 Q. What was the result of the examination?

18 A. He did seem to have profusion.

19 Q. Okay. Put that in layman's terms for  
20 me.

21 A. He had what is called a profusion.  
22 Profusion means he had blood going to the

1 different parts of his hand.

2 Q. He was bleeding?

3 MS. HARRIS: No.

4 THE WITNESS: That's not what I said.

5 BY MR. SWEENEY:

6 Q. Okay. Go ahead. What did you see?

7 A. He had blood flowing to the vessels to  
8 various parts of his hand.

9 Q. That's because of the capillary refill  
10 test?

11 A. Correct.

12 Q. Did you do that?

13 A. Yes.

14 Q. On all 3 arteries?

15 A. Yes. It says capillary refills were  
16 normal on the record.

17 Q. Let get to that. Capillary refills were  
18 normal. You have three arteries in your wrist.  
19 Is it possible that you only checked two of the  
20 three?

21 MS. HARRIS: Objection. Anything is  
22 possible.

1 BY MR. SWEENEY:

2 a. In other words, if you lacerated one  
3 artery and that's bleeding and you checked the  
4 other two, they would be normal. Is that correct?

5 A. As far as their capillary refill, it  
6 would be, yes.

7 Q. Okay. After your examination, then,  
8 what did you do?

9 A. At this point, let me state that,  
10 basically, what I did was a gross examination of  
11 his hand because -- and this is from my  
12 recollection, I was called away from completing  
13 any further workup on him. And I'm assuming  
14 because that would be because there was a much  
15 more acute problem going on in the emergency  
16 department at the time.

17 Q. Was there?

18 A. As far as I know, there had to have  
19 been. But I can't remember, specifically, what it  
20 was.

21 Q. You're saying you were called away and  
22 the reason you were called away was because there

1 had to be something more urgent, but you don't  
2 remember?

3 A. Right.

4 Q. If you, in fact, did or not --

5 A. If I was called away or if I had  
6 something more urgent.

7 Q. We know you were called away because you  
8 left.

9 A. Right.

10 Q. The question is was there something more  
11 urgent?

12 A. I'm sure it was.

13 Q. Is it possible that you could provide me  
14 with the records of the situation?

15 MS. HARRIS: Objection.

16 MR. SWEENEY: Because if we don't  
17 have --

18 MS. HARRIS: I can't give them to you.

19 MR. SWEENEY: You don't have them?

20 MS. HARRIS: They're not under my  
21 control. But I don't know that anybody would get  
22 you records of another patient.

1 BY MR. SWEENEY:

2 Q. Okay. Doctor, did you suture the the  
3 patient?

4 A. No, I did not.

5 Q. But *you* did examine him?

6 A. Yes.

7 Q. Okay, can you specifically remember  
8 examining him?

9 A. Yes.

10 Q. Okay. I just want to be sure. Is that  
11 from your independent recollection?

12 A. That and in reading this P and P, the  
13 way when you review it again it looks as the most  
14 part of that H and P is probably from me.

15 Q. Let's go to the last page.

16 A. Last page.

17 Q. Or second page. Now, I have one that is  
18 signed and one that isn't signed. This one is not  
19 signed. Does that make a difference? Are you  
20 supposed to sign all these?

21 A. I do sign them. I don't, necessarily,  
22 sign the copies but I do sign the original which

1 goes in the chart.

2 Q. Okay. It says here -- underneath it  
3 says -- the page before or after if says there was  
4 a pressure dressing applied.

5 A. Page what?

6 Q. Just before that at the bottom.

7 A. Pressure dressing applied. Wound  
8 cleaned and a pressure dressing.

9 Q. What is bacitracin, is that an  
10 antibiotic?

11 A. Antibiotic ointment.

12 Q. What's the difference between a pressure  
13 dressing and a normal wound dressing?

14 A. A pressure dressing is one that applies  
15 pressure.

16 Q. And, what is that intended to do?

17 A. Usually, it's to maintain a clot of some  
18 sort or to stop something from bleeding.

19 Q. All right. The physician's assistant  
20 named there is Theresa Reiner. Do you know her?

21 A. I know of her. I don't know her.

22 Q. Do you know what color hair she has?

1           A.     If I remember, I think it's  
2     blondish-red, something like that.

3           Q.     Okay.  What are PA's duties?

4           A.     Depends upon the institution as to  
5     exactly what their duties are defined as.  The  
6     PA's, in my recollection here, did function as an  
7     extension of the physicians.  They did do  
8     examinations -- physical examinations -- and  
9     participate in the actual management and care of  
10    the patients in the ER.

11          Q.     Okay, are they MDs?

12          A.     No.  They're not MDs.

13          Q.     Do they have a nursing degree of some  
14    sort?

15                 MS. MOONEY:  Objection.  Just so I'm  
16    clear, you're talking about in general, EMAs?

17                 THE WITNESS:  I'm not sure that they  
18    necessarily have nursing degrees.

19                 BY MR. SWEENEY:

20          Q.     Okay.  But they are not MDs?

21          A.     No.

22          Q.     Okay.  Do they perform the function of



1       diagnosing injuries?

2                   MS. MOONEY:  Objection.

3                   MS. HARRIS:  Objection.  If you know  
4       what the specific duties are in EMH, you can  
5       respond.

6                   THE WITNESS:  I can't.  I really don't  
7       know, exactly.  I do know they participate in the  
8       history.

9                   BY MR. SWEENEY:

10           Q.       So they diagnose?

11                   MS. HARRIS:  Objection.

12                   MS. MOONEY:  Objection.

13                   BY MR. SWEENEY:

14           Q.       I'm not asking you if it's their  
15       duties.  Do they routinely or occasionally  
16       diagnose injuries?

17                   MS. MOONEY:  Objection.

18                   MS. HARRIS:  Objection.

19                   BY MR. SWEENEY:

20           Q.       From your understanding?

21           A.       They may have an impression, but to say  
22       they specifically diagnose, solely, I can't say

1       that.

2           Q.     Okay.  This is your diagnoses done on  
3       the intake sheet?

4           A.     That's mine.

5           Q.     Yours, and not the PA's?

6           A.     Correct.

7           Q.     Okay.  Did you ever request a  
8       consultation with a hand surgeon --

9           A.     No.  Not that I recall.

10          Q.     -- regarding this case?

11          A.     No.

12          Q.     How about with a plastic surgeon?

13          A.     No.

14          Q.     How about an orthopedic surgeon?

15          A.     No.

16          Q.     Okay.  Is that customary with deep  
17       lacerations?

18          A.     Not always.

19          Q.     Okay.  When is it indicated?

20          A.     It would be indicated if, indeed, he did  
21       have some nerve laceration or tendon injury to  
22       consult with them.  But that can be just a phone

1 call.

2 Q. Are you aware that he lacerated either  
3 partially or fully the flexor carpi radialis and  
4 palmaris tendon?

5 A. I have been told that since.

6 Q. But you examined him and determined  
7 neither of these were injured, correct?

8 MS. HARRIS: Objection.

9 THE WITNESS: Determined at the time  
10 that I examined him, there was no tendon  
11 involvement apparent, never.

12 Q. Say there is no tendon involvement.

13 A. That's where you do an examination.  
14 It's not always observation, you're looking for  
15 movement, flexion, sensation.

16 Q. Can you actually see it?

17 A. Not always.

18 Q. Okay. That's when you could call an  
19 orthopedic surgeon, correct?

20 A. What? If I saw it?

21 Q. If you didn't see it and suspected it  
22 was there.

1           A.     If I suspected it was there or even if I  
2     had seen it, I may indeed call an orthopedic  
3     surgeon just to ensure that the patient gets seen  
4     by him at some time.

5           Q.     Okay. And, on your discharge orders  
6     there was no indication to see any other surgeon  
7     or others?

8           A.     In my discharge orders there was a  
9     statement that he was to be followed up with his  
10    primary physician.

11          Q.     Okay. The primary physician is not an  
12    orthopedic surgeon, though, or specialist or hand  
13    surgeon?

14          A.     Not specifically.

15          Q.     Okay. What would indicate to you by  
16    looking at or examining him that there was nerve  
17    or tendon involvement?

18          A.     If he was not able to flex his wrist,  
19    not able to flex his fingers, thumb, fingers, if  
20    he had some decreased sensation from any gross  
21    examination.

22          Q.     Or numbness or tingling?

1 MS. HARRIS: Objection.

2 THE WITNESS: Again, numbness and  
3 tingling in and of itself are subjective findings  
4 based upon what the patient states, Now, if I  
5 examined him for sensation and he feels tingling,  
6 he's not numb.

7 BY MR. SWEENEY:

8 Q. Okay.

9 A. He could still feel tingling, but that  
10 doesn't mean he's numb.

11 Q. It wouldn't matter whether or not he is  
12 diagnosed with a lacerated nerve or tendon in the  
13 room or a day later, would it?

14 A. No.

15 Q. In other words, it doesn't make a  
16 difference, the time span?

17 A. Well, depends on how long you're talking  
18 about.

19 Q. Here we're talking about a day.

20 A. It shouldn't make that much of a  
21 difference.

22 Q. I want you to look at the second page of

1 the ER intake sheet.

2 MS. HARRIS: Which one are you referring  
3 to?

4 MR. SWEENEY: The first page of the ER  
5 sheet and the second page.

6 THE WITNESS: Okay.

7 BY MR. SWEENEY:

8 Q. Yeah, that one. You see under  
9 "reassessment" down below?

10 A. It says, "sudden with onset of large  
11 amount of wound bleeding.!!

12 Q. Does that mean the initial injury or is  
13 this later on at some point?

14 A. In that the time says 2330, apparently  
15 he was in the bed at 2235. I guess this was  
16 later.

17 Q. Okay. What does that indicate to you?  
18 In other words, he's bleeding like mad now, again?

19 MS. HARRIS: Objection.

20 THE WITNESS: Not necessarily.

21 BY MR. SWEENEY:

22 Q. What does that mean? What does a large

1 amount of bleeding mean?

2 A. You would have to ask the person who  
3 wrote that.

4 Q. Then it says, "wound examined by Dr.  
5 Grant."

6 A. Right.

7 Q. Okay. You examined it a second time  
8 then, is that correct?,,

9 A. Correct,

10 Q. Okay. What did you do then?

11 A. At that point, from my recollection, I  
12 can't recall him having a large amount of bleeding  
13 as is written there.

14 Q. I'm just going by the records, Doctor.

15 A. I'm just saying.

16 Q. Okay.

17 A. That's what I said. You have to ask the  
18 person who wrote that as to what the large amount  
19 of bleeding was.

20 Q. Okay. Do you know what wrote this?

21 A. I'm not specifically sure who did. Only  
22 thing I would assume is when it goes under

1 signature his initials, and there is an M. Robson  
2 with the initial. You have to figure it out.

3 Q. This is both of them?

4 A. Yes.

5 Q. Okay. Were they employed by the  
6 hospital?

7 MS. MOONEY: Objection.

8 BY MR. SWEENEY:

9 Q. Independent contractors?

10 MS. MOONEY: Objection.

11 BY MR. SWEENEY:

12 Q. Okay. Let's go back to the reassessment  
13 down below. It says, apparently, he was  
14 discharged at about 40 minutes after midnight  
15 with, seems to me, relatively stable vital signs.  
16 Correct?

17 A. Correct.

18 Q. Okay. At 1:10 his wife called back. It  
19 states that -- I can't read that word, states?

20 A. Looks like somebody's abbreviation for  
21 dressing.

22 MS. MOONEY: I want to put in an



1 objection to the hypotheticals recording what  
2 somebody's writings mean.

3 MR. SWEENEY: Two from the bottom. It  
4 says 0110, see the time?

5 MS. MOONEY: I found it. Sorry.

6 BY MR. SWEENEY:

7 Q. Okay. "Soaked in blood. Instructed to  
8 elevate arm and applied pressure."

9 Now, is it normal for a wound to be  
10 bleeding like that after the patient leaves with  
11 the pressure dressing applied?

12 A. If, indeed, the pressure dressing was  
13 applied appropriately, a normal wound probably  
14 should not bleed.

15 Q. Okay. It wasn't applied properly?

16 A. I don't know. I'm assuming right now,  
17 because I didn't see what's going on.

18 Q. Let's assume to the contrary. Let's  
19 assume this was applied appropriately. Okay. If  
20 it was, is that a normal occurrence for the blood  
21 to soak in like that and continue bleeding after  
22 it's sutured and applied with the pressure

1       dressing?

2                   MS. HARRIS:  Objection.

3                   THE WITNESS:  It's possible you could  
4       still have some bleeding.

5                   BY MR. SWEENEY:

6               Q.     Okay.  Looks like there is a lot of  
7       bleeding going on, Doctor.  That's the point I'm  
8       trying to make.

9               A.     I understand.  The thing is I can't --  
10      this is a nurse writing this, or somebody else has  
11      written this.

12            Q.     But you're the treating physician.

13            A.     This is 110, after the patient left.  
14      That doesn't mean I knew anything about that.  
15      This is best directed to the person who wrote  
16      that.

17            Q.     Okay.

18            A.     Even though this says "dressing soaked,"  
19      there probably was more to it, the questioning or  
20      whatever as to how soaked "soaked" was.

21            Q.     Okay.  But you, in fact, examined it at  
22      2330 the second time a large amount of bleeding

1 occurred?

2 A. Correct.

3 Q. After the pressure dressing was  
4 applied. We just have a continuation of what  
5 happened at 2330 correct?

6 MS. HARRIS: Objection. You're assuming  
7 an assumption after the dressing was applied.

8 THE WITNESS: I don't know what time it  
9 was applied.

10 BY MR. SWEENEY:

11 Q. We have the application of the pressure  
12 dressing. Okay. Says here pressure dressing  
13 applied. Is that after or before that indication  
14 of a large amount of bleeding?

15 A. You probably should really ask the  
16 person who wrote that, specifically, whether they  
17 meant that before or after. If I examined the  
18 wound again I would think the pressure dressing  
19 was off at that point.

20 Q. Aren't you ultimately responsible for  
21 the care of your patients?

22 A. Yes. I am responsible for them.

1 MS. HARRIS: They were under her care.

2 BY MR. SWEENEY:

3 Q. Doctor, are you ultimately responsible  
4 for the care of your patients? Yes or no?

5 A. Yes.

6 Q. Okay. Is it possible that a lacerated  
7 artery could have caused that much bleeding after  
8 he left and into the night, continuing to the next  
9 day?

10 MS. HARRIS: Objection. Everything is  
11 possible.

12 A. It's possible.

13 Q. I'm just talking about common sense  
14 here, Doctor. If you had a large artery that's  
15 lacerated, it's going to bleed more than a small  
16 amount in 98 percent of the cases, correct?

17 A. If you have a large artery lacerated.

18 Q. Is it possible you didn't see the  
19 lacerated artery or didn't find it?

20 MS. HARRIS: Objection. The problem I'm  
21 having is, there is no lacerated artery in this  
22 case unless you can show us.

1           Q.    You're not aware he ever lacerated his  
2   artery, correct?

3           A.    I'm not aware he had any arterial  
4   laceration.

5           Q.    That's not what I asked you. You were  
6   never aware of any laceration of any degree to one  
7   of his three arteries, correct?

8           MS. HARRIS: Wait a minute. A  
9   laceration to an artery is a laceration; to any  
10   degree, makes no sense.

11          MR. SWEENEY: The way she answered that,  
12   "I'm not aware" --

13          THE WITNESS: I said "major".

14          MS. HARRIS: That's not what they said.

15          THE WITNESS: I said major. The major  
16   -- the branches off of the artery, the ulner  
17   artery is a major artery, I'm not talking about  
18   the branches of the artery.

19          BY MR. SWEENEY:

20          Q.    Okay. So one of the larger vessels is  
21   what I am referring to. Okay. Excuse me for a  
22   minute.

1 MS. HARRIS: Do you want to take a  
2 break? I don't care; if you want to look for  
3 this. I could have sworn I saw it in here. If  
4 you want to take a break and take your time,  
5 that's fine with me.

6 BY MR. SWEENEY:

7 Q. It doesn't matter. It's my  
8 understanding, and I am sorry I can't find it, Dr.  
9 Krebbs was orthopedic surgeon, repaired a  
10 laceration to his artery?

11 A. I'm not sure. I briefly looked at his  
12 record.

13 Q. Would that surprise you if you did find  
14 a laceration to his artery?

15 A. A major artery, yes.

16 Q. Excuse me. Was Dr. Krebbs the  
17 orthopedic surgeon that would have been consulted  
18 on that evening?

19 A. Okay.

20 Q. Is there one that was being consulted?

21 A. Yes, there are call schedules.

22 Q. That could have easily been done,

1 correct?

2 MS. HARRIS: Objection.

3 BY MR. SWEENEY:

4 Q. It's not a big hassle to get an  
5 orthopedic surgeon down there or anyone or to look  
6 at this guy's arm and say, "Well, you didn't  
7 lacerate your artery."

8 A. Not that this was the reason that one  
9 was not called.

10 Q. That's all I'm trying to get at. It  
11 wasn't a big deal, was it? If it would have been  
12 a big deal to get an orthopedic surgeon down there  
13 we would have?

14 A. No. I didn't ask for one.

15 Q. Okay. That's what I'm trying to get  
16 at.

17 Doctor, what is compartment syndrome?

18 A. Is when you have increased pressure in  
19 one of the compartments of an extremity. A  
20 compartment being a separation of the muscles  
21 around the bone, an enclosed space.

22 Q. What can cause it?

1           A.    Anything that would cause increased  
2 pressure.

3           Q.    Okay.   Internal bleeding causes it?

4           A.    It's possible.

5           Q.    Okay.   I don't have too much more for  
6 you here.   Doctor, why do you do a differential  
7 diagnosis on a patient?

8           MS. HARRIS:   General question?

9           MR. SWEENEY:   Yes.

10          THE WITNESS:   Because you want to try to  
11 look at the possibilities of what a certain set of  
12 symptoms and signs could be.   And sometimes these  
13 symptoms and signs can cross over into different  
14 areas.

15          BY MR. SWEENEY:

16          Q.    In other words, you will want to make  
17 sure you haven't missed something?

18          A.    You try not to miss anything, but that's  
19 not the real purpose in making the differential  
20 diagnosis.   The different diagnosis is made so  
21 that you can hope to address what a person's  
22 problem is.



1 Q. What's an algorithm?

2 A. An algorithm is like a schematic. What  
3 do you want?

4 Q. Is there a term of reference that is  
5 called an algorithm in terms of diagnosing  
6 injuries and imaging them? Have you ever heard of  
7 such a thing?

8 A. I've heard of it, yes.

9 Q. Explain your understanding to me.

10 MS. HARRIS: In general now.

11 THE WITNESS: There are such schematics  
12 that will look at certain signs and symptoms in  
13 which it allows you to make choices as to how you  
14 proceed in the management of a particular case  
15 based on the signs and symptoms.

16 Q. Okay. Were you ever taught that large  
17 amounts of bleeding are -- is cause for suspicion?

18 MS. HARRIS: Objection.

19 THE WITNESS: Cause of suspicion of  
20 what?

21 BY MR. SWEENEY:

22 Q. What does a large amount of bleeding

1 indicate to you?

2 A. That somebody's bleeding.

3 Q. Is that it?

4 A. Initially that's it, that somebody's  
5 bleeding.

6 Q. Anything else?

7 A. What do you mean?

8 Q. You said initially, that's it?

9 A. Well, the thing is there are two types  
10 of vessels in the body arteries and veins, both of  
11 which can cause large amounts of bleeding.

12 Q. Uh-huh. Physician's assistants, do they  
13 normally suture patients?

14 A. It has been my experience, yes, they do.

15 Q. They're qualified to do that?

16 MS. MOONEY: Objection.

17 THE WITNESS: As far as I understand  
18 yes.

19 BY MR. SWEENEY:

20 Q. Mr. Bowman came in with a large amount  
21 of bleeding according to the records, then he had  
22 a sudden onset of a continued amount of bleeding

1 an hour after he came in, okay, and his wife  
2 called in about 2 hours later and said it's still  
3 bleeding and it's soaked, okay. Okay.

4 Didn't that indicate to you that you  
5 hadn't stopped the bleeding?

6 MS. HARRIS: Objection.

7 THE WITNESS: It indicates there is  
8 still continued bleeding.

9 BY MR. SWEENEY:

10 Q. Wouldn't that be cause for concern?

11 A. Yes, I would say it's a concern.

12 Q. Okay. Because if it continues bleeding  
13 it can cause things like compartment syndrome,  
14 that's what happened here, correct?

15 MS. HARRIS: Objection. That's a  
16 two-part question.

17 BY MR. SWEENEY:

18 Q. All right, what caused Mr. Bowman's  
19 compartment syndrome?

20 A. That I'm not sure of.

21 Q. From what I understand it was internal  
22 bleeding.

1 MS. HARRIS: Objection. Is that a  
2 question? I don't care what you understand.

3 BY MR. SWEENEY:

4 Q. Is there any or cause for Mr. Bowman's  
5 compartment syndrome other than internal bleeding?

6 A. I'm not sure.

Q. Okay. If there is, let me know.

8 A. I don't know. I don't know if there's  
9 any.

10 Q. Is that a probable cause of the  
11 compartment syndrome?

12 MS. HARRIS: Objection.

13 THE WITNESS: It's a probable cause.

14 BY MR. SWEENEY:

15 Q. I don't think I have too much more for  
16 you here. I'll be brief.

17 Do you want to?

18 MS. MOONEY: I'm not going to ask any.

19 MR. SWEENEY: You're not, okay.

20 (Discussion off the record.)

21 BY MR. SWEENEY:

22 Q. Doctor, when you're told by a patient

1       that they have -- when you become aware there is  
2       tingling in their fingers, in a finger on a hand  
3       they cut the wrist of and there's numbness on that  
4       hand they cut the wrist of, wouldn't that indicate  
5       to you there is nerve damage?

6                   MS. HARRIS:  Objection.

7                   BY MR. SWEENEY:

8           Q.     And there should be further examination?

9                   MS. HARRIS:  Objection.

10                  BY MR. SWEENEY:

11          Q.     I'm just putting two and two together  
12       here.

13          A.     I understand what you're saying.  Let's  
14       look at it in this way.  Any time you cut anything  
15       on the body, you're going to cut some tiny nerve  
16       endings, that in and of itself can cause, to a  
17       patient subjectively, some numbness or tingling.

18          Q.     Uh-huh?

19          A.     This is why you do the examination.

20          Q.     Right.

21          A.     In any examination, the sensation is  
22       gross sensation.

1           Q.    Okay.  Do you know when these notes were  
2   dictated?

3           A.    Specific time?

4           Q.    Uh-huh.  They were dictated by you at  
5   206, is that correct?

6           A.    Yes it looks as if it was.

7           Q.    Okay.

8           A.    Transcribed the next day.

9           Q.    What was the difference between printed  
10  and transcribed?

11          A.    Printed up on the computer.

12          Q.    All right.  The next day?

13          A.    Uh-huh?

14          Q.    And that was after Dr. Krebbs had seen  
15  him?

16               MS. HARRIS:  Objection.

17               MS. MOONEY:  Objection.

18               THE WITNESS:  I don't when Dr. Krebbs  
19  saw him.

20               MR. SWEENEY:  Dr. Krebbs saw him the  
21  following morning at 1156.  It wasn't printed up  
22  before he saw him.

1 MS. HARRIS: She'll now waive  
2 signature.

3 MR. SWEENEY: I'm not writing it up.

4 MS. HARRIS: Can you put something on  
5 the record? If he writes it up, can it be sent to  
6 me? And I'm presuming, at this point, you'll  
7 waive the 7-day signing period?

8 BY MR. SWEENEY:

9 Q. When did you leave Elyria Memorial  
10 Hospital? Can we find out? Can we find out?

11 A. I don't know.

12 MS. HARRIS: I don't know.

13 MR. SWEENEY: There has to be some  
14 record somewhere.

15 THE WITNESS: As a temporary physician?

16 BY MR. SWEENEY:

17 Q. Why did you leave Elyria Memorial  
18 Hospital?

19 A. They didn't tell me to leave, they  
20 assigned me.

21 MS. HARRIS: She's just a temporary  
22 physician.

1                   MR. SWEENEY:  If they kicked her out I  
2   want to know.

3                   MS. HARRIS:  As far as I know, she still  
4   has privileges there,

5                                   - - -

6                   (The deposition was concluded at 1:05 p.m.)

7                                   (Signature was waived.)

8                                   - - -

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1 UNITED STATES OF AMERICA )

2 ss:

3 THE STATE OF VIRGINIA )

4 I, Kimberly Gilson, a Notary Public  
5 within and for the State of Virginia do hereby  
6 certify:

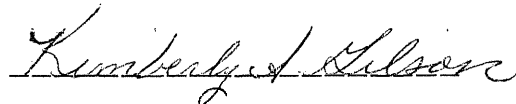
7 That the witness whose deposition is  
8 hereinbefore set forth, was duly sworn and that  
9 the within transcript is a true record of the  
10 testimony given by such witness.

11 I further certify that I am not related  
12 to any of the parties to this action by blood or  
13 marriage and that I am in no way interested in the  
14 outcome of this matter.

15 IN WITNESS WHEREOF, I have hereunto set  
16 my hand this 14th day of February, 1997.

17

18



19 My commission Expires: May 31, 2000

20

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